BOARD OF COUNSELING
QUARTERLY BOARD MEETING
Friday, August 18, 2017 – 10:00 a.m.
Second Floor – Perimeter Center, Board Room 2

10:00 a.m. Call to Order – Kevin Doyle, Ed.D., LPC, LSATP, Chairperson

I. **Welcome and Introductions**
   A. Emergency evacuation instructions

II. **Adoption of Agenda**

III. **Public Comment***

IV. **Approval of Minutes* ***
   A. Board meeting minutes of May 19, 2017

V. **Agency Director's Report: David E. Brown, D.C.**

VI. **Chairman Report: Kevin Doyle, Ed.D., LPC, LSATP**

VII. **Staff Reports**
   A. Executive Director's Report: Jaime Hoyle
   B. Deputy Executive Director's Report: Jennifer Lang
      a. Discipline Report
   C. Licensing Manager's Report: Charlotte Lenart
      a. Licensing Report
   D. Board Counsel's Report: James Rutkowski
      a. Expert Admissibility Standards**

VIII. **Committee Reports**
   A. Board of Health Professions Report: Kevin Doyle
   B. Regulatory/Legislative Committee Report: Johnston Brendel, Ed.D, LPC, LMFT
      a. Emergency Regulations for the Registration of Qualified Mental Health Professionals (QMHP) and Peer Recovery Specialist as required by House Bill 2095 (2017)

IX. **Election of Officers****
   A. Committee Assignments

X. **Unfinished Business**

XI. **New Business****
   A. Regulatory/Legislative Report: Elaine Yeatts, Senior Policy Analyst
   B. Adoption of Emergency Regulations for the Registration Peer Recovery Specialist as required by House Bill 2095 (2017)**
   C. Adoption of Emergency Regulations for the Registration of Qualified Mental Health Professionals (QMHP) as required by House Bill 2095 (2017)**
   D. Adoption of Final Regulations requiring CACREP accreditation for Licensed Professional Counselors (LPC)**
   E. Next Meeting

2:00 p.m. Adjournment

* No Additional Public Comments Regarding CACREP Accreditation
** Requires Board Action

Approval of Minutes
May 19, 2017

DRAFT

BOARD OF COUNSELING
QUARTERLY BOARD MEETING
Friday, May 19, 2017

TIME AND PLACE:	The meeting was called to order at 10:06 a.m. on Friday, May 19, 2017, in Board Room 3 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.
PRESIDING:	Kevin Doyle, Ed.D., LPC, LSATP
BOARD MEMBERS PRESENT:	Johnston Brendel, Ed.D., LPC, LMFT Charles Gressard, Ph.D., LPC, LMFT, LSATP Jane Engelken, LPC, LSATP Danielle Hunt, LPC Bev-Freda L. Jackson, Ph.D., MA, Citizen Member Sandra Malawer, LPC, LMFT Phyllis Pugh, LPC, LMFT, CSAC Vivian Sanchez-Jones, Citizen Member Terry R. Tinsley, Ph.D., LPC, LMFT, CSOTP, NCC Holly Tracy, LPC, LMFT
BOARD MEMBERS ABSENT:	Cinda Caiella, LMFT
STAFF PRESENT:	Tracey Arrington-Edmonds, Licensing Specialist Christy Evans, Discipline Case Specialist Lisa Hahn, DHP Chief Deputy Director Jaime Hoyle, JD, Executive Director Jennifer Lang, Deputy Executive Director Charlotte Lenart, Licensing Manager James Rutkowski, Assistant Attorney General Elaine Yeatts, DHP Senior Policy Analyst
WELCOME & INTRODUCTIONS:	Dr. Doyle welcomed the Board members, staff, and the general-public.
ADOPTION OF AGENDA:	The agenda was adopted as presented.
PUBLIC COMMENT:	Cynthia Miller, Ph.D., M.Ed., B.A., LPC, Program Director of Counseling and Psychology, Master of Arts in Clinical Mental Health Counseling at South University. Dr. Miller stated that she was not providing public comment as a school representative. Dr. Miller would like for the Board to consider amending the proposed emergency regulations of Peer Recovery Specialists & Qualified Mental Health Professionals (QMHP) to allow persons with other counseling-related graduate degrees with clinical experiences to be eligible to register as a QMHP. Dr. Gerard Lawson agreed with Dr. Miller's request for the Board to consider amending the proposed Peer Recovery Specialist & Qualified Mental Health Professional (QMHP).

Dominique Adkins asked the Board to consider the items listed in her petition for rulemaking regarding Doctoral level practicum supervised hours.

APPROVAL OF MINUTES:

A motion was made by Dr. Brendel and seconded by Ms. Jane Engelken to approve the minutes of the January 27, 2017 Board meeting. The motion passed unanimously to approve the minutes.

DHP DIRECTOR'S REPORT:

Ms. Hahn reported on the increase in the number of fatal opioid overdoses in Virginia and how the Department of Health Professions (DHP) was working to address the crisis among its regulatory boards. The fatal opioid overdoses have been on a constant increase since 2007 when the total was 515. In 2016, the total number of opioid deaths totaled 1133. A majority of the opioid addictions started out with legitimate prescriptions for injuries and chronic pain.

The Prescription Monitoring Program received a grant to help combat the epidemic of opioid addiction. The agency is creating a workgroup and would like the participation of schools and licensed professionals that treat addictions for commentary and participation in order to create better educational requirements for prescribers.

CHAIRMAN REPORT:

Dr. Doyle thanked the Board Members whose terms expire on June 30, 2017 for their service. Dr. Doyle commented on the removal of a guidance document from the website. Even though the guidance document was removed by staff at the direction of board counsel, Dr. Doyle commented that the Board Members should still be informed prior to any guidance documentation being removed from practice and website.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle welcomed and thanked everyone in attendance and thanked staff for keeping the applications within the 30 business days processing time. She informed the members that the Board will be utilizing a college intern student for eight weeks beginning June 2017. She also stated that she continues to represent the Board by informing other agencies about the licensure process and collaborating regarding upcoming regulations changes.

The Board's operating budget report as of March 31, 2017 was provided in the agenda packet. The Board fee increases that took effect on February 8, 2017 would be reflected on the next quarters report.

DEPUTY EXECUTIVE DIRECTOR'S DISCIPLINE REPORT:

Ms. Lang reported the Board previously had 132 open cases with 77 requiring a probable cause review, with 2.5 years as the oldest to be reviewed. Currently, as of 5/12/2016, the Board has 23 open cases with four requiring a probable cause review and three of those are with board members. The oldest case was received by the Board on 3/14/2017.

LICENSING MANAGER'S REPORT:

Mrs. Lenart reported as of the end of the third quarter for fiscal year 2017 (January 1, 2017 – March 31, 2017), the Board of Counseling regulated 7,784 licensees. Since the last Board meeting, the Board licensed 244 individuals and the Board of Counseling staff continues to work hard to provide feedback to applicants within 24 hours and to process completed applications within 30 business days.

In the Board's effort to "Go Green", the 2018 Renewal notices will only be distributed by email so it is important that all licensees make sure that their most current mailing address and email address are updated with the Board. The 2017 license renewal notices were both mailed and emailed. Only 217 or 3 % of the 7,258 emailed renewal notices sent were undeliverable. It is estimated that this "Go Green" initiative will save the Board approximately $3,000 per year. Additionally, in efforts to go paperless, the Board will no longer print agenda packets, regulations, or other documentation for the public as this information is available on the Board of Counseling website.

In 2016, 466 individuals took the National Board for Certified Counselors (NBCC), National Clinical Mental Health Counseling Examination for Virginia of which 67% of the applicants passed the examination. Additionally, 117 individuals took the NAADAC, the Association for Addiction Professionals, National Certified Addiction Counselor Level I examination of which 74% who took the exam passed.

BOARD COUNSEL REPORT:

No report.

BOARD OF HEALTH PROFESSIONS REPORT:

Dr. Doyle stated that the Board of Health Professions meeting primarily focused on the fatal opioid overdose epidemic in Virginia. The crisis has had an immediate impact on the Board of Counseling as reflected in the creation of the proposed emergency regulations requiring the registration for Peer Recovery Specialists under the Board of Counseling.

REGULATORY COMMITTEE REPORT:

Dr. Gressard reported that the Regulatory meeting focused primarily on changes to the Certified Substance Abuse Counselor (CSAC) and Certified Substance Abuse Counselor Assistant (CSAC-A) Regulations, and that he was proud of the hard work put into updating the regulations. The Board reviewed the Regulatory Committee recommended changes. The changes were approved with all in favor.

During the Regulatory Committee Meeting, Dr. Doyle moved to amend section 18VAC115-60-50 of the Regulations Governing Licensed Substance Abuse Treatment Practitioners and to delete Regulations 18VAC115-60-50(6) which requires an official transcript documenting the applicant's completion of the education requirements prescribed in 18VAC115-60-60 and 18VAC115-60-70. The change was approved with all in favor.

Additionally, Ms. Hunt moved that Regulations Governing the Practice of Professional Counseling, Marriage and Family Therapist and Licensed Substance Abuse Treatment Practitioners be amended to state that first-time licensees by examination are not be required to verify continuing education on the first renewal date following initial licensure. The change was approved with all in favor.

The next Regulatory Committee meeting is scheduled for July 21, 2017 at 10:00 a.m.

UNFINISHED BUSINESS: None.

NEW BUSINESS: Regulatory/Legislative Report – Mrs. Yeatts provided a chart detailing the below regulatory actions status of regulations for the Board as of May 5, 2017.

- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling requirement for CACREP accreditation for educational programs (action 4259). The proposed *Register date was 5/15/17 and the comment period is from 5/15/17 to 7/14/17.*
- 18VAC 115-30 Regulations Governing the Certification of Substance Abuse Counselors updating and clarifying regulations (Action 4691). The NOIRA *register date was 1/23/2017 and the Board adopted the proposed regulation changes previously.*

Discussion on Peer Recovery Specialist and Qualified Mental Health Professional(QMHP) – The Department of Behavioral Health and Developmental Services (DBHDS) Emergency Regulations Governing the Registration of Peer Recovery Specialist public comment forum will open on May 29, 2017 and remain open through June 28, 2017. The Board of Counseling will need to adopt emergency regulations regarding the Registration of Peer Recovery Specialist and Qualified Mental Health Professionals (QMHP) on August 18, 2017.

Ms. Yeatts suggested that the Board create a Regulatory Advisory Panel (RAP) to assist in drafting emergency regulations. Dr. Brendal moved that the Board form a Regulatory Advisory Panel (RAP) to assist the Board in drafting emergency regulations, and to endure stakeholder issues and concerns are addressed. The motion was seconded and passed with all in favor.

Petition for Rule-Making – The petition submitted by Ms. Adkins proposed that the Board consider accepting the use of Doctoral practicum or internship hours toward the residency if the program and hours meet certain requirements. Dr. Brendel moved to proceed with a Notice of Intended Regulatory Action("NOIRA") notice to amend the regulation. A detailed discussion should be added to the next Regulatory Meeting, it was seconded by Ms. Hunt and passed with all in favor.

Board Developmental Meeting – The Board Development Meeting will take place at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia on August 17, 2017 at 10:00 a.m. the agenda will be provided at a later date.

NEXT MEETING: A Board Development Day is scheduled for August 17, 2017 at 10:00 a.m. and the Quarterly Board Meeting is scheduled for August 18, 2017 at 10:00 a.m.

CLOSED MEETING: Ms. Engelken moved that the Board of Counseling convene in closed session pursuant to §2.2-3711(A)(27) of the *Code of Virginia* in order to consider agency subordinate recommendations. She further moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, Christy Evans, Charlotte Lenart, and Tracey Arrington-Edmonds attend the closed meeting because their presence in the meeting was deemed necessary and would aid the Board in its consideration of the matters. The motion was seconded and carried unanimously.

RECONVENE: Ms. Engelken moved that pursuant to §2.2-3712 of the *Code of Virginia*, the Board of Counseling heard, discussed or considered only those public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as identified in the original motion. The motion was seconded and carried unanimously.

DECISIONS:

Donell Braxton, LPC Applicant
Mr. Braxton did not appear.
The agency subordinate recommended that the Board of Counseling deny Mr. Braxton's application for licensure by examination.

Stephen Thomas, LPC Applicant
Mr. Thomas did not appear.
The agency subordinate recommended that the Board of Counseling deny Mr. Thomas' application for licensure by examination

Judith Gagne, LPC Applicant
Ms. Gagne did not appear.
The agency subordinate recommended that the Board of Counseling deny Ms. Gagne's application for registration of supervision, as a preliminary requirement for licensure by examination.

William Nufer, LPC Applicant
Mr. Nufer did appear.
The agency subordinate recommended that the Board of Counseling deny Mr. Nufer's application for licensure by endorsement.

Ms. Hunt moved that the Board of Counseling accept the recommended decisions of the agency subordinate. The motion was seconded by Ms. Tracy and passed unanimously.

ADJOURN: The meeting adjourned at 12:54 p.m.

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Kevin Doyle, Ed.D., LPC, LSATP
Chairperson

Jaime Hoyle, J.D.
Executive Director

DRAFT

VIRGINIA BOARD OF COUNSELING
PUBLIC HEARING MINUTES
Friday, May 19, 2017

TIME AND PLACE: The meeting was called to order at 9:34 a.m. on Friday, May 19, 2017, by Dr. Doyle in Board Room 3 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:
Johnston Brendel, Ed.D., LPC, LMFT
Kevin Doyle, Ed.D., LPC, LSATP
Charles Gressard, Ph.D., LPC, LMFT, LSATP
Jane Engelken, LPC, LSATP
Danielle Hunt, LPC
Bev-Freda L. Jackson, Ph.D., MA, Citizen Member
Sandra Malawer, LPC, LMFT
Phyllis Pugh, LPC, LMFT, CSAC
Vivian Sanchez-Jones, Citizen Member
Terry R. Tinsley, Ph.D., LPC, LMFT, CSOTP, NCC
Holly Tracy, LPC, LMFT

STAFF PRESENT:
Tracey Arrington-Edmonds, Licensing Specialist
Christy Evans, Discipline Case Specialist
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Licensing Manager
James Rutkowski, Assistant Attorney General
Elaine Yeatts, DHP Senior Policy Analyst

PURPOSE OF HEARING: To hear public comment on the Board's proposed regulations, in response to a petition for rulemaking, to add a requirement for all counseling programs leading to a license as a professional counselor to be clinically-focused and accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or an approved affiliate, such as the Council on Rehabilitation Education (CORE). This would be a phased-in requirement, allowing seven years from the effective date for students to complete their education in a non-CACREP program and for programs to achieve accreditation standards.

PUBLIC IN ATTENDANCE: Gerard Lawson, Shannon Talley, Leila Saadeh (Art Therapist, Virginia Art Therapy Association (VATA)), Becky Bowers-Lanier, Chris Nufer, Linda Leitch-Alford, and Elaine Johnson.

PUBLIC COMMENT: Gerard Lawson, American Counseling Association (ACA) President spoke, not as a representative for ACA, but as a resident of Virginia and a LPC with 17 years of experience. Dr. Lawson supports the proposed regulatory change because it protects the public and ensures client welfare by standardizing the training required to become an LPC in Virginia.

Leila Saadeh (Art Therapist, VATA) opposes the proposed regulatory change because the CACREP requirement would prevent an applicant with an art therapist degree from becoming a licensed LPC in Virginia.

Linda Leitch-Alford stated that from her own personal experience she supports the proposed regulatory change. The change not only protects the public but protects the students by ensuring that the degree and coursework that were taken will be approved for licensure.

Elaine Johnson, Ph.D., Clinical Associate Professor, Counseling Psychology program, University of Baltimore, Advocacy Chair, Council for Master' in Counseling Training Program and President, Alliance for Professional Counselors opposes the proposed regulatory change because her school program cannot currently meet the CACREP requirements due to their offering a degree program in Counseling Psychology.

ADJOURN: The meeting adjourned at 10:03 a.m.

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Kevin Doyle, Ed.D., LPC, LSATP
Chairperson

Jaime Hoyle, J.D.
Executive Director

Executive Director's Report

	109 Counseling
Board Cash Balance as of June 30, 2016	$ 674,099
YTD FY17 Revenue	1,068,570
Less: YTD FY17 Direct and In-Direct Expenditures	916,390
Board Cash Balance as June 30, 2017	826,278

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	178,260.00	42,140.00	(136,120.00)	423.02%
4002406	License & Renewal Fee	849,200.00	661,645.00	(187,555.00)	128.35%
4002407	Dup. License Certificate Fee	1,090.00	450.00	(640.00)	242.22%
4002408	Board Endorsement - In	845.00	-	(845.00)	0.00%
4002409	Board Endorsement - Out	4,120.00	1,450.00	(2,670.00)	284.14%
4002421	Monetary Penalty & Late Fees	8,180.00	3,410.00	(4,770.00)	239.88%
4002430	Board Changes Fee	26,120.00	-	(26,120.00)	0.00%
4002432	Misc. Fee (Bad Check Fee)	70.00	140.00	70.00	50.00%
4002660	Administrative Fees	150.00	-	(150.00)	0.00%
	Total Fee Revenue	1,068,035.00	709,235.00	(358,800.00)	150.59%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	535.00	-	(535.00)	0.00%
	Total Sales of Prop. & Commodities	535.00	-	(535.00)	0.00%
	Total Revenue	1,068,570.00	709,235.00	(359,335.00)	150.67%
5011110	Employer Retirement Contrib.	8,504.50	11,264.00	2,759.50	75.50%
5011120	Fed Old-Age Ins- Sal St Emp	7,520.54	6,388.00	(1,132.54)	117.73%
5011140	Group Insurance	991.95	1,094.00	102.05	90.67%
5011150	Medical/Hospitalization Ins.	-	37,512.00	37,512.00	0.00%
5011160	Retiree Medical/Hospitalizatn	893.14	986.00	92.86	90.58%
5011170	Long term Disability Ins	500.84	552.00	51.16	90.73%
	Total Employee Benefits	18,410.97	57,796.00	39,385.03	31.86%
5011200	Salaries				
5011230	Salaries, Classified	77,451.24	83,494.00	6,042.76	92.76%
5011250	Salaries, Overtime	20,733.82	-	(20,733.82)	0.00%
	Total Salaries	98,185.06	83,494.00	(14,691.06)	117.60%
5011300	Special Payments				
5011310	Bonuses and Incentives	1,000.00	-	(1,000.00)	0.00%
5011380	Deferred Compnstn Match Pmts	220.00	960.00	740.00	22.92%
	Total Special Payments	1,220.00	960.00	(260.00)	127.08%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	1,742.10	-	(1,742.10)	0.00%
	Total Terminatn Personal Svce Costs	1,742.10	-	(1,742.10)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	119,558.13	142,250.00	22,691.87	84.05%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	31.68	295.00	263.32	10.74%
5012140	Postal Services	6,630.52	8,232.00	1,601.48	80.55%
5012150	Printing Services	71.93	120.00	48.07	59.94%
5012160	Telecommunications Svcs (VITA)	558.17	900.00	341.83	62.02%
5012190	Inbound Freight Services	17.11	-	(17.11)	0.00%
	Total Communication Services	7,309.41	9,547.00	2,237.59	76.56%
5012200	Employee Development Services				

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012210	Organization Memberships	500.00	500.00	-	100.00%
5012240	Employee Trainng/Workshop/Conf	1,265.00	-	(1,265.00)	0.00%
	Total Employee Development Services	1,765.00	500.00	(1,265.00)	353.00%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	140.00	140.00	0.00%
	Total Health Services	-	140.00	140.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	12,758.42	9,280.00	(3,478.42)	137.48%
5012440	Management Services	156.00	134.00	(22.00)	116.42%
5012460	Public Infrmtnl & Relatn Svcs	602.00	5.00	(597.00)	12040.00%
5012470	Legal Services	350.00	475.00	125.00	73.68%
	Total Mgmnt and Informational Svcs	13,866.42	9,894.00	(3,972.42)	140.15%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	190.65	-	(190.65)	0.00%
5012530	Equipment Repair & Maint Srvc	169.00	-	(169.00)	0.00%
5012560	Mechanical Repair & Maint Srvc	-	34.00	34.00	0.00%
	Total Repair and Maintenance Svcs	359.65	34.00	(325.65)	1057.79%
5012600	Support Services				
5012630	Clerical Services	87,185.97	110,551.00	23,365.03	78.86%
5012640	Food & Dietary Services	2,966.07	1,075.00	(1,891.07)	275.91%
5012660	Manual Labor Services	1,251.56	1,170.00	(81.56)	106.97%
5012670	Production Services	5,634.41	5,380.00	(254.41)	104.73%
5012680	Skilled Services	16,111.01	16,764.00	652.99	96.10%
	Total Support Services	113,149.02	134,940.00	21,790.98	83.85%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	6,190.19	4,979.00	(1,211.19)	124.33%
5012830	Travel, Public Carriers	752.50	-	(752.50)	0.00%
5012850	Travel, Subsistence & Lodging	3,083.46	1,950.00	(1,133.46)	158.13%
5012880	Trvl, Meal Reimb- Not Rprtble	1,529.00	988.00	(541.00)	154.76%
	Total Transportation Services	11,555.15	7,917.00	(3,638.15)	145.95%
	Total Contractual Svs	148,004.65	162,972.00	14,967.35	90.82%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	1,569.84	597.00	(972.84)	262.95%
5013130	Stationery and Forms	24.01	-	(24.01)	0.00%
	Total Administrative Supplies	1,593.85	597.00	(996.85)	266.98%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	3.37	-	(3.37)	0.00%
	Total Repair and Maint. Supplies	3.37	-	(3.37)	0.00%
5013600	Residential Supplies				
5013630	Food Service Supplies	-	183.00	183.00	0.00%
	Total Residential Supplies	-	183.00	183.00	0.00%
	Total Supplies And Materials	1,597.22	780.00	(817.22)	204.77%
5014000	Transfer Payments				

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5014100	Awards, Contrib., and Claims				
5014130	Premiums	325.00	-	(325.00)	0.00%
	Total Awards, Contrib., and Claims	325.00	-	(325.00)	0.00%
	Total Transfer Payments	325.00	-	(325.00)	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	39.26	46.00	6.74	85.35%
	Total Insurance-Fixed Assets	39.26	46.00	6.74	85.35%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	582.39	540.00	(42.39)	107.85%
5015350	Building Rentals	61.56	-	(61.56)	0.00%
5015360	Land Rentals	-	60.00	60.00	0.00%
5015390	Building Rentals - Non State	11,408.21	11,046.00	(362.21)	103.28%
	Total Operating Lease Payments	12,052.16	11,646.00	(406.16)	103.49%
5015500	Insurance-Operations				
5015510	General Liability Insurance	140.91	170.00	29.09	82.89%
5015540	Surety Bonds	8.31	11.00	2.69	75.55%
	Total Insurance-Operations	149.22	181.00	31.78	82.44%
	Total Continuous Charges	12,240.64	11,873.00	(367.64)	103.10%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	366.00	-	(366.00)	0.00%
5022180	Computer Software Purchases	256.98	-	(256.98)	0.00%
	Total Computer Hrdware & Sftware	622.98	-	(622.98)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	77.00	77.00	0.00%
	Total Educational & Cultural Equip	-	77.00	77.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	42.00	42.00	0.00%
5022620	Office Furniture	52.59	-	(52.59)	0.00%
	Total Office Equipment	52.59	42.00	(10.59)	125.21%
	Total Equipment	675.57	119.00	(556.57)	567.71%
	Total Expenditures	282,401.21	317,994.00	35,592.79	88.81%
	Net Revenue in Excess (Shortfall) of Expenditures Before Allocated Expenditures	$ 786,168.79	$ 391,241.00	$ (394,927.79)	200.94%
	Allocated Expenditures				
20100	Behavioral Science Exec	184,172.13	198,994.00	14,821.88	92.55%
30100	Data Center	139,930.22	172,208.82	32,278.60	81.26%
30200	Human Resources	24,657.34	30,041.86	5,384.52	82.08%
30300	Finance	54,256.34	53,220.18	(1,036.16)	101.95%
30400	Director's Office	32,082.32	31,302.39	(779.93)	102.49%
30500	Enforcement	126,272.36	141,845.22	15,572.87	89.02%
30600	Administrative Proceedings	34,915.84	34,288.08	(627.75)	101.83%
30700	Impaired Practitioners	253.90	266.04	12.14	95.44%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
30800	Attorney General	2,928.29	2,890.15	(38.14)	101.32%
30900	Board of Health Professions	15,356.22	20,640.36	5,284.14	74.40%
31100	Maintenance and Repairs	-	673.47	673.47	0.00%
31300	Emp. Recognition Program	849.14	384.46	(464.68)	220.87%
31400	Conference Center	348.63	354.11	5.47	98.45%
31500	Pgm Devlpmnt & Implmentn	17,966.38	16,007.08	(1,959.30)	112.24%
	Total Allocated Expenditures	633,989.12	703,116.22	69,127.11	90.17%
	Net Revenue in Excess (Shortfall) of Expenditures	$ 152,179.67	$ (311,875.22)	$ (464,054.90)	48.80%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March
4002400	Fee Revenue									
4002401	Application Fee	12,100.00	13,820.00	14,835.00	11,965.00	11,145.00	11,115.00	10,815.00	17,475.00	17,385.00
4002406	License & Renewal Fee	20,830.00	3,850.00	1,335.00	1,390.00	895.00	4,745.00	10,460.00	1,035.00	1,185.00
4002407	Dup. License Certificate Fee	40.00	125.00	105.00	30.00	58.00	37.00	75.00	90.00	75.00
4002408	Board Endorsement - In	795.00	-	-	50.00	-	-	-	-	-
4002409	Board Endorsement - Out	100.00	350.00	400.00	175.00	300.00	175.00	450.00	310.00	600.00
4002421	Monetary Penalty & Late Fees	4,395.00	1,265.00	355.00	315.00	270.00	150.00	270.00	250.00	360.00
4002430	Board Changes Fee	2,125.00	2,175.00	1,750.00	1,925.00	2,025.00	1,825.00	2,500.00	2,235.00	2,525.00
4002432	Misc. Fee (Bad Check Fee)	-	-	35.00	-	-	-	-	-	-
4002660	Administrative Fees	150.00	-	-	-	-	-	-	-	-
	Total Fee Revenue	40,535.00	21,585.00	18,815.00	15,850.00	14,693.00	18,047.00	24,570.00	21,395.00	22,130.00
4003000	Sales of Prop. & Commodities									
4003020	Misc. Sales-Dishonored Payments	-	-	140.00	-	-	-	-	-	-
	Total Sales of Prop. & Commodities	-	-	140.00	-	-	-	-	-	-
	Total Revenue	40,535.00	21,585.00	18,955.00	15,850.00	14,693.00	18,047.00	24,570.00	21,395.00	22,130.00
5011000	Personal Services									
5011100	Employee Benefits									
5011110	Employer Retirement Contrib.	1,615.36	1,057.26	1,555.20	1,555.20	1,555.20	1,555.20	1,376.34	1,376.34	1,376.34
5011120	Fed Old-Age Ins- Sal St Emp	939.04	852.67	953.23	1,076.95	1,008.07	1,046.25	932.68	1,102.81	998.39
5011140	Group Insurance	153.77	105.74	157.96	157.96	157.96	157.96	157.96	157.96	157.96
5011150	Medical/Hospitalization Ins.	2,276.50	1,563.00	1,563.00	1,563.00	1,563.00	1,563.00	1,563.00	1,563.00	1,563.00
5011160	Retiree Medical/Hospitalizatn	137.61	95.24	142.28	142.28	142.28	142.28	142.28	142.28	142.28
5011170	Long term Disability Ins	79.92	53.28	79.60	79.60	79.60	79.60	79.60	79.60	79.60
	Total Employee Benefits	5,202.20	3,727.19	4,451.27	4,574.99	4,506.11	4,544.29	4,251.86	4,421.99	4,317.57
5011200	Salaries									
5011230	Salaries, Classified	12,108.12	10,065.41	11,643.46	12,058.74	12,058.74	12,058.74	12,058.74	12,058.74	12,058.74
5011250	Salaries, Overtime	861.36	593.72	1,329.95	2,532.19	1,631.79	2,130.74	646.21	2,870.07	1,505.17
	Total Salaries	12,969.48	10,659.13	12,973.41	14,590.93	13,690.53	14,189.48	12,704.95	14,928.81	13,563.91

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March
5011310	Bonuses and Incentives	-	1,000.00	-	-	-	-	-	-	-
5011380	Deferred Compnstn Match Pmts	15.00	10.00	10.00	10.00	10.00	10.00	50.00	50.00	50.00
	Total Special Payments	15.00	1,010.00	10.00	10.00	10.00	10.00	50.00	50.00	50.00
5011600	Terminatn Personal Svce Costs									
5011660	Defined Contribution Match - Hy	47.49	31.66	71.52	71.52	71.52	71.52	250.34	250.34	250.34
	Total Terminatn Personal Svce Costs	47.49	31.66	71.52	71.52	71.52	71.52	250.34	250.34	250.34
	Total Personal Services	18,234.17	15,427.98	17,506.20	19,247.44	18,278.16	18,815.29	17,257.15	19,651.14	18,181.82
5012000	Contractual Svs									
5012100	Communication Services									
5012110	Express Services	-	-	-	-	-	31.68	-	-	-
5012140	Postal Services	1,621.14	1,683.00	572.36	684.34	72.71	267.63	204.66	369.66	492.97
5012150	Printing Services	-	-	-	-	-	-	-	-	-
5012160	Telecommunications Svcs (VITA)	55.20	74.07	56.35	-	78.29	71.25	141.37	78.37	60.38
5012190	Inbound Freight Services	-	-	-	-	-	16.67	-	0.44	-
	Total Communication Services	1,676.34	1,757.07	628.71	684.34	151.00	387.23	346.03	448.47	553.35
5012200	Employee Development Services									
5012210	Organization Memberships	-	-	-	-	-	-	-	-	-
5012240	Employee Trainng/Workshop/Conf	-	-	-	-	-	365.00	-	900.00	-
	Total Employee Development Services	-	-	-	-	-	365.00	-	900.00	-
5012400	Mgmnt and Informational Svcs									
5012420	Fiscal Services	4,155.41	6,799.51	532.59	87.05	22.36	197.38	93.53	-	194.68
5012440	Management Services	-	48.16	-	27.23	-	9.44	-	5.52	-
5012460	Public Infrmtnl & Relatn Svcs	195.00	99.00	108.00	-	-	66.00	-	34.00	12.00
5012470	Legal Services	-	175.00	-	-	-	-	-	-	175.00
	Total Mgmnt and Informational Svcs	4,350.41	7,121.67	640.59	114.28	22.36	272.82	93.53	39.52	381.68
5012500	Repair and Maintenance Svcs									
5012510	Custodial Services	-	-	-	-	-	-	-	-	-
5012530	Equipment Repair & Maint Srvc	-	169.00	-	-	-	-	-	-	-
	Total Repair and Maintenance Svcs	-	169.00	-	-	-	-	-	-	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March
5012600	Support Services									
5012630	Clerical Services	4,282.98	5,769.93	7,069.79	-	-	8,471.52	-	19,654.30	6,816.14
5012640	Food & Dietary Services	265.78	63.33	45.75	-	-	1,418.86	-	367.65	391.80
5012660	Manual Labor Services	6.84	19.17	3.81	672.44	32.27	62.23	-	422.77	-
5012670	Production Services	60.20	90.22	23.75	4,489.88	160.16	305.67	-	232.48	24.80
5012680	Skilled Services	1,204.08	1,099.91	1,643.66	845.84	1,503.98	1,773.22	1,155.37	1,453.54	1,564.48
	Total Support Services	5,819.88	7,042.56	8,786.76	6,008.16	1,696.41	12,031.50	1,155.37	22,130.74	8,797.22
5012800	Transportation Services									
5012820	Travel, Personal Vehicle	69.12	362.88	1,121.44	393.12	1,443.96	-	-	1,073.22	272.32
5012830	Travel, Public Carriers	-	-	-	-	-	504.20	-	44.00	204.30
5012850	Travel, Subsistence & Lodging	-	-	349.77	201.68	513.24	-	-	805.80	639.51
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	239.50	87.25	274.00	-	-	379.50	250.00
	Total Transportation Services	69.12	362.88	1,710.71	682.05	2,231.20	504.20	-	2,302.52	1,366.13
	Total Contractual Svs	11,915.75	16,453.18	11,766.77	7,488.83	4,100.97	13,560.75	1,594.93	25,821.25	11,098.38
5013000	Supplies And Materials									
5013100	Administrative Supplies									
5013120	Office Supplies	28.20	36.61	186.07	-	-	424.64	-	371.42	14.79
5013130	Stationery and Forms	-	-	-	-	-	24.01	-	-	-
	Total Administrative Supplies	28.20	36.61	186.07	-	-	448.65	-	371.42	14.79
5013500	Repair and Maint. Supplies									
5013520	Custodial Repair & Maint Matrl	-	-	-	-	-	-	-	-	3.37
	Total Repair and Maint. Supplies	-	-	-	-	-	-	-	-	3.37
	Total Supplies And Materials	28.20	36.61	186.07	-	-	448.65	-	371.42	18.16
5014000	Transfer Payments									
5014100	Awards, Contrib., and Claims									
5014130	Premiums	-	-	260.00	-	-	65.00	-	-	-
	Total Awards, Contrib., and Claims	-	-	260.00	-	-	65.00	-	-	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March
	Total Transfer Payments	-	-	260.00	-	-	65.00	-	-	-
5015000	Continuous Charges									
5015100	Insurance-Fixed Assets									
5015160	Property Insurance	-	-	-	-	-	-	-	-	-
	Total Insurance-Fixed Assets	-	-	-	-	-	-	-	-	-
5015300	Operating Lease Payments									
5015340	Equipment Rentals	46.00	44.08	44.08	-	-	90.01	-	134.10	44.08
5015350	Building Rentals	-	15.39	-	-	15.39	-	-	15.39	-
5015390	Building Rentals - Non State	914.20	1,054.53	914.20	914.20	1,037.39	916.14	914.20	1,033.90	914.20
	Total Operating Lease Payments	960.20	1,114.00	958.28	914.20	1,052.78	1,006.15	914.20	1,183.39	958.28
5015500	Insurance-Operations									
5015510	General Liability Insurance	-	-	-	-	-	-	-	-	-
5015540	Surety Bonds	-	-	-	-	-	-	-	-	-
	Total Insurance-Operations	-	-	-	-	-	-	-	-	-
	Total Continuous Charges	960.20	1,114.00	958.28	914.20	1,052.78	1,006.15	914.20	1,183.39	958.28
5022000	Equipment									
5022170	Other Computer Equipment	-	-	-	-	-	199.00	-	167.00	-
5022180	Computer Software Purchases	-	-	-	-	-	256.98	-	-	-
	Total Computer Hrdware & Sftware	-	-	-	-	-	455.98	-	167.00	-
5022620	Office Furniture	-	-	-	-	-	52.59	-	-	-
	Total Office Equipment	-	-	-	-	-	52.59	-	-	-
	Total Equipment	-	-	-	-	-	508.57	-	167.00	-
	Total Expenditures	31,138.32	33,031.77	30,677.32	27,650.47	23,431.91	34,404.41	19,766.28	47,194.20	30,256.64
	Allocated Expenditures									
20100	Behavioral Science Exec	17,164.25	11,325.03	10,989.27	10,594.40	10,975.25	11,752.78	10,613.89	11,689.99	13,005.43
30100	Data Center	11,236.76	16,936.25	6,745.47	16,060.35	4,784.69	12,713.06	16,490.12	12,486.63	9,956.69

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March
30200	Human Resources	70.91	1,401.20	92.93	93.96	95.02	11,469.52	82.44	148.02	91.14
30300	Finance	9,598.81	6,026.91	3,793.22	10,631.21	10,827.31	(837.72)	8,753.24	(5,028.95)	4,497.75
30400	Director's Office	3,425.77	2,556.14	2,737.00	2,725.97	3,033.20	2,821.18	2,751.94	3,310.75	2,974.18
30500	Enforcement	15,332.56	9,226.20	8,605.67	9,620.41	10,161.29	13,249.24	12,964.61	13,346.29	9,297.53
30600	Administrative Proceedings	302.79	2,533.86	2,792.46	4,251.61	2,327.76	1,888.38	5,864.08	962.76	3,082.82
30700	Impaired Practitioners	41.69	19.58	19.24	19.23	19.34	20.50	19.00	20.94	19.58
30800	Attorney General	-	-	732.07	732.07	-	-	732.07	-	-
30900	Board of Health Professions	1,463.13	1,272.98	1,163.24	1,161.62	1,478.45	1,581.03	1,108.57	1,376.13	1,574.16
31300	Emp. Recognition Program	66.29	251.30	-	-	-	50.82	-	16.69	8.30
31400	Conference Center	29.09	26.95	158.72	(16.60)	12.43	25.67	12.33	47.87	19.17
31500	Pgm Devlpmnt & Implmentn	1,682.78	1,206.45	1,344.95	1,262.70	1,234.37	2,377.64	1,405.68	2,155.06	1,443.29
	Total Allocated Expenditures	60,414.82	52,782.84	39,174.23	57,136.93	44,949.11	57,112.10	60,797.99	40,532.20	45,970.03
	Net Revenue in Excess (Shortfall) of Expenditures	$ (51,018.14)	$ (64,229.61)	$ (50,896.55)	$ (68,937.40)	$ (53,688.02)	$ (73,469.51)	$ (55,994.27)	$ (66,331.40)	$ (54,096.67)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	April	May	June	Total
4002400	Fee Revenue				
4002401	Application Fee	17,050.00	19,215.00	21,340.00	**178,260.00**
4002406	License & Renewal Fee	1,315.00	320,655.00	481,505.00	**849,200.00**
4002407	Dup. License Certificate Fee	70.00	200.00	185.00	**1,090.00**
4002408	Board Endorsement - In	-	-	-	**845.00**
4002409	Board Endorsement - Out	600.00	270.00	390.00	**4,120.00**
4002421	Monetary Penalty & Late Fees	160.00	185.00	205.00	**8,180.00**
4002430	Board Changes Fee	2,015.00	2,650.00	2,370.00	**26,120.00**
4002432	Misc. Fee (Bad Check Fee)	-	35.00	-	**70.00**
4002660	Administrative Fees	-	-	-	**150.00**
	Total Fee Revenue	21,210.00	343,210.00	505,995.00	**1,068,035.00**
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	-	265.00	130.00	**535.00**
	Total Sales of Prop. & Commodities	-	265.00	130.00	**535.00**
	Total Revenue	21,210.00	343,475.00	506,125.00	**1,068,570.00**
5011000	Personal Services				
5011100	Employee Benefits				
5011110	Employer Retirement Contrib.	1,376.34	(6,251.58)	357.30	**8,504.50**
5011120	Fed Old-Age Ins- Sal St Emp	1,133.38	(2,880.49)	357.56	**7,520.54**
5011140	Group Insurance	157.96	(578.09)	46.85	**991.95**
5011150	Medical/Hospitalization Ins.	1,563.00	(16,343.50)	-	**-**
5011160	Retiree Medical/Hospitalizatn	142.28	(520.15)	42.20	**893.14**
5011170	Long term Disability Ins	79.60	(292.77)	23.61	**500.84**
	Total Employee Benefits	4,452.56	(26,866.58)	827.52	**18,410.97**
5011200	Salaries				
5011230	Salaries, Classified	12,058.74	(44,353.59)	3,576.66	**77,451.24**
5011250	Salaries, Overtime	3,269.75	2,276.39	1,086.48	**20,733.82**
	Total Salaries	15,328.49	(42,077.20)	4,663.14	**98,185.06**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	April	May	June	Total
5011310	Bonuses and Incentives	-	-	-	**1,000.00**
5011380	Deferred Compnstn Match Pmts	50.00	(65.00)	20.00	**220.00**
	Total Special Payments	50.00	(65.00)	20.00	**1,220.00**
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	250.34	250.34	125.17	**1,742.10**
	Total Terminatn Personal Svce Costs	250.34	250.34	125.17	**1,742.10**
	Total Personal Services	20,081.39	(68,758.44)	5,635.83	**119,558.13**
5012000	Contractual Svs				**-**
5012100	Communication Services				**-**
5012110	Express Services	-	-	-	**31.68**
5012140	Postal Services	308.81	289.83	63.41	**6,630.52**
5012150	Printing Services	-	34.32	37.61	**71.93**
5012160	Telecommunications Svcs (VITA)	54.20	34.42	(145.73)	**558.17**
5012190	Inbound Freight Services	-	-	-	**17.11**
	Total Communication Services	363.01	358.57	(44.71)	**7,309.41**
5012200	Employee Development Services				
5012210	Organization Memberships	500.00	-	-	**500.00**
5012240	Employee Trainng/Workshop/Conf	-	-	-	**1,265.00**
	Total Employee Development Services	500.00	-	-	**1,765.00**
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	22.23	388.68	265.00	**12,758.42**
5012440	Management Services	49.52	16.13	-	**156.00**
5012460	Public Infrmtnl & Relatn Svcs	16.00	16.00	56.00	**602.00**
5012470	Legal Services	-	-	-	**350.00**
	Total Mgmnt and Informational Svcs	87.75	420.81	321.00	**13,866.42**
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	-	-	190.65	**190.65**
5012530	Equipment Repair & Maint Srvc	-	-	-	**169.00**
	Total Repair and Maintenance Svcs	-	-	190.65	**359.65**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	April	May	June	Total
5012600	Support Services				
5012630	Clerical Services	5,868.24	8,263.91	20,989.16	**87,185.97**
5012640	Food & Dietary Services	-	-	412.90	**2,966.07**
5012660	Manual Labor Services	24.46	3.56	4.01	**1,251.56**
5012670	Production Services	155.30	29.75	62.20	**5,634.41**
5012680	Skilled Services	1,531.61	1,242.66	1,092.66	**16,111.01**
	Total Support Services	7,579.61	9,539.88	22,560.93	**113,149.02**
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	-	116.63	1,337.50	**6,190.19**
5012830	Travel, Public Carriers	-	-	-	**752.50**
5012850	Travel, Subsistence & Lodging	-	11.50	561.96	**3,083.46**
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	298.75	**1,529.00**
	Total Transportation Services	-	128.13	2,198.21	**11,555.15**
	Total Contractual Svs	8,530.37	10,447.39	25,226.08	**148,004.65**
5013000	Supplies And Materials				
5013100	Administrative Supplies				**-**
5013120	Office Supplies	147.14	209.94	151.03	**1,569.84**
5013130	Stationery and Forms	-	-	-	**24.01**
	Total Administrative Supplies	147.14	209.94	151.03	**1,593.85**
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	-	-	-	**3.37**
	Total Repair and Maint. Supplies	-	-	-	**3.37**
	Total Supplies And Materials	147.14	209.94	151.03	**1,597.22**
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	-	-	-	**325.00**
	Total Awards, Contrib., and Claims	-	-	-	**325.00**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	April	May	June	Total
	Total Transfer Payments	-	-	-	**325.00**
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				**-**
5015160	Property Insurance	-	-	39.26	**39.26**
	Total Insurance-Fixed Assets	-	-	39.26	**39.26**
5015300	Operating Lease Payments				
5015340	Equipment Rentals	45.94	44.09	90.01	**582.39**
5015350	Building Rentals	-	15.39	-	**61.56**
5015390	Building Rentals - Non State	1,029.22	931.07	834.96	**11,408.21**
	Total Operating Lease Payments	1,075.16	990.55	924.97	**12,052.16**
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	-	140.91	**140.91**
5015540	Surety Bonds	-	-	8.31	**8.31**
	Total Insurance-Operations	-	-	149.22	**149.22**
	Total Continuous Charges	1,075.16	990.55	1,113.45	**12,240.64**
5022000	Equipment				
5022170	Other Computer Equipment	-	-	-	**366.00**
5022180	Computer Software Purchases	-	-	-	**256.98**
	Total Computer Hrdware & Sftware	-	-	-	**622.98**
5022620	Office Furniture	-	-	-	**52.59**
	Total Office Equipment	-	-	-	**52.59**
	Total Equipment	-	-	-	**675.57**
	Total Expenditures	29,834.06	(57,110.56)	32,126.39	**282,401.21**
	Allocated Expenditures				
20100	Behavioral Science Exec	11,234.90	55,128.52	9,698.44	**184,172.13**
30100	Data Center	11,588.30	10,449.15	10,482.74	**139,930.22**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	April	May	June	Total
30200	Human Resources	114.68	(36.22)	11,033.76	**24,657.34**
30300	Finance	5,079.07	3,438.26	(2,522.76)	**54,256.34**
30400	Director's Office	3,084.10	1,133.06	1,529.03	**32,082.32**
30500	Enforcement	7,589.66	9,226.41	7,652.48	**126,272.36**
30600	Administrative Proceedings	7,066.48	492.29	3,350.55	**34,915.84**
30700	Impaired Practitioners	19.67	23.04	12.08	**253.90**
30800	Attorney General	732.07	-	-	**2,928.29**
30900	Board of Health Professions	1,820.91	674.62	681.39	**15,356.22**
31300	Emp. Recognition Program	4.28	(45.53)	497.00	**849.14**
31400	Conference Center	43.12	(8.00)	(2.12)	**348.63**
31500	Pgm Devlpmnt & Implmentn	1,498.95	593.54	1,760.96	**17,966.38**
	Total Allocated Expenditures	49,876.19	81,069.15	44,173.53	**633,989.12**
	Net Revenue in Excess (Shortfall) of Expenditures	$ (58,500.25)	$ 319,516.41	$ 429,825.08	**152,179.67**

Deputy Executive Director's Report

Virginia Department of Health Professions

CASES RECEIVED, OPEN, & CLOSED REPORT SUMMARY BY BOARD

FISCAL YEAR 2017, QUARTER ENDING 06/30/2017

Quarter Breakdown	
Quarter 1	July 1st – September 30th
Quarter 2	October 1st – December 31st
Quarter 3	January 1st – March 31st
Quarter 4	April 1st – June 30th

The "Received, Open, Closed" table below shows the number of received and closed cases during the quarters specified and a "snapshot" of the cases still open at the end of the quarter.

COUNSELING	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
Number of Cases Received	29	20	19	23	24	21	32	26	27	17	40	35
Number of Cases Open	73	80	87	94	91	108	117	116	98	69	58	56
Number of Cases Closed	15	14	12	21	31	11	25	27	44	43	60	42

PSYCHOLOGY	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
Number of Cases Received	23	16	19	8	19	18	19	14	18	26	13	22
Number of Cases Open	44	61	65	64	78	84	74	68	76	87	49	34
Number of Cases Closed	15	4	16	13	8	12	32	20	9	17	52	38

SOCIAL WORK	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
Number of Cases Received	24	25	11	15	22	31	19	15	19	12	28	21
Number of Cases Open	73	80	82	96	95	126	120	127	78	70	54	39
Number of Cases Closed	23	18	13	9	27	8	27	8	62	17	46	39

AVERAGE TIME TO CLOSE A CASE (IN DAYS) PER QUARTER

Virginia Department of Health Professions

FISCAL YEAR 2017, QUARTER ENDING 06/30/2017

Quarter Breakdown	
Quarter 1	July 1st – September 30th
Quarter 2	October 1st – December 31st
Quarter 3	January 1st – March 31st
Quarter 4	April 1st – June 30th

*The average age of cases closed is a measurement of how long it takes, on average, for a case to be processed from entry to closure. These calculations include only cases closed within the quarter specified.

BOARD	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
Counseling	204.6	238.2	315.6	252.2	284.1	193.5	415.6	323.7	375.5	292.8	247.9	106.1
Psychology	210.0	129.0	171.1	181.1	216.0	287.0	437.0	287.3	380.0	291.7	357.7	252.7
Social Work	183.9	314.4	198.9	202.9	199.4	132.5	342.0	226.0	469.7	407.6	366.2	228.8
Agency Totals	178.3	187.6	207.2	186.7	200.1	190.8	201.6	188.5	202.7	207.7	222.8	194.1

Virginia Department of Health Professions

PERCENTAGE OF CASES OF ALL TYPES CLOSED WITHIN 365 CALENDAR DAYS*

FISCAL YEAR 2017, QUARTER ENDING 06/30/2017

Quarter Breakdown	
Quarter 1	July 1st – September 30th
Quarter 2	October 1st – December 31st
Quarter 3	January 1st – March 31st
Quarter 4	April 1st – June 30th

*The percent of cases closed in fewer than 365 days shows, from the total of all cases closed during the specified period, the percent of cases that were closed in less than one year.

BOARD	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
Counseling	86.7%	78.6%	75.0%	76.2%	64.3%	72.7%	36.0%	55.6%	45.5%	78.6%	84.7%	97.5%
Psychology	93.3%	100.0%	87.5%	100.0%	75.0%	50.0%	37.5%	50.0%	44.4%	50.0%	44.2%	81.6%
Social Work	95.7%	72.2%	92.3%	77.8%	65.5%	87.5%	46.2%	75.0%	30.7%	62.5%	41.3%	92.3%
Agency Totals	90.9%	88.6%	87.9%	88.3%	84.4%	85.8%	84.8%	85.6%	82.0%	85.1%	81.7%	86.7%

Licensing Manager's Report

Virginia Department of Health Professions

COUNT OF CURRENT LICENSES*
BOARD SUMMARY

FISCAL YEAR 2017, QUARTER ENDING JUNE 30th, 2017

Quarter Breakdown	
Quarter 1	July 1st - September 30th
Quarter 2	October 1st - December 31st
Quarter 3	January 1st - March 31st
Quarter 4	April 1st - June 30th

*CURRENT LICENSES BY BOARD AND OCCUPATION AS OF THE LAST DAY OF THE QUARTER

	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	CURRENT Q4 2017
Audiology/Speech Pathology	4,418	4,674	4,653	4,840	4,944	4,992	4,720	4,802	4,951	5,056	4,855	**4,971**
Counseling	7,026	7,183	7,256	7,042	7,249	7,490	7,597	7,808	13,237	13,603	13,922	**15,791**
Dentistry	13,390	13,507	12,782	13,753	13,999	14,186	14,319	14,184	14,382	14,522	14,657	**14,338**
Funeral Directing	2,521	2,543	2,313	2,506	2,540	2,573	2,618	2,497	2,526	2,561	2,609	**2,513**
Long Term Care	2,107	2,176	1,922	2,058	2,115	2,165	2,206	2,087	2,141	2,188	2,235	**2,065**
Medicine	62,714	62,617	62,816	64,137	65,337	65,922	66,177	67,447	66,941	66,773	67,320	**69,206**
Nurse Aide	54,250	54,491	53,695	53,834	54,568	54,402	54,374	54,477	54,044	53,681	53,434	**53,066**
Nursing	162,346	161,891	161,569	163,058	164,128	163,594	163,637	164,199	166,107	166,039	166,796	**167,953**
Optometry	1,927	1,946	1,856	1,915	1,931	1,963	1,874	1,914	1,936	1,955	1,867	**1,921**
Pharmacy	35,424	36,750	34,226	35,476	36,365	37,218	34,741	35,972	37,125	37,844	35,289	**36,441**
Physical Therapy	11,401	11,647	10,533	11,000	10,908	11,075	11,240	11,702	12,682	11,751	11,652	**12,078**
Psychology	3,893	4,017	4,093	3,876	4,028	4,141	4,253	4,360	4,994	5,128	5,227	**5,335**
Social Work	6,481	6,590	6,741	6,306	6,544	6,690	6,828	7,057	8,900	9,144	9,340	**9,559**
Veterinary Medicine	7,029	7,108	6,888	7,187	7,304	7,370	7,112	7,376	7,489	7,565	7,320	**7,587**
AGENCY TOTAL	**374,927**	**377,140**	**371,343**	**376,988**	**381,960**	**383,781**	**381,696**	**385,882**	**397,455**	**397,810**	**396,523**	**402,824**

Virginia Department of Health Professions

COUNT OF CURRENT LICENSES *

FISCAL YEAR 2017, QUARTER ENDING JUNE 30th, 2017

Quarter Breakdown	
Quarter 1	July 1st - September 30th
Quarter 2	October 1st - December 31st
Quarter 3	January 1st - March 31st
Quarter 4	April 1st - June 30th

*CURRENT LICENSES BY BOARD AND OCCUPATION AS OF THE LAST DAY OF THE QUARTER
** NEW OCCUPATION

Board	Occupation	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	CURRENT Q3 2017
Audiology/Speech Pathology	Audiologist	506	513	491	501	517	519	497	507	517	523	494	503
	Continuing Education Provider	0	12	13	14	14	14	14	15	15	15	15	15
	School Speech Pathologist	221	334	431	475	506	513	475	484	507	514	475	479
	Speech Pathologist	3,691	3,815	3,718	3,850	3,907	3,946	3,734	3,796	3,912	4,004	3,871	3,974
Total		**4,418**	**4,674**	**4,653**	**4,840**	**4,944**	**4,992**	**4,720**	**4,802**	**4,951**	**5,056**	**4,855**	**4,971**
Counseling	Certified Substance Abuse Counselor	1,617	1,669	1,679	1,558	1,617	1,679	1,691	1,734	1,662	1,712	1,745	1,784
	Licensed Marriage and Family Therapist	817	828	832	808	825	845	856	870	836	856	872	885
	Licensed Professional Counselor	3,950	4,036	4,123	4,072	4,188	4,333	4,435	4,567	4,512	4,653	4,803	4,932
	Marriage & Family Therapist Resident	-	-	-	-	-	-	-	-	131	131	140	148
	Registration of Supervision	-	-	-	-	-	-	-	37,125	5,491	5,632	5,747	5,831
	Rehabilitation Provider	312	313	280	285	286	288	259	266	270	273	250	252
	Substance Abuse Counseling Assistant	151	157	162	152	163	169	179	192	164	174	188	218
	Substance Abuse Trainee	-	-	-	-	-	-	-	-	-	-	-	1,563
	Substance Abuse Treatment Practitioner	179	180	180	167	170	176	177	179	170	171	176	177
	Substance Abuse Treatment Residents	-	-	-	-	-	-	-	-	1	1	1	1
Total		**7,026**	**7,183**	**7,256**	**7,042**	**7,249**	**7,490**	**7,597**	**7,808**	**13,237**	**13,603**	**13,922**	**15,791**
Dentistry	Conscious/Moderate Sedation	193	199	178	189	198	206	210	212	221	227	233	224
	Cosmetic Procedure Certification	30	32	31	32	33	34	32	36	37	39	36	37
	Deep Sedation/General Anesthesia	48	50	44	51	56	59	63	51	54	58	61	50
	Dental Assistant II	3	4	6	10	10	10	12	11	11	11	15	16
	Dental Full Time Faculty	9	10	11	12	14	14	15	16	12	12	12	13
	Dental Hygienist	5,558	5,596	5,293	5,575	5,643	5,687	5,722	5,719	5,815	5,860	5,906	5,789
	Dental Hygienist Faculty	1	0	0	0	1	1	1	1	1	1	1	2
	Dental Hygienist Restricted Volunteer	0	1	1	1	1	1	1	1	16	0	0	1
	Dental Hygienist Temporary Permit	0	0	0	0	0	0	0	0	0	0	0	0
	Dental Hygienist Volunteer Registration	-	-	1	0	1	0	0	1	0	0	0	1
	Dental Restricted Volunteer	16	14	14	13	14	14	16	20	0	17	17	18
	Dental Teacher	0	0	0	0	0	0	0	0	0	0	0	0
	Dental Temporary Permit	0	0	0	0	0	0	0	0	0	0	0	0
	Dentist	7,022	7,097	6,713	7,052	7,152	7,212	7,292	7,147	7,249	7,321	7,404	7,171
	Dentist-Volunteer Registration	11	0	7	6	9	3	9	7	5	0	2	9
	Enteral Conscious/Moderate Sedation	163	164	150	152	163	175	180	166	174	176	178	169

Virginia Department of Health Professions

COUNT OF CURRENT LICENSES *

FISCAL YEAR 2017, QUARTER ENDING JUNE 30th, 2017

Quarter Breakdown	
Quarter 1	July 1st - September 30th
Quarter 2	October 1st - December 31st
Quarter 3	January 1st - March 31st
Quarter 4	April 1st - June 30th

*CURRENT LICENSES BY BOARD AND OCCUPATION AS OF THE LAST DAY OF THE QUARTER

Board	Occupation	FY13	Change Between FY14 & FY13	FY14	Change Between FY15 & FY14	FY15	Change Between FY16 & FY15	FY16	Change Between FY16 & FY17	FY17
Audiology/Speech Pathology	Audiologist	468	3.8%	486	3.1%	501	1.2%	507	-0.8%	503
	Continuing Education Provider	0	-	12	16.7%	14	7.1%	15	0.0%	15
	School Speech Pathologist	116	12.1%	130	265.4%	475	1.9%	484	-1.0%	479
	Speech Pathologist	3,172	9.6%	3,476	10.8%	3,850	-1.4%	3,796	4.7%	3,974
	Total	**3,756**	**9.3%**	**4,104**	**17.9%**	**4,840**	**-0.8%**	**4,802**	**3.5%**	**4,971**
Counseling	Certified Substance Abuse Counselor	1,724	-14.6%	1,473	5.8%	1,558	11.3%	1,734	2.9%	1,784
	Licensed Marriage and Family Therapist	801	-3.2%	775	4.3%	808	7.7%	870	1.7%	885
	Licensed Professional Counselor	3,630	1.9%	3,700	10.1%	4,072	12.2%	4,567	8.0%	4,932
	MF Therapist	-	-	-	-	-	-	-	--	148
	Post Graduate Trainee (RoS)	-	-	-	-	-	-	-	--	5,831
	Rehabilitation Provider	333	-6.6%	311	-8.4%	285	-6.7%	266	-5.3%	252
	Substance Abuse Counseling Assistant	128	-8.6%	117	29.9%	152	26.3%	192	13.5%	218
	Substance Abuse Trainee	-	-	-	-	-	-	-	--	1,563
	Substance Abuse Treatment Practitioner	185	-8.6%	169	-1.2%	167	7.2%	179	-1.1%	177
	Substance Abuse Treatment Residents	-	-	-	-	-	-	-	--	1
	Total	**6,801**	**-3.8%**	**6,545**	**7.6%**	**7,042**	**427.2%**	**7,808**	**102.2%**	**15,791**
Dentistry	Conscious/Moderate Sedation	144	26.4%	182	3.8%	189	12.2%	212	5.7%	224
	Cosmetic Procedure Certification	27	11.1%	30	6.7%	32	12.5%	36	2.8%	37
	Deep Sedation/General Anesthesia	32	28.1%	41	24.4%	51	0.0%	51	-2.0%	50
	Dental Assistant II	3	0.0%	3	233.3%	10	10.0%	11	45.5%	16
	Dental Full Time Faculty	9	0.0%	9	33.3%	12	33.3%	16	-18.8%	13
	Dental Hygienist	5,122	6.7%	5,465	2.0%	5,575	2.6%	5,719	1.2%	5,789
	Dental Hygienist Faculty	1	-	0	-	0	--	1	100.0%	2
	Dental Hygienist Restricted Volunteer	-	-	1	0.0%	1	0.0%	1	0.0%	1
	Dental Hygienist volunteer Registrations	-	--	-	--	-	--	1	0.0%	1
	Dental Hygienist Temporary Permit	-	-	0	-	0	--	0	--	0
	Dental Restricted Volunteer	16	-18.8%	13	0.0%	13	53.8%	20	-10.0%	18
	Dental Teacher	4	-	0	-	0	--	0	--	0
	Dental Temporary Permit	2	-	0	-	0	--	0	--	0
	Dentist	6,432	7.4%	6,911	2.0%	7,052	1.3%	7,147	0.3%	7,171
	Dentist-Volunteer Registration	1	100.0%	2	200.0%	6	16.7%	7	28.6%	9
	Enteral Conscious/Moderate Sedation	94	67.0%	157	-3.2%	152	9.2%	166	1.8%	169
	Mobile Dental Facility	7	28.6%	9	44.4%	13	7.7%	14	7.1%	15

Board Counsel's Report

Expert admissibility standards to consider:

Traditional Virginia Standard:

To qualify to serve as an expert witness, an individual:

> must possess sufficient knowledge, skill, or experience regarding the subject matter of the testimony to assist the trier of fact in the search for the truth. Generally, a witness possesses sufficient expertise when, through experience, study or observation the witness acquires knowledge of a subject beyond that of persons of common intelligence and ordinary experience.

Virginia Medical Malpractice Standard:

To qualify to serve as an expert witness, an individual:

> [a]ny health care provider who is licensed to practice in Virginia shall be presumed to know the statewide standard of care in the specialty or field of practice in which he is qualified and certified....A witness shall be qualified to testify as an expert on the standard of care if he demonstrates expert knowledge of the standards of the defendant's specialty and of what conduct conforms or fails to conform to those standards and if he has had active clinical practice in either the defendant's specialty or a related field of medicine within one year of the date of the alleged act or omission forming the basis of the action.

Regulatory Committee
DRAFT Minutes
July 21, 2017

VIRGINIA BOARD OF COUNSELING
REGULATORY COMMITTEE MEETING
DRAFT MINUTES
Friday, July 21, 2017

The Regulatory Committee of the Virginia Board of Counseling ("Board") convened at 10:17 a.m. on Friday, July 21, 2017 at the Department of Health Professions, 9960 Mayland Drive, Richmond, Virginia. Dr. Johnston Brendel called the meeting to order.

COMMITTEE CHAIRPERSON:	Johnston Brendel, Ed.D., LPC, LMFT, Chairperson
COMMITTEE MEMBERS PRESENT:	Kevin Doyle, Ed.D., LPC, LSATP Danielle Hunt, LPC Vivian Sanchez-Jones, Citizen Member Holly Tracy, LPC, LMFT
ATTENDING BOARD MEMBER:	Jane Engelken, LPC, LSATP
STAFF PRESENT:	Tracey Arrington-Edmonds, Licensing Specialist Christy Evans, Discipline Case Specialist Lisa Hahn, DHP Chief Deputy Director Jaime Hoyle, JD, Executive Director Jennifer Lang, Deputy Executive Director Charlotte Lenart, Licensing Manager James Rutkowski, Assistant Attorney General Elaine Yeatts, Senior Policy Analyst

ORDERING OF THE AGENDA:

Dr. Brendel requested that the new business items be discussed and that the old business items be deferred to the next scheduled meeting. A motion was made to approved the revised agenda; it was seconded and passed with all in favor.

APPROVAL OF MINUTES:

A motion was made by Ms. Hunt to approve the minutes of the May 18, 2017 meeting; it was seconded by Dr. Doyle and passed unanimously.

PUBLIC IN ATTENDANCE:

Alexander Macaulay, Macaulay & Jamerson Attorneys at Law, representative(s) from the Virginia Board of Social Work, Virginia Board of Psychology, Virginia Department of Behavioral Health & Developmental Services (DBHDS), Department of Medical Assistance Services (DMAS), Virginia Association of Community Based Providers (VACBP), the New Y-CAPP, Magellan Health, Pathways, Virginia Occupational Safety & Health, and Virginia Network of Private Providers.

PUBLIC COMMENT:

Comments regarding the emergency registration of peer recovery specialist and qualified mental health professionals' regulations were:

- Reconsider the proposed fees
- Provide clarification as to how the applicant experience will be verified
- Reconsider the renewal date
- Reconsider the continued educational requirements
- Consider registering QMHP-E's

DISCUSSION:

I. New Business: Discussion of Emergency Regulations for the Registration of Qualified Mental Health Professionals (QMHPs) and Peer Recover Specialists as required by House Bill 2095 (2017): Ms. Hoyle and Ms. Yeatts stated the purpose and process regarding the General Assembly legislative requirement for the Board of Counseling to register Qualified Mental Health Professionals (QMHPs -Adult and Child) and Peer Recover Specialists. The Board must adopt proposed emergency regulations within 280 days. The Board will need to vote on the proposed regulations at the August Board meeting. The emergency regulations will have an effective date of January 1, 2018. The final regulation would need to be approved within 18 months.

- A motion was made by Dr. Doyle to accept the proposed peer recovery specialist regulations as proposed with the agreed changes. The motion was seconded by Ms. Hunt and passed unanimously

- The proposed fees are comparable with other Department of Health Professionals Boards registration fees. A motion was made by Ms. Hunt to keep the fees as listed and seconded by Ms. Sanchez-Jones and passed unanimously.

- A motion was made by Dr. Doyle to accept the proposed continued competency requirements for the renewal of a registration as proposed. The motion was seconded by Ms. Hunt and passed unanimously.

- The Board will research if the it has authority to register QMHP-E's but currently they are not listed in the proposed emergency regulations.

- As a way of bringing the QMHP-E's under the Board's purview, Ms. Hahn suggested we consider creating a QMHP internship registration type. Those persons who qualify to become a QMHP by education, but have deficient experience, could register as a QMHP intern to gain the required experience. The Board reacted favorably to this idea. Mr. Rutkowski commented that he would need to get back to the Board regarding this issue.

- The renewal date will remain as stated in the emergency regulations and be consistent with other Board of Counseling licenses.

- A motion was made by Dr. Doyle to accept the draft regulations (attachments A and B) as discussed and it was seconded by Ms. Tracy and passed unanimously.

- Full discussion of the preliminary review of public comments regarding the requirements for CACREP accreditation be held at the August 18, 2017 Quarterly Board Meeting.

II. Old Business:

- Foreign degree discussion: The Committee Members agreed to discuss foreign degree requirements at a future Committee meeting.

- Review definition of required courses: The Committee Members agreed to discuss foreign degree requirements at a future Committee meeting.

- Discussion on deficient internship hours for LPC, LMFT & LSATP: The Committee Members agreed to discuss the requirements and options a future Committee meeting.

- NEXT SCHEDULED MEETING: at 1:00 p.m. on November 2, 2017

ADJOURNMENT:
The meeting adjourned at 3:00 p.m.

Johnston Brendel, Ed.D., LPC, LMFT — Date
Chairperson

Jaime Hoyle, JD — Date
Executive Director

Attachment A

Draft Regulations Governing the Registration of Peer Recovery Specialists

Part I. General Provisions

Definitions.

"Applicant" means a person applying for registration as a peer recovery specialist.

"Board" shall mean the Virginia Board of Counseling.

"DBHDS" means the Virginia Department of Behavioral Health and Developmental Services.

"Mental health professional" means a person who by education and experience is professionally qualified and licensed in Virginia to provide counseling interventions designed to facilitate an individual's achievement of human development goals and remediate mental, emotional, or behavioral disorders and associated distresses which interfere with mental health and development.

"Peer recovery specialist" means a person who by education and experience is professionally qualified in accordance with 12VAC35-250 to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness, addiction, or both.

"Registered peer recovery specialist" means a person who by education and experience is professionally qualified in accordance with 12VAC35-250 to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness, addiction, or both. A registered peer recovery specialist shall provide such services as an employee or independent contractor of DBHDS, a provider licensed by the DBHDS, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.

Fees required by the board.

A. The board has established the following fees applicable to the registration of peer recovery specialists:

Registration of Peer Recovery Specialist	$30
Renewal of registration	$30
Late renewal	$20
Reinstatement of a lapsed registration for Peer Recovery Specialists	$60
Duplicate Certificate of Registration	$10
Returned Check	$35
Reinstatement following revocation or suspension	$500

B. Unless otherwise provided, fees established by the board shall not be refundable.

Current name and address.

Each registrant shall furnish the board his current name and address of record. Any change of name or address of record or public address, if different from the address of record, shall be furnished to the board within 60 days of such change. It shall be the duty and responsibility of each registrant to inform the board of his current address.

Part II. Requirements for Registration

Requirements for registration as a peer recovery specialist.

A. An applicant for registration shall submit a completed application and a fee as prescribed in XXXXX on forms provided by the board.

B. An applicant for registration as a peer recovery specialist shall provide evidence of meeting all requirements for peer recovery specialists set by DBHDS in 12VAC35-250-30.

Part III. Renewal of Registration

Annual renewal of registration

A. All registrants shall renew their registration on or before June 30 of each year.
B. Along with the renewal form, the registrant shall submit the renewal fee as prescribed in XXXX.

Continued competency requirements for renewal of peer recovery specialist registration.

A. Peer recovery specialists shall be required to have completed a minimum of eight contact hours of continuing education for each annual registration renewal. A minimum of one of these hours shall be in courses that emphasize ethics.

1. Peer recovery specialists shall complete continuing competency activities that focus on increasing knowledge or skills in one or more of the following areas:
a. Current body of mental health/substance abuse knowledge;
b. Recovery process – promoting services, supports, and strategies;
c. Crisis intervention;
d. Values for role of recovery support specialist;
e. Basic principles related to health and wellness;
f. Stage appropriate pathways in recovery support;
g. Ethics and boundaries;
h. Cultural sensitivity and practice;
i. Trauma and impact on recovery;
j. Community resources; or,
k. Delivering peer services within agencies and organizations.

B. The following organizations, associations, or institutions are approved by the board to provide continuing education:

1. Federal, state, or local governmental agencies, public school systems, or licensed health facilities.
2. The American Association for Marriage and Family Therapy and its state affiliates.
3. The American Association of State Counseling Boards.
4. The American Counseling Association and its state and local affiliates.
5. The American Psychological Association and its state affiliates.
6. The Commission on Rehabilitation Counselor Certification.
7. NAADAC and its state and local affiliates.
8. National Association of Social Workers.
9. National Board for Certified Counselors.
10. A national behavioral health organization or certification body recognized by the board.
11. Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.
12. An agency or organization approved by DBHDS.

C. Attestation of completion of continuing education is not required for the first renewal following initial registration in Virginia.

D. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the registrant prior to the renewal date. Such extension shall not relieve the registrant of the continuing education requirement.

E. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the registrant such as temporary disability, mandatory military service, or officially declared disasters upon written request from the registrant prior to the renewal date.

F. All registrants shall maintain original documentation for a period of three years following renewal.

G. The board may conduct an audit of registrants to verify compliance with the requirement for a renewal period. Upon request, a registrant shall provide documentation as follows:

1. Official transcripts showing credit hours earned; or

2. Certificates of participation.

H. Continuing education hours required by a disciplinary order shall not be used to satisfy renewal requirements.

Part V. Standards of Practice; Disciplinary Actions; Reinstatement.

18VAC115-xx-xxx. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board.

B. Persons registered by the board shall:

1. Practice in a manner that is the best interest of the public and does not endanger the public health, safety, or welfare.

2. Be able to justify all services rendered to clients as necessary.

3. Practice only within the competency area for which they are qualified by training or experience.

4. Report to the board known or suspected violations of the laws and regulations governing the practice of registered peer recovery specialists or qualified mental health professionals.

5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals based on the interest of patients or clients.

6. Stay abreast of new developments, concepts, and practices which are necessary to providing appropriate services.

7. Document the need for and steps taken to terminate services when it becomes clear that the client is not benefiting from the relationship.

C. In regard to confidentiality and client records, persons registered by the board shall:

1. Not willfully or negligently breach the confidentiality between a practitioner and a client. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

2. Disclose client records to others only in accordance with the requirements of §§32.1-127.1:03 and 54.1-2400.1 of the Code of Virginia.

3. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records which are no longer useful in a manner that ensures client confidentiality.

4. Maintain timely, accurate, legible, and complete written or electronic records for each client, to include dates of service and identifying information to substantiate treatment plan, client progress, and termination.

D. In regard to dual relationships, persons registered by the board shall:

1. Not engage in dual relationships with clients or former clients that are harmful to the client's well-being, or which would impair the practitioner's objectivity and professional judgment, or increase the risk of client exploitation. This prohibition includes, but is not limited to, such activities as providing services to close friends, former sexual partners, employees, or relatives; or engaging in business relationships with clients.

2. Not engage in sexual intimacies or romantic relationships with current clients. For at least five (5) years after cessation or termination of professional services, practitioners shall not engage in sexual intimacies or romantic relationships with a client or those included in collateral therapeutic services. Since sexual or romantic relationships are potentially exploitative, the practitioner shall bear the burden of demonstrating that there has been no exploitation. A client's consent to, initiation of or participation in sexual behavior or involvement with a practitioner does not change the nature of the conduct nor lift the regulatory prohibition.

3. Recognize conflicts of interest and inform all parties of obligations, responsibilities, and loyalties to third parties.

E. Upon learning of evidence that indicates a reasonable probability that another mental health provider is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons registered by the board shall advise their clients of their right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

18VAC115-xx-xxx. Grounds for revocation, suspension, restriction, or denial of registration; petition for rehearing.

A. In accordance with §54.1-2400(7) of the Code of Virginia, the board may revoke, suspend, restrict, or decline to issue or renew a registration based upon the following conduct:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of peer recovery specialists or qualified mental health professionals, or any provision of this chapter;

2. Procuring or maintaining a registration, including submission of an application or applicable board forms, by fraud or misrepresentation;

3. Conducting one's practice in such a manner so as to make it a danger to the health and welfare of one's clients or to the public; or if one is unable to practice with reasonable skill and safety to clients by reason of illness, abusive use of alcohol; drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition;

4. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of peer recovery specialists or qualified mental health professionals, or any regulation in this chapter;

5. Performance of functions outside the board-registered area of competency;

6. Performance of an act likely to deceive, defraud, or harm the public;

7. Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;

8. Action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;

9. Failure to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or

10. Failure to report evidence of child abuse or neglect as required in §63.2-1509 of the Code of Virginia, or elder abuse or neglect as required in §63.2-1606 of the Code of Virginia.

18VAC115-xx-xxx. Reinstatement following disciplinary action.

A. Any person whose registration has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of registration. Any person whose registration has been revoked by the board may, three years subsequent to such board action, submit a new application and fee for reinstatement of registration.

B. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in subsection A of this section.

Attachment B

Draft Regulations Governing the Registration of Qualified Mental Health Professionals.

(All new language that will be underlined)

Part I. General Provisions

Definitions.

"Accredited" means a school that is listed as accredited on the United States Department of Education College Accreditation database found on the United State Department of Education website.

"Applicant" means a person applying for registration as a qualified mental health professional.

"Board" shall mean the Virginia Board of Counseling.

"Collaborative mental health services" means those services provided by a qualified mental health professional in collaboration with either a mental health professional licensed in Virginia or a person under supervision approved by a board as a pre-requisite for licensure under the Boards of Counseling, Psychology, or Social Work.

"DBHDS" means the Virginia Department of Behavioral Health and Developmental Services.

"Face-to-face" means the physical presence of the individuals involved in the supervisory relationship or the use of technology that provides real-time, visual and audio contact among the individuals involved.

"Mental health professional" means a person who by education and experience is professionally qualified and licensed in Virginia to provide counseling interventions designed to facilitate an individual's achievement of human development goals and remediate mental, emotional, or behavioral disorders and associated distresses which interfere with mental health and development.

"Qualified mental health professional or QMHP" means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative mental health services for adults or children. A qualified mental health professional shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the DBHDS.

"Qualified Mental Health Professional-Adult or QMHP-A" means a registered QMHP who is trained and experienced in providing mental health services to adults who have a mental illness. A QMHP-A shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the DBHDS.

"Qualified Mental Health Professional-Child or QMHP-C" means a registered QMHP who is trained and experienced in providing mental health services to children or adolescents who have a

mental illness. A QMHP-C shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the DBHDS.

"Registrant" means a QMHP registered with the Board.

Fees required by the board.

A. The board has established the following fees applicable to the registration of qualified mental health professionals:

Registration	$50
Renewal of registration	$30
Late renewal	$20
Reinstatement of a lapsed registration	$75
Duplicate certificate of registration	$10
Returned check	$35
Reinstatement following revocation or suspension	$500

B. Unless otherwise provided, fees established by the board shall not be refundable.

Current name and address.

Each registrant shall furnish the board his current name and address of record. Any change of name or address of record or public address, if different from the address of record, shall be furnished to the board within 60 days of such change. It shall be the duty and responsibility of each registrant to inform the board of his current address.

Part II. Requirements for Registration

Requirements for registration as a Qualified Mental Health Professional-Adult.

A. An applicant for registration shall submit a completed application and a fee as prescribed in XXXXX on forms provided by the board.

B. An applicant for registration as a qualified mental health professional-adult shall provide evidence of either:

1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy from an accredited college or university with an

internship or practicum of at least 500 hours of experience with persons who have mental illness;

2. A master's or bachelor's degree in human services or a related field from an accredited college with no less than 1,500 hours of supervised experience to be obtained within a 24-month period as specified in subsection C of this section;
3. A bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits or 22 quarter hours in a human services field and with no less than 3,000 hours of supervised experience to be obtained within a four-year period as specified in subsection C of this section;
4. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a 24-month period as specified in subsection C of this section; or
5. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a 24-month period as specified in subsection C of this section.

C. Experience requirements

1. In order to be registered as a QMHP-A, an applicant who does not have a master's degree as set forth in subsection B 1 of this section shall provide documentation of experience in providing direct services to individuals as part of a population of adults with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP-A and under the supervision of a licensed mental health professional or a person under supervision approved by a board as a pre-requisite for licensure under the Boards of Counseling, Psychology, or Social Work.
2. Supervision shall consist of face-to-face training in the services of a QMHP-A until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either on-site or immediately available for consultation with the person being trained.
3. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted towards completion of the required hours of experience.
4. A person receiving supervised training in order to qualify as a QMHP-A may register with the board.

Requirements for registration as a Qualified Mental Health Professional-Child.

A. An applicant for registration shall submit a completed application and a fee as prescribed in XXXXX on forms provided by the board.

B. An applicant for registration as a QMHP-C shall provide evidence of either:

1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy from an accredited college or university with an internship or practicum of at least 500 hours of experience with persons who have mental illness;

2. A master's or bachelor's degree in a human services field or in special education from an accredited college with no less than 1,500 hours of supervised experience to be obtained within a 24-month period as specified in subsection C of this section;
3. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a 24-month period as specified in subsection C of this section;
4. A licensed occupational therapist with no less than 1,500 hours of supervised experience as specified in subsection C of this section.

C. Experience required for registration.
1. In order to be registered as a QMHP-C, an applicant who does not have a master's degree as set forth in subsection B 1 of this section provide documentation of 1,500 hours of experience in providing direct services to individuals as part of a population of children or adolescents with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP-C and under the supervision of a licensed mental health professional or a person under supervision approved by a board as a pre-requisite for licensure under the Boards of Counseling, Psychology, or Social Work.
2. Supervision shall consist of face-to-face training in the services of a QMHP-C until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either on-site or immediately available for consultation with the person being trained.
3. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted towards completion of the required hours of experience.
4. A person receiving supervised training in order to qualify as a QMHP-A may register with the board.

Registration of QMHPs with prior experience.

Until December 31, 2018, persons who have been employed as QMHPs prior to December 31, 2017 may be registered with the board by submission of a completed application, payment of the application fee, and submission of an attestation from an employer that they met the qualifications for a QMHP-A or a QMHP-C at the time of employment. Such persons may continue to renew their registration without meeting current requirements for registration provided they do not allow their registration to lapse or have board action to revoke or suspend, in which case they shall meet the requirements for reinstatement

Part III. Renewal of Registration.

Annual renewal of registration

A. All registrants shall renew their registration on or before June 30 of each year.
B. Alone with the renewal form, the registrant shall submit the renewal fee as prescribed in XXXX.

Continued competency requirements for renewal of registration.

A. Qualified mental health professionals shall be required to have completed a minimum of eight contact hours of continuing education for each annual registration renewal. A minimum of one of these hours shall be in a course that emphasizes ethics.

B. Qualified mental health professionals shall complete continuing competency activities that focus on increasing knowledge or skills in areas directly related to the services provided by a QMHP.

C. The following organizations, associations, or institutions are approved by the board to provide continuing education provided the hours are directly related to the provision of mental health services:
1. Federal, state, or local governmental agencies, public school systems, or licensed health facilities; and
2. Entities approved for continuing education by a health regulatory board within the Department of Health Professions.

D. Attestation of completion of continuing education is not required for the first renewal following initial registration in Virginia.

E. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the registrant prior to the renewal date. Such extension shall not relieve the registrant of the continuing education requirement.

F. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the registrant such as temporary disability, mandatory military service, or officially declared disasters upon written request from the registrant prior to the renewal date.

G. All registrants shall maintain original documentation for a period of three years following renewal.

H. The board may conduct an audit of registrants to verify compliance with the requirement for a renewal period. Upon request, a registrant shall provide documentation as follows:

1. Official transcripts showing credit hours earned; or

2. Certificates of participation.

I. Continuing education hours required by a disciplinary order shall not be used to satisfy renewal requirements.

Part V. Standards of Practice; Disciplinary Actions; Reinstatement.

18VAC115-xx-xxx. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board.

B. Persons registered by the board shall:

1. Practice in a manner that is the best interest of the public and does not endanger the public health, safety, or welfare.

2. Practice only within the competency area for which they are qualified by training or experience and shall not provide clinical mental health services for which a license is required pursuant to §§ 54.1-3500, 54.1-3600 or 54.1-3700.

3. Report to the board known or suspected violations of the laws and regulations governing the practice of qualified mental health professionals.

4. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals based on the interest of patients or clients.

5. Stay abreast of new developments, concepts, and practices which are necessary to providing appropriate services.

C. In regard to confidentiality and client records, persons registered by the board shall:

1. Not willfully or negligently breach the confidentiality between a practitioner and a client. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

2. Disclose client records to others only in accordance with the requirements of §§ 32.1-127.1:03 and 54.1-2400.1 of the Code of Virginia.

3. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records which are no longer useful in a manner that ensures client confidentiality.

4. Maintain timely, accurate, legible, and complete written or electronic records for each client, to include dates of service and identifying information to substantiate treatment plan, client progress, and termination.

D. In regard to dual relationships, persons registered by the board shall:

1. Not engage in dual relationships with clients or former clients that are harmful to the client's well-being, or which would impair the practitioner's objectivity and professional judgment, or increase the risk of client exploitation. This prohibition includes, but is not limited to, such activities as providing services to close friends, former sexual partners, employees, or relatives; or engaging in business relationships with clients.

2. Not engage in sexual intimacies or romantic relationships with current clients. For at least five (5) years after cessation or termination of professional services, practitioners shall not engage in sexual intimacies or romantic relationships with a client or those included in collateral therapeutic services. Since sexual or romantic relationships are potentially exploitative, the practitioner shall bear the burden of demonstrating that there has been no exploitation. A client's consent to, initiation of or participation in sexual behavior or involvement with a practitioner does not change the nature of the conduct nor lift the regulatory prohibition.

3. Recognize conflicts of interest and inform all parties of obligations, responsibilities, and loyalties to third parties.

E. Upon learning of evidence that indicates a reasonable probability that another mental health provider is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons registered by the board shall advise their clients of their right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

18VAC115-xx-xxx. Grounds for revocation, suspension, restriction, or denial of registration.

A. In accordance with §54.1-2400(7) of the Code of Virginia, the board may revoke, suspend, restrict, or decline to issue or renew a registration based upon the following conduct:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of qualified mental health professionals, or any provision of this chapter;

2. Procuring or maintaining a registration, including submission of an application or applicable board forms, by fraud or misrepresentation;

3. Conducting one's practice in such a manner so as to make it a danger to the health and welfare of one's clients or to the public; or if one is unable to practice with reasonable skill and safety to clients by reason of illness, abusive use of alcohol; drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition;

4. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of qualified mental health professionals, or any regulation in this chapter;

5. Performance of functions outside the board-registered area of competency;

6. Performance of an act likely to deceive, defraud, or harm the public;

7. Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;

8. Action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;

9. Failure to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or

10. Failure to report evidence of child abuse or neglect as required in §63.2-1509 of the Code of Virginia, or elder abuse or neglect as required in §63.2-1606 of the Code of Virginia.

18VAC115-xx-xxx. Reinstatement following disciplinary action.

A. Any person whose registration has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of registration. Any person whose registration has been revoked by the board may, three years subsequent to such board action, submit a new application and fee for reinstatement of registration.

B. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in subsection A of this section.

Emergency Regulations

Agenda Item: Board action on Emergency Regulations

Included in your agenda package are:

Copy of legislation passed in the 2017 General Assembly

Copy of regulations as recommended by the Regulation Committee for:

Registration of Qualified Mental Health Professionals

And

Registration of Peer Recovery Specialists

Copy of current description of QMHP

Staff Note:

Legislation for registration of these two professions was introduced after coordination among DHP, DMAS, and DBHDS.

Numerous meetings have occurred among staff of the 3 agencies along with staff of the Secretary of Health and Human Resources

A Regulatory Advisory Panel was convened on June 26th to include representation from other behavioral boards, agency representatives and private providers. Draft regulations were discussed and provided to the Regulation Committee which met on July 21st.

Board action:

The Board must adopt the regulations as presented in agenda package or as amended as emergency regulations

The Board must also adopt a Notice on Intended Regulatory Action to replace emergency regulations.

CHAPTER 418

An Act to amend and reenact §§ 37.2-203, 37.2-304, 54.1-2400.1, 54.1-2400.6, 54.1-3500, 54.1-3505, and 54.1-3506.1 of the Code of Virginia, relating to registration of peer recovery specialists and qualified mental health professionals.

[H 2095]

Approved March 13, 2017

Be it enacted by the General Assembly of Virginia:

1. That §§ 37.2-203, 37.2-304, 54.1-2400.1, 54.1-2400.6, 54.1-3500, 54.1-3505, and 54.1-3506.1 of the Code of Virginia are amended and reenacted as follows:

§ 37.2-203. Powers and duties of Board.

The Board shall have the following powers and duties:

1. To develop and establish programmatic and fiscal policies governing the operation of state hospitals, training centers, community services boards, and behavioral health authorities;

2. To ensure the development of long-range programs and plans for mental health, developmental, and substance abuse services provided by the Department, community services boards, and behavioral health authorities;

3. To review and comment on all budgets and requests for appropriations for the Department prior to their submission to the Governor and on all applications for federal funds;

4. To monitor the activities of the Department and its effectiveness in implementing the policies of the Board;

5. To advise the Governor, Commissioner, and General Assembly on matters relating to mental health, developmental, and substance abuse services;

6. To adopt regulations that may be necessary to carry out the provisions of this title and other laws of the Commonwealth administered by the Commissioner or the Department;

7. To ensure the development of programs to educate citizens about and elicit public support for the activities of the Department, community services boards, and behavioral health authorities;

8. To ensure that the Department assumes the responsibility for providing for education and training of school-age individuals receiving services in state facilities, pursuant to § 37.2-312; ~~and~~

9. To change the names of state facilities; *and*

10. To adopt regulations that establish the qualifications, education, and experience for registration of peer recovery specialists by the Board of Counseling.

Prior to the adoption, amendment, or repeal of any regulation regarding substance abuse services, the Board shall, in addition to the procedures set forth in the Administrative Process Act (§ 2.2-4000 et seq.), present the proposed regulation to the Substance Abuse Services Council, established pursuant to § 2.2-2696, at least 30 days prior to the Board's action for the Council's review and comment.

§ 37.2-304. Duties of Commissioner.

The Commissioner shall be the chief executive officer of the Department and shall have the following duties and powers:

1. To supervise and manage the Department and its state facilities.

2. To employ the personnel required to carry out the purposes of this title.

3. To make and enter into all contracts and agreements necessary or incidental to the performance of the Department's duties and the execution of its powers under this title, including contracts with the United States, other states, and agencies and governmental subdivisions of the Commonwealth, consistent with policies and regulations of the Board and applicable federal and state statutes and regulations.

4. To accept, hold, and enjoy gifts, donations, and bequests on behalf of the Department from the United States government, agencies and instrumentalities thereof, and any other source, subject to the approval of the Governor. To these ends, the Commissioner shall have the power to comply with conditions and execute agreements that may be necessary, convenient, or desirable, consistent with policies and regulations of the Board.

5. To accept, execute, and administer any trust in which the Department may have an interest, under the terms of the instruments creating the trust, subject to the approval of the Governor.

6. To transfer between state hospitals and training centers school-age individuals who have been identified as appropriate to be placed in public school programs and to negotiate with other school divisions for placements in order to ameliorate the impact on those school divisions located in a jurisdiction in which a state hospital or training center is located.

7. To provide to the Director of the Commonwealth's designated protection and advocacy system, established pursuant to § 51.5-39.13, a written report setting forth the known facts of critical incidents or

deaths of individuals receiving services in facilities within 15 working days of the critical incident or death.

8. To work with the appropriate state and federal entities to ensure that any individual who has received services in a state facility for more than one year has possession of or receives prior to discharge any of the following documents, when they are needed to obtain the services contained in his discharge plan: a Department of Motor Vehicles approved identification card that will expire 90 days from issuance, a copy of his birth certificate if the individual was born in the Commonwealth, or a social security card from the Social Security Administration. State facility directors, as part of their responsibilities pursuant to § 37.2-837, shall implement this provision when discharging individuals.

9. To work with the Department of Veterans Services and the Department for Aging and Rehabilitative Services to establish a program for mental health and rehabilitative services for Virginia veterans and members of the Virginia National Guard and Virginia residents in the Armed Forces Reserves not in active federal service and their family members pursuant to § 2.2-2001.1.

10. To establish and maintain a pharmaceutical and therapeutics committee composed of representatives of the Department of Medical Assistance Services, state facilities operated by the Department, community services boards, at least one health insurance plan, and at least one individual receiving services to develop a drug formulary for use at all community services boards, state facilities operated by the Department, and providers licensed by the Department.

~~11. To certify individuals as peer providers in accordance with regulations adopted by the Board.~~

~~12.~~ To establish and maintain the Commonwealth Mental Health First Aid Program pursuant to § 37.2-312.2.

~~13.~~ *12.* To submit a report for the preceding fiscal year by December 1 of each year to the Governor and the Chairmen of the House Appropriations and Senate Finances Committees that provides information on the operation of Virginia's publicly funded behavioral health and developmental services system. The report shall include a brief narrative and data on the number of individuals receiving state facility services or community services board services, including purchased inpatient psychiatric services; the types and amounts of services received by these individuals; and state facility and community services board service capacities, staffing, revenues, and expenditures. The annual report shall describe major new initiatives implemented during the past year and shall provide information on the accomplishment of systemic outcome and performance measures during the year.

Unless specifically authorized by the Governor to accept or undertake activities for compensation, the Commissioner shall devote his entire time to his duties.

§ 54.1-2400.1. Mental health service providers; duty to protect third parties; immunity.

A. As used in this section:

"Certified substance abuse counselor" means a person certified to provide substance abuse counseling in a state-approved public or private substance abuse program or facility.

"Client" or "patient" means any person who is voluntarily or involuntarily receiving mental health services or substance abuse services from any mental health service provider.

"Clinical psychologist" means a person who practices clinical psychology as defined in § 54.1-3600.

"Clinical social worker" means a person who practices social work as defined in § 54.1-3700.

"Licensed practical nurse" means a person licensed to practice practical nursing as defined in § 54.1-3000.

"Licensed substance abuse treatment practitioner" means any person licensed to engage in the practice of substance abuse treatment as defined in § 54.1-3500.

"Marriage and family therapist" means a person licensed to engage in the practice of marriage and family therapy as defined in § 54.1-3500.

"Mental health professional" means a person who by education and experience is professionally qualified and licensed in Virginia to provide counseling interventions designed to facilitate an individual's achievement of human development goals and remediate mental, emotional, or behavioral disorders and associated distresses which interfere with mental health and development.

"Mental health service provider" or "provider" refers to any of the following: (i) a person who provides professional services as a certified substance abuse counselor, clinical psychologist, clinical social worker, licensed substance abuse treatment practitioner, licensed practical nurse, marriage and family therapist, mental health professional, physician, professional counselor, psychologist, *qualified mental health professional,* registered nurse, *registered peer recovery specialist,* school psychologist, or social worker; (ii) a professional corporation, all of whose shareholders or members are so licensed; or (iii) a partnership, all of whose partners are so licensed.

"Professional counselor" means a person who practices counseling as defined in § 54.1-3500.

"Psychologist" means a person who practices psychology as defined in § 54.1-3600.

"Qualified mental health professional" means a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative mental health services for adults or children. A qualified mental health professional shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or a provider licensed by the Department of Behavioral Health and Developmental Services.

"Registered nurse" means a person licensed to practice professional nursing as defined in § 54.1-3000.

"Registered peer recovery specialist" means a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative services to assist individuals in achieving sustained recovery from the effects of addiction or mental illness, or both. A registered peer recovery specialist shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, a provider licensed by the Department of Behavioral Health and Developmental Services, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.

"School psychologist" means a person who practices school psychology as defined in § 54.1-3600.

"Social worker" means a person who practices social work as defined in § 54.1-3700.

B. A mental health service provider has a duty to take precautions to protect third parties from violent behavior or other serious harm only when the client has orally, in writing, or via sign language, communicated to the provider a specific and immediate threat to cause serious bodily injury or death to an identified or readily identifiable person or persons, if the provider reasonably believes, or should believe according to the standards of his profession, that the client has the intent and ability to carry out that threat immediately or imminently. If the third party is a child, in addition to taking precautions to protect the child from the behaviors in the above types of threats, the provider also has a duty to take precautions to protect the child if the client threatens to engage in behaviors that would constitute physical abuse or sexual abuse as defined in § 18.2-67.10. The duty to protect does not attach unless the threat has been communicated to the provider by the threatening client while the provider is engaged in his professional duties.

C. The duty set forth in subsection B is discharged by a mental health service provider who takes one or more of the following actions:

1. Seeks involuntary admission of the client under Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1 or Chapter 8 (§ 37.2-800 et seq.) of Title 37.2.

2. Makes reasonable attempts to warn the potential victims or the parent or guardian of the potential victim if the potential victim is under the age of 18.

3. Makes reasonable efforts to notify a law-enforcement official having jurisdiction in the client's or potential victim's place of residence or place of work, or place of work of the parent or guardian if the potential victim is under age 18, or both.

4. Takes steps reasonably available to the provider to prevent the client from using physical violence or other means of harm to others until the appropriate law-enforcement agency can be summoned and takes custody of the client.

5. Provides therapy or counseling to the client or patient in the session in which the threat has been communicated until the mental health service provider reasonably believes that the client no longer has the intent or the ability to carry out the threat.

6. In the case of a registered peer recovery specialist or a qualified mental health professional who is not otherwise licensed by a health regulatory board at the Department of Health Professions, reports immediately to a licensed mental health service provider to take one or more of the actions set forth in this subsection.

D. A mental health service provider shall not be held civilly liable to any person for:

1. Breaching confidentiality with the limited purpose of protecting third parties by communicating the threats described in subsection B made by his clients to potential third party victims or law-enforcement agencies or by taking any of the actions specified in subsection C.

2. Failing to predict, in the absence of a threat described in subsection B, that the client would cause the third party serious physical harm.

3. Failing to take precautions other than those enumerated in subsection C to protect a potential third party victim from the client's violent behavior.

§ 54.1-2400.6. Hospitals, other health care institutions, home health and hospice organizations, and assisted living facilities required to report disciplinary actions against and certain disorders of health professionals; immunity from liability; failure to report.

A. The chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, the director of every licensed home health or hospice organization, the director of every accredited home health organization exempt from licensure, ~~and~~ the administrator of every licensed assisted living facility, *and the administrator of every provider licensed by the Department of Behavioral Health and Developmental Services* in the Commonwealth shall report within 30 days, except as provided in subsection B, to the Director of the Department of Health Professions, or in the case of a director of a home health or hospice organization, to the Office of Licensure and Certification at the Department of Health (the Office), the following information regarding any person (i) licensed, certified, or registered by a health regulatory board or (ii) holding a multistate licensure privilege to practice nursing or an applicant for licensure, certification or registration unless exempted under subsection E:

1. Any information of which he may become aware in his official capacity indicating that such a

health professional is in need of treatment or has been committed or admitted as a patient, either at his institution or any other health care institution, for treatment of substance abuse or a psychiatric illness that may render the health professional a danger to himself, the public or his patients.

2. Any information of which he may become aware in his official capacity indicating, after reasonable investigation and consultation as needed with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations. The report required under this subdivision shall be submitted within 30 days of the date that the chief executive officer, chief of staff, director, or administrator determines that a reasonable probability exists.

3. Any disciplinary proceeding begun by the institution, organization, ~~or~~ facility, *or provider* as a result of conduct involving (i) intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, (ii) professional ethics, (iii) professional incompetence, (iv) moral turpitude, or (v) substance abuse. The report required under this subdivision shall be submitted within 30 days of the date of written communication to the health professional notifying him of the initiation of a disciplinary proceeding.

4. Any disciplinary action taken during or at the conclusion of disciplinary proceedings or while under investigation, including but not limited to denial or termination of employment, denial or termination of privileges or restriction of privileges that results from conduct involving (i) intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, (ii) professional ethics, (iii) professional incompetence, (iv) moral turpitude, or (v) substance abuse. The report required under this subdivision shall be submitted within 30 days of the date of written communication to the health professional notifying him of any disciplinary action.

5. The voluntary resignation from the staff of the health care institution, home health or hospice organization, ~~or~~ assisted living facility, *or provider*, or voluntary restriction or expiration of privileges at the institution, organization, ~~or~~ facility, *or provider*, of any health professional while such health professional is under investigation or is the subject of disciplinary proceedings taken or begun by the institution, organization, ~~or~~ facility, *or provider* or a committee thereof for any reason related to possible intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, medical incompetence, unprofessional conduct, moral turpitude, mental or physical impairment, or substance abuse.

Any report required by this section shall be in writing directed to the Director of the Department of Health Professions or to the Director of the Office of Licensure and Certification at the Department of Health, shall give the name and address of the person who is the subject of the report and shall fully describe the circumstances surrounding the facts required to be reported. The report shall include the names and contact information of individuals with knowledge about the facts required to be reported and the names and contact information of individuals from whom the hospital or health care institution, organization, ~~or~~ facility, *or provider* sought information to substantiate the facts required to be reported. All relevant medical records shall be attached to the report if patient care or the health professional's health status is at issue. The reporting hospital, health care institution, home health or hospice organization, ~~or~~ assisted living facility, *or provider* shall also provide notice to the Department or the Office that it has submitted a report to the National Practitioner Data Bank under the Health Care Quality Improvement Act (42 U.S.C. § 11101 et seq.). The reporting hospital, health care institution, home health or hospice organization, ~~or~~ assisted living facility, *or provider* shall give the health professional who is the subject of the report an opportunity to review the report. The health professional may submit a separate report if he disagrees with the substance of the report.

This section shall not be construed to require the hospital, health care institution, home health or hospice organization, ~~or~~ assisted living facility, *or provider* to submit any proceedings, minutes, records, or reports that are privileged under § 8.01-581.17, except that the provisions of § 8.01-581.17 shall not bar (i) any report required by this section or (ii) any requested medical records that are necessary to investigate unprofessional conduct reported pursuant to this subtitle or unprofessional conduct that should have been reported pursuant to this subtitle. Under no circumstances shall compliance with this section be construed to waive or limit the privilege provided in § 8.01-581.17. No person or entity shall be obligated to report any matter to the Department or the Office if the person or entity has actual notice that the same matter has already been reported to the Department or the Office.

B. Any report required by this section concerning the commitment or admission of such health professional as a patient shall be made within five days of when the chief executive officer, chief of staff, director, or administrator learns of such commitment or admission.

C. The State Health Commissioner ~~or the~~, Commissioner of ~~the Department of~~ Social Services, *and Commissioner of Behavioral Health and Developmental Services* shall report to the Department any information of which their agencies may become aware in the course of their duties that a health professional may be guilty of fraudulent, unethical, or unprofessional conduct as defined by the pertinent licensing statutes and regulations. However, the State Health Commissioner shall not be required to report information reported to the Director of the Office of Licensure and Certification pursuant to this

section to the Department of Health Professions.

D. Any person making a report by this section, providing information pursuant to an investigation or testifying in a judicial or administrative proceeding as a result of such report shall be immune from any civil liability alleged to have resulted therefrom unless such person acted in bad faith or with malicious intent.

E. Medical records or information learned or maintained in connection with an alcohol or drug prevention function that is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall be exempt from the reporting requirements of this section to the extent that such reporting is in violation of 42 U.S.C. § 290dd-2 or regulations adopted thereunder.

F. Any person who fails to make a report to the Department as required by this section shall be subject to a civil penalty not to exceed $25,000 assessed by the Director. The Director shall report the assessment of such civil penalty to the Commissioner of Health ~~or the~~, Commissioner of Social Services, *or Commissioner of Behavioral Health and Developmental Services,* as appropriate. Any person assessed a civil penalty pursuant to this section shall not receive a license or certification or renewal of such unless such penalty has been paid pursuant to § 32.1-125.01. The Medical College of Virginia Hospitals and the University of Virginia Hospitals shall not receive certification pursuant to § 32.1-137 or Article 1.1 (§ 32.1-102.1 et seq.) of Chapter 4 of Title 32.1 unless such penalty has been paid.

§ 54.1-3500. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Appraisal activities" means the exercise of professional judgment based on observations and objective assessments of a client's behavior to evaluate current functioning, diagnose, and select appropriate treatment required to remediate identified problems or to make appropriate referrals.

"Board" means the Board of Counseling.

"Certified substance abuse counseling assistant" means a person certified by the Board to practice in accordance with the provisions of § 54.1-3507.2.

"Certified substance abuse counselor" means a person certified by the Board to practice in accordance with the provisions of § 54.1-3507.1.

"Counseling" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health.

"Licensed substance abuse treatment practitioner" means a person who: (i) is trained in and engages in the practice of substance abuse treatment with individuals or groups of individuals suffering from the effects of substance abuse or dependence, and in the prevention of substance abuse or dependence; and (ii) is licensed to provide advanced substance abuse treatment and independent, direct, and unsupervised treatment to such individuals or groups of individuals, and to plan, evaluate, supervise, and direct substance abuse treatment provided by others.

"Marriage and family therapist" means a person trained in the assessment and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques.

"Marriage and family therapy" means the assessment and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques and delivery of services to individuals, couples, and families, singularly or in groups, for the purpose of treating such disorders.

"Practice of counseling" means rendering or offering to render to individuals, groups, organizations, or the general public any service involving the application of principles, standards, and methods of the counseling profession, which shall include appraisal, counseling, and referral activities.

"Practice of marriage and family therapy" means the assessment and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques, which shall include assessment, treatment, and referral activities.

"Practice of substance abuse treatment" means rendering or offering to render substance abuse treatment to individuals, groups, organizations, or the general public.

"Professional counselor" means a person trained in the application of principles, standards, and methods of the counseling profession, including counseling interventions designed to facilitate an individual's achievement of human development goals and remediating mental, emotional, or behavioral disorders and associated distresses that interfere with mental health and development.

"Qualified mental health professional" means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative mental health services for adults or children. A qualified mental health professional shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or a provider licensed by the Department of Behavioral Health and Developmental Services.

"Referral activities" means the evaluation of data to identify problems and to determine advisability

of referral to other specialists.

"Registered peer recovery specialist" means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative services to assist individuals in achieving sustained recovery from the effects of addiction or mental illness, or both. A registered peer recovery specialist shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, a provider licensed by the Department of Behavioral Health and Developmental Services, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.

"Residency" means a post-internship supervised clinical experience registered with the Board.

"Resident" means an individual who has submitted a supervisory contract to the Board and has received Board approval to provide clinical services in professional counseling under supervision.

"Substance abuse" and "substance dependence" mean a maladaptive pattern of substance use leading to clinically significant impairment or distress.

"Substance abuse treatment" means (i) the application of specific knowledge, skills, substance abuse treatment theory, and substance abuse treatment techniques to define goals and develop a treatment plan of action regarding substance abuse or dependence prevention, education, or treatment in the substance abuse or dependence recovery process and (ii) referrals to medical, social services, psychological, psychiatric, or legal resources when such referrals are indicated.

"Supervision" means the ongoing process, performed by a supervisor, of monitoring the performance of the person supervised and providing regular, documented individual or group consultation, guidance, and instruction with respect to the clinical skills and competencies of the person supervised.

§ 54.1-3505. Specific powers and duties of the Board.

In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties:

1. To cooperate with and maintain a close liaison with other professional boards and the community to ensure that regulatory systems stay abreast of community and professional needs.

2. To conduct inspections to ensure that licensees conduct their practices in a competent manner and in conformance with the relevant regulations.

3. To designate specialties within the profession.

4. To administer the certification of rehabilitation providers pursuant to Article 2 (§ 54.1-3510 et seq.) of this chapter, including prescribing fees for application processing, examinations, certification and certification renewal.

5. [Expired.]

6. To promulgate regulations for the qualifications, education, and experience for licensure of marriage and family therapists. The requirements for clinical membership in the American Association for Marriage and Family Therapy (AAMFT), and the professional examination service's national marriage and family therapy examination may be considered by the Board in the promulgation of these regulations. The educational credit hour, clinical experience hour, and clinical supervision hour requirements for marriage and family therapists shall not be less than the educational credit hour, clinical experience hour, and clinical supervision hour requirements for professional counselors.

7. To promulgate, subject to the requirements of Article 1.1 (§ 54.1-3507 et seq.) of this chapter, regulations for the qualifications, education, and experience for licensure of licensed substance abuse treatment practitioners and certification of certified substance abuse counselors and certified substance abuse counseling assistants. The requirements for membership in NAADAC: the Association for Addiction Professionals and its national examination may be considered by the Board in the promulgation of these regulations. The Board also may provide for the consideration and use of the accreditation and examination services offered by the Substance Abuse Certification Alliance of Virginia. The educational credit hour, clinical experience hour, and clinical supervision hour requirements for licensed substance abuse treatment practitioners shall not be less than the educational credit hour, clinical experience hour, and clinical supervision hour requirements for licensed professional counselors. Such regulations also shall establish standards and protocols for the clinical supervision of certified substance abuse counselors and the supervision or direction of certified substance abuse counseling assistants, and reasonable access to the persons providing that supervision or direction in settings other than a licensed facility.

8. To maintain a registry of persons who meet the requirements for supervision of residents. The Board shall make the registry of approved supervisors available to persons seeking residence status.

9. To promulgate regulations for the registration of qualified mental health professionals, including qualifications, education, and experience necessary for such registration.

10. To promulgate regulations for the registration of peer recovery specialists who meet the qualifications, education, and experience requirements established by regulations of the Board of Behavioral Health and Developmental Services pursuant to § 37.2-203.

§ 54.1-3506.1. Client notification.

Any person licensed, *certified, or registered* by the Board and operating in a nonhospital setting shall

post a copy of his license, *certification, or registration* in a conspicuous place. The posting shall also provide clients with (i) the number of the toll-free complaint line at the Department of Health Professions, (ii) the website address of the Department for the purposes of accessing the licensee's, *certificate holder's, or registrant's* record, and (iii) notice of the client's right to report to the Department if he believes the licensee, *certificate holder, or registrant* may have engaged in unethical, fraudulent, or unprofessional conduct. *If the licensee, certificate holder, or registrant does not operate in a central location at which clients visit, he or his employer shall provide such information on a disclosure form signed by the client and maintained in the client's record.*

2. That the Board of Behavioral Health and Developmental Services and the Board of Counseling shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment.

QMHP/QMRP/QPPMH DEFINITIONS:

"Qualified Mental Health Professional-Adult (QMHP-A)" means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to individuals who have a mental illness, including:

(i) a doctor of medicine or osteopathy licensed in Virginia,

(ii) a doctor of medicine or osteopathy, specializing in psychiatry and licensed in Virginia,

(iii) an individual with a master's degree in psychology from an accredited college or university with at least one year of clinical experience

(iv) a social worker: an individual with at least a bachelor's degree in human services or related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling or other degree deemed equivalent to those described) from an accredited college and with at least one year of clinical experience providing direct services to individuals with a diagnosis of mental illness

(v) a person with at least a bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits (or equivalent) in a human services field and who has at least three years of clinical experience

(vi) a Certified Psychiatric Rehabilitation Provider (CPRP) registered with the United States Psychiatric Rehabilitation Association (USPRA); (vii) a registered nurse licensed in Virginia with at least one year of clinical experience; or

(viii) any other licensed mental health professional.

"Qualified Mental Health Professional-Child (QMHP-C)" means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to children who have a mental illness.

To qualify as a QMHP-C, the individual must have the designated clinical experience and must either:

(i) be a doctor of medicine or osteopathy licensed in Virginia;

(ii) have a master's degree in psychology from an accredited college or university with at least one year of clinical experience with children and adolescents;

(iii) have a social work bachelor's or master's degree from an accredited college or university with at least one year of documented clinical experience with children or adolescents;

(iv) be a registered nurse with at least one year of clinical experience with children and adolescents;

(v) have at least a bachelor's degree in a human services field or in special education from an accredited college with at least one year of clinical experience with children and adolescents; or

(vi) be a licensed mental health professional

"Qualified Mental Health Professional-Eligible (QMHP-E)" means a person who has

(i) at least a bachelor's degree in a human service field or special education from an accredited college without one year of clinical experience or

(ii) at least a bachelor's degree in a nonrelated field and is enrolled in a master's or doctoral clinical program taking the equivalent of at least three credit hours per semester and is employed by a provider that has a triennial license issued by the department and has a department and DMAS-approved supervision training program

"Qualified Mental Retardation Professional (QMRP)" means a person who possesses at least one year of documented experience working directly with individuals who have mental retardation (intellectual disability) or other developmental disabilities and one of the following credentials:

(i) a doctor of medicine or osteopathy licensed in Virginia,

(ii) a registered nurse licensed in Virginia; or

(iii) completion of at least a bachelor's degree in a human services field, including, but not limited to sociology, social work, special education, rehabilitation counseling, or psychology

CACREP Regulations Discussion

Agenda Item: Board discussion of CACREP Regulation

Included in agenda package:

Copy of proposed regulation that resulted from a petition for rule-making
Comment was received on the petition, the NOIRA, and the proposed
Copies of comment on the proposed amendment
Copy of information about the CCMHC
Copy of information about programs accredited by CACREP

Staff Note:

At this meeting, the Board will:

1) Review the comments on the CACREP proposal.
2) Review which CACREP accredited programs would be acceptable for licensure as a LPC without further review of content and coursework.
3) Review and discuss any possible alternatives to the requirement that all applicants must be graduates of CACREP-accredited programs.

Board action:

The Board may take action at this meeting or may prefer, given the heavy agenda load, to discuss options at this meeting and defer action on a final or re-proposed regulation until its next meeting.

Project 4181 - Proposed

BOARD OF COUNSELING

Requirement for CACREP accreditation for educational programs

18VAC115-20-49. Degree program requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice counseling and counseling treatment intervention, as defined in § 54.1-3500 of the Code of Virginia, which is offered by a college or university accredited by a regional accrediting agency and which meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare counselors as documented by the institution;

2. There must be an identifiable counselor training faculty and an identifiable body of students who complete that sequence of academic study; and

3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. After (date of seven years from the effective date of the regulation), only programs that are approved by CACREP or CORE are recognized as meeting the requirements of subsection A of this section.

18VAC115-20-49. Degree Program Requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice counseling, as defined in § 54.1-3500 of the Code of Virginia, which is offered by a college or university accredited by a regional accrediting agency and which meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare counselors as documented by the institution;

2. There must be an identifiable counselor training faculty and an identifiable body of students who complete that sequence of academic study; and

3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Programs that are approved by CACREP or CORE are recognized as meeting the requirements of subsection A of this section.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Volume 16, Issue 13, eff. April 12, 2000; Errata, 16:16 VA.R. 2081 April 24, 2000; amended, Virginia Register Volume 30, Issue 19, eff. July 3, 2014; Volume 32, Issue 24, eff. August 24, 2016.

18VAC115-20-51. Coursework Requirements.

A. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate study in the following core coursework with a minimum of three semester hours or 4.0 quarter hours in each of subdivisions 1 through 12 of this subsection:

1. Professional counseling identity, function, and ethics;

2. Theories of counseling and psychotherapy;

3. Counseling and psychotherapy techniques;

4. Human growth and development;

5. Group counseling and psychotherapy theories and techniques;

6. Career counseling and development theories and techniques;

7. Appraisal, evaluation, and diagnostic procedures;

8. Abnormal behavior and psychopathology;

9. Multicultural counseling theories and techniques;

10. Research;

11. Diagnosis and treatment of addictive disorders;

12. Marriage and family systems theory; and

13. Supervised internship of at least 600 hours to include 240 hours of face-to-face client contact. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours.

B. If 60 graduate hours in counseling were completed prior to April 12, 2000, the board may accept those hours if they meet the regulations in effect at the time the 60 hours were completed.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Volume 16, Issue 13, eff. April 12, 2002; amended, Virginia Register Volume 24, Issue 24, eff. September 3, 2008; Volume 30, Issue 19, eff. July 3, 2014; Volume 32, Issue 24, eff. August 24, 2016.

18VAC115-20-40. Prerequisites for Licensure by Examination.

Part II. Requirements for Licensure

Every applicant for licensure examination by the board shall:

1. Meet the degree program requirements prescribed in 18VAC115-20-49, the course work requirements prescribed in 18VAC115-20-51, and the experience requirements prescribed in 18VAC115-20-52;

2. Pass the licensure examination specified by the board;

3. Submit the following to the board:

a. A completed application;

b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-20-49 and 18VAC115-20-51. Transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained;

c. Verification of Supervision forms documenting fulfillment of the residency requirements of 18VAC115-20-52 and copies of all required evaluation forms, including verification of current licensure of the supervisor if any portion of the residency occurred in another jurisdiction;

d. Verification of any other mental health or health professional license or certificate ever held in another jurisdiction;

e. The application processing and initial licensure fee as prescribed in 18VAC115-20-20; and

f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from VR560-01-02 § 2.1, eff. July 6, 1988; amended, Volume 05, Issue 24, eff. September 27, 1989; Volume 07, Issue 14, eff. May 8, 1991; Volume 09, Issue 25, eff. October 6, 1993; Volume 13, Issue 25, eff. August 7, 1997; Volume 16, Issue 13, eff. April 12, 2000; Errata, 16:16 VA.R. 2081 April 24, 2000; amended, Virginia Register Volume 26, Issue 01, eff. October 14, 2009; Volume 30, Issue 19, eff. July 3, 2014; Volume 32, Issue 24, eff. August 24, 2016.

18VAC115-20-45. Prerequisites for Licensure by Endorsement.

A. Every applicant for licensure by endorsement shall hold or have held a professional counselor license in another jurisdiction of the United States and shall submit the following:

1. A completed application;

2. The application processing fee and initial licensure fee as prescribed in 18VAC115-20-20;

3. Verification of all mental health or health professional licenses or certificates ever held in any other jurisdiction. In order to qualify for endorsement the applicant shall have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;

4. Documentation of having completed education and experience requirements as specified in subsection B of this section;

5. Verification of a passing score on an examination required for counseling licensure in the jurisdiction in which licensure was obtained;

6. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

7. An affidavit of having read and understood the regulations and laws governing the practice of professional counseling in Virginia.

B. Every applicant for licensure by endorsement shall meet one of the following:

1. Educational requirements consistent with those specified in 18VAC115-20-49 and 18VAC115-20-51 and experience requirements consistent with those specified in 18VAC115-20-52;

2. If an applicant does not have educational and experience credentials consistent with those required by this chapter, he shall provide:

a. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials; and

b. Evidence of post-licensure clinical practice in counseling, as defined in § 54.1-3500 of the Code of Virginia, for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical counseling services or clinical supervision of counseling services; or

3. In lieu of transcripts verifying education and documentation verifying supervised experience, the board may accept verification from the credentials registry of the American Association of State Counseling Boards or any other board-recognized entity.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Volume 16, Issue 13, eff. April 12, 2000; amended, Virginia Register Volume 24, Issue 24, eff. September 3, 2008; Volume 25, Issue 20, eff. July 23, 2009; Volume 26, Issue 01, eff. October 14, 2009; Volume 30, Issue 19, eff. July 3, 2014; Volume 32, Issue 24, eff. August 24, 2016.

CACREP STANDARDS (2016)

CORE AREAS

The eight common core areas represent the foundational knowledge required of ***all*** entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

1. Professional Counseling Orientation and Ethical Practice
    a. history and philosophy of the counseling profession and its specialty areas
    b. the multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation
    c. counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams
    d. the role and process of the professional counselor advocating on behalf of the profession
    e. advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients
    f. professional counseling organizations, including membership benefits, activities, services to members, and current issues
    g. professional counseling credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues
    h. current labor market information relevant to opportunities for practice within the counseling profession
    i. ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling
    j. technology's impact on the counseling profession
    k. strategies for personal and professional self-evaluation and implications for practice
    l. self-care strategies appropriate to the counselor role
    m. the role of counseling supervision in the profession

2. Social and Cultural Diversity
    a. multicultural and pluralistic characteristics within and among diverse groups nationally and internationally
    b. theories and models of multicultural counseling, cultural identity development, and social justice and advocacy
    c. multicultural counseling competencies

d. the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual's views of others
e. the effects of power and privilege for counselors and clients
f. help-seeking behaviors of diverse clients
g. the impact of spiritual beliefs on clients' and counselors' worldviews
h. strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination

3. Human Growth and Development
    a. theories of individual and family development across the lifespan
    b. theories of learning
    c. theories of normal and abnormal personality development
    d. theories and etiology of addictions and addictive behaviors
    e. biological, neurological, and physiological factors that affect human development, functioning, and behavior
    f. systemic and environmental factors that affect human development, functioning, and behavior
    g. effects of crisis, disasters, and trauma on diverse individuals across the lifespan
    h. a general framework for understanding differing abilities and strategies for differentiated interventions
    i. ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan

4. Career Development
    a. theories and models of career development, counseling, and decision making
    b. approaches for conceptualizing the interrelationships among and between work, mental well-being, relationships, and other life roles and factors
    c. processes for identifying and using career, avocational, educational, occupational and labor market information resources, technology, and information systems
    d. approaches for assessing the conditions of the work environment on clients' life experiences
    e. strategies for assessing abilities, interests, values, personality and other factors that contribute to career development
    f. strategies for career development program planning, organization, implementation, administration, and evaluation

g. strategies for advocating for diverse clients' career and educational development and employment opportunities in a global economy
h. strategies for facilitating client skill development for career, educational, and life-work planning and management
i. methods of identifying and using assessment tools and techniques relevant to career planning and decision making
j. ethical and culturally relevant strategies for addressing career development

5. Counseling and Helping Relationships
    a. theories and models of counseling
    b. a systems approach to conceptualizing clients
    c. theories, models, and strategies for understanding and practicing consultation
    d. ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships
    e. the impact of technology on the counseling process
    f. counselor characteristics and behaviors that influence the counseling process
    g. essential interviewing, counseling, and case conceptualization skills
    h. developmentally relevant counseling treatment or intervention plans
    i. development of measurable outcomes for clients
    j. evidence-based counseling strategies and techniques for prevention and intervention
    k. strategies to promote client understanding of and access to a variety of community-based resources
    l. suicide prevention models and strategies
    m. crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid
    n. processes for aiding students in developing a personal model of counseling

6. Group Counseling and Group Work
    a. theoretical foundations of group counseling and group work
    b. dynamics associated with group process and development
    c. therapeutic factors and how they contribute to group effectiveness
    d. characteristics and functions of effective group leaders
    e. approaches to group formation, including recruiting, screening, and selecting members
    f. types of groups and other considerations that affect conducting groups in varied settings
    g. ethical and culturally relevant strategies for designing and facilitating groups

h. direct experiences in which students participate as group members in a small group activity, approved by the program, for a minimum of 10 clock hours over the course of one academic term

7. Assessment and Testing
    a. historical perspectives concerning the nature and meaning of assessment and testing in counseling
    b. methods of effectively preparing for and conducting initial assessment meetings
    c. procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide
    d. procedures for identifying trauma and abuse and for reporting abuse
    e. use of assessments for diagnostic and intervention planning purposes
    f. basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments
    g. statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations
    h. reliability and validity in the use of assessments
    i. use of assessments relevant to academic/educational, career, personal, and social development
    j. use of environmental assessments and systematic behavioral observations
    k. use of symptom checklists, and personality and psychological testing
    l. use of assessment results to diagnose developmental, behavioral, and mental disorders
    m. ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results

8. Research and Program Evaluation
    a. the importance of research in advancing the counseling profession, including how to critique research to inform counseling practice
    b. identification of evidence-based counseling practices
    c. needs assessments
    d. development of outcome measures for counseling programs
    e. evaluation of counseling interventions and programs
    f. qualitative, quantitative, and mixed research methods
    g. designs used in research and program evaluation
    h. statistical methods used in conducting research and program evaluation
    i. analysis and use of data in counseling

j. ethical and culturally relevant strategies for conducting, interpreting, and reporting the results of research and/or program evaluation

ENTRY-LEVEL PROFESSIONAL PRACTICE

A. Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship.
B. Supervision of practicum and internship students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients.
C. Formative and summative evaluations of the student's counseling performance and ability to integrate and apply knowledge are conducted as part of the student's practicum and internship.
D. Students have the opportunity to become familiar with a variety of professional activities and resources, including technological resources, during their practicum and internship.
E. In addition to the development of individual counseling skills, during *either* the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.

PRACTICUM

F. Students complete supervised counseling practicum experiences that total a minimum of 100 clock hours over a full academic term that is a minimum of 10 weeks.
G. Practicum students complete at least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
H. Practicum students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement.
I. Practicum students participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the practicum. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

INTERNSHIP

J. After successful completion of the practicum, students complete 600 clock hours of supervised counseling internship in roles and settings with clients relevant to their specialty area.
K. Internship students complete at least 240 clock hours of direct service.

L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.

M. Internship students participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

SUPERVISOR QUALIFICATIONS

N. Counselor education program faculty members serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs have (1) relevant experience, (2) professional credentials, and (3) counseling supervision training and experience.

O. Students serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs must (1) have completed CACREP entry-level counseling degree requirements, (2) have completed or are receiving preparation in counseling supervision, and (3) be under supervision from counselor education program faculty.

P. Site supervisors have (1) a minimum of a master's degree, preferably in counseling, or a related profession; (2) relevant certifications and/or licenses; (3) a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled; (4) knowledge of the program's expectations, requirements, and evaluation procedures for students; and (5) relevant training in counseling supervision.

Q. Orientation, consultation, and professional development opportunities are provided by counselor education program faculty to site supervisors.

R. Written supervision agreements define the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum and internship. When individual/triadic practicum supervision is conducted by a site supervisor in consultation with counselor education program faculty, the supervision agreement must detail the format and frequency of consultation to monitor student learning.

PROGRAM SPECIFIC COURSEWORK

A. ADDICTION COUNSELING

Students who are preparing to specialize as addiction counselors are expected to possess the knowledge and skills necessary to address a wide range of issues in the context of addiction counseling, treatment, and prevention programs, as well as in a more broad mental health counseling context. Counselor education programs with a specialty area in addiction counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. Foundations

a. history and development of addiction counseling
b. theories and models of addiction related to substance use as well as behavioral and process addictions
c. principles and philosophies of addiction-related self-help
d. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
e. neurological, behavioral, psychological, physical, and social effects of psychoactive substances and addictive disorders on the user and significant others
f. psychological tests and assessments specific to addiction counseling

2. Contextual Dimensions

a. roles and settings of addiction counselors
b. potential for addictive and substance use disorders to mimic and/or co-occur with a variety of medical and psychological disorders
c. factors that increase the likelihood for a person, community, or group to be at risk for or resilient to psychoactive substance use disorders
d. regulatory processes and substance abuse policy relative to service delivery opportunities in addiction counseling
e. importance of vocation, family, social networks, and community systems in the addiction treatment and recovery process
f. role of wellness and spirituality in the addiction recovery process
g. culturally and developmentally relevant education programs that raise awareness and support addiction and substance abuse prevention and the recovery process
h. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation
i. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) and the *International Classification of Diseases (ICD)*
j. cultural factors relevant to addiction and addictive behavior

k. professional organizations, preparation standards, and credentials relevant to the practice of addiction counseling
l. legal and ethical considerations specific to addiction counseling
m. record keeping, third party reimbursement, and other practice and management considerations in addiction counseling

3. Practice
    a. screening, assessment, and testing for addiction, including diagnostic interviews, mental status examination, symptom inventories, and psychoeducational and personality assessments
    b. assessment of biopsychosocial and spiritual history relevant to addiction
    c. assessment for symptoms of psychoactive substance toxicity, intoxication, and withdrawal
    d. techniques and interventions related to substance abuse and other addictions
    e. strategies for reducing the persisting negative effects of substance use, abuse, dependence, and addictive disorders
    f. strategies for helping clients identify the effects of addiction on life problems and the effects of continued harmful use or abuse, and the benefits of a life without addiction
    g. evaluating and identifying individualized strategies and treatment modalities relative to clients' stage of dependence, change, or recovery
    h. strategies for interfacing with the legal system and working with court referred clients

B. CAREER COUNSELING

Students who are preparing to specialize as career counselors will demonstrate the professional knowledge and skills necessary to help people develop life-career plans, with a focus on the interaction of work and other life roles. Counselor education programs with a specialty area in career counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. Foundations
    a. history and development of career counseling
    b. emergent theories of career development and counseling
    c. principles of career development and decision making over the lifespan
    d. formal and informal career- and work-related tests and assessments

2. Contextual Dimensions
    a. roles and settings of career counselors in private and public sector agencies and institutions
    b. role of career counselors in advocating for the importance of career counseling, career development, life-work planning, and workforce planning to policymakers and the general public

c. the unique needs and characteristics of multicultural and diverse populations with regard to career exploration, employment expectations, and socioeconomic issues
d. factors that affect clients' attitudes toward work and their career decision-making processes,
e. impact of globalization on careers and the workplace
f. implications of gender roles and responsibilities for employment, education, family, and leisure
g. education, training, employment trends, and labor market information and resources that provide information about job tasks, functions, salaries, requirements, and future outlooks related to broad occupational fields and individual occupations
h. resources available to assist clients in career planning, job search, and job creation
i. professional organizations, preparation standards, and credentials relevant to the practice of career counseling
j. legal and ethical considerations specific to career counseling

3. Practice
    a. intake interview and comprehensive career assessment
    b. strategies to help clients develop skills needed to make life-work role transitions
    c. approaches to help clients acquire a set of employability, job search, and job creation skills
    d. strategies to assist clients in the appropriate use of technology for career information and planning
    e. approaches to market and promote career counseling activities and services
    f. identification, acquisition, and evaluation of career information resources relevant for diverse populations
    g. planning, implementing, and administering career counseling programs and services

C. CLINICAL MENTAL HEALTH COUNSELING

Students who are preparing to specialize as clinical mental health counselors will demonstrate the knowledge and skills necessary to address a wide variety of circumstances within the context of clinical mental health counseling. Counselor education programs with a specialty area in clinical mental health counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. Foundations
    a. history and development of clinical mental health counseling
    b. theories and models related to clinical mental health counseling
    c. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
    d. neurobiological and medical foundation and etiology of addiction and co-occurring disorders
    e. psychological tests and assessments specific to clinical mental health counseling

2. Contextual Dimensions
    a. Roles and settings of clinical mental health counselors
    b. etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders
    c. mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental health counseling services networks
    d. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) and the *International Classification of Diseases (ICD)*
    e. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders
    f. impact of crisis and trauma on individuals with mental health diagnoses
    g. impact of biological and neurological mechanisms on mental health
    h. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation
    i. legislation and government policy relevant to clinical mental health counseling
    j. cultural factors relevant to clinical mental health counseling
    k. professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling
    l. legal and ethical considerations specific to clinical mental health counseling
    m. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling

3. Practice
    a. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management
    b. techniques and interventions for prevention and treatment of a broad range of mental health issues
    c. strategies for interfacing with the legal system regarding court-referred clients
    d. strategies for interfacing with integrated behavioral health care professionals
    e. strategies to advocate for persons with mental health issues

D. CLINICAL REHABILITATION COUNSELING

Students who are preparing to specialize as clinical rehabilitation counselors will demonstrate the professional knowledge and skills necessary to address a wide variety of circumstances within the clinical rehabilitation counseling context. Counselor education programs with a specialty area in clinical rehabilitation counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. Foundations
    a. history and development of rehabilitation counseling
    b. theories and models related to rehabilitation counseling
    c. social science theory that addresses psychosocial aspects of disability
    d. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
    e. neurobiological and medical foundation and etiology of addiction and co-occurring disorders
    f. etiology and effects of disabilities and terminology relevant to clinical rehabilitation counseling
    g. screening and assessment instruments that are reliable and valid for individuals with disabilities

2. Contextual Dimensions
    a. roles and settings of rehabilitation counselors
    b. relationships between clinical rehabilitation counselors and medical and allied health professionals, including interdisciplinary treatment teams
    c. rehabilitation service delivery systems, including housing, independent living, case management, public benefits programs, educational programs, and public/proprietary vocational rehabilitation programs
    d. rehabilitation counseling services within the continuum of care, such as inpatient, outpatient, partial hospitalization and aftercare, and the rehabilitation counseling services networks
    e. operation of an emergency management system within rehabilitation agencies and in the community in relation to accommodating individuals with disabilities
    f. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) and the *International Classification of Diseases (ICD)*
    g. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders
    h. impact of crisis and trauma on individuals with disabilities
    i. impact of biological and neurological mechanisms on disability
    j. effects of co-occurring disabilities on the client and family

k. effects of discrimination, such as handicapism, ableism, and power, privilege, and oppression on clients' life and career development
l. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation
m. effects of the onset, progression, and expected duration of disability on clients' holistic functioning (i.e., physical, spiritual, sexual, vocational, social, relational, and recreational)
n. transferable skills, functional assessments, and work-related supports for achieving and maintaining meaningful employment for people with disabilities
o. role of family, social networks, and community in the provision of services for and treatment of people with disabilities
p. environmental, attitudinal, and individual barriers for people with disabilities
q. assistive technology to reduce or eliminate barriers and functional limitations
r. legislation and government policy relevant to rehabilitation counseling
s. cultural factors relevant to rehabilitation counseling
t. professional issues that affect rehabilitation counselors, including independent provider status, expert witness status, forensic rehabilitation, and access to and practice privileges within managed care systems
u. record keeping, third party reimbursement, and other practice and management issues in rehabilitation counseling
v. professional organizations, preparation standards, and credentials relevant to the practice of clinical rehabilitation counseling
w. legal and ethical considerations specific to clinical rehabilitation counseling

3. Practice
    a. diagnostic interviews, mental status examinations, symptom inventories, psychoeducational and personality assessments, biopsychosocial histories, assessments for treatment planning, and assessments for assistive technology needs
    b. career- and work-related assessments, including job analysis, work site modification, transferrable skills analysis, job readiness, and work hardening
    c. strategies to advocate for persons with disabilities
    d. strategies for interfacing with medical and allied health professionals, including interdisciplinary treatment teams
    e. strategies to consult with and educate employers, educators, and families regarding accessibility, Americans with Disabilities Act compliance, and accommodations

E. COLLEGE AND STUDENT AFFAIRS

Students who are preparing to specialize as college counselors and student affairs professionals will demonstrate the knowledge and skills necessary to promote the academic, career, personal, and social development of individuals in higher education settings. Counselor education programs with a specialty area in college counseling and student affairs must document where each of the lettered standards listed below is covered in the curriculum.

1. Foundations
    a. history and development of college counseling and student affairs
    b. student development theories relevant to student learning and personal, career, and identity development
    c. organizational, management, and leadership theories relevant in higher education settings
    d. principles of student development and the effect on life, education, and career choices
    e. assessments specific to higher education settings

2. Contextual Dimensions
    a. roles and settings of college counselors and student affairs professionals
    b. roles of college counselors and student affairs professionals in relation to the operation of the institution's emergency management plan, and crises, disasters, and trauma
    c. roles of college counselors and student affairs professionals in collaborating with personnel from other educational settings to facilitate college and postsecondary transitions
    d. characteristics, risk factors, and warning signs of individuals at risk for mental health and behavioral disorders
    e. models of violence prevention in higher education settings
    f. signs and symptoms of substance abuse in individuals in higher education settings
    g. current trends in higher education and the diversity of higher education environments
    h. organizational culture, budgeting and finance, and personnel practices in higher education
    i. environmental, political, and cultural factors that affect the practice of counseling in higher education settings
    j. the influence of institutional, systemic, interpersonal, and intrapersonal barriers on learning and career opportunities in higher education
    k. influence of learning styles and other personal characteristics on learning
    l. policies, programs, and services that are equitable and responsive to the unique needs of individuals in higher education settings
    m. unique needs of diverse individuals in higher education settings, including residents, commuters, distance learners, individuals with disabilities, adult learners, and student athletes, as well as nontraditional, international, transfer, and first-generation students
    n. higher education resources to improve student learning, personal growth, professional identity development, and mental health

o. professional organizations, preparation standards, and credentials relevant to the practice of counseling in higher education settings
p. legal and ethical considerations specific to higher education environments

3. Practice
    a. collaboration within the higher education community to develop programs and interventions to promote the academic, social, and career success of individuals in higher education settings
    b. strategies to assist individuals in higher education settings with personal/social development
    c. interventions related to a broad range of mental health issues for individuals in higher education settings
    d. strategies for addiction prevention and intervention for individuals in higher education settings
    e. use of multiple data sources to inform programs and services in higher education settings

F. MARRIAGE, COUPLE, AND FAMILY COUNSELING

Students who are preparing to specialize as marriage, couple, and family counselors are expected to possess the knowledge and skills necessary to address a wide variety of issues in the context of relationships and families. Counselor education programs with a specialty area in marriage, couple, and family counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. Foundations
    a. history and development of marriage, couple, and family counseling
    b. theories and models of family systems and dynamics
    c. theories and models of marriage, couple, and family counseling
    d. sociology of the family, family phenomenology, and family of origin theories
    e. principles and models of assessment and case conceptualization from a systems perspective

f. assessments relevant to marriage, couple, and family counseling

2. Contextual Dimensions
    a. roles and settings of marriage, couple, and family counselors
    b. structures of marriages, couples, and families
    c. family assessments, including diagnostic interviews, genograms, family mapping, mental diagnostic status examinations, symptom inventories, and psychoeducational and personality assessments

d. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) and the *International Classification of Diseases (ICD)*
e. human sexuality and its effect on couple and family functioning
f. aging and intergenerational influences and related family concerns
g. impact of crisis and trauma on marriages, couples, and families
h. impact of addiction on marriages, couples, and families
i. impact of interpersonal violence on marriages, couples, and families
j. impact of unemployment, under-employment, and changes in socioeconomic standing on marriages, couples, and families
k. interactions of career, life, and gender roles on marriages, couples, and families
l. physical, mental health, and psychopharmacological factors affecting marriages, couples, and families
m. cultural factors relevant to marriage, couple, and family functioning, including the impact of immigration
n. professional organizations, preparation standards, and credentials relevant to the practice of marriage, couple, and family counseling
o. ethical and legal considerations and family law issues unique to the practice of marriage, couple, and family counseling
p. record keeping, third party reimbursement, and other practice and management considerations in marriage, couple, and family counseling

3. Practice
    a. assessment, evaluation, and case management for working with individuals, couples, and families from a systems perspective
    b. fostering family wellness
    c. techniques and interventions of marriage, couple, and family counseling
    d. conceptualizing and implementing treatment, planning, and intervention strategies in marriage, couple, and family counseling
    e. strategies for interfacing with the legal system relevant to marriage, couple, and family counseling

G. SCHOOL COUNSELING

Students who are preparing to specialize as school counselors will demonstrate the professional knowledge and skills necessary to promote the academic, career, and personal/social development of all P–12 students through data-informed school counseling programs. Counselor education programs with a specialty area in school counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. Foundations
    a. history and development of school counseling
    b. models of school counseling programs
    c. models of P-12 comprehensive career development
    d. models of school-based collaboration and consultation
    e. assessments specific to P-12 education

2. Contextual Dimensions
    a. school counselor roles as leaders, advocates, and systems change agents in P-12 schools
    b. school counselor roles in consultation with families, P-12 and postsecondary school personnel, and community agencies
    c. school counselor roles in relation to college and career readiness
    d. school counselor roles in school leadership and multidisciplinary teams
    e. school counselor roles and responsibilities in relation to the school emergency management plans, and crises, disasters, and trauma
    f. competencies to advocate for school counseling roles
    g. characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders
    h. common medications that affect learning, behavior, and mood in children and adolescents
    i. signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms of living in a home where substance use occurs
    j. qualities and styles of effective leadership in schools
    k. community resources and referral sources
    l. professional organizations, preparation standards, and credentials relevant to the practice of school counseling
    m. legislation and government policy relevant to school counseling
    n. legal and ethical considerations specific to school counseling

3. Practice
    a. development of school counseling program mission statements and objectives
    b. design and evaluation of school counseling programs

c. core curriculum design, lesson plan development, classroom management strategies, and differentiated instructional strategies
d. interventions to promote academic development
e. use of developmentally appropriate career counseling interventions and assessments
f. techniques of personal/social counseling in school settings
g. strategies to facilitate school and postsecondary transitions
h. skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement
i. approaches to increase promotion and graduation rates
j. interventions to promote college and career readiness
k. strategies to promote equity in student achievement and college access
l. techniques to foster collaboration and teamwork within schools
m. strategies for implementing and coordinating peer intervention programs
n. use of accountability data to inform decision making
o. use of data to advocate for programs and students

H. REHABILITATION COUNSELING

Students who are preparing to specialize as rehabilitation counselors will demonstrate the knowledge, skills, and attitudes necessary to address varied issues within the rehabilitation counseling context. Rehabilitation counselors work collaboratively with individuals with disabilities, their support systems, and their environments to achieve their personal, social, psychological, and vocational goals. Counselor education programs with a specialty area in rehabilitation counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. Foundations
    a. history, legislation, systems, philosophy, and current trends of rehabilitation counseling
    b. theories, models, and interventions related to rehabilitation counseling
    c. principles and processes of vocational rehabilitation, career development, and job development and placement
    d. principles of independent living, self-determination, and informed choice
    e. principles of societal inclusion, participation, access, and universal design, with respect for individual differences
    f. classification, terminology, etiology, functional capacity, prognosis, and effects of disabilities
    g. methods of assessment for individuals with disabilities, including testing instruments, individual accommodations, environmental modification, and interpretation of results

2. Contextual Dimensions
    a. professional rehabilitation counseling scope of practice, roles, and settings
    b. medical and psychosocial aspects of disability, including attention to coexisting conditions
    c. individual response to disability, including the role of families, communities, and other social networks
    d. information about the existence, onset, degree, progression, and impact of an individual's disability, and an understanding of diagnostic systems including the *International Classification of Functioning, Disability and Health (ICF)*, *International Classification of Diseases (ICD)*, and *Diagnostic and Statistical Manual of Mental Disorders (DSM)*
    e. impact of psychosocial influences, cultural beliefs and values, diversity and social justice issues, poverty, and health disparities, with implications for employment and quality of life for individuals with disabilities
    f. impact of socioeconomic trends, public policies, stigma, access, and attitudinal barriers as they relate to disability
    g. awareness and understanding of the impact of crisis, trauma, and disaster on individuals with disabilities, as well as the disability-related implications for emergency management preparation
    h. impact of disability on human sexuality
    i. awareness of rehabilitation counseling specialty area services and practices, as well as specialized services for specific disability populations
    j. knowledge of organizational settings related to rehabilitation counseling services at the federal, tribal, state, and local levels/li>
    k. education and employment trends, labor market information, and resources about careers and the world of work, as they apply to individuals with disabilities
    l. Social Security benefits, workers' compensation insurance, long-term disability insurance, veterans' benefits, and other benefit systems that are used by individuals with disabilities
    m. individual needs for assistive technology and rehabilitation services
    n. advocacy on behalf of individuals with disabilities and the profession as related to disability and disability legislation
    o. federal, tribal, state, and local legislation, regulations, and policies relevant to individuals with disabilities
    p. professional organizations, preparation standards, and credentials relevant to the practice of rehabilitation counseling
    q. legal and ethical aspects of rehabilitation counseling, including ethical decision-making models
    r. administration and management of rehabilitation counseling practice, including coordination of services, payment for services, and record keeping

3. Practice
    a. evaluation of feasibility for services and case management strategies that facilitate rehabilitation and independent living planning
    b. informal and formal assessment of the needs and adaptive, functional, and transferable skills of individuals with disabilities
    c. evaluation and application of assistive technology with an emphasis on individualized assessment and planning
    d. understanding and use of resources for research and evidence-based practices applicable to rehabilitation counseling
    e. strategies to enhance coping and adjustment to disability
    f. techniques to promote self-advocacy skills of individuals with disabilities to maximize empowerment and decision-making throughout the rehabilitation process
    g. strategies to facilitate successful rehabilitation goals across the lifespan
    h. career development and employment models and strategies to facilitate recruitment, inclusion, and retention of individuals with disabilities in the work place
    i. strategies to analyze work activity and labor market data and trends, to facilitate the match between an individual with a disability and targeted jobs
    j. advocacy for the full integration and inclusion of individuals with disabilities, including strategies to reduce attitudinal and environmental barriers
    k. assisting individuals with disabilities to obtain knowledge of and access to community and technology services and resources
    l. consultation with medical/health professionals or interdisciplinary teams regarding the physical/mental/cognitive diagnoses, prognoses, interventions, or permanent functional limitations or restrictions of individuals with disabilities
    m. consultation and collaboration with employers regarding the legal rights and benefits of hiring individuals with disabilities, including accommodations, universal design, and workplace disability prevention

A. THE DOCTORAL LEARNING ENVIRONMENT

Doctoral degree programs in Counselor Education and Supervision are intended to prepare graduates to work as counselor educators, supervisors, researchers, and practitioners in academic and clinical settings. The doctoral program standards are intended to accommodate the unique strengths of different programs.

THE PROGRAM

1. The doctoral program consists of a minimum of 48 semester hours or 72 quarter hours of doctoral-level credits beyond the entry-level degree.
2. Doctoral programs (a) extend the knowledge base of the counseling profession in a climate of scholarly inquiry, (b) prepare students to inform professional practice by generating new knowledge for the profession, (c) support faculty and students in publishing and/or presenting the results of scholarly inquiry, and (d) equip students to assume positions of leadership in the profession and/or their area(s) of specialization.
3. Doctoral program admission criteria include (a) academic aptitude for doctoral-level study; (b) previous professional experience; (c) fitness for the profession, including self-awareness and emotional stability; (d) oral and written communication skills; (e) cultural sensitivity and awareness; and (f) potential for scholarship, professional leadership, and advocacy.
4. During the doctoral program admissions process, students' curricular experiences are evaluated to verify completion of coursework including (a) CACREP entry-level core curricular standards, (b) CACREP entry-level professional practice standards, and (c) CACREP entry-level curricular requirements of a specialty area (e.g., addiction counseling, school counseling) so that any missing content can be completed before or concurrently with initial doctoral-level counselor education coursework.
5. Doctoral students must complete dissertation research focusing on areas relevant to counseling practice, counselor education, and/or supervision.
6. Doctoral programs require two core counselor education program faculty in addition to the minimum three core counselor education program faculty members required for entry-level programs.
7. Students in doctoral-level programs establish an approved doctoral committee and work with the committee to develop and complete a program of study.

B. DOCTORAL PROFESSIONAL IDENTITY

Doctoral programs in counselor education address professional roles in five doctoral core areas: counseling, supervision, teaching, research and scholarship, and leadership and advocacy. These five doctoral core areas represent the foundational knowledge required of doctoral graduates in counselor education. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

1. COUNSELING
    a. scholarly examination of theories relevant to counseling

b. integration of theories relevant to counseling
c. conceptualization of clients from multiple theoretical perspectives
d. evidence-based counseling practices
e. methods for evaluating counseling effectiveness
f. ethical and culturally relevant counseling in multiple settings

2. SUPERVISION

a. purposes of clinical supervision
b. theoretical frameworks and models of clinical supervision
c. roles and relationships related to clinical supervision
d. skills of clinical supervision
e. opportunities for developing a personal style of clinical supervision
f. assessment of supervisees' developmental level and other relevant characteristics
g. modalities of clinical supervision and the use of technology
h. administrative procedures and responsibilities related to clinical supervision
i. evaluation, remediation, and gatekeeping in clinical supervision
j. legal and ethical issues and responsibilities in clinical supervision
k. culturally relevant strategies for conducting clinical supervision

3. TEACHING

a. roles and responsibilities related to educating counselors
b. pedagogy and teaching methods relevant to counselor education
c. models of adult development and learning
d. instructional and curriculum design, delivery, and evaluation methods relevant to counselor education
e. effective approaches for online instruction
f. screening, remediation, and gatekeeping functions relevant to teaching
g. assessment of learning
h. ethical and culturally relevant strategies used in counselor preparation
i. the role of mentoring in counselor education

4. RESEARCH AND SCHOLARSHIP

a. research designs appropriate to quantitative and qualitative research questions
b. univariate and multivariate research designs and data analysis methods
c. qualitative designs and approaches to qualitative data analysis
d. emergent research practices and processes
e. models and methods of instrument design
f. models and methods of program evaluation
g. research questions appropriate for professional research and publication

h. professional writing for journal and newsletter publication
i. professional conference proposal preparation
j. design and evaluation of research proposals for a human subjects/institutional review board review
k. grant proposals and other sources of funding
l. ethical and culturally relevant strategies for conducting research

5. LEADERSHIP AND ADVOCACY

a. theories and skills of leadership
b. leadership and leadership development in professional organizations
c. leadership in counselor education programs
d. knowledge of accreditation standards and processes
e. leadership, management, and administration in counseling organizations and other institutions
f. leadership roles and strategies for responding to crises and disasters
g. strategies of leadership in consultation
h. current topical and political issues in counseling and how those issues affect the daily work of counselors and the counseling profession
i. role of counselors and counselor educators advocating on behalf of the profession and professional identity
j. models and competencies for advocating for clients at the individual, system, and policy levels
k. strategies of leadership in relation to current multicultural and social justice issues
l. ethical and culturally relevant leadership and advocacy practices

C. DOCTORAL LEVEL PRACTICUM AND INTERNSHIP

PRACTICUM

1. Doctoral students participate in a supervised doctoral-level counseling practicum of a minimum of 100 hours, of which 40 hours must be providing direct counseling services. The nature of doctoral-level practicum experience is to be determined in consultation with counselor education program faculty and/or a doctoral committee.
2. During the doctoral student's practicum, supervision is provided by a counselor education program faculty member or an individual with a graduate degree (preferably doctoral) in counseling or a related mental health profession with specialized expertise to advance the student's knowledge and skills.
3. Individuals serving as practicum supervisors have (1) relevant certifications and/or licenses, (2) knowledge of the program's expectations, requirements, and evaluation procedures for students, and (3) relevant training in counseling supervision.

4. Doctoral students participate in an average of one hour per week of individual and/or triadic supervision throughout the practicum. When individual/triadic supervision is provided by the counselor education program faculty, practicum courses should not exceed a 1:6 faculty:student ratio
5. Group supervision is provided on a regular schedule with other students throughout the practicum and must be performed by a counselor education program faculty member. Group supervision of practicum students should not exceed a 1:12 faculty:student ratio.
6. Doctoral students are covered by individual professional counseling liability insurance policies while enrolled in practicum.

INTERNSHIP

7. Doctoral students are required to complete internships that total a minimum of 600 clock hours. The 600 hours must include supervised experiences in at least three of the five doctoral core areas (counseling, teaching, supervision, research and scholarship, leadership and advocacy). Doctoral students are covered by individual professional counseling liability insurance policies while enrolled in a counseling or supervision internship.
8. During internships, the student receives an average of one hour per week of individual and/or triadic supervision, performed by a supervisor with a doctorate in counselor education or an individual with a graduate degree and specialized expertise to advance the student's knowledge and skills.
9. Group supervision is provided on a regular schedule with other students throughout the internship and must be performed by a counselor education program faculty member.

Virginia.gov Agencies | Governor

Logged in as
Charlotte Lenhart

Agency | Department of Health Professions

Board | Board of Counseling

Chapter | Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]

Action	Requirement for CACREP accreditation for educational programs
Stage	Proposed
Comment Period	Ends 7/14/2017

All good comments for this forum Show Only Flagged

Back to List of Comments

Commenter: Larry Epp, Ed.D., LCPC, Past President, Maryland Chapter, LCPCM/AMHCA 5/16/17 8:52 am

Opposed: Regulation will Diminish Access to Mental Health Professionals in Virginia

This initiative is an implicit attempt by CACREP accredited universities to achieve market exclusivity in licensure. It will gradually eliminate or harm graduate programs that offer Masters degrees in Counseling Psychology, Creative Arts Therapy, Clinical Psychology, Sports Psychology, Forensic Psychology, among others, that qualify for licensure as a mental health counselor. In a CACREP-only state, these degree programs would not be recognized or approved by the state professional board; and the degree holder would be unable to practice as a mental health counselor.

I support an inclusive vision of mental health counseling, based on meeting course and clinical experience requirements, not degree title or accreditation. I am very concerned when an accreditation body attempts to create an educational monopoly, based on unproven claims of superiority, and does not allow alternative accreditation bodies to approve equivalent routes to mental health counselor licensure.

The Commonwealth of Virginia should be working toward parity of licensure between Maryland and Virginia to insure an ample supply of mental health professionals who can practice in Virginia; since such a policy would allow all Virginia residents access to highly qualified mental health professionals who could relocate from Maryland, if needed. Unfortunately, that is not the stance the Commonwealth is taking. They wish to make licensure more restrictive based on graduate program accreditation, an arbitrary standard, rather than the competency or experience of the practitioner. The narrowness of this approach is curious at a time when Virginia is in need of highly qualified mental health professionals to treat their residents.

Commenter: Joshua Murray, Cedar Ridge Children's Home and School 5/17/17 3:16 pm

Opposed: Do Not Make Virginia CACREP-only State.

There is no good outcome for making Virginia a CACREP-only state. Any invidivual who meets current licensure requirements in Virginia would be one of the most qualified license applicants in any state as Virigina already has high standards for education and professional practice. As a Maryland-licensed professional counselor who completed my Master's degree in Virginia, including practicum and internship, and as someone who has a goal to return to Virginia and be licensed there, I must say that this proposal would only serve to prevent people from finding qualified counselors. Do not give in to pressure from CACREP accredited schools seeking their own financial gain at the cost of the people who actually need help.

Sincerely yours,

Joshua S. Murray, MA, LCPC

Commenter: Cristina Machin LCPCM 5/17/17 3:22 pm

Opposition to making Virginia a CACREP only state

There are many qualified counselors that have worked hard to get their license and accreditation even when CACREP was not available. To limit counselors to only CACREP certified programs would severely limit the accessibility to mental health care. As a bilingual professional, there are not enough qualified bilingual counselors and this new law would only limit the numbers more. I am certified in Maryland and Delaware - I would not get certification in Virginia.

thank you for providing this forum.

Commenter: Liz Park 5/17/17 3:25 pm

Opposition to make Virginia a CACREP-only state

I am opposed to making Virginia a CACREP-only state. I beleive it will gradually eliminate or harm graduate programs that offer Masters degrees in Counseling Psychology, Marriage and Family Therapy, Creative Arts Therapy, Clinical Psychology, Sports Psychology, Forensic Psychology, among others, that qualify for licensure as a mental health counselor and have prorams approved by othr accredidating boards. I do not beleive that one accrediation baord should have a monopoly on the profession of mentla health counseling. .

Commenter: E. jonathan Klopp LCPC 5/17/17 3:26 pm

Opposed: CACREP only damages the mental health system and patent access to high quality care

A CACREP only policy will dramatically limit access to mental health care by decreasing access to highly qualified counselors at a time when the need for quality mental health care is rapidly rising. Virginia and Maryland shoud be working together to standardize the board requirements related to practice (note that the Maryland standard spells out coursework and curriculum but does not insist

on only one organization being in charge of certifying them, resulting in high quality care throughout the state and improved access for patients to care) to increase portability and patient access to quality care. Licensed counselors in both states have a proven track record of delivering good care, and using CACREP is likely to decrease this drastically.

Commenter: Chris Hall, LCPCM 5/17/17 3:30 pm

Opposition to making Virginia a CACREP-only state

Doing so would result in diminished access to mental health services.

Commenter: Shannon 5/17/17 3:35 pm

Opposed to cacrep only

Strongly opposed to making VA a CACREP only state. No valid rationale.

Commenter: perry nerantzis 5/17/17 3:38 pm

egulations Governing the Practice of Professional Counseling [18 VAC 115 ? 20] Action: Requirement f

in principle i agree with the commonwealth position to add a requirement for all counseling programs leading to a license as a professional counselor to be clinically-focused and accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or an approved affiliate, such as the Council on Rehabilitation Education (CORE).

i would just want to make sure that recipocity between states and the ablity to practice in said states is NOT limited to whether a particular school was CACREP accredited.

Commenter: Aldin Gordon, DITTO 5/17/17 3:41 pm

Stupidity of a ten year old system.

This is the most uneducated idea from the system of education. Lets do some math. CACREP is literally in existance for, lets be generous, twelve years. Which means that 90% of the professionals in the field are over the age of 35 and will lose their licensure. LCPCM and other organization should start coupleing their resources to file a discrimination class action law suite. This is discrimination by age.

Commenter: Barbara Fairfield, LCMFT 5/17/17 3:41 pm

Objection to restricting Virginia licensure for licensed counselors

As a long-term marriage and family therapist in the state of Maryland I strongly object to the proposed legislation that would restrict licensure for professional counselors in Virginia to only

persons who had graduated from Virginia programs. This would severely limit the availability of experienced and qualified professionals to Virginia citizens. Furthermore, there are parts of Virginia that are geographically close to Maryland or D.C. and not allowing professionals from those areas to proactice by being licensed in Virginia would mean that individuals and families in the DC area would be unable to choose among various skilled and trained professionals. There are many specialties within our profession and people need to be able to obtain services tailored to their particular needs. The more in depth the pool of providers are, the more choice and appropriate services can be obtained by the consumer. This legislation does not serve the community; it only serves the university or training programs in Virginia. This is an economic, self-serving piece of legislation, not an effort to serve the citizens of Virginia!

Commenter: Ben Toma, LCPC, Alexandria CSB 5/17/17 3:44 pm

I graduated from CACREP accredited schools. We are not superior.

I graduated from a CACREP accredited college (Lynchburg College) in Va in 1998, I am licensed in both Maryland and Virginia. Needless to say, I have found the post-masters certificate at Johns Hopkins (CACREP accredited). Both have conributed to my development as a professional, yet I am certain that CACREP does not necessarily ensure higher competence. I have colleagues who did not graduate from CACREP insitutions and they display a high level of skill and competency; and, numerous clients finf them helpful. I do not believe that the CACREP monopoly will be helpful to anyone.

Commenter: Rebecca Schaffner 5/17/17 3:45 pm

AGAINST CACREP ONLY

There are less CACREP accredited programs in this nation and having CACREP only states would not only decrease services for people in MH crisis, emotional turmoil,or psychotic symptoms but it will also severely impact public health.The population will be in more stress and will have less resources to draw from. You are depriving people from a basic services by limiting their availability and aiding in damaging their health!

Commenter: Lifes Foundation 5/17/17 4:13 pm

Against CACREP only

Against the CACREP only, as it favors schools and graduates. A state license and degree is good for all persons, and we need not discriminate. Let's be inclusive!

Commenter: Dr. Robins. 5/17/17 4:20 pm

Against the Trump ban!! I mean CACREP monopoly!

Commenter: Janet Glover-Kerkvliet, LCPC 5/17/17 4:22 pm

I graduated from Johns Hopkins University when it was a non-CACREP program

I understand the need for accreditation and standardization. However, licensing CACREP-only graduates will deplete a great deal of talent and experience in Virginia and any other state where such a regulation is passed. If Virginia and other states do this, there should be a grandfathering clause and/or have the non-CACREP counselors take another exam. The mentally ill are already underserved for a variety of reasons. I urge Virginia not to further deprive their residents of mental health services.

Commenter: Maureen O'Brien,LCPC Inspirit Counseling Services & UMSJMC Medical Center 5/17/17 4:27 pm

As a clinical supervisior for many years of counseling students I have witnessed a certain frustrati

Commenter: Dr. Pamela Rice, The Rice Counseling Service 5/17/17 4:31 pm

I am against the proposed CACREP only policy.

Commenter: Jolene Farmer, M.A., NCSP, LGPC 5/17/17 4:37 pm

Against these standards

I am very opposed to restricting licensure this way. This disqualifies people who come to the mental health field from other similar fields, such as myself. We need to look at having more qualified counselors and therapists, not less. Not everyone graduates from a specific masters program and then practices. For example, I am a school psychologistt with a Master's plus 30 degree. I only needed 6 additional classes to qualify for licensure in Maryland. Having this opportunity has given me greater experience in brining new techniques and therapies to the students I work with on a daily basis. Please do not enact this restrictive licensure plan.

Commenter: Mollie Thorn, LCPCM Board President 5/17/17 4:58 pm

Please do not block Mental Health counselors from practicing in Virginia

I am concerned that Virginia is considering not accepting for practice any mental health therapists who did not earn their graduate degree at a university which was accredited by CACREP. When a state decides to arbitrarily restrict the practice of mental health in this manner, the public is prevented from exercising the freedom to choose a therapist to treat them by an unreasonable standard. All 50 states already have stringent standards for licensing mental health counselors.

The CACREP standard is an unreasonable one that unfairly restricts the public from choice, as well as restricting the pool of potential mental health practicioners from providing a needed service to the community.

Commenter: Kathleen Russo-Garcia 5/17/17 5:13 pm

Against the CACREP only policy

Requiring graduation from a CACREP only graduate program to become a licensed mental health counselor in Virginia is dangerous. Many experienced, highly qualified professionals will be unable to continue practicing in Virginia, leaving a shortage of providers. A shortage of providers could become a public safety issue.

Commenter: Heidi Lindorf, MFT Resident 5/17/17 5:15 pm

Strongly Opposed

I am strongly opposed to this regulatory action. The CACREP standards are fairly broad. We need highly trained mental health professionals, which means specialization--not being exposed to broad standards. Having graduated from a COAMFTE accredited program, which is specialized in Marriage and Family Therapy, I can say that if I needed help with my marriage, I would only go to a therapist/counselor who graduated from a COAMFTE progam.

We also need more mental health professionals (there is a huge need). Obviously, we need to have a standard because we want competent mental health professionals. Creating this regulation would not help accomplish either more or competent mental health professionals. This regulation creates narrower standards, but not higher standards. I don't see the benefit to people in need of mental health care by making this regulation.

Commenter: Dalphine Cager, Ph.D., LCPC 5/17/17 5:19 pm

Cacrep only policy

I am against a Cacrep only policy.

Commenter: Brenda von Rautenkranz,LCPC 5/17/17 5:20 pm

Opposition to Making CACREP -Only State

Opposition to Making CACREP-Only State

Commenter: Dalphine Cager, Ph.D., LCPC 5/17/17 5:27 pm

I oppose a CaCrep only policy

A CaCrep only policy is discriminatory and very inconsiderate of professional counselors and other mental health specialists who have met all requirements, are licensed and qualified to practice, and have acquired years of experience in private practice. It is just rediculous and selfish. This is becoming like a sorority or club designed to single people out and to include people of one's individual choice.

Commenter: LuAnn Oliver 5/17/17 5:48 pm

CACREP will not ensure good therapists

CACREP will not ensure good therapists and will make it a difficult process to get a license. Let's find other ways to encourage therapists to seek ongoing post graduate training. But the real training doesn't happen in college it's aftter. So this is unnecessary.

Commenter: Tyisha Woodroffe,LCPC 5/17/17 8:02 pm

Think of the clients we serve

The decision to make the state of Virginia a CACREP only state is quite dangerous. I don't believe that this decision is based on sound evidence that CAPCREP programs better equip clinicians to go out into the workforce. I know many highly skilled clinicians that did not graduate from a CACREP program. In certain rural areas where having a licensed clinician is invaluable this decision will negatively impact the community. Please take these comments into consideration before th law is changed.

Commenter: Scott Alpert 5/17/17 8:04 pm

take your license and stick it where the sun don't shine. over 28 years in this field and thits is

Commenter: Edward G. Lambro, Ph.D, CCMHC, LPC - Private Practice Associates 5/17/17 8:05 pm

Competency builing not business building

Most Master's level counseling programs in the US are first rate. There is no need to add an additional hurdle for students to negotiate. Demanding CACREP accreditation is an insult to some very fine schools and their programs. On first blush, it seems to have a business cache to it, not a clinical one.

Commenter: Rachel Soifer 5/17/17 8:24 pm

opposition to CACREP only

Opposed: this policy will dimish the diversity and that empowers mental health professionals and the programs we attend to be high quality, vibrant and attractive. Please do not pass.

Commenter: Amy M. Cohen, LLC 5/17/17 8:50 pm

Against

Against CACREP ONLY. Discriminatory and unnecessary.

Commenter: Becky Riley Olin, LCPC, MT-BC 5/17/17 8:55 pm

Opposition to CACREP only

I am strongly opposed to this CACREP only initiative. At a time when mental health professionals are so deeply needed, a regulation like this would only decrease the services and supports to the people of Virginia! This initiative would narrow standards for mental health practice, but it certainly would not improve or provide for higher standards. Shame on those who seek this educational monopoly. This will only harm the people of Virginia who need quality supports!

Commenter: Patricia Simpson, MS, LCPC, C-IAYT, LCPCM 5/17/17 10:36 pm

Dummying down the counseling profession serves no one.

The citizens of the Commonwealth of Virginia will suffer if CACREP is given full rein of training professional counselors.

Commenter: Toni Maxwell 5/17/17 10:41 pm

Opposed to CACREP only state.

These standards would hinder licensed professionals from fulfilling their career goals.

Commenter: Madrical Thompson, M.A., LPC, LCPC 5/17/17 11:36 pm

No to Carep only

Limiting the diversity and talent in the mental health professions does a disservice to our clients, professors and various fields. This is not a one size fits all, cookie cutter profession and I doubt any client or clinician would want it to be. Schools should be as diverse as are the multitudes of people who will utilize the services.

Commenter: Christy Gordon 5/18/17 12:11 am

I oppose Virginia as a CACREP-only state

I refer many clients over to Virginia and this will make mental health services providers more difficult to locate or access

Commenter: Rodrick D. Williams 5/18/17 2:43 am

Opposition to CACREP Requirement

Dear Virginia-

It really saddens me to know that VA will potentially move to a CACREP only state. This will harm many individuals who seek mental health and especially our veterans.

I am in a unique situation because I am a Marriage and Family Therapy degree holder who is licensed as a LPC/LCPC (I did the extra work to obtain my LPC because it was important to me). This will not only hurt service delivery to our US citizens, but it will hurt many experienced mental health providers.

Please reconsider for this will harm many lives in a negative manner.

V/R,

Rodrick Williams

Commenter: Karen Diggs 5/18/17 5:09 am

OPPOSE CACREP ONLY PROGRAM

MENTAL HEALTH CLIENTS WILL SUFFER.

Commenter: Nakitta McLean, M.Ed; LGPC; Turning Point Clinic 5/18/17 6:00 am

Opposition to make Virginia a CACREP-only state

I am **opposed** to making Virginia a CACREP-only state. I believe that it will gradually eliminate or harm graduate programs that offer Masters degrees in Counseling Psychology, Marriage and Family Therapy, Creative Arts Therapy, Clinical Psychology, Sports Psychology, Forensic Psychology, among others, that qualify for licensure as a mental health counselor and have prorams approved by othr accredidating boards. I do not believe that one accrediation board should have a monopoly on the profession of mental health counseling.

Further more, it will limit the professionals who are working so diligently within the field. This is suppose to be a realm where we are able to assist our fellow man, if we began to limit the professionals that are qualified to assist them how can we say we are giving them the best advantage to move forward?

Commenter: Nathan Calvino, LGPC 5/18/17 6:08 am

Virginia will only lose more therapists

I already left Virginia to practice in Maryland due to clinical psychology degrees not being accepted in Virginia. Everyone in the field knows why an individual with a Master's degree in clinical psychology is not allowed to practice in Virginia. Is it because of evidence that clinicians with counseling degrees provide better psychotherapy than individuals with clinical psychology degrees? Certainly not! Rather, it is because lawmakers have listened to special-interest lobbyist groups, and not to their own common sense. This is an appeal for decision makers to start listening to common sense, rather than to lobbyist money.

Commenter: Tanner Tanner / James N. Tanner, Licensed Clinical Professional Counselor 5/18/17 7:50 am

CACREP Only State

I oppose making Virginia a CACREP only state. This will restrict qualified service providers from providing needed services.

Commenter: Wayne Marshall LCPC 5/18/17 8:29 am

Va. Is attempting to monopolize the system $. At the consumers detriment. I wholly OBJECT!

Commenter: Leslie Stanbury, L.C.P.C. 5/18/17 9:07 am

Oppose CACREP only requirement

Commenter: Nicole Barber, LCPC 5/18/17 9:13 am

I strongly oppose this proposal

Istrongly oppose this proposal

Commenter: Melissa Wesner / LifeSpring Counseling Services 5/18/17 9:53 am

Strongly Oppose CACREP-Only Proposal

I am writing to communicate strong opposite to the CACREP-only proposal. Many highly regarded institutions are not CACREP accredited, and yet they produce competent, highly-trained clinicians. CACREP and it's affiliates have made unsubstantiated claims that providers who graduated from CACREP universities are more competent. It is important for those voting to understand CACREP

and their affiliate's motives for encouraging this change and for disseminating inaccurate and misleading information about the benefits and necessity of graduating from a CACREP school.

Commenter: Marlene K. Backert, LCPC; NCC, BCPCC 5/18/17 9:55 am

CACREP only

I strongly oppose the proposal to limit all LCPC's for licensure based on the school they attended for their education. If they can pass your current licensing test and requirements, they should be given the opportunity to serve the people of VA. This seems to be a way for certain schools to have a monopoly on the counseling profession. You will be excluding many seasoned professionals who attended schools prior to the CACREP era being implemented.

B.Marlene K. Backert, LCPC, NCC, BCPCC

Commenter: Shaun Robbs LCPC 5/18/17 10:14 am

A bridge to far

People in leadership making bad choices. License takes care of those issues after you graduate

Commenter: Tammerra Hewitt, Anew Care Counseling Service, LLC 5/18/17 10:22 am

I oppose CACREP only professionals in Virginia.

I am a supervisor in the state of Maryland. When I compare my interns masters programs to the non cacrep programs, I am truly confused about the fuss. Most of the CACREP programs do not require and comprehensive exam or a masters thesis. The requirements for non CACREP programs are equivalent, if not, superior to these newer curriculums. I think the pioneers of the mental health profession should be respected for their rigor, instead of being treated like we are obsolete and being pushed aside. We have just as much, if not, more to offer to the mental health profession.

Commenter: Earlene Williams, LGPC 5/18/17 10:39 am

Stop! CACREP-only state in VA

"We feel this initiative is an implicit attempt by CACREP accredited universities to secure market advantage in licensure. It will gradually eliminate or harm graduate programs that offer Masters degrees in Counseling Psychology, Creative Arts Therapy, Clinical Psychology, Sports Psychology, Forensic Psychology, among others, that qualify for licensure as a mental health counselor. In a CACREP-only state, these degree programs would not be recognized or approved by the state professional board; and the degree holder would be unable to practice as a mental health counselor.ype over this text and enter your comments here. You are limited to

approximately 3000 words." LCPCM

Commenter: Kathleen LaVina, LCPC, LCADC, RN 5/18/17 12:13 pm

Oppose CACREP Only

Opposed to CACREP only regulations for mental health counselors. This type of regulation assumes accreditation is the only measure of quality and that is just not true.

Commenter: Arthur Flax, LCPC 5/18/17 12:45 pm

Oppose CACREP

It is my professional opinion both as a LCPC and as an practictioner registered with the Workers Compensation Commission, the issue is quality of education provided, practical training and experience and not the "acceditation" designated by a particuar organization. These so called acceditations are self serving, promoting a set of values consistent with the organizations mission, rather than the needs of the patient. I have witnessed this in the social work profession where the primary national organization places a cri;teria of certain values over the self determination of both professionals and clients. This is what you want for professional counselors, a monoliithic agenda. Education must be based on respecting the self determination of both the client and professional. Learning counseling skills does not require and is restricted when a particular organization dictates the agenda a college /professional training must adhere too in order to qualify for membership. It becomes policitized valueing one set of propective other another. All you have to do is understand history and how well meaning counselors and physicians began a process to improve the quality of peoples lives by endorsing and participating first in the euthenasia of "defective" newborns, then the disabled, until a population accepted it and which resulted in the holocast. No one organization and it's philosphy should be dominate let alone required. Comprehensive quality education is required respecting all people.

Commenter: Barbara Currano, MA, NCC, LCPC, Peaceful Waters Counseling 5/18/17 12:57 pm

Opposed to CACREP only

Opposed to CACREP only regulations for mental health counselors. This type of regulation assumes accreditation is the only measure of quality and that is just not true.

Commenter: Rita L. Robinson, LCPC 5/18/17 2:38 pm

Requirement for CACREP Accreditation for Educational Programs

I am strongly opposed to making Virginia a CACREP only state. I believe that no one accrediation board should have the power to make this kind of abitrary and capricious decision. There is no valid rational and I believe it is discrimatory as well.

Commenter: Anthony S. Parente, MA, LCPC, ICGC II Licensed Clinical Professional Counse 5/18/17 2:45 pm

Opposed to CACREP only Legislation

I would like to voice my stong opposition to this the bill which restricts the counseling profession to individuals who are only graduates of CACREP programs. This bill will severly hinder the ability of citezens in need of counseling services to recieve mental health and addiction services. This bill is an attempt to secure market advantage in the counseling field. I support an inculsive vision of mental health and addiction services based on course and service requirements. This bill is clearly an attemt to create an education monopoly that is not supported by research or scope of practice standard.

Anthony S. Parente, MA, LCPC, NCC, MAC, ICGC II

Commenter: Crystal R. Blanchard, LCPC 5/18/17 3:56 pm

Opposed: Regulation will Diminish Access to Mental Health Professionals in Virginia

Opposed: Regulation will Diminish Access to Mental Health Professionals in Virginia

This initiative is an implicit attempt by CACREP accredited universities to achieve market exclusivity in licensure. It will gradually eliminate or harm graduate programs that offer Masters degrees in Counseling Psychology, Creative Arts Therapy, Clinical Psychology, Sports Psychology, Forensic Psychology, among others, that qualify for licensure as a mental health counselor. In a CACREP-only state, these degree programs would not be recognized or approved by the state professional board; and the degree holder would be unable to practice as a mental health counselor.

I support an inclusive vision of mental health counseling, based on meeting course and clinical experience requirements, not degree title or accreditation. I am very concerned when an accreditation body attempts to create an educational monopoly, based on unproven claims of superiority, and does not allow alternative accreditation bodies to approve equivalent routes to mental health counselor licensure. In addition, It negates a reciprocity standard that would support highly experienced clinicians the right to serve in Virginia that are in neighboring states.

The Commonwealth of Virginia should be working toward parity of licensure between Maryland and Virginia to insure an ample supply of mental health professionals who can practice in Virginia; since such a policy would allow all Virginia residents access to highly qualified mental health professionals who could relocate from Maryland, if needed. Unfortunately, that is not the stance the Commonwealth is taking. They wish to make licensure more restrictive based on graduate program accreditation, an arbitrary standard, rather than the competency or experience of the practitioner. The narrowness of this approach is curious at a time when Virginia is in need of highly qualified mental health professionals to treat their residents.

Commenter: Michael Reeder LCPC, Hygeia Counseling Services 5/18/17 4:33 pm

Damaging to Clients and Counselors

I am writing in opposition to the proposed regulations.

CACREP has not been proven to be a superior standard to other training certifications - not to mention that professional counselors in any case continue to obtain training and experience long after graduate school.

CACREP is mainly a political story - an attempt to lock-up the counseling and education market by a subset of educators and institutions.

Virginia should instead have a neutral and rigorous standard which can potentially be met by a variety of training institutions and curriculum certifications. There is no reason for Virginia to hand over its quality standards to an outside non-profit.

With the arbitrary selection of CACREP-only, the people of Virginia lose access to often rare mental health help. Non-CACREP Counselors too suffer an unwarranted damage of public trust in their credentials and possible discrimination in hiring.

Please oppose and veto these regulatory changes.

Commenter: Stephanie Cockrell 5/19/17 7:34 am

I too think that Virgina Common Wealth move to create an educational monopoly is a slap in the face

Commenter: Deborah Carver, LCSW 5/19/17 12:12 pm

CACREP

Opposed to limiting accredidation to only CACREP accredited universities

Commenter: Roger Sandberg, LCPC, EAP Consultant, National Institutes of Health 5/19/17 1:36 pm

Opposed to Virginia being a CACREP only state

NOTE: My comments are my own, and do not necessarily reflect the agency for which I work.

Mental health counseling licensure needs to be based on meeting course and clinical experience requirements, per state standards, not degree title or outside stand alone accreditation pressure. Who monitors CACREP's accreditation standards? Why would a private, non-governmental organization with a particular agenda have say over who gets licensed in Virginia (or any state)? It is not in the best interest of Virginia, or its residents, to grant licensure based on a narrowly determined organization's graduate program accreditation rather than the competency or experience of the practitioner. From a practical perspective, at a time when Virginia is in dire need of qualified mental health practioners, why would the state be seeking to severely limit the licensure of qualified mental health professionals to meet the growing demands for mental health services?

Commenter: Nick 5/19/17 4:02 pm

you are losers

Trying to feel like a winner in controlling a group that needs not the control of 1 education standard which hurts the non-educated. GO AWAY

Commenter: Brandy Smith, Roanoke Valley Counseling Services 5/21/17 10:57 am

I Support This Regulatory Action

As a Licensed Professional Counselor in Virginia, I feel that this change is vital to safegurading clients and strengthening professional identity among professional counselors. Consumers of professional counseling services should be able to easily understand the training, guiding principles, and ethical standards of the counselor providing care. CACREP accreditation requires that programs demonstrate student learning outcomes in dozens of areas of counselor competency, ensuring high quality preparation. In one study, counselors who graduated from NON-CACREP accredited programs accounted for over 81% of ethical violations, despite being a minority of practicing counselors.

Requiring that counseling students graduate from CACREP accredited programs would benefit clients by ensuring a standard already present in other mental health professionals. A degree from a CSWE accredited program is required for licensure as a Social Worker in nearly all states. A degree from an APA accredited program is a requirement for licensure as a psychologist in nearly all states. The consistency, state-to-state, is part of why those professions are able to serve a broader range of clients, including those with Medicare, while counselors are not. In my private practice, I have not been able to provide services to dozens of potential clients who access services through Medicare.

Virginia has very inclusive policies that allow anyone with two years of licensure experience in another state, to relocate to Virginia and get licensed by endorsement. This action would help counselors secure Medicare reimbursement. Please support this regulatory change, and thank you for your consideration.

Commenter: Susana Valderrama-Banda, Virginia Tech 5/21/17 12:07 pm

CACREP

In one study, counselors who graduated from NON-CACREP accredited programs accounted for over 81% of ethical violations, despite being a minority of practicing counselors;

Commenter: Katie Richard, LPC and LCPC 5/21/17 3:41 pm

Opposed to CACREP-only state

I am an LCPC in Maryland who is also licensed as a LPC in Virginia and am in the process of moving to VA where I will be practicing starting in August of this year. I worry about how this regulation will affect those who, like me, come from Masters programs in Counseling Psychology.

Commenter: Jyotsana Sharma 5/21/17 9:57 pm

I Support this Regulatory Action

This regulatory change will help protect the public in Virginia and ensure client welfare. Virginia's significant defense population needs more providers, and this regulation would help ensure there is a highly-qualified pool. There is a significant discrepancy between the demand for mental health services within the veteran populations and the supply. There are several individuals who are living with mental health issues and are not getting the services that they need because they do not have the means to pay out of pocket for counseling services. Some of these individuals do not need medications for their conditions but definitely are in need for counseling. Additionally, research has indicated that only medications are not as efficacious as medications+counseling. But due to high demands for services that are covered through insurance individuals who do not necessarily need or want to depend on medications do not get counseling needs met. This regulatory action would help put counselors on the map to be able to provide services where medications may be a part of but where counseling is what is most needed. Regulations are not about whether a certain program is included or not, it should be about what is best for clients that come see professional counselors. I have many friends who are social workers and psychologists. In session no matter how we approach our clients the work that gets done is all for the benefit of the clients. Many times in discussions I have had conversations with such friends about why a discrepancy in standards exists when a lot of what we all do is similar?! This regulatory action will help see that those discrepancies can be reduced and services be provided to individuals who need them the most. In the end we are all here to serve. Lastly, I would like to point out that CACREP accreditation required low students to faculty ratios, ensuring counselors aren't prepared in diploma mills. I myself graduated from a non-CACREP program and for my licensure had to get additional credit hours couple of years later. I did my additional credit hours from a CACREP accredited program and LOVED the fact that I felt so much more confident and compentent in my practice after going through just a few of their courses. This is necessary! I speak from experience. Virginia has very inclusive policies that allow anyone with two years of licensure experience in another state, to relocate to Virginia and get licensed by endorsement. Please support this regulatory change, and thank you for your consideration.

Commenter: The Rev. Dr. Thomas W. Bauer, LCPC Safe Harbor Christian Counseling 5/21/17 10:37 pm

Opposition to CACREP Monopoly.

My Doctorate in Developmental Psychology is from Harvard. I have undergraduate degree and two Masters degrees from Yale. I have a General Theological Seminary Degree and a Yale Divinity School degree which included much counseling preparation, including clinical training at St. Luke's Hospital, New York City, and Rosewood Training Center, Maryland. My certificate of advanced study in counseling is from Loyola University in Baltimore, MD. I did pastoral counseling work in

Virginia at Westover Church, Charles City, St. Paul's Church, Petersburg. I was on the Petersburg School Board and the Board of the Governor's School in Richmond. I am currently serving as Interim Rector of Manikin Church, Powhatan County. I am licensed as a Maryland Counselor and work at a Lutheran Church in Maryland. I have been doing counseling for 40 years. The idea that my education and training would not be acceptable in Virginia is ridiculous.!!!!

Commenter: Laura Armentrout 5/22/17 7:15 am

I Support This Regulatory Action

Regulations are not about whether a certain program is included or not, it should be about what is best for clients that come see professional counselors.

In one study, counselors who graduated from NON-CACREP accredited programs accounted for over 81% of ethical violations, despite being a minority of practicing counselors.

Virginia has very inclusive policies that allow anyone with two years of licensure experience in another state, to relocate to Virginia and get licensed by endorsement. Please support this regulatory change, and thank you for your consideration.

Commenter: Dannette Gomez Beane 5/22/17 8:08 am

I support CACREP Regulatory Action

Dear Legislator,

Please vote to support the CACREP accredited program requirement for licensure. This is a standard in our profession that should be regulated.

Virginia's significant defense population needs more providers, and this regulation would help ensure there is a highly-qualified pool that is similar to that of psychologist and social workers.

The American Counseling Association, the Association for Counselor Education and Supervision, the American Mental Health Counselors Association, the National Board for Certified Counselors, and the American Association of State Counseling Boards have all adopted a position that the process of CACREP accreditation should be the prerequisite for licensure as a professional counselor.

Virginia has very inclusive policies that allow anyone with two years of licensure experience in another state, to relocate to Virginia and get licensed by endorsement. Please support this regulatory change, and thank you for your consideration

Commenter: Nancy Bodenhorn 5/22/17 9:02 am

I support this regulatory action

This regulatory change will help protect the public in VIrginia and ensure client welfare. Many agencies, including the Institute of Medicine, have concluded that CACREP graduates should be the baseline for independent practice. This sort of external evaluation is valuable as it is generated

by a group being able to assess preparation without any biases. Being CACREP accredited ensures that graduates are prepared, as the accreditation process requires demonstration of student learning outcomes.

Virginia has very inclusive policies that allow anyone with two years of licensure experience in another state, to relocate to Virginia and get licensed by endorsement. Please support this regulatory change, and thank you for your consideration.

Commenter: Jessie Tappel, LCPC, Alpha Omega 5/22/17 10:47 am

I oppose CACREP only legislation

I went through an almost three-year process of licensure with the Board of Virginia to apply for licensure as a Counselor. At the end they denied me because of my educational requirements. I have a Master's in Clinical Psychology and have met all of the clinical and practical requirements. I am currently licensed as a LCPC in the State of Maryland. This regulation was a hindrance in licensing qualified individuals who live and want to work and serve in Virginia.

Commenter: Lacey Mize 5/22/17 11:29 am

I Support This Regulatory Action

This regulatory change will help protect the public in Virginia and ensure client welfare. CACREP accreditation requires that programs demonstrate student learning outcomes in dozens of areas of counselor competency, ensuring high quality preparation. In one study, counselors who graduated from NON-CACREP accredited programs accounted for over 81% of ethical violations, despite being a minority of practicing counselors. Virginia has very inclusive policies that allow anyone with two years of licensure experience in another state, to relocate to Virginia and get licensed by endorsement. Please support this regulatory change, and thank you for your consideration.

Commenter: Justin Jordan 5/22/17 12:59 pm

I support CACREP standards for all counselors in Virginia

I strongly believe that professional standards for training are necessary to ensure high quality counselors are entering the field in the years to come. CACREP has been the gold standard for counselor education and these regulations on training gives the public certainty that when someone represents themselves as a qualified professional counselor, that that is what the client will receive. Clinical Social Workers and Psychologists have taken similar steps nationwide to ensure all clinicians in those fields are being trained to board certified, agreed upon standards for their education. I believe that failing to implement CACREP or equal standards of this type would be detrimental to our profession, which is the stance of the ACA.

Commenter: Julia Moran, Virginia Tech University 5/22/17 1:03 pm

I Support This Regulatory Action

This regulatory change will help protect the public in Virginia and ensure client welfare. The Institute of Medicine, a non-partisan, public research organization charged by Congress, determined that a clinical degree from a CACREP accredited program should be the baseline for independent practice with TRICARE, which has since adopted that standard. Clients in Virginia deserve the same high level of preparation. As I have learned throughout my time as a student in Counselor Education, the welfare of the client is at the top of our priority list. Regulatory action to ensure this is necessary to assure that counselors are well equipped with the knowledge and certification that allows us to help clients in a large range of populations. It is also important for policy makers, educators, and counselors alike to remember that regulations are not about whether a certain program is included or not, it should be about what is best for clients that come see professional counselors. Personally I am proud to be attending a program with the CACREP accreditation, because I feel as though I am able to represent the counseling field as a reputable and important field of work and study. As a beginner counselor I would like to continue to see the education and licensure standards upheld so that the counseling field may continue to grow and reach more and more clients within the state and country. Virginia has very inclusive policies that allow anyone with two years of licensure experience in another state, to relocate to Virginia and get licensed by endorsement. Please support this regulatory change, and thank you for your consideration.

Commenter: Emily Crutchfield 5/22/17 1:26 pm

I Support This Regulatory Action

This regulatory change will help protect the public in Virginia and ensure client welfare.

Virginia's significant defense population needs more providers, and this regulation would help ensure there is a highly-qualified pool.

Also, CACREP accreditation requires that programs demonstrate student learning outcomes in dozens of areas of counselor competency, ensuring high quality preparation.

Virginia has very inclusive policies that allow anyone with two years of licensure experience in another state, to relocate to Virginia and get licensed by endorsement. Please support this regulatory change, and thank you for your consideration

Commenter: Sarah Northrup 5/22/17 1:57 pm

I Support This Regulatory Action

Commenter: Jennifer Slusher 5/22/17 2:13 pm

I support this regulatory action

This regulatory change will help protect the public in Virginia and ensure client welfare. As a Counselor Educator and clinician, it is important to me that our students are well prepared and able to provide high quality care to clients. I have talked with clients who who were not in "good hands" and in the end suffered more trauma after their counseling experience. This is unacceptable! CACREP accreditation requires that programs demonstrate student learning outcomes in dozens of areas of counselor competency, ensuring high quality preparation. In one study, counselors who

graduated from NON-CACREP accredited programs accounted for over 81% of ethical violations, despite being a minority of practicing counselors.

Additionally, the American Counseling Association, the Association for Counselor Education and Supervision, the American Mental Health Counselors Association, the National Board for Certified Counselors, and the American Association of State Counseling Boards have all adopted a position that the process of CACREP accreditation should be the prerequisite for licensure as a professional counselor.

Virginia has very inclusive policies that allow anyone with two years of licensure experience in another state, to relocate to Virginia and get licensed by endorsement. Please support this regulatory change, and thank you for your consideration.

Respectfully,

Jennifer Slusher

Commenter: Jennifer Nardine 5/22/17 2:43 pm

I Support This Regulatory Action

A CACREP accredited program degree should be requirement for licensure in the state of VA.

The Institute of Medicine, a non-partisan, public research organization charged by Congress, determined that a clinical degree from a CACREP accredited program should be the baseline for independent practice with TRICARE, which has since adopted that standard. Clients in Virginia deserve the same high level of preparation.

Looking across professions, a degree from a CSWE accredited program is required for licensure as a Social Worker in nearly all states. A degree from an APA accredited program is a requirement for licensure as a psychologist in nearly all states. The consistency, state-to-state, is part of why those professions are able to serve a broader range of clients, including those with Medicare, while counselors are not. This action would help counselors secure Medicare reimbursement.

Virginia has very inclusive policies that allow anyone with two years of licensure experience in another state, to relocate to Virginia and get licensed by endorsement. Please support this regulatory change, and thank you for your consideration.

Commenter: Christy M. Cundiff, LPC from Virginia 5/22/17 7:20 pm

I support this regulatory action

This regulatory change will help protect the public in Virginia and insure client welfare. There are so many mental health supports that are needed in Virginia and it will take all mental health professionals. It is of the upmost importance that people in crisis get the best help possible. By making sure that counseling programs are CACREP certified, we are ensuring the best help possible to those in the greatest need. It is also important to me as a Licensed Professional Counselor in Virginia to have qualified people in my profession and I know this to be the case in a counseling program that is CACREP certified.

Christy M. Cundiff, LPC

Commenter: Okey Nwokolo 5/22/17 10:28 pm

I Support This Regulatory Action!

This regulatory change will help protect the public in Virginia and ensure client welfare. It is our ethical obligation to do no harm to clients; speak up against potential sources of intended and unintended harm . I believe that graduates of non- Cacrep programs, though well intended, are harmful harm waiting to happen. It is important that we protect society from harm by closing the door against non-rigorous, ethically trained graduates being milled from non-CACREP accredited programs. It is a wise thing to do, and there is no better time than now.

In one study, counselors who graduated from NON-CACREP accredited programs accounted for over 81% of ethical violations, despite being a minority of practicing counselors. Virginia has very inclusive policies that allow anyone with two years of licensure experience in another state, to relocate to Virginia and get licensed by endorsement. Please support this regulatory change, and thank you for your consideration.

Commenter: Cass Mitchell 5/23/17 10:24 am

I oppose

As a licensed LCPC in Maryland who graduated from a non accredited school, this worries me that my license is being threatened. I believe I have been of great service to my clients in my practice this bill makes is so my future as a clinician is threatened as well as the level of my practice is not as suffient as another program. I attendeded Bowie state university for my masters in counseling psychology. It is not an accredited school. However, it is primarily an African American school. In that school, as a white student, I was able to get an education and perspective from a person of color that no other acedemic reguation or curriculum could teach me. I ask that you reconsider another way, perhaps CEUs or additional training or another regulation to help foster existing therapists into being just as professional as any other, and educational insitituations to not be second to another due to not having this standard. High Standardization does not always high job performance. Thank you

Commenter: Christine Thron, CentrePointe Counseling 5/23/17 11:14 am

I oppose.

Research doesn't support that the effectiveness of a counselor is determined by degree or years of practice. With the growing need of mental health therapists, trying to limit practictioners doesn't make sense. Wait lists for practictioners are often very long, and clients complain of limited availability of therapists.If clinicians have completed coursework and have been properly trained, they should be able to practice. It's too bad that politics play into decisions such as these rather than how to best serve communities.

Commenter: Val Barksdale-Oliver LCPC 5/23/17 6:01 pm

I am opposed to restricting Virginia licensure to CACREP schools grads only.

Commenter: Michael Kuhns, LPC 5/23/17 9:09 pm

I oppose this action

While I graduated from a CACREP program, I think to make this a requirement limits our potential pool of health professionals that are needed in VA. Programs can easily be vetted through the current process with preference given CACREP graduates under the current standard of allowing additional hours from their internship.

Commenter: Jarvia Fishell, LCPC 5/23/17 9:18 pm

Opposed to CACREP accredited institutions only

To institute a policy such as this would be very narrow minded and not in the best interests of the clients. Competency is not demonstrated simply by having a single accredited program as acceptable. There is no proof that CACREP programs are superior. In fact many other programs which have other accreditation are excellent in preparing mental health clinicians (ie psychology).

Commenter: Sarah Cocowitch, Self-employed therapist 5/24/17 9:11 pm

I Support This Regulatory Action

This regulatory change will help protect the public in Virginia and ensure client welfare. The American Counseling Association, the Association for Counselor Education and Supervision, the American Mental Health Counselors Association, the National Board for Certified Counselors, and the American Association of State Counseling Boards have all adopted a position that the process of CACREP accreditation should be the prerequisite for licensure as a professional counselor.

Commenter: Sarah Cocowitch, Resident in Counseling 5/24/17 9:13 pm

I Support This Regulatory Action

This regulatory change will help protect the public in Virginia and ensure client welfare. The American Counseling Association, the Association for Counselor Education and Supervision, the American Mental Health Counselors Association, the National Board for Certified Counselors, and the American Association of State Counseling Boards have all adopted a position that the process of CACREP accreditation should be the prerequisite for licensure as a professional counselor. I trust that the agreement among these governing bodies is the right course of action for our profession and in the best interest of our clients.

Commenter: Katerina Evans, LCPC, ATR 5/25/17 7:37 am

I oppose CACREP only

While I am in complete support of regulations and licensure in order to safeguard clients, the black and white limitation of CACREP only programs would severely limit so many highly skilled and educated practitioners. Many in support are citing a study which states a majority of infractions are from non-CACREP providers, however, I have not seen a link to this study, nor do I know the overall statistics - are CACREP providers in the minority in general? Does this affect the statistics? There is already a lack of parity, making it very difficult for providers to move between states and continue to practice their profession. I am highly skilled, and I attended a non-CACREP program that was very challenging and rigorous. This would decrease availability of providers at a time when we need more. There must be another way to move into parity for those in the mental health professions that support rather than destroy those who have spent years and huge sums of money to be able to serve the public.

Commenter: Ariann Robino, Virginia Tech 5/25/17 9:43 am

I Support This Regulatory Action

This regulatory change will help protect the public in Virginia and ensure client welfare.

Regulations are not about whether a certain program is included or not, it should be about what is best for clients that come see professional counselors. The American Counseling Association, the Association for Counselor Education and Supervision, the American Mental Health Counselors Association, the National Board for Certified Counselors, and the American Association of State Counseling Boards have all adopted a position that the process of CACREP accreditation should be the prerequisite for licensure as a professional counselor.

As a licensed professional counselor, I have observed the significant differences between those training in CACREP program versus non-accredited programs. Oftentimes, this difference is stark and unsettling with issues based in ethics and client safety.

Virginia has very inclusive policies that allow anyone with two years of licensure experience in another state, to relocate to Virginia and get licensed by endorsement. Please support this regulatory change, and thank you for your consideration.

Commenter: Pete Taylor LCPC, ADS 5/25/17 10:53 am

Opposed to CACREP

This is obviously a money grab by the state and it sets a bad precedent. Those that are for this do not realize how many individuals will be left desperate to find a qualified therapist due to the shortage it will create. Such a shame.

Commenter: Betty Bracht 5/25/17 10:54 am

Opposed

Virginia has already looked at the economic ramifications of having CACREP only counselors, and learned that there is no benefit to the citizens of Virgina. No economic benefit (to anyone except CACREP). Not providing better counselors, and I am part of the group that says it will weaken the pool of counselors. So, why is Virginia pursuing this action again? Creating more restrictive licensure requirements will not benefit the people of Virginia, but it will benefit a very small group:

CACREP.

Commenter: Vilma Nadal, Ph.D. 5/25/17 10:54 am

Virginia Regulation

I oppose this regulation. I would be a monopoly.

Commenter: Kathleen Smith 5/25/17 10:55 am

opposed

I oppose CACREP only schools in VA.

Commenter: Mary Beth Werdel 5/25/17 10:55 am

Opposed to CACREP

Type over this text and enteri am strongly opposed to CACREP only States.

There is no evidence to support such an initiative

Commenter: Vilma Nadal, Ph.D. 5/25/17 10:57 am

I oppose this new Virginia regulation.

Commenter: Teresa Russell, LCPC-S, NCC, LCADC-S 5/25/17 10:58 am

Opposed to CACREP

The Commonwealth of Virginia should be working toward parity of licensure and this action does not support that agenda.

Commenter: Time of Need Counseling 5/25/17 10:58 am

Opposed to CACREP only states

I am strongly opposed to CACREP only States.

There is no evidence to support such an initiative

Commenter: Candace Oglesby, LCPC 5/25/17 10:58 am

I oppose making Virginia a CACREP-only state

There is no research or statistics to suggest that practitioners who only graduate from CACREP programs are better prepared clinically to treat those who suffer from mental health issues. Being a graduate of a master's degree program in clinical psychology, it has been my personal experience that gaining a degree from a CACREP program does not make a clinician more qualified to practice. In practical real life experience, my additional trainings (post grad school), advanced certificates, and years of practice makes me an overall great clinician. I agree there should be rules and regulations put in place to protect the welfare of those we serve but I believe that's why we have licensing boards with specific requirements which must be completed prior to us practicing clinical skills within our communities.

Commenter: Ross Counseling 5/25/17 11:00 am

CACREP

I oppose.

Commenter: Carmen Calatayud, LPC 5/25/17 11:02 am

Oppose CACREP Monopoly

Even thought I graduated from a CACREP school in Virginia, I oppose this attempt to make work and licensure so much harder for non-CACREP graduates, or rule them out completely. As a LPC, I've worked with several non-CACREP graduates who enriched my work as a colleague, and enriched the clients they saw. I was a lifelong resident of Virginia, and I hope Virginia stops this restriction when the whole nation, including Virginia, is in need of more mental health clinicians.

Commenter: Rev. Leslie Westbrook, Ph.D., LCPC 5/25/17 11:04 am

I oppose the CACREP requirement for licensure.

I oppose the CACREP requirement for Virginia licensure. It is a false statement to say that CACREP graduation makes one a better licensed counselor than so many other academic programs. Additionally, this requirement would make it impossible for qualified counselors who might seek Virginia residency to practice in Virginia, thus harming the capacity to provide mental health services to many in the state.I

Commenter: Michelle Stryjewski, LCPC 5/25/17 11:04 am

I oppose to CACREP only

I oppose the regulation to make Virginia a CACREP state. I feel this initiative is an implicit attempt by CACREP accredited universities to secure market advantage in licensure. It will gradually eliminate or harm graduate programs that offer Masters degrees in Counseling Psychology,

Creative Arts Therapy, Clinical Psychology, Sports Psychology, Forensic Psychology, among others, that qualify for licensure as a mental health counselor. In a CACREP-only state, these degree programs would not be recognized or approved by the state professional board; and the degree holder would be unable to practice as a mental health counselor.

As a mental health provider myself, I know that I worked HARD for my degree, and I do real work that helps my clients as an LCPC. To then be in a state that turns around and essentially declares all degrees that came from non CACREP accredited schools to be invalid is wrong, and will ultimately harm the people of Virginia.

Commenter: Sara Dorrance, counseling resident 5/25/17 11:08 am

I oppose Virginia becoming a CACREP only state

Commenter: Nelly Valero-Wills 5/25/17 11:10 am

I oppose CACREP only requirement

Peace and thank you for your attention to this matter. I am a Licensed Clinical Professional Counselor in the Sate of Maryland. I received my Masters in Psychology from one of the best Jesuit Universities in Argentina and found it impossible to obtain my licensure in Virginia. I can't even begin to tell you how detrimental it is to not evaluate the assets that a Professional Counselor with a wealth of training and education can bring to Birginia residents. I hope this is reevaluated. Thank you so much.

Commenter: Gregory Franklin 5/25/17 11:15 am

Opposed to CACREP only

CACREP only is not a helpful requirement for licensure. More important than school accreditation is the supervision provided to ensure ethical practice among new counselors.

Commenter: Dr. Joseph Kenna 5/25/17 11:22 am

I oppose CACREP only requirement

I actually value CACREP credential and come from a CACREP program. However, I think it a poor idea to restrict Licence only to CACREP. It is too narrow and will deprive the community of valueable professional resources.

Commenter: Katie Monroe, Thrive Behavioral Health 5/25/17 11:23 am

I STRONGLY oppose CACREP only state

I am currently in a Masters of Applied Psych program in MD. As someone who has put a lot of time, money and energy into my education, I can safely say that if you were to pass this bill, you would leave THOUSANDS of people in debt wth a useless degree. My program is astounding and it is not CACREP. I don't think passing this bill will help anyone. In fact, it will hurt all those people who see non CACREP graduates and therapist. My organizations gets dozens of referrals a week and if you passed this bill, there'd be so few people to help them. There is no evidence that CACREP is better but I know my work is good because of my program. Please don't do this. Thank you.

Commenter: Paulette Moore 5/25/17 11:27 am

Strongly opposed to CACREP only licensing

Commenter: James P Goodwin, LCPC 5/25/17 11:27 am

Strongly oppose CACREP

I have been practicing as a Licensed Clinical Professional Counselor in the state of Maryland for over 20 years and believe that I have made a very valuable contribution to many people's lives. Working in my own private practice, I typically operate at full capacity and carry a waitlist of clients wanting to begin counseling. In this challenging time when so many seek support for mental health challenges, we should be working toward license parity between Maryland, DC, and Virginia, not limiting further who can practice in Virginia. I strongly oppose CACREP, as it is extremely short-sighted and seems largely politically motivated for the profit of those institutions participating in CACREP.

Sincerely, James P Goodwin, LCPC

Commenter: Megan Furman 5/25/17 11:33 am

I oppose CACREP-only

I am strongly opposed to the CACREP-only proposal.

Commenter: Erica Schommer 5/25/17 11:42 am

Strongly oppose CACREP

Strongly against the Iniative to make Virginia a CACREP-only state!

Commenter: Regina Brown 5/25/17 12:09 pm

Most states have requirements as CACREP standards + the same National examination requirement

Although my university in not a CACREP entity, we still maintain the same standards. My state licensing board requires the same commitment and same testing as CACREP universities. It is ridiculous to say that CACREP entities are superior to anyone. I am a LCPC with the State of Maryland, a certified as a National Certified Counselor (NCC), a Certified Clinical Mental Health Counselor (CCMHC), and a Certified Rehabilition Counselor (CRC). I studied hard for those credentials and it has nothing to do with CACREP standards.

Commenter: Jessica Weeg 5/25/17 12:21 pm

CACREP

By making Virginia a CACREP only state you will be essentially taking resources out of the hands of people who need mental health providers more than ever.

I strongly oppose CACREP only regulations.

Imagine having a clinician that you connect to and trust, then one day you can't see them any more. You have to start over with someone new, because your clinician didn't go to a CACREP university. Would you start over with someone new or not seek treatment? Many I believe would not seek treatment.

CACREP providers are no more qualified to provide treatment as non CACREP providers.

Commenter: Robert Cohen LCPC 5/25/17 12:25 pm

Oppose CACREP requirement for licensure

Commenter: LCreswell 5/25/17 12:33 pm

Opposition to CACREP Only

Oppose CACREP requirement for licensure. This removes many qualified individuals who participated in programs that followed CACREP standards and are just as qualified to practice.

Commenter: Ayan Dirir, LCPC 5/25/17 12:39 pm

Strongly Oppose CACREP-only initiative

Biased, unfounded claims that CACREP-only programs are more superior. Simply put its unjust when most programs are CACREP-aligned and provide the same education and require the same clinical experience.

Commenter: Cynthia K Styles, LCPC 5/25/17 1:02 pm

I oppose CACREP-only initiative

Commenter: Jeffrey Taulbee, LCPC, Key Point Health Services 5/25/17 1:05 pm

Opposed to CACREP-Only

I agree that standards are needed in order to ensure that counselors have received adequate training. I do not believe that only accepting CACREP-accredited schools is the correct way to do this, however. CACREP is a good organization, but it is **not** the only option for ensuring that counselors have received a quality education.

Commenter: Ilene Richardson LCPC 5/25/17 1:09 pm

OPPOSED - HARMFUL & IGNORANT PROPOSAL, MUST OPPOSE

Another harmful bill to ruin the careers of licensed, experienced counselors. This proposed bill will end many careers in Virginia, with no insight into the harm it will cause to livelihoods, and families. What fool introduced this? Parallels Trump's curel mission to dismantle the US and the lives we have built over generations. VOTE NO!

Commenter: Joseph Schap, LCPC 5/25/17 1:31 pm

Opposed

I read some of the other comments on here and was surprised by how many claim to see a discrepancy between CACREP and non-CACREP educated counselors. That has not been my experience. I have encountered great variability in counselor capability which is usually due to amount of experience, capacity for reflection, and post-graduate training. If the commonwealth would like to set higher standards for licensure, I encourage them to do so. It seems like social workers are doing this now. But partnering with CACREP will have three negative effects. First, by reducing variability in training programs, it will make it less likely that a client will be able to find a counselor with the style and training that will work for them. Therapy is not a one-size-fits-all industry. Second, lack of variability will make it less likely that counselors-in-training will be able to match themselves with programs that will be best for them. And finally, it will increase the homogeneity of counseling thought, theory, and research. This will limit future growth of the field and make it more susceptible to errors and to following fashion rather than knowledge. What I see, even in the comments here, is an effort to create an underclass of counselors. There are plenty of people seeking counseling and better counselors would naturally rise to the top where people can choose the counselors they want. The only explanation, then, would be a desire to protect a client base by means of politics rather than quality of services.

Commenter: Abby Levin, LCPC 5/25/17 1:32 pm

strongly oppose CACREP-only

I believe that making Virginia a CACREP-only licensing entity is detrimental to the residents of

Virginia. It is a mistake to ban professionals who can offer wonderful mental health services from working in Virginia. I am licensed in Maryland and Oregon, but at the time I attended graduate school, my program was not CACREP accredited. I attended a prestigious school, Northwestern University, with a wonderful reputation and I got thoroughly trained to provide mental health services there. The two states where I have applied recognized the quality of my education. What we need to do is make it easier for professional counselors to move from state to state and improve the cohesiveness of our boards nationawide. This would be a step in the wrong direction.

Commenter: Cathy Roberts,LCPC 5/25/17 1:35 pm

I oppose the Virginia CACREP only initiative

The counseling profession has suffered from disunity for long enough. Let's recognize that talented counselors hale from many different counseling programs and let's be inclusive in hiring practices.

Commenter: Rob Guttenberg 5/25/17 1:49 pm

CACREP Regulatory Action

I am against the bill because it limits Professional counselors from providing services in Virginia. I am a Licensed Clinical Professional Counselor in Maryland, and I feel that the LCPC credential should not be limited or downgraded.

Sincerely,

Rob Guttenberg

Commenter: Maureen M. Ritz 5/25/17 1:51 pm

Oppose

Oppose.

Commenter: Julie Andrews, LCPC 5/25/17 2:04 pm

Oppose

I am strongly opposed to this motion and I please ask that it be reconsidered. There are many, many master's level colleagues that are very qualified to work with the vulnerable population that desperately needs our help. By restricting the amount of service members we have to help them by imposing this strict legislation, we will cut down our workforce, cause over work for CACREP professionals due to the shortage, and thereby do more harm than good. Incidents of violence, drug addiction, depression/suicide rates, and family dysfunction I anticipate will rise as a result of

this motion going through due to the lack of professionals available to help. Although 100% CACREP professionals is ideal, I think more time needs to be alotted for schools to become CACREP. Effort should be made towards helping schools earn this credidation- not put effort into cutting back the amount of professionals who are willing, and have the hearts and experience, to be successful part of the workforce with these individuals. Thanks for your consideration.

Commenter: Kristin Gavigan 5/25/17 2:04 pm

Strongly oppose!

Oppose any bill that limits access to mental health care to people of the state

Commenter: Richard Hann, LCPC in MD 5/25/17 2:05 pm

Please do not discriminate against graduates of regionally accredited programs, (anti-trust laws).

Commenter: Michelle S LCPC, private practice 5/25/17 2:06 pm

Opposed

I am strongly opposed to any state moving towards a CACREP only standard. CACREP is not the gold standard when you look objectively at all programs. Those who are in support are citing faulty research produced by CACREP biased researchers. The majority of practicing clinicians have not graduated from a CACREP program as CACREP hasn't been around long enough nor accredited a majority of programs. Studies misrepresent the data to make these programs seem superior. Professional associations have been commandeered by CACREP biased leadership unchecked. These associations should be neutral, but are now being cited as pro-CACREP. Telling a majority of your members that they are amoral and unqualified seems like a great way to sustain an organization. Additionally, supporting CACREP will not change laws to allow LPCs to enroll in Medicare or Tricare for reimbursement.

CACREP is supposedly focused on accreditation, but their organization is working awful hard on changing licensure standards to meet CACREP's needs. Cohesive program standards and licensing standards existed before CACREP and will continue long after CACREP. All programs are accredited for educational purposes, and all state boards have licensure requirements. State boards should not get into the business of selecting any specific accreditation body to dictate its licensure standards/requirements. This is about money, not about consumers or the profession.

Commenter: Marcia Ewing, LCPC 5/25/17 2:12 pm

OPPOSED: Regulation would significantly restrict access to Mental Health professionals.

Commenter: Stacey Brown 5/25/17 2:28 pm

I oppose this discriminatory legislation

I oppose this discriminatory legislation.

Commenter: Donna Burns 5/25/17 2:34 pm

OPPOSE CACREP-only

I oppose this monopoly.

Commenter: Elizabeth Rodrigues 5/25/17 2:46 pm

Oppose Legislation

I oppose the legislation. The evidence is not there that CACREP accredited programs produce therapists with better client outcomes or even with higher scores on aptitude tests. It appears more political than practical. Currently, non-CACREP applicatants for licensure have to go through a lengthy approval. Surely this suffices to prove their capability to provide competent care. I believe this legislation will have the unintended effect of decreasing mental health services to those most in need as many therapists exit the field.

Elizabeth Rodrigues

Commenter: Kelly Foster, LCPC 5/25/17 2:50 pm

Oppose CACREP only in VA

I opposed the idea of making VA a CACREP only state.

Commenter: Lorraine Garcia, PhD, LCPC 5/25/17 3:04 pm

Opposing CACREP only

At this critical time in our history with more and more people needing mental health treatment and with the current opioid crisis in this country, it is not time to decrease access to treatment but to expand access. CACREP only is limiting and self-serving and does not take into consideration that there are numerous, well-qualified experienced counselors who have done a good, or dare I say excellent, job in treating people who are not from CACREP instititions. The reality is that learning how to provide quailty therapy comes with personal maturity and time spent from working in the field. To think this is not the case is naive. While coursework is important and we need to learn all about diagnosing and treatment, in my years in the field, I have not met one clinician who did better work than another because of the school they attended or their accrediting body. I realize that the argument is that this is not the case ... but as I stated above, that is a self-serving approach. Instead, what makes the difference was commitment to the work, the ability to understand and empathize with clients or patients, and the willingness to learn more each day as

they work in the field. In fact, is this not what it is about?

Commenter: Michelle Lyon, NCC, LCPC 5/25/17 3:07 pm

Oppose CACREP only!

As mental health providers, we should strive toward excellence and access for people in need of treatment. Changing the law to recognize CACREP only graduates will reduce the pool of well qualified providers and reduce access to those in need. There are many programs that are preparing excellent counselors that are CACREP aligned. Please do not discriminate!

Commenter: April Rectanus, LCPC, approved supervsior 5/25/17 3:13 pm

opposed to CACREP limitation

CACREP-only will limit, not only the amount of high quality counselors that are available, but the avaialibiity of masters degree programs for would-be counsleors resulting in even less counselors. This will significantly limit the resources for clients. Please support alternative routes to demonstrate compentency and for accredidation.

Commenter: Sarah R. Brehm, LGPC 5/25/17 4:00 pm

Opposed to a CACREP-only Commonwealth

I am strongly opposed to this action, as it would limit Virginianers' access to quality mental health professionals and would needlessly punish those professionals who chose non-CACREP accredidated programs. Such programs are NOT deficient. Please do not allow this unfair and unwise monopoly.

Commenter: Kathleen Flynn LCPC, CAC-AD 5/25/17 4:55 pm

Opposed to CA

Crep requirement

Commenter: Sharon Gudger 5/25/17 7:12 pm

Oppose CACREP exclusivity other programs, accreditations just as valid

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HARM TO GRADUATE PROGRAMS

I feel this initiative is an implicit attempt by CACREP accredited universities to secure market advantage in licensure. It will gradually eliminate or harm graduate programs that offer Masters degrees in Counseling Psychology, Creative Arts Therapy, Clinical Psychology, Sports Psychology, Forensic Psychology, among others, that qualify for licensure as a mental health counselor. In a CACREP-only state, these degree programs would not be recognized or approved by the state professional board; and the degree holder would be unable to practice as a mental health counselor.

UNPROVEN CLAIMS OF SUPERIORITY

I support an inclusive vision of mental health counseling, based on meeting course and clinical experience requirements, not degree title or accreditation. I am very concerned when an accreditation body attempts to create an educational monopoly, based on unproven claims of superiority, and does not allow alternative accreditation bodies to approve equivalent routes to mental health counselor licensure.

WE NEED QUALIFIED MENTAL HEALTH PROESSIONALS

The Commonwealth of Virginia should be working toward parity of licensure between Maryland and Virginia to insure an ample supply of mental health professionals who can practice in Virginia; since such a policy would allow all Virginia residents access to highly qualified mental health professionals from Maryland. Unfortunately, that is not the stance the Commonwealth of Virginia is taking. They wish to make licensure more restrictive based on graduate program accreditation rather than the competency or experience of the practitioner. The narrowness of this approach is curious at a time when Virginia is in need of highly qualified mental health professionals to treat their residents.

Commenter: Renee Drehmer, LCPC 5/25/17 7:35 pm

Oppose this unnecessary accreditation

The move to CACREP accreditation is not necessary to insure the quality of services delivered by Licensed counselors. It is one more regulatory hurdle for licensed counselors must overcome and a money making scheme by the creators of CACREP and the universities to eliminate competition from other schools who have not gone through the accreditation process but who turn out highly trained and qualified counselors. In the environment that exists in our country of over regulation, this is one more example of over reach. Licensed counselors are already required to take a national counseling exam and go through State Board review to demonstrate proficiency. This requirement for accreditation is repititious and eliminates qualified counselors who didn't graduate

from CACREP accredited schools from practicing in the profession. Additionally, this holds counselors, who have attended schools that hold other accreditations(i.e.- MPCAC), to an unprecedented standard that our cohorts in the social work field are not held to. Please consider this issue and investigate thoroughly before voting on this unneeded change and imposition on our field.

Commenter: Andrea Eiblum 5/25/17 8:20 pm

I oppose this action!

Commenter: Sandra J Jackson 5/25/17 8:51 pm

I oppose thus action!

Commenter: Sultana Karim 5/25/17 9:38 pm

I oppose this action!

Commenter: Christine Williams 5/25/17 10:47 pm

I oppose this action.

I oppose this action, as it will limit access to professional mental health services to the community's most vulnerable populations.

Commenter: Suzanne Brandenburg LCPC Md. Committed to Change P.C. 5/25/17 11:18 pm

Strongly opposed to any state limiting professional practice to those from a single accredited progr

I strongly oppose and states that chose to narrowly limit Therapist professional practice to individuals that have attended one specific accredited program.

Commenter: Dr. Pamela Rice, The Rice Counseling Service 5/26/17 12:23 am

I oppse this action.

Commenter: Patricia Dunn, NCC, LCPC 5/26/17 10:40 am

Oppose making VA a CACREP-only state

I strongly oppose making VA a CACREP-only state. My oppposition is in the interest of mental health profesionals and consumers alike.

Commenter: Martha Kruger, Graduate Student 5/26/17 3:37 pm

I Oppose CACREP-Only

As a graduate student at George Mason University, I have had the privilege to learn and grow from several incredible educators. Each has a unique background which further enhances my learning experience and which I ultimately believe will benefit my future clients. Professional counseling has a set of Professional Standards and Competencies, which are the driving forces in the training accomplished at George Mason University. The faculty at George Mason fully embody those competencies, whether they were trained initially as psychologists, counselors, or social workers. Furthermore, they bring the necessary expertise in multicultural and social justice counseling. Neither of these are key focuses of CACREP, which is a detriment to the diverse population of the Commonwealth.

There is a dearth of empirical evidence demonstrating the value of CACREP. Universities like George Mason would be hindered from education students to serve the populations most in need of effective counseling that matches their cultures, values, and experiences. As such, I strongly oppose the CACREP-only accreditation movement.

Commenter: Marc Getz, LCPC 5/26/17 11:04 pm

Against The Iniative To Make Virginia A CACREP-Only State!

Against The Iniative To Make Virginia A CACREP-Only State!

I have almost 25 years of clinical experience and training and graduated from the Clinical Psychology program at Loyola University Maryland with at Master of Arts. I worked for mobile crisis teams, inpatient psychiatic hospitials, substance abuse programs and currently alsomanage all aspects of my own private practice. If CACREP-Only "Rules" your state loses extremely qualified clinicians who graduated many years ago when CACREP did not exist. Please do what can be done to defeat this the CACREP-only initiative.

Commenter: Phyllis Sloan, PhD 5/27/17 2:11 am

I oppose CACREP only initiative

I oppose CACREP only initiative. It is a type of monopoly . Competent counselors and therapists will be punished needlessly.

Commenter: Eugenia Kienzle 5/27/17 6:54 am

Oppose CACREP-only

After studying the issues concerning CACREP-only accreditation, I urge all colleagues and lawmakers to reject this narrow vision for the practice of mental health counselors. Just at a time in the world when we need diversity and creativity to deal with mental health challenges more pressing than ever before, it makes no sense at all and would be destructive to restrict the public's access to mental health professionals, as long as they are able to prove that they can offer a high quality of care from their respective accreditation programs as well as from their experience. Nowadays we need just the opposit of monopolistic ideologies, and that means greater openess for high quality counseling from various directions and disciplines. My own experience of 48 years as a mental health counselor (PhD from University of Florida, family therapist currently residing in Germany) convinces me to strongly oppose the CACREP-only proposal. Thank you for your attention to this important matter.

Dr. Eugenia Kienzle

Commenter: Meghan Maggitti 5/27/17 8:52 am

I OPPOSE the CACREP MANDATE.

We need to support our fellow mental health professionals and stand together!

Commenter: Andrea Johnson- LCPC 5/27/17 10:26 pm

I oppose

I oppose the cacrep requirements.

Commenter: Xanthia Johnson 5/28/17 9:46 am

Opposition

To Whom It May Concern:

I am quite opposed to this prospective measure. Any measure that alienates a group of trained counselors is not constitutional. I know of several clinicians who would be negatively affected by this. Thank You-Xanthia Johnson LPC

Commenter: Mary Ferreira, LCPC 5/28/17 2:16 pm

I oppose

I oppose

Commenter: Aisha Tyehimba 5/28/17 3:14 pm

Opposed.

Commenter: A'Lisa Andrade 5/28/17 5:18 pm

Vehemently opposed to CACREP-only state mandate.

Commenter: Emily Tarsell,LCPC 5/28/17 11:39 pm

I oppose the CACREP approved only track for training/licensing of mental health counselors

Virginia would set a bad precedent if they were to allow only CACREP approved counseling programs and licensure only for those graduating from CACREP approved colleges.
It would automatically close employment opportunities for licensed counselors trained in other programs and would severely limit and monopolize training options.I have been practicing as a licensed clinical mental health counselor for almost 30 years and while I did not graudate from a CACREP approved program, I nevertheless, had excellent training. If this law were to pass in Virginia, a person such as myself would not be able to practice nor would others be able to chose from a range of training options. While I support the idea of a common core of certain required training to ensure competency across programs, it is presumptuous and self-serving to think that can only happen with CACREP approval. It would be very divisive to the profession and misleading to the public for Virginia to require all counselor training programs to be CACREP approved. I strongly oppose such action.

Commenter: Courtenay J. Culp 5/29/17 9:15 pm

Oppose CACREP only accreditation

Commenter: Carol Binta Nadeem, LCPC 5/30/17 12:19 pm

No to CACREP Monopoly

A CACREP only policy will dramatically limit access to mental health care by decreasing access to highly qualified counselors at a time when the need for quality mental health care is rapidly rising. Virginia and Maryland shoud be working together to standardize the board requirements related to practice (note that the Maryland standard spells out coursework and curriculum but does not insist on only one organization being in charge of certifying them, resulting in high quality care throughout the state and improved access for patients to care) to increase portability and patient access to quality care. Licensed counselors in both states have a proven track record of delivering

good care, and using CACREP is likely to decrease this drastically.

The burden of proof is yours Virginia. What evidence do you have that CACREP accredited counselors are more qualified to deliver the services? Let licensing boards decide based on merit rather than institutional attempts to capture the educational market for licensed professionals.Why limit consumer access to services in the state of Virginia?

Commenter: Jessica S. Johnson, NCC 5/30/17 1:48 pm

CACREP Requirement

I just recently completed a master's program in the Richmond area that has CACREP accreditation. I don't see much of an academic advantage because even with my current certification as a National Certified Counselor and VA OMHP requirements, I am still finding it difficult to obtain employment now. I can see some benefit for CACREP into the licensure process, so it may be helpful if other psychology and counseling programs tailor their curriculum to match standards across the board.

Commenter: Eleonora Bartoli, Arcadia University 5/30/17 2:39 pm

I oppose CACREP-only regulations

I am the director of a counseling program in Pennsylvania, Arcadia University; our graduates practice in various states, including Virginia. Our program is accredited by the Masters in Psychology and Counseling Accreditation Council (MPCAC), we are the recipient of the Pennsylvania Counseling Association Outstanding Counselor Education Award, and our students regularly win regional and state counseling awards. Our graduates are highly valued by the communities they serve, where they provide clients with essential evidence-based, trauma informed, and multiculturally sophisticated services.

I am joining counseling professionals from across the country to urge you to *stop the proposed counselor licensing regulations* that would require graduation from a CACREP-accredited program for licensure in Virginia. The large number of counselor training programs *are not* CACREP-accredited. This is a time of *great need* for mental health services, not a time to restrict licensure to a minority of graduates. This is also not a time to cede State licensing board authority to protect the public to a single outside organization.

If you look carefully at the data, you will notice that research does *not* indicate that counselors who have graduated from CACREP programs are more effective in their work with clients or in their service to their communities. There is also *no evidence* to support that counselors from CACREP-accredited programs are more ethical or more helpful to clients or the communities within which the counselors practice.

The people of Virginia need a strong Board that continues to protect their rights to access *readily available* and *quality* mental health care. A regulation limiting practice would not serve the people of Virginia well, as it would reduce the services available to Virginia residents; increase the cost of graduate education; and increase the difficulty for qualified counselors in relocating to Virginia—as many do, after graduating from rigorous MPCAC-accredited or unaffiliated programs. I urge you to *stop this proposal* and ensure that the people of Virginia will continue to rely on the strength of your licensing Board, knowing that it didn't relinquish its decision-making power and oversight to a single outside organization.

Respectfully,

Eleonora Bartoli, Ph.D.

Director, graduate program in Counseling

Arcadia University

Commenter: Ryan Senator, LPC, NCC 5/30/17 3:30 pm

I support the proposed rule regarding CACREP

An accredited degree is required for other mental health professions. For example, a degree from an accredited social work program is required for licensure as a social worker in nearly all states and a degree from an APA-accredited program is a requirement for licensure as a psychologist in nearly all states. The consistency, state to state, is a major reason why those professions are recognized by all the major federal programs, including Medicare. It is time to remove the barriers that are in the way of professional counselors doing the necessary clinical work with still underserved populations.

Perhaps next we can begin the process of interstate/intrastate licensure portability!

—R

Commenter: Janice B. Levitt 5/30/17 9:20 pm

I oppose CACREP

Commenter: Kim Thompson 5/31/17 11:01 am

Opposed to CACREP

I feel like only allowing CACREP schools will hurt a lot of professionals and limit professional mobility. I am a licensed individual that did not go to a CACREP school but I meet all the NBCC requirements and i'm a nationally certified counselor. Im done my schooling , if this law passes in states I will not have the mobility needed. I am also an art therapist, this law will limit professionals who meet national standards tfor counseling but are alternate counseling professions such as art therapy

Commenter: Jill Lienhardt, LCPC 5/31/17 6:32 pm

Private Practice

Unnecessary legislation & waste of taxpayer $

Commenter: Jill Lienhardt, LCPC 5/31/17 6:36 pm

Oppose, unnecessary waste of $

Commenter: Laura duncan 6/1/17 11:44 am

LCPC requirement is an Injustice to the educational institutions like Johns Hopkins

This action is an injustice to our educational system. Research shows LCPC are just as effective as any of the other profession in the mental health field.

Commenter: Steve Shapiro 6/3/17 1:05 pm

CACREP Requirement

I am gravely concerned about the elitism that the **Regulations Governing the Practice of Professional Counseling [18 VAC 115 ? 20]** will engender for the state of VA, thereby deterring citizens of the state from receiving still excellent services from still excellent mental health counselors who aren't able to attend CACREP-accredited (or CORE) schools.

I have been a mental health provider for nearly 25 years to low-income, underserved, and marginalized people in three different states, and my ability to engage in high quality, outcomes-driven care for them has nothing to do with my not having attended CACREP-accredited schools. I nonetheless received a fully CACREP-related education from my schools (I have a PhD in counseling psychology) and, because of my interests, passions, and proclivities to deeply care about the people I serve, it's my perception as well as my data-driven understanding that the work I engage in--supervision of a seven-staff mobile treatment program that provides mental health services to high-risk, behaviorally disordered children and familiies in their homes, schools, and neighborhoods--is entirely oriented to provide the best-quality treatment, case management, and advocacy for those children and families. Our treatment outcomes a repeatedly high, resulting in substantively decreased misbehavior; improved school attendance and performance; reduced hospitalizations; enhanced family functioning; increased access to resources for well-being; and systems changes that assist Social Services, schools, Juvenile Justice, and other community players to be more caring and justice-oriented for the children and families we serve.

Certainly all mental health counselors in VA should be required to demonstrate their learning by taking the NCE as indicative that they have learned the basics to engage in this profession--and those are only the basics--but that standard requires no need for CACREP accreditation to demonstrate the value of counseling schools to educate appropriately.

Moreover, you must be are aware that all structures and systems fall on a curve, resulting in some CACREP-accredited schools being better than others dependent on myriad factors. This portends that many of the non-accredited schools will prove to provide better educational outcomes than some of the lower CACREP schools, of course, but more so once you abide by hierarchies of the nature your rule change proposes you buy into marginalizing those individuals or schools who don't as easily have access to the resources necessary to participate in the likes of the CACREP-accredited.

Thus, this very rule smacks of a higher standard that doesn't necessarily result in higher outcomes except on the surface while relegating the potential of many more who can't quite meet it to

demonstrate that they, in fact, are as high as the standard even when they don't have access to it. This is, to be sure, what we do with people who have low-income: We ensure they don't have access to the resources they need for healthy human development, and yet many of them still find the way to demonstrate their abilities to be just as resourceful to society as those who do have resources from the outset.

By enlisting the CACREP standard as noted below, you will not only be deterring many people from becoming essential, top-notch mental health counselors no matter from whence they have come in the hierarchy. And, additionally, you will be limiting access to counseling services around the state of VA to those who don't have easy access to vital mental heatlh care.

Ultimately, please rethink your strategy to care about the citizens of VA and choose ***NO*** to the following:

"In response to a petition for rulemaking, the Board is publishing a Notice of Intended Regulatory Action to add a requirement for all counseling programs leading to a license as a professional counselor to be clinically-focused and accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or an approved affiliate, such as the Council on Rehabilitation Education (CORE). This would be a phased-in requirement, allowing seven years from the effective date for students to complete their education in a non-CACREP program and for programs to achieve accreditation standards."

Thank you.

Commenter: Sarah Dunleavy, Virginia Tech 6/5/17 9:46 pm

I Support This Regulatory Action

CACREP accreditation requires that programs demonstrate student learning outcomes in dozens of areas of counselor competency, ensuring high quality preparation. CACREP accreditation also required low student to faculty ratios, ensuring counselors aren't prepared in diploma mills. These standards ensure that clients are served by qualified mental health professionals. As a practicum student in a CACREP program, my clients are already experiencing the benefits of this comprehensive quality training. They are rating the counselor-client relationship, meeting of current needs and overall satisfaction with counseling high on exit surveys.

Commenter: Karla Lawrence, LCPC, NCC 6/7/17 7:19 am

I oppose this regulatory action.

I oppose this regulatory action because it will block highly qualified individuals from providing the services desperately needed by so many. We are in a time where more licensed clinicians are needed not less!

Commenter: Masters in Counseling and Psychology Accreditation Council (MPCAC) 6/7/17 5:02 pm

Additional accrediting body in Counseling: MPCAC

We take this opportunity to inform the Governor of Virginia about another accrediting body in the

Counseling field, the Masters in Psychology and Counseling Accreditation Council (MPCAC, mpcacaccreditation.org). MPCAC has accredited almost 50 programs across 20 states, and has several programs undergoing the accreditation process. Almost all of these programs are counseling in nature, and their graduates pursue licensure as professional counselors in various states.

The mission of the Masters in Psychology and Counseling Accreditation Council (MPCAC) is to "accredit academic programs that provide science- based education and training in the practice of counseling and psychological services at the master's level, using both counseling and psychological principles and theories as they apply to specific populations and settings. Although programs may vary in the specific model of training and professional development utilized, commitment to science-based education is emphasized in the interest of providing services that are culturally responsive and that promote the public good." MPCAC's standards are grounded in the science of psychology and the practice of counseling, thus integrating the best of what both professions have to offer. In so doing, MPCAC encourages cutting-edge training reflecting state-of-the-art research from both the psychology and counseling fields (offering complementary knowledge).

MPCAC uses a competency-based framework that allows programs to be flexible in the manner in which they educate students. This focus on competencies allows programs to craft curricula tailored to the unique needs of particular state laws or specific populations. The emphasis on scientific knowledge reflective of and responsive to given populations, ensures that programs remain current both in the training they offer and in their relevance and applicability to the diverse populations they serve.

MPCAC's standards reflect a clear commitment to professional identity by requiring programs to offer training in both ethical practice and professional values and attitudes. In that context, programs must demonstrate how their students display a defined professional identity in the science-based practice of counseling and psychological services as it relates to their area of concentration (e.g., professional counseling).

MPCAC provides an added value to academic programs, state licensure boards, and the public via clearly defined standards and related professional competencies. MPCAC standards focus on promoting science-based and culturally responsive education in the service of the public good. MPCAC's mission and objectives provide licensing boards (whose mission is to protect the public) with the validation that an external body has reviewed an academic program and ensured quality training. The MPCAC accreditation process is rigorous; involving a detailed self-study by the institution, a site visit by professionals in the field, and a detailed report including both recommendations and stipulations for accreditation. Academic programs seeking MPCAC accreditation benefit from the peer review process, feedback, and consultation obtained through this accreditation process.

The demand for mental health services is greater than the mental health field's ability to meet it. Inclusive, rather than restrictive, practices are therefore needed to promote the public good. Excluding MPCAC accredited programs from licensure negatively impacts portability and therefore states' ability to meet the mental health needs of their citizens. Including MPCAC in licensing options only helps portability and states' ability to meet the needs of the populations they serve. The primary mission of state licensing boards is to protect the public from incompetent practitioners; MPCAC's mission is to promote excellence training in counseling.

Several fields (such as nursing, business, psychology) offer multiple pathways to achieve core competencies and therefore credentialing; the practice of counseling and psychological services at the master's level is no exception. Most fields, particularly those in the health care arena, recognize the added value of diversity in training, and the danger of group-think when such diversity is lacking. Science-based principles and practices develop most freely in an environment

that fosters interdisciplinary work and steers away from rigid intellectual silos. Therefore, the existence of multiple accrediting bodies promotes the richness of a field and consequently the public good.

If you have any questions about MPCAC, you may contact Dr. Pat O'Connor (Executive Director of MPCAC) at oconnp@sage.edu, or Dr. Eleonora Bartoli (Chair of MPCAC) at bartolie@arcadia.edu.

Commenter: Anthony Isacco, PhD, Chatham University 6/8/17 3:07 pm

I oppose CACREP-Only regulations

I oppose CACREP-only regulations

I am the coordinator of a masters of counseling psychology program (MSCP) in Pittsburgh, Pennsylvania, Chatham University. Our MSCP graduates practice in various states, including Virginia. Our program is accredited by the Masters in Psychology and Counseling Accreditation Council (MPCAC). Our graduates are highly valued by the communities they serve, where they provide clients with essential evidence-based, and multiculturally competent services. We are constently told by site supervisors that they strongly desire training our students because of the rigor of our program and the high standards we set in comparison to other local programs.

I am joining counseling professionals from across the country to urge you to *stop the proposed counselor licensing regulations* that would require graduation from a CACREP-accredited program for licensure in Virginia. Below are my reasons:

- The large number of counselor training programs *are not* CACREP-accredited.
- There are other accredited organizations such as MPCAC that accredit wonderful programs that graduate highly skilled counselors.
- This a great demand for mental health services.
- CACREP programs are not more rigorous or do not graduate counselors that are more ethical or helpful
- The counseling field benefits from a diversity of perspectives in order to meet the needs of diverse people, communities, and organizations.
- CACREP-only language would be costly, reduce the supply of services for those who need it most, and increase the difficulty of qualified counselors practicing in Virginia.

I strongly urge you to stop this proposal.

Sincerely,

Anthony Isacco, Ph.D.

MSCP Coordinator

Chatham University

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Commenter: Lehigh University 6/8/17 3:42 pm

CACREP is not the only qualified accrediting body in the counseling field

I urge the Governor to consider the negative impacts that would occur for the people of Virginia if accreditation of educational programs in the counseling field were to be limited to a single accrediting body. It is important to understand that CACREP is by no means the only accrediting body in the counseling field. It is important to know that there is another excellent accrediting body, the Masters in Psychology and Counseling Accreditation Council (MPCAC, mpcacaccreditation.org). MPCAC has accredited almost 50 programs across 20 states, and has several programs undergoing the accreditation process. Graduates of MPCAC-accredite programs pursue licensure as professional counselors in various states.

The mission of the Masters in Psychology and Counseling Accreditation Council (MPCAC) is to "accredit academic programs that provide science- based education and training in the practice of counseling and psychological services at the master's level, using both counseling and psychological principles and theories as they apply to specific populations and settings. Although programs may vary in the specific model of training and professional development utilized, commitment to science-based education is emphasized in the interest of providing services that are culturally responsive and that promote the public good."

Importantly, MPCAC's standards are grounded in the science of psychology and the practice of counseling, thus integrating the best of what both professions have to offer. In so doing, MPCAC encourages cutting-edge training reflecting state-of-the-art research from both the psychology and counseling fields (offering complementary knowledge). MPCAC-accredited programs provide a very high-quality of training for future counselors.

The demand for mental health services is greater than the mental health field's ability to meet it. Inclusive, rather than restrictive, practices are therefore needed to promote the public good. Importantly, Virginia already has an existing, excellent, well-known counseling program at George Mason University that is not CACREP-accredited and would thus be negatively impacted by such a rule change. Negatively impacting the existing program at a well-functioning Virginia institution would have negative economic impact on Virginia. Excluding MPCAC accredited programs from licensure negatively impacts portability and therefore states' ability to meet the mental health needs of their citizens. Including MPCAC in licensing options only helps portability and states' ability to meet the needs of the populations they serve. The primary mission of state licensing boards is to protect the public from incompetent practitioners; MPCAC's mission is to promote excellence training in counseling. Thus, allowing for the current existing diversity in accrediting bodies would be good for both the economy and the public at large.

It is important to understand that MPCAC uses a competency-based framework. This focus on competencies allows programs to craft curricula tailored to the unique needs of particular state laws or specific populations. The emphasis on scientific knowledge reflective of and responsive to given populations, ensures that programs remain current both in the training they offer and in their relevance and applicability to the diverse populations they serve.

MPCAC's standards reflect a clear commitment to professional identity by requiring programs to offer training in both ethical practice and professional values and attitudes. In that context, programs must demonstrate how their students display a defined professional identity in the science-based practice of counseling and psychological services as it relates to their area of concentration (e.g., professional counseling).

MPCAC provides an added value to academic programs, state licensure boards, and the public via clearly defined standards and related professional competencies. MPCAC standards focus on promoting science-based and culturally responsive education in the service of the public good. MPCAC's mission and objectives provide licensing boards (whose mission is to protect the public) with the validation that an external body has reviewed an academic program and ensured quality training. The MPCAC accreditation process is rigorous; involving a detailed self-study by the

institution, a site visit by professionals in the field, and a detailed report including both recommendations and stipulations for accreditation. Academic programs seeking MPCAC accreditation benefit from the peer review process, feedback, and consultation obtained through this accreditation process.

Several fields (such as nursing, business, psychology) offer multiple pathways to achieve core competencies and therefore credentialing; the practice of counseling and psychological services at the master's level is no exception. Most fields, particularly those in the health care arena, recognize the added value of diversity in training, and the danger of group-think when such diversity is lacking. Science-based principles and practices develop most freely in an environment that fosters interdisciplinary work and steers away from rigid intellectual silos. Therefore, the existence of multiple accrediting bodies promotes the richness of a field and consequently the public good

More information about MPCAC is available by contacting either Dr. Pat O'Connor (Executive Director of MPCAC) at oconnp@sage.edu, or Dr. Eleonora Bartoli (Chair of MPCAC) at bartolie@arcadia.edu.

Commenter: Erin Troup, LPC 6/8/17 4:26 pm

I OPPOSE CACRP ONLY

Limiting mental health professionals to one accreditation body LIMITS the amount of qualified mental health professionals your state will have. OPPOSE CACRP only accreditation!

Commenter: Mary Jo Loughran, Chatham University 6/8/17 5:11 pm

Opposed

If passed, this bill would have negative effects on Virginia's providers AND consumers of mental health services. Restricting licensure to CACREP only graduates will decrease the number of available providers who are competent to serve the needs of many communities. Health care costs will be negatively impacted, as will the overall health of Virginia's citizens.

Commenter: Christa Schmidt, Towson University 6/12/17 12:10 pm

I oppose CACREP-only!

I am the program director for the Counseling Psychology MA program at Towson University in Maryland. Our program is MPCAC-accredited and we have a long history of graduating exceptional students who become licensed professional counselors. If the proposed legislation were approved, Virginia would be excluding these counselors from licensure at a time when mental health practitioners are gravely needed! There is no data to support the notion of students graduating from CACREP-accredited programs as superior in any way to those graduates from programs accredited by similar professional organizations. MPCAC imposes the same rigorous training standards for counseling and psychotherapy, and limiting licensure to those from CACREP programs is arbitrary at best, and dangerous at worst.

Commenter: Courtney Gasser, University of Baltimore 6/12/17 2:48 pm

I oppose CACREP-only!

I ask that the Board of Virginia consider possible alternative methods for demonstrating competency for those who might not attend CACREP-accredited programs. MPCAC accredits non-CACREP-accredited programs, programs that also deliver excellent counselor training and preparation. There are alternatives to CACREP, and graduates of those other programs provide excellent mental health counseling to those in need.

Commenter: Albena Fallon 6/12/17 10:20 pm

We have a shortage of licensed professionals and do not need another rule that devides our professio

Commenter: Albena Fallon 6/12/17 10:22 pm

I am against CACREP ONLY states, businesses and agencies. We must stand united against this devide!

Commenter: Barbara Currano, MA, NCC, LCPC 6/12/17 10:42 pm

Oppose CACREP ony

I oppose CACREP only licensure. This is unfair to students who graduate from wonderful programs not accredited by CACREP, such as Johns Hopkins. The push for CACREP only is a political move that hinders clients from getting help and having more choices of counselors. It also penalizes professionals who studied diligently, worked hard for their license, and then are denied licensure in their state of residence.

Commenter: Scott Alpert, LCPC 6/13/17 6:03 am

Opioid Epidemic

I am a Clinical Supervisor and a Board approved Supervisor of addiction counselors for a Baltimore City Medication Assisted Treatment Program. WE HAVE A SERIOUS SHORTAGE OF TRAINED AND BOARD APPROVED COUNSELORS. To try a pass a law that discriminates against 1/2 the population of counselors is idiotic when we know we have a crisis on our hands. Please reconsider CACREP mandate, it will hurt the treatment field and in essance limit treatment slots.

Commenter: Chinedu Akubudike

6/13/17 6:24 am

I oppose this initiative

I oppse this move

Commenter: Carol Lyman, Arcadia University 6/13/17 8:57 am

I strongly oppose CACREP only language. MPCAC can be an additional accrediting body.

Commenter: Judith Bachay, St. Thomas University 6/13/17 9:58 am

Strongly Oppose CACREP only

The state of Florida provides opportunity for licensure and certification for trained mental health, school counselor and marriage and family therapy practitioners. Graduates of these non CACREP programs proved much needed services throughout the state and the country. CACREP only penalizes small, Catholic university and students who cannot afford the time way from their jobs and families for extensive internship. We accomplish this through supervised community engaged scholarship and praxis in inner city schools, community mental health centers, elder care programs, etc. our graduates are sought after in the professional arena because they are highly skilled, multi ethnic and multi lingual. CACREP only would eliminate many qualified students and Alums.

Commenter: Jennifer Morse, PhD 6/13/17 11:46 am

I oppose CACREP only

I teach in a MPCAC-accredited program (Chatham University, Pittsburgh, PA) and am the campus coordinator for the National Counselor Exam. Our graduates score as well on the NCE as students in CACREP programs. Many of our graduates go on to practice in the region, including in VA.

I urge you to **stop the proposed counselor licensing regulations** that would require graduation from a CACREP-accredited program for licensure in Virginia for the following reasons:

- There is too much need for mental health services to focus on only one accrediting body.
- CACREP programs are not inherently better or graduating better counselors.
- CACREP-only language would be costly, reduce the number of counselors available to support clients who need help, and would make it more difficult for qualified counselors to get licensed in VA.

I strongly urge you to stop this proposal.

Sincerely,

Jennifer Morse

Commenter: Hsin-Hua Cathy Lee, Ph.D., Arcadia University 6/13/17 2:52 pm

I oppose CACREP-only regulation

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- There is too much need for mental health services to focus on only one accrediting body.
- CACREP programs are not inherently better or graduating better counselors.
- CACREP-only language would be costly, reduce the number of counselors available to support clients who need help, and would make it more difficult for qualified counselors to get licensed in VA.
- CACREP-only approach will only divide the mental health field, rather than unite it, to fight what's really important for our clients/patients.

I strongly urge you to stop this proposal.

Sincerely,

Jennifer Morse

Commenter: Jo Ann F. Hill 6/13/17 3:56 pm

CACREP accreditation

Opposed to CACREP accreditation for educational programs.

Commenter: congruent Counseling 6/13/17 10:06 pm

I appose Cacrep only requirements

It is clear that there is no valid evidence that CACRAP certificatoin offers any better therapists outcomes than non CACRAP outcomes. While my program is in Maryland, we have been asked to open an office is VA. If you adopt these regulations, we will not even consider brining our practic to VA. As one of the few larger providers that is in network with medicaid and all commercial insurances, that would be a loss for Virginia. My prectice currently sees over 2000 people a month with no CACRAP graduates in insurance networks. We provide great care and get excellent reivews. No, I do not support a Monopoly of CACREP

Commenter: Lori simmons Congruent Counseling 6/13/17 10:32 pm

I oppose this regulatory action.

It is clear that there is no valid evidence that CACRAP certificatoin offers any better therapists outcomes than non CACRAP outcomes. While my program is in Maryland, we have been asked to open an office is VA. If you adopt these regulations, we will not even consider brining our practic to VA. As one of the few larger providers that is in network with medicaid and all commercial insurances, that would be a loss for Virginia. My prectice currently sees over 2000 people a month with no CACRAP graduates in insurance networks. We provide great care and get excellent reivews. No, I do not support a Monopoly of CACREP over this text and enter your comments here. You are limited to approximately 3000 words.

Commenter: Caroline W. Brady, LCPC Johns Hopkins Bayview Medical Center 6/14/17 7:12 am

I strongly oppose CACREP only language. MPCAC can be an additional accrediting body.

Commenter: Elinor D. Metz, LCMHC 6/14/17 8:40 am

Strongly oppose CACREP monopoly

Time to stop self serving organizations from creating monopolies that control licensing of professionals. State legislatures have that responsibility as they are elected by and serve the best interests of their citizens..

Commenter: Tim Balke, PhD, University of St. Thomas, Minnesota 6/14/17 10:08 am

No to CACREP-only legislation!

For the sake of our clients, who need more (not less) trained professional counselors, I *strongly* oppose the proposed legislation in Virginia (and any other legislation across the U.S.) which would limit licensure of professional counselors only to graduates from CACREP-accredited programs. What's being proposed in Virginia would decrease even more the availabilty of much-needed mental health services for clients! Please do not sign this into law!

Commenter: Gabriella King, LGPC 6/14/17 10:32 am

Opposed to CACREP only requirements

The need for counseling and psychotherapy is too great to limit the practice of counseling in Virginia to graduates of CACREP programs. What is more,, there are many outstanding NON-CACREP programs in Virginia (as well as my own nearby state of Maryland) that are no less rigorous than their CACREP counterparts.

Commenter: Tatyana Ramirez, Ph.D., University of St. Thomas 6/14/17 10:50 am

CACREP legislation

I strongly oppose CACREP-only legislation.

Commenter: Mary Louise Wise 6/14/17 11:58 am

No to CACREP, only legislation

No to CACREP, only legislation

Commenter: Salina Renninger, University of St. Thomas, GSPP 6/14/17 12:00 pm

NO to CACREP only legislation

As a member of the community that trains professional counselors, I am writing in response to proposed legislation in Virginia. Based on my belief in multiple paths to licensure as a professional counselor, I strongly oppose any regulatory change in Virginia that would limit licensure as a counselor to graduates of master's programs accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP). My stance is neither anti-CACREP nor is it anti-accreditation. Rather, the field benefits from graduates of diverse programs, benefits from multiple paths to licensure, and benefits from inclusivity of graduates from programs accredited by CACREP as well programs that are not affiliated with CACREP. My perspective on the proposed regulatory change is shaped by the following rationale:

1. The role of the licensing board is to protect the citizens of Virginia through the regulation of licensure, and not accreditation. To cede the power of setting educational requirements that meet the needs of Virginians to a single, out-of-state accrediting agency does not protect the citizens of Virginia. Further, doing so may step beyond the charge of the counseling board.

2. There is no evidence to suggest that graduates of CACREP programs are more effective or more ethical providers, and commonly cited evidence to the contrary is methodologically unsound.

3. Counseling programs in Virginia that are *not* affiliated with CACREP are renowned. For example, in 2013, the counseling program at George Mason University – a program that is not affiliated with CACREP – was awarded the Outstanding Master's Program award by the Southern Association for Counselor Education and Supervision.

4. The proposed regulatory change would unnecessarily restrict trade of counselors in Virginia and counselors considering a move to Virginia. This includes professional counselors from neighboring states that do not have a similar restrictive policy.

5. There are other paths to accreditation of counseling programs. For example, the Masters in Psychology and Counseling Accreditation Council (MPCAC) accredits counseling programs and requires that programs meet a standard that meets (and in some domains exceeds) the rigor of CACREP standards.

6. Given the needs of the Commonwealth, more service providers – rather than fewer service providers are needed. For example, according to the National Association for Mental Illness (NAMI), only 19% of Virginians with serious mental illness receive services from Virginia's public mental health system. And, as of 2013, Virginia had 47 federally designated mental

health care professional shortage areas (Signer, 2014). Addressing this shortage requires that Virginia protect and support valuable counselor training programs – rather than close them due to the administrative and financial limitations of achieving CACREP accreditation.

I urge the Commonwealth of Virginia **NOT** to approve this change in regulation. Rather, I strongly believe that Virginians will be best served by a diverse body of professional counselors who graduate with degrees from programs not only affiliated with CACREP.

Sincerely yours,

Salina Renninger, Ph.D., LP

Associate Professor, Director of Training Doctoral Program

Graduate School of Professional Psychology

University of St. Thomas

1000 LaSalle Avenue

Minneapolis, MN 55403

Commenter: Marjorie Falk LCSW-C 6/14/17 4:08 pm

NO to CACREP

I urge the Commonwealth of Virginia **NOT** to approve this change in regulation. Rather, I strongly believe that Virginians will be best served by a diverse body of professional counselors who graduate with degrees from programs not only affiliated with CACREP.

Marjorie Falk LCSW-C

Licensed Certified Social Worker-Clinical specialty, Maryland

Commenter: Victoria L Bacon, Bridgewater State University 6/15/17 9:29 am

YES in support of CACREP

CACREP accredidation provides guidelines to ensure high quality education and to protect the public.

Commenter: Bridget Dunnavant, PhD 6/15/17 9:58 am

opposed to CACREP-only legislation

While we need to ensure quality psychological services are being provided, this measure is not the way. It is short-sighted and dangerous--surely limiting much needed services in our state, but also discouraging individuals from entering the field. There are other existing ways that can ensure quality, and CACREP itself needs to be revamped--it's insufficient to meet this need. Please reject!!

Commenter: Katie McCord 6/15/17 10:04 am

Opposed to CACREP only requirement

Hello,

As a National Certified Counselor, School Counselor who intends to get my LCPC in the near future, I do oppose the CACREP requirement. I did go to a CACREP program, but I know many counselors who are well qualified, excellent counselors who did not. It would be an unnecessary requirement to make them CACREP only and ineligible to practice or for future students to practice only with CACREP credentials. I'm very happy to have been through a CACREP program, but it really sounds like a ploy for CACREP program schools to corner the market rather than in the interest of qualified counselors. Isn't that why we have supervised clinical hours and exams?

Thank you, Kathleen McCord

Commenter: Simone Warrick-Bell 6/15/17 12:40 pm

Oppose CACREP only requirement

I strongly oppose the CACREP only requirment legislation that will destroy a vast amount of mental health resources for people who reside in Virginia. I am licensed clinical professional counselor and this legislation is dangerous. Individuals who are unable to access adequate mental health care could be a risk. Please do not pass this legislation. Individuals who attend none CACREP institutions take identical courses, receive thousand of hours of supervision and attend mutliple CEU trainings after graduate school. This legislation is awful.

Commenter: T Harris 6/15/17 12:40 pm

OPPOSED

Opposed to CACREP only requirement

Hello,

As a National Certified Counselor, School Counselor who intends to get my LCPC in the near future, I do oppose the CACREP requirement. I did go to a CACREP program, but I know many

counselors who are well qualified, excellent counselors who did not. It would be an unnecessary requirement to make them CACREP only and ineligible to practice or for future students to practice only with CACREP credentials. I'm very happy to have been through a CACREP program, but it really sounds like a ploy for CACREP program schools to corner the market rather than in the interest of qualified counselors. Isn't that why we have supervised clinical hours and exams?

Thank you, T Harris

Commenter: Brittany Sothern, LCPC 6/15/17 12:46 pm

Opposed

Commenter: Kris Wright LCPC 6/15/17 12:47 pm

oppose CACREP only

As a Virginia resident who continues to practice in Maryland because of the lack of parity/reciprocity in licensing practices, I encourage you to consider other means of credentialing education programs. In my experiences as a clinical supervisor, I have found that CACREP schools at times focus on creating policies that meet CACREP standards, essentially "checking the box" rather than focusing on quality instruction and supervised experiences. CACREP's accredidation is not a guarantee of quality programs and lack of CACREP accredidation does not necesserily indicate a deficit.

Commenter: Tracey Johnson, LCPC 6/15/17 12:49 pm

Oppose, lets work together not against each other

Commenter: Kaylor Caldwell, University of Missouri-Kansas City 6/15/17 12:56 pm

NO to CACREP

I encourage the Board to consider possible alternative methods for demonstrating competency for those who might not attend CACREP-accredited programs.

Commenter: Rita Blyler, Many Vistas Counseling 6/15/17 12:56 pm

I am opposed

This seems to be an unfair discrimination for those who have graduated from accredited Master's Programs and are working in the field.

Commenter: Debra Snow-Trueschler 6/15/17 1:01 pm

NO to CACREP

Commenter: Lauren Pantoulis 6/15/17 1:03 pm

Against

Having come from a program that always exceeeded the requirements of CACREP, but wasn't officially accredited until recently, I can see where many qualified LCPC's will be removed from the pool of providers for no reason, and with no recourse. A perfect example of regulations getting in the way of common sense.

Commenter: Maurena Darling 6/15/17 1:20 pm

Opposed to CACREP

Commenter: Tonya Osmond, EdD, LPC (VA), LCPC (MD) 6/15/17 1:33 pm

I oppose the Virginia CACREP only initiative

I oppose the Virginia CACREP only initiative. This regulatory action will further limit the already strained mental health resources Virginians currently have access to. There is no substantial proof that indicates that counselors from CACREP programs/universities are any more qualified than counselors from non-CACREP programs/universities.

Commenter: Paul Lotz 6/15/17 1:33 pm

No to CACREP only

CACREP only is blindly exclusionary! When I was in Grad school there were no CACREP programs in Maryland. Many programs (like mine) are taught by counseling psychologist phds and are equal to that of CACREP standards and in my opinion sometimes much better. With infighting with social workers and psychologists for resources we need to harmonize and integrate as licensed counselors not divide. Let standard testing rule licensing not CACREP.

Commenter: scott counseling services 6/15/17 1:42 pm

CA-CREP

Opposing your CACREP Initiative.

Commenter: Michael Heady, LCPC 6/15/17 1:44 pm

Oppose CACREP only

I oppose this motion of CACREP only. It is unnecessary and will ultimately harm the industry.

Commenter: Allen Twigg, LCPC, NCC 6/15/17 1:46 pm

Opposed to CACREP

As a licensed and nationally certified counselor I stand in strong opposition to these regulations, if enacted will greatly reduce an otherwise eligible workforce in a time when the need for qualified counselors is greater than ever before. These regulations would eliminate highly experienced and well-qualified counselors from the ability to practice counseling in the state of Virginia. That eliminates current counselor's ability to have gainful employment and make a living. The proposed change does not raise the standard of quality in the field of counseling, rather it creates an unecessary barrier to the current licensed counseling profession and creates a direct financial benefit to schools of higher education that have achieved CACREP accreditation, where current counselors would need to return to continue their career. Such a change will create an out-migration of licensed counselors from the state of Virginia into surrounding states, leaving the citizens in greatest need of counseling help with less access to timely care.

Commenter: John Wickizer LPC 6/15/17 2:10 pm

Any organization that supports Internet degrees in my field has no credability

Commenter: Raven Ellis 6/15/17 2:15 pm

I oppose CACREP Only

HARM TO GRADUATE PROGRAMS

We feel this initiative is an implicit attempt by CACREP accredited universities to secure market advantage in licensure. It will gradually eliminate or harm graduate programs that offer Masters degrees in Counseling Psychology, Creative Arts Therapy, Clinical Psychology, Sports Psychology, Forensic Psychology, among others, that qualify for licensure as a mental health counselor. In a CACREP-only state, these degree programs would not be recognized or approved by the state professional board; and the degree holder would be unable to practice as a mental health counselor.

UNPROVEN CLAIMS OF SUPERIORITY

The LCPCM (Licensed Clinical Professional Counselors of Maryland) supports an inclusive vision of mental health counseling, based on meeting course and clinical experience requirements, not degree title or accreditation. We are very concerned when an accreditation body attempts to create an educational monopoly, based on unproven claims of superiority, and does not allow alternative accreditation bodies to approve equivalent routes to mental health counselor licensure.

WE NEED QUALIFIED MENTAL HEALTH PROESSIONALS

The Commonwealth of Virginia should be working toward parity of licensure between Maryland and Virginia to insure an ample supply of mental health professionals who can practice in Virginia; since such a policy would allow all Virginia residents access to highly qualified mental health professionals from Maryland. Unfortunately, that is not the stance the Commonwealth of Virginia is taking. They wish to make licensure more restrictive based on graduate program accreditation rather than the competency or experience of the practitioner. The narrowness of this approach is curious at a time when Virginia is in need of highly qualified mental health professionals to treat their residents.

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Commenter: Justine Muyu 6/15/17 3:16 pm

Opposed to CACREP only

There are many competent, ethical and compassionate mental health providers that do good work right along side CACREP colleagues. To exclude these individuals from being able to provide care and treatment would be devastating and further perpetuate the shortage of qualified healthcare workers. I urge you to make mental health treatment accessible by voting NO to CACREP only qualification.

Best, Justine Muyu

Commenter: Jane Spell, LCPC (MD), LPC (DC) 6/15/17 3:35 pm

NO to CACREP only

Commenter: Pedro Aybar 6/15/17 4:09 pm

Opposed to CACREP only

This is just an intent to create a monopoly without thinking, or even care, about the client that would receive the services.

Commenter: Fred Bemak, Counseling and Development Program, George Mason University 6/15/17 5:38 pm

Strongly oppose CACREP regulation

Dear Governor McAuliffe,

I am writing in response to the proposed regulation 18 VAC 115-20 aimed at governing the practice of counseling in Virginia. Representing a nationally respected academic program in the field of counseling, we at George Mason University have serious concerns regarding the proposed regulation.

I am pleased to outline the reasons for our strong opposition. The following summarizes the reasons why we are not in favor of the passage of this regulation.

- CACREP-only policies are highly restrictive and not in the interest of public protection, limiting the number of licensed professional counselors in Virginia eligible to serve the significant numbers of clients with mental health needs in the Commonwealth.
- There is a lack of evidence that finds differences in quality, skills, or ethical practice between CACREP trained and non-CACREP trained counselors.
- After the first attempt to restrict counselor licensure to graduates of CACREP programs was reversed in New Jersey in 2011 other states and state leaders have rejected attempts to create a CACREP linkage with professional licensing. All but 3 states (Ohio, Kentucky, North Carolina) currently determine licensure eligibility through state boards based on a determination of specific requirements for graduate education, training, and professional experiences as well as other standards specifically designed for counselors. (Appeals have been made in Kentucky and North Carolina to reverse regulations that would link state board licensure requirements with CACREP).
- Forty-seven state licensure boards are not partnered with CACREP, or any other accreditation system to determine the awarding of licenses to professionally trained counselors. Subsequently, in virtually all states, licensure boards have determined the standards and prerequisites for state licensure without the specific requirement of academic program accreditation by CACREP. Thus the overwhelming majority of academic counseling programs in the United States have determined, through their appointed licensure boards, standards and pre-requisites for state licensure without requiring academic program accreditation by CACREP.
- Approximately 20% of colleges and universities nationwide with graduate programs in counseling are accredited by CACREP. It should be noted that the numbers of total CACREP accredited programs may appear higher in the CACREP literature, but this may be based on multiple accredited programs (i.e. specialty areas in the field of counseling) at the same university being counted. Many of the graduates, from the approximately 80% of programs in the United States that are not CACREP accredited, are licensed as professional counselors (LPC's or LCPC's) in their respective states having met rigorous licensure standards without the requirement of CACREP accreditation. The requirement of CACREP accreditation as a prerequisite for state licensure in the field of counseling is the exception, rather than a standard in this profession.
- CACREP has been virtually non-existent in many states with 7 states having no CACREP master's program until 1 year ago (Alaska, California, Hawaii, Nebraska, Nevada, Rhode

Island, and West Virginia). Many other states had only 1 or 2 CACREP accredited programs (Arkansas, Delaware, Idaho, Iowa, Maine, Maryland, Massachusetts, Montana, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Pennsylvania, South Carolina, Utah, Vermont, and Wyoming). One example, in a study conducted by the American Counseling Association, was in New York State finding that only 14% of licensed mental health counselors earned their degrees at CACREP accredited programs.

- Future licensed professional counselors from other states who do not graduate from CACREP accredited programs such as in New York State as well as states bordering Virginia will not be able to move and become licensed in Virginia.
- More services are needed to meet the counseling needs of the public which is inconsistent with the proposal to restrict training and licensure to programs accredited by CACREP. Limiting licensed professional counselors with the proposed requirement of CACREP accreditation for future applicants for professional counselor licensure in Virginia will both restrict and limit the pool of professionals needed to provide service for the mental health needs of the citizens of Virginia. Estimates are that 17% people in Virginia were identified as having some type of mental illness with only 47% of them receiving treatment.
- The CACREP 2016 standards define who is eligible to be a core faculty member in the CACREP accredited programs. In **Section I W** the standard reads as follows: *Core counselor education program faculty have earned doctoral degrees in counselor education, preferably from a CACREP accredited program, or have related doctoral degrees and have been employed as full time faculty members in a counselor education program for a minimum of one full academic year before July 1, 2013.* This means that faculty who are not trained in CACREP accredited programs or have not taught in a counseling program for a full academic year prior to July 1, 2013, are not eligible to ever become a CACREP approved core faculty member. Further restricting faculty eligibility CACREP **Standard Section 1 S** reads: *To ensure that students are taught primarily by core counselor education program faculty, for any calendar year, the combined number of course credit hours taught by non-core faculty must not exceed the number of credit hours taught by core faculty.* This means that the future Sigmund Freuds or other world renowned psychologists, psychiatrists, social workers, and family therapists would not be able to be hired as core faculty in a CACREP approved program, *even if they identified* with counseling as their primary professional identity, published in counseling journals, and attended the national and state counseling conferences. The consequence of these standards is to restrict student exposure to core faculty from related disciplines who are renowned for their work that may inform the counseling field. Numerous highly regarded textbooks and DVD's that are used in counseling training are from psychologists, psychiatrists, social workers, and family therapists, most of whom would be prohibited from becoming a core faculty member in a CACREP accredited program.
- The recent Economic Impact Analysis report by the Virginia Department of Planning and Budget concluded that "Costs will likely outweigh benefits for this proposed change." The CACREP website specifies charges as follows: $2500 application process fee; $2,000 per visitor for a site visit (2-5 site visitors [typically 3 or more]; annual maintenance fee $3299; graduate student certificate $50 per student. George Mason University (GMU) anticipates a cost of $70,000 initial costs to apply to CACREP ($1,000 for CACREP self-study workshop; $6,000 consultancy fees; $50 for CACREP manual; $2,500 initial application fee; an estimated $10,000 in site visits; $20,000 buy-out time of faculty member to oversee the 12-18 month approval process; $30,000 to hire half-time administrative assistant).
- These costs are prohibitive for many universities without the resources to afford the

application and annual ongoing CACREP costs and for universities such as GMU, which is an R-1 Research Intensive University, where the teaching load for tenure-track faculty is 2:2 (teaching two courses per semester). As mentioned above CACREP requires core faculty to teach 50% of the classes as well as maintain student faculty ratios of 1:12. This would necessitate GMU to hire an additional full time faculty member ($114,000 including fringe benefits) and adjunct faculty ($26,000) to meet the standards for the currently enrolled 68FTE masters level students. In addition, the current part-time administrative assistant would need to be upgraded to full time at a cost of $34,000 (including benefits). This would be required at the same time that the Commonwealth has directed state universities to prepare for significant budget reductions, currently estimated to be in the range of 7.5%,

- Total estimated additional costs for GMU = $70,000 initial start-up costs and $250,000 annually.
- CACREP standards require that ALL graduate counseling program concentrations be 60 credits (which will take effect for 3 program concentrations [school counseling, career counseling, and college counseling and student affairs] in 2020). There is no evidence or research to support that 60 credit programs provide higher quality training than our current program requirements with fewer credit hours. Requiring 60 credits increases the tuition for school counseling students and has significant financial impact on low income students.

I would urge you to reject the proposal to restrict counselor licensure to graduates of CACREP programs in Virginia. Please feel free to contact me should you have any questions or would like any additional information.

Sincerely,

Fred Bemak, Ed.D., P.C.L.C.

Professor and Academic Program Coordinator

Counseling and Development Program

George Mason University

703-993-3941

Commenter: Kelli Taylor, Formation Counseling Services 6/15/17 5:56 pm

Absolute disaster

It would be an absolute disaster to place the limitation on acceptable licensure accreditation. It could prove to be a distructive presidence. CACREP is not the only nor the best accreditation program. There should be freedom of programming choice.

Commenter: Angela Gillem, Ph.D. 6/15/17 6:35 pm

I strongly oppose CACREP only requirement

I strongly oppose the CACREP only legislation that will drastically limit mental health resources for people who reside in Virginia. This legislation is dangerous. CACREP is not the only accreditation body that has high training standards. Other accrediting bodies, e.g., MPCAC, have just as stringent, and in some ways stronger, more inclusive training requirements. Please do not pass this legislation. It will harm the field and support a divisive process of accreditation.

Commenter: Helen Rasmussen 6/15/17 6:36 pm

You sound like cALIFORNIA. Do you really have that many therapist in your state?

Commenter: Jay Farris 6/15/17 7:27 pm

No validated research to support CACREP only.

There is no valid research to prove superiority of CACREP over other State licensed practitioners.

Commenter: Aspire Wellness Center 6/15/17 8:36 pm

We strongly oppose this!!

There is no evidence to support this!

Commenter: Columbia Addictions Center 6/15/17 9:05 pm

No to CACREP only

I oppose the Virginia CACREP only initiative. This regulatory action will further limit the already strained mental health resources Virginians currently have access to. There is no substantial proof that indicates that counselors from CACREP programs/universities are any more qualified than counselors from non-CACREP programs/universities.

Commenter: Mandy Smith 6/15/17 9:24 pm

Strongly oppose CACREP regulation

Commenter: Mandy Smith, LCPC
Dear Governor McAuliffe,

I am writing in response to the proposed regulation 18 VAC 115-20 aimed at governing the practice of counseling in Virginia.

I graduated in 2001 from Bowie State University with a MA in Counseling & Psychology, a non CACREP program. I went on to earn the necessary 12 credits necessary, completed the 3,000 clinical hours under the supervision of an LCSW-C and passed the NCE. In 2004 I obtained

licencure as an LCPC (LC-1909) in the State of Maryland and have since practiced under that licence in a number of rolls. I have directed clinical programs for dually diagnosed clients as well as supervised students and graduate level clinicians in both mental health and addictions.

I take offense that I would not be able to practice in the same capacity in the state of Virginia and urge you to reject the proposal to restrict counselor licensure to graduates of CACREP programs in Virginia. Please feel free to contact me should you have any questions or would like any additional information.

Mandy Smith

Commenter: Eileen Loftus 6/15/17 9:53 pm

Oppose CACREP only legislation

Please do not move forward with any legislation that limits licensure to only those with degree from CACREP approved schools. I graduated from a CACREP approved school and have worked in the field for over 15 years. I've had the honor to work with incredibly talented, ethical and prepared professionals that had degrees from non-CACREP approved programs. While I agree that we want the highest level of training for professional counselors, CACREP only restrictions will not achieve that goal. However, it will ilikely result in a shortage of trained, experienced and competent counselors in the Commonwealth.

Listen to the voices of the experts who are supporting and empowering those in your jurisdiction who might not have a voice. Stop this legislation.

Commenter: Eve Adams, New Mexico State University 6/15/17 10:18 pm

Oppose CACREP-only legislation

I am the Director of the Doctoral Program in Counseling Psychology at New Mexico State University in Las Cruces, NM. Our program is accredited by the American Psychological Association (APA). The MA program within our department is CACREP accredited and we have a strong working relationship.

I join counseling professionals from across the country to urge you to stop the proposed counselor licensing regulations that would require graduation from a CACREP-accredited program for licensure in Virginia. Research shows that counselors who have graduated from CACREP programs are not more effective in their work with clients or in their service to their communities. There is also no evidence to support that counselors from CACREP-accredited programs are more ethical or more helpful to clients. There is a great need for mental health services. A regulation limiting practice would not serve the people of Virginia well, given that a majority of master's level counselor training programs are not CACREP-accredited. A restriction such as this would negatively impact current students and alumni from non-CACREP affiliated VA programs; negatively impact the public by reducing access to qualified counselors; negatively impact relocation of qualified and competent counselors from non-CACREP programs; and reduce overall services available to VA residents.

You may be wondering, "Why aren't more programs CACREP accredited?" This is largely because those accreditation standards are arbitrarily restrictive about who can be counted as part

of faculty resources for the program, squeezing out any mental health professional who hasn't graduated from a CACREP program. Thus, someone like me, who graduated from an APA-accredited program cannot be centrally involved in teaching in our CACREP courses. For academic departments that have several different mental health degrees, this restriction is unnecessarily burdensome as we all do essentially the same tasks. No other accrediting body for mental health professionals has this rule.

I urge you to stop this proposal and ensure that the people of Virginia will continue to rely on the strength of state regulations that are not unduly influenced by the agenda of an independent organization that is just trying to create a monopoly.

Thank you for your attention to this matter.

Commenter: Lin Romano 6/15/17 10:40 pm

Mental Health Counselors Needed

Please do not make Virginia's Professional Counselor licensure policy exclusive to CACREP school graduates. I understand that movement is underway to essentially discredit those of us who attended very reputable universities, earned our degrees, completed our clinical hours, and maybe have been in practice successfully for many years. To not allow us to practice in Virginia is harmful to the population of the State as well as to many competent practitioners.It also limits immigration to the state from those counselors who are doing well and would like to relocate from a neighboring or far-off state. This proposed policy is not helpful to anyone, and I request that it not go into effect.

Commenter: Saundra Lynch Ervin 6/15/17 11:07 pm

I strongly oppose a CACREP only state regulation.

Commenter: Raleigh L. Burch, LCPCM 6/16/17 4:22 am

I strongly oppose the initiative to make Virginia a CACREP only state!!!!!

Commenter: Robin Tucker 6/16/17 6:56 am

NO TO CACREP

NYC, Fordham and Columbia University's Counseling Psychology programs have ALL said a resounding NO to CACREP's political pressure. This is not fair to graduate students and schools particularly since it takes YEARS for school to earn CACREP's accreditation. SAY NO TO CACREP VA!

Commenter: Upperbay counseling 6/16/17 7:37 am

No to CACREP. This would further limit availability of much needed MH providers

Commenter: Evolve Therapeutic Heath and Wellness Services 6/16/17 8:16 am

No to CACREP.

This action would severely impede the ability of access to much needed mental health treatment.

Commenter: Monica Barrett, DBH, LPC, MAC, NCC, BCPC 6/16/17 9:03 am

CACREP

I would like to strongly oppose CACREP impositions! Lets concentrate on helping out clients, instead of making counselors even less accessable through creating more limitations!

Commenter: Helen Miller, MS: LCPC 6/16/17 10:43 am

No to CACREP only

NO to CACREP only

Commenter: She'ron M. Fields, M. Ed. in School Counseling (Liberty University) 6/16/17 11:30 am

Torn Over CACREP

As a recent CACREP graduate, I am torn because I see both sides of the argument. I do understand why counselors are against this proposed rule considering being established in a practice and then a new stipulation is added.

Commenter: Jennifer Pierce, Hagerstown Counseling 6/16/17 12:42 pm

Hurting military spouses

Requiring CACREP accreditation will cause major hardship on counselors who move to Virginia in the future. Being a military spouse and a counselor, I know that moving is not easy. It's difficult enough to move and get a new state licensure, but this will make it impossible for many to be licensed in Virginia, even after working in the field for decades. Furthermore, students going into graduate programs in different states will be unaware of how choosing a non CACREP school may result in problems later if they want to practice in Virginia.

Commenter: Ruth Palmer, PhD, Eastern University 6/16/17 1:10 pm

strongly oppose CACREP-only regulation

June 16, 2017

Dear Governor McAuliffe and Board members,

I am Co-Chair of the Graduate Counseling & Psychology Department at Eastern University in St. Davids, Pennsylvania. In addition to regional accreditation, our masters programs in Clinical Counseling and School Counseling hold national accreditation by the Masters in Psychology and Counseling Accreditation Council (MPCAC). This organization is committed to accrediting high quality counseling programs, with a rigorous review process based on professional standards commensurate with our state licensure board for professional counseling. **Thus CACREP is not the only accrediting body for counselor education programs**. Many universities are choosing to pursue MPCAC because:

1) **it emphasizes standards that CACREP *lacks*** (namely the synergy in knowledge/research bases between counseling and psychology disciplines in training students for professional practice),

2) **it has a strong emphasis on culturally-responsive services** that is in keeping with many counseling programs' missions to train students work with underserved populations, and

3) **the costs in obtaining/maintain accreditation with MPCAC is considerably less burdensome** than CACREP (especially important to small universities).

I join counseling professionals from across the country to urge you to stop the proposed counselor licensing regulations that would require graduation from a CACREP-accredited program for licensure in Virginia. A careful look at the data will reveal that counselors who have graduated from CACREP programs are not more effective in their work with clients or in their service to their communities. There is also no evidence to support that counselors from CACREP-accredited programs are more ethical or more helpful to clients or the communities within which the counselors practice. Furthermore, there is a great need now for mental health services. A regulation limiting practice would not serve the people of Virginia well given that a majority of master's level counselor training programs are not CACREP-accredited. A restriction such as this would negatively impact current students and alumni from non-CACREP affiliated VA programs; negatively impact the public by reducing access to qualified counselors; negatively impact relocation of qualified and competent counselors from non-CACREP programs; reduce overall services available to VA residents; and increase cost of graduate education. Even within the American Counseling Association (ACA), the largest national counseling association, there is significant opposition to the CACREP-only restrictions highlighted in the rationale for this regulatory change.

The people of Virginia need a strong Board that protects their rights to access quality mental health care. I urge you to stop this proposal and ensure that the people of Virginia will continue to rely on the strength of your licensing Board, and not on the agenda of an independent organization with no public oversight or accountability. Please note, a similar attempt to monopolize licensure of counselors was undertaken (and subsequently overturned) in New Jersey. We hope your state avoids the mistakes made there and keeps open the licensing of counselors to those who meet your state standards, rather than the interests of only one organization—and an organization that does not represent the breadth of the counseling profession.

Sincerely,

Ruth B. Palmer, Ph.D.

Co-Chair, Graduate Counseling & Psychology Dept, Eastern University

Commenter: Meagan Delaney, M.Ed School Counseling student, GMU 6/16/17 1:44 pm

NO to CACREP Only!

June 16, 2017

Dear Governor McAuliffe and Board members,

I strongly opposed CACREP-only requirements for counseling programs- there are unproven claims being made that CACREP-accredited programs produce better or more competend counselors. My university is not a CACREP-accredited one, and in my opinion we have some of the most brilliant professors teaching us, and I don't think any university's program needs to be defined by this standard. Further, I would hate to see other amazing educators not have the chance to be able to teach and share their stories with future counselors, simply because they did not graduate from a specific type of program.

I sincerely hope that this is not a mistake that will be made in my home state, one in which I wish to practice- state standards should be more important than national ones in this case.

Sincerely,

Meagan Delaney

M.Ed Counseling and Development, School Counseling

George Mason University

Commenter: GMU student 6/16/17 1:53 pm

no need for CACREP

What is the difference between CACREP and no CACREP programs? All standart requirements are met anywhere in all counseling programs. However, without CACREP universities have more flexibility to address states needs to provide services to the particular population. I know some counselors who graduated from CACREP accredited programs and I see that our GMU program that oriented toward multiculturalism is much better in preparing students to work in such diverse state as VA. Unfortunately, multiculturalism is not a requirement for CACREP. So I strongly oppose this accreditation.

Commenter: George Mason University 6/16/17 2:16 pm

No CACREP

The CACREP requirements consist of 6-7 sections that meet their standards, but within those sections, they do not include multicultural or social justice factors. Being in a program that is not CACREP accredited and taking these two courses and the topics being implemented throughout every course, I believe our program goes above and beyond the neccesary "standard" that CACREP requires. We should be thinking about future counselors and how their education will impact future clients. This program has much credibility without the need for it to be CACREP

accredited, proving how these standards should not be required at all. I believe this "standard" should not define our ability to be quality counselors and our program is a great example of that. My hope is that the right decision is made regarding this topic.

Commenter: Current school counselor, future LPC 6/16/17 2:54 pm

No to CACREP only!

I am extremely disappointed to hear that this regulation is even being considered! In a day and age where we DESPERATELY need compassionate, mental health providers, why would VA EVER want to restrict those who are eligible to being validated by a single governing body! Where is the research that says CACREP accredited counselors are better listeners, advocates, educators, supporters than counselors from other accredited programs? I certainly don't see any credible research out there! It's time for government officials to stop listening to big business organizations and listen to their constituents! Please ask my students and clients about CACREP and how it had positively affected my practically counseling skills? When they look at you confused, and tell you how I and other counselors who are NOT from CACREP accredited programs have positively impacted their lives, it might make you think twice about implementing such a restrictive, discriminatory and unnecessary law. Please listen to the majority of us in the field and DO NOT pass this bill!

Commenter: Tiffany Jones 6/16/17 4:56 pm

NO TO CACREP ONLY!

Counseling of all professions shouldn't be the one to fall into the scheme of having some entity dictate what schools should and shouldn't teach their students. We all know this is a ploy for crediting bodies to earn money. It's sickening that the board will allow this to happen and is even considering it. Some schools like my alma mater (George Mason) can be CACREP but choose not to because it is extremely limiting. The program, as it stands, offers more than most counseling programs ever could. This is a disgrace.

Commenter: Y Barry Chung 6/16/17 5:14 pm

No to CACREP only

I strongly oppose a CACREP-only licensure regulation which puts many Americans at risk for access to quality mental health service. CACREP is not the only accreditation body for counselor training programs. Limiting to CACREP programs will restrict the supply of quality mental health counselors and consequenting leave many Americans to deal with mental health problems on their own.

Commenter: Pamela Little 6/16/17 5:41 pm

CACREP only

I am opposed to CACREP only.

Commenter: Plate of X'pressions, LLC 6/16/17 5:42 pm

LCPC-S

no CACREP only

Commenter: Rosalind Ceasar 6/16/17 6:16 pm

What is the purpose?

This will just make it more difficult for Virginians to get service. Shouldn't legislators rather be looking at how they can bring parity to the existing accreditors instead? The content of these programs are basically all the same.

Commenter: Lauren Dornell Neal, LPC, LCAS 6/16/17 8:41 pm

Experienced Counselors typically are not CACREP accredited

The CACREP movement has boasted nationwide to those outside (and inside) the counseling field, that schools who purchase CACREP credentials, are now in possession of the "gold standard" of counseling education. Historically, CACREP served as an advocate for small brick and mortar colleges and online schools that generally were not on the radar for people who sought larger, well-known universities to complete studies, Harvard, Yale, Johns Hopkins, large state universities did not need advocacy to woo students. The "Gold standard" self-assessment, as a marketing ploy has been a large success. This is not to malign my CACREP graduate brothers and sisters. This is to call to attention the lack of counseling ethics involved in promoting the program. CACREP has for its graduates, addressed a gap in support that Regionally Accredited Schools had refused to address, which lead to an irritating inconvenience for new graduates. This is a reason I have a large FB/LinkedIn that six years ago, served to address this gap of post-graduation institutional support. CACREP improved their marketing by addressing that gap in support. This addressing the gap is not an "academic gold standard."

The military partnered with CACREP and utilized strategies to promote CACREPs lesser known academies. In fact, one job announcement for the Veterans Department stated that only those whom have graduated from CACREP schools-and those eligible to graduate within 2 years from a CACREP accredited school were eligible to apply for a Counseling career ladder position. This excluded experienced counselors who would have graduated prior to CACREP going mainstream, approximately 6 years ago. There are testimonials from experienced counselors, veterans, who have been demoted in their counseling positions at the Vet, as a result of the CACREP "gold standard" debacle. It is an extraordinarily sad day, when our nations heroes are suffering due to lack of adequate providers in their communities, are also unwittingly losing access to experienced providers by those who lack understanding in how CACREP marketing is creating a false expectation of superior service. I support Regionally Accredited graduates and CACREP students. I firmly believe that new graduates are ALL in the same boat, struggling to find life balance, trying to figure out how to pass the difficult examinations.

There is no evidence to support that CACREP graduated students are more prepared than students from regionally accredited universities. In fact, without experience in the field (CACREP permits students to surpass crucial internship/practicum experiences-due their "gold

standardness," that regionally accredited schools mandate). From students' perspective...not having to complete months of both internship/practicum is a great sell, counseling students are normally cash strapped, from the perspective of missing out on gaining much needed hands-on experience in the field, prior to graduation, especially in nurturing multicultural expertise, this CACREP "perk" is ill advised. Another "perk" is the ability to take the licensing exam prior in the last semester prior to graduation from college. Regardless of taking "advantage" of this perk (?) ....there is no published evidence that supports pre-graduation opportunity to take the exam, is associated with preparedness of individuals to pass the exam, or increased levels of passing of the exam due to CACREP attendance. The touted "gold standard" does not hold into account, individual test anxiety, insufficient time to study, work/life/school demands, and not being prepared, which all test-takers face, regardless of Regionally Accredited Institution graduate or CACREP graduate, each person's experience will be vastly different.

Currently, people are terrified that CACREP who in the past, refused to interact with non CACREP providers, and organizations who questioned "gold standardness," but effectively has used Napoleon Complex-like actions in the counseling field to bully larger fish, and infiltrate organizations whom used to support counselors of diverse academic backgrounds – whom graduate from regionally accredited institutions, whom adhere to our counseling field organizational ethics, pay dues to our counseling associations, engage in pre-graduation internships and practicums, pass licensing board examinations (2-3 in most states), gain 40 credits of continuous education every 2 years, and meet other state board requirements). This ongoing work is what makes a career counselor.

Several years ago, as an Academic Adviser to undergraduate business students at Penn State, Advisers informed students that their Penn State education may gain some listeners for the first 3 years, but after that it is all about experience gained. Please do not block experienced Counselors from providing services to our communities.

Lauren Dornell Neal, LPC, LCAS

Commenter: Susana J Ferradas Ph.D., LPC, LCPC, Johns Hopkins University 6/16/17 10:25 pm

No to CACREP

I believe making VA a CACREP only state would limit the diversity in the field by forcing emerging clinicians to enroll in only certain types of programs. We need specialists in all areas of counseling to meet the unique needs of all of Virginia's residents. Vote NO to CACREP.

Commenter: Donna Dunlap, Peace of Mind 6/16/17 10:47 pm

No to CACREP Only

I am very concerned when an accreditation body attempts to create an educational monopoly, based on unproven claims of superiority, and does not allow alternative accreditation bodies to approve equivalent routes to mental health counselor licensure.

Commenter: Raven-Brittney Green 6/16/17 11:05 pm

NO to CACREP!!!!!!!!!

Governor McAuliffe,

I strongly oppose CACREP only requirements for counseling programs. Requiring that Universities be CACREP accredited will only cause hardships not only on current counselors but those who are currently working hard to pursue a degree. My program at George Mason in particular is not CACREP accredited but is one of the highest ranked programs in the region. I entered into this program because the focus was on something much bigger than CACREP. If this became a requirement, the foundation of my program would no longer exist. CACREP would limit and harm greatly those who are practicing in the mental health field, as well as those who require outstanding/experienced counselors. The extraordinary, hard-working professors at George Mason would be impacted by this action, which would affect student training and resources. I ask that you do not require CACREP only accreditation.

Best,

Raven-Brittney Green

Commenter: Raven-Brittney Green, M.Ed Community Agency George Mason University 6/16/17 11:07 pm

NO to CACREP!!!!!!!!!

Governor McAuliffe,

I strongly oppose CACREP only requirements for counseling programs. Requiring that Universities be CACREP accredited will only cause hardships not only on current counselors but those who are currently working hard to pursue a degree. My program at George Mason in particular is not CACREP accredited but is one of the highest ranked programs in the region. I entered into this program because the focus was on something much bigger than CACREP. If this became a requirement, the foundation of my program would no longer exist. CACREP would limit and harm greatly those who are practicing in the mental health field, as well as those who require outstanding/experienced counselors. The extraordinary, hard-working professors at George Mason would be impacted by this action, which would affect student training and resources. I ask that you do not require CACREP only accreditation.

Best,

Raven-Brittney Green

Commenter: Shirley Golub, George Mason University 6/17/17 7:47 am

NO to CACREP

Dear Governor McAuliffe and Board members,

There is a major shortage of qualified mental health counselors in Virginia to provide the quality care that is necessary for the many residents of this state. By limiting LPC licensing to CACREP certified counseling programs only, we would be doing a major disservice and irreperable damage to the most vulnerable populations that you were elected to serve. Not only would we not have enough qualified counselors, but we would be eliminating future counselors from one of the most

comprehensive and rigorous counseling programs in the United States. Prior to applying to graduate programs in counseling, I reviewed dozens of programs, and George Mason University stood out for the quality of its teaching as well as its unique focus on multiculturalism and social justice. Graduates of GMU's program have gone on to successfully serve as school counselors, community agency counselors, and leaders in counseling. More counseling programs should be modeled after GMU's, and CACREP accreditation does not go far enough to fully address the needs that the state of VA has in terms of its diverse population. I firmly believe that the state of mental health services in VA will suffer beyond repair if CACREP accreditation is needed for counseling programs. The programs are currently rigorously reviewed for licensing eligibility by the state board, and it should stay that way. We need to find ways to increase the number of qualified counselors in the state, not take away from them.

Respectfully,

Shirley C. Golub

Candidate for M.Ed, Community Agency Counseling, George Mason University

Commenter: Judy Sheppard, Congruent Couseling 6/17/17 9:15 am

No...A division without merit

This does not represent the quality of a therapist or the services he or she will deliver. There is no majic wand in the hand of a therapist, we must not discount experience, basic priniciples and the uniqueness that each profession brings to the therapeutic relationship. This is false evidece and a disgrace to the field for believing that one is superior over the other.

Commenter: Nicole Fayard, LCPC 6/17/17 11:06 am

Vote NO to CACREP

Vote NO to CACREP

Commenter: Samuel Seium, M.Ed 6/17/17 6:28 pm

No to CACREP

This is a ridiculous proposal that has NOTHING to do with helping clients or improving the profession. No to CACREP

Commenter: Jenn Pham, George Mason University 6/17/17 7:02 pm

Concerns with CACREP

Dear Governor McAuliffe and Board members,

I am writing to you today regarding my concern of the CACREP accreditation that is being proposed in Virginia. One of my biggest concerns is the shortage of mental health counselors available to the amount of clients that are in need of services. Well-respected and experienced

counselors have worked hard to get where they are today, this is not due to being CACREP certification. In this field of work I think it is essential to seek unity instead of creating a divide of affiliated and non-affiliated. With this thought, I can't help but to think that this will cause a sense of superiority at schools battling to be better than another. This also promotes the concept that there is only one kind of counseling education that is seen as the "right way". In many programs it is learned that there is never one answer or one right way when helping clients, due to encompassing so many different cultures, morals, values, etc. Graduates and professionals should not feel that they are invaluable due to the absence of this licensure.

I have been through courses with numerous teachers that do not have this license and their experiences and curriculum has expanded my mind so much already. It hurts to know that many professionals that are to come may be hindered and pressured due to the possibility of having this new regulation. In conclusion, I hope you consider the many stories that are seen in this forum and the negative impacts it may cause. We are in this together and we will make it out together, all with the same purpose of empowering and helping those in need.

Thank you,

Jennifer Pham

Commenter: Allison Ober, GMU counseling student 6/17/17 10:13 pm

Please vote no on CACREP

Dear Governor McAuliffe and Board members,

Please vote no on CACREP. I am currently embarking upon my 2nd career to become a licensed professional counselor. The decision to start all over again in my 40's didn't come easily, but I felt a calling that I could no longer ignore. GMU's degree in community agency counseling has everything I was looking for in a counseling program. It meets all of Virginia's standards for counselor education but offers even more - an intensive focus on multiculturalism and social justice.

As many have rightly pointed out, as a nation we are facing a shortage of mental health care providers. CACREP will only make it harder for many of us to do the work we feel so honored to do. Please don't force the field of counseling to become a divisive and exclusive profession.

Sincerely,

Allison Ober

Commenter: Silvia Portillo George Mason Counseling Student 6/18/17 12:28 am

No to CACREP

Dear Governor McAuliffe and Board members, I am a current student at George Mason University in the the Community Agency Counseling track. Implementing CACREP only standards will make it harder for students to continue their profession in the state of Virginia and will find employment in another state. I have looked at the requirements in both MD and DC and found that VA has one of the strictest requirements and adding on CACREP standards will only make it harder. Like many others, this profession will be my 2nd career and as a minority, I find pride in trying to help other

minorities who are seeking mental health in the state of VA and have no intention of moving out of the state or crossing state line to work. Please reconsider on moving forward with this action. There is no evidence found that CACREP only programs are better and George Mason Univerity has a great counseling program with focus on social justice that no other school provides. This move would only be for monetary reasons and risk enrollment and licensure from minority students and professionals who can further support the mental health needs of the community of ethnic backgrounds. Thank you for your time.

Commenter: Aaron Bourne 6/18/17 10:04 am

Strongly oppose CACREP

I am a LPC in private practice in Northern Virginia. One of the challenges in mental health is finding counselors and therapists with differing skill sets and scopes of practice. I am always in need of art, drama, substance, group, community, and all the other specialties in the field. Post graduate training will not fill the need for specialists, and the CACREP credential will not provide enough variability in programs to meet the needs of our population. The Virginia LPC licensing process is currently strict, demanding, and allows some of the finest professionals to practice in our area. Please do not restrict our professsion into one narrow set of skills.

Commenter: Sehrish Hussain, George Mason University Counseling Student 6/18/17 3:09 pm

Strongly Oppose CACREP!!!

Dear Governor McAuliffe,

I strongly oppose the CACREP requirement for counseling programs. As you may know, there is already a shortage of mental health professionals and these requirements will only make it more difficult for future and current counselors. My current program at George Mason University is not limited by the standards set by CACREP and because of that reason they are able to focus on multicultural and social justice issues that impact many who seek help. Some of the best and most qualified professors/counselors would no longer be able to teach there. This would negatively impact the quality of training given to my classmates and future counselors to come. Thus, I stronly urge you to not require CACREP only accreditation.

Sincerely,

Sehrish Hussain

Commenter: Alissa G, federal healthcare center 6/18/17 7:57 pm

CACREP only is a bad idea

I am a graduate of a CACREP master's program and APA doctoral program. I do not agree with CACREP attempting to be the only accrediting body for master's programs. The American

Psychological Association was at the forefront of designing, implementing, and evaluating counseling training programs. CACREP stepped in to focus on master's programs while APA stayed focused on doctoral programs. With CACREP trying to monopolize accreditation of master's programs, they are causing problems for departments that would like to faciliate both master's and doctoral counseling psychology programs. Professors in CACREP programs frequently use publications and interventions written and developed by APA-affiliated researchers. It is unwise of CACREP to attempt to distance themselves from APA. It is my opinion that doctoral level psychologists have better training from APA programs than do doctoral level counselors in CACREP programs in many areas, including research methods, evidence-based practice, cognitive/affective and biological bases of behavior. Therefore, CACREP should find a way to work in conjunction with APA in order to produce the best counseling practitioners possible. At the very least, CACREP should allow psychologists from APA-accredited programs to instruct master's students in CACREP programs.

Commenter: Meghan Geiss 6/19/17 7:21 am

Oppose CACREP only legislation

I strongly oppose CACREP only legislation as this will significantly limit access to care for much deserving individuals in need of quality mental health treatment. This legislation appears to be narrow in scope, uninformed, and divisive. Inclusivity and diversity is essential to finding solutions in addressing the unmet mental health needs in our community. Please oppose this legislation.

Commenter: James P. Stratoudakis, Adjunct Faculty GMU Counseling & Development 6/19/17 1:31 pm

CACREP Licensure Accreditation Proposal

I am opposed to the narrow and restrictive nature of the proposed regulation which would eliminate any core faculty member not trained in a CACREP accrediated program from teaching in Counseling and Development Programs. I agree with having good standards for licensure. However, the proposed mandate eliminates the option of hiring faculty with diverse behavioral health backgrounds, thereby, limiting counseling programs from offering strong integrated behavioral health care courses of study. Healthcare reform is challenging behavioral health providers to work together to maximize clinical outcomes. If Departments retain the ability to hire faculty not from CACREP programs, they can continue to offer strong courses of study preparing counselors trained and exposed to working with different professionals on integrated treatment teams.

Commenter: Jasmine Griffin, George Mason University 6/19/17 3:12 pm

No on CACREP only!

There are several reasons why I as a future counselor oppose CACREP only requirement. CACREP requirements consist of 6-7 sections with minuscule mention of multicultural or social justice consideration or competence. The United States is a nation built upon the ability of many cultures and ethnic groups to come together and collaborate with one another. There is strong

research to support culture influences not only the symptoms associated with a disorder, but if and how clients seek help, and who they seek it from. To make these areas of knowledge and competence optional handicaps future counselors in their ability to effectively treat the populations they will come into contact with. Requiring CACREP as the only accrediting entity also limits the diversity of therapists. CACREP is not the only accreditation entity with high training standards. Other accrediting entities have just as stringent standards and in some ways stronger, more inclusive training requirements. Finally, I believe the current requirements limiting future therapists to CACREP accredited programs will harm the growth of this field, as well as limit essential access to effective mental health providers in Virginia. This is why i say no on CACREP only!

Commenter: Shannon Graham, George Mason University 6/19/17 3:35 pm

Opposed to CACREP Proposal

Simply put, the CACREP-only proposal is exclusionary. There are plenty of programs that produced highly-qualified, well-educated counseling graduates that are not CACREP-accredited. Mandating CACREP standards does not reflect the diversity and inclusion that our field stands for. There has to be a better way of "standardizing the field." CACREP-only programs is not it.

Commenter: Diana Ortiz, LPC 6/19/17 5:21 pm

No to CACREP

I say no to CACREP in Virginia.

As a graduate from a Non-CACREP program, and an immigrant who settled roots in the Commonwealth of Virginia, I welcome the diversity of learning and the integration of teaching from different backgrounds I received from my program. I believe and agree with having good standards for licensure; however, the proposed mandate eliminates the option of hiring faculty with diverse behavioral health backgrounds, thereby, limiting counseling programs to hire from within. As an immigrant and a woman of color, I want and envision faculty that looks like their students, that come from all parts of the world, from all paths in life, and from different backgrounds and experiences. Limiting teaching and hiring to only a segment of the population (in the name of standardization) only narrows opportunities for integration and internationalization of the counseling field.

The Commonwealth of Virginia welcomes residents from all parts of the nation and the world, and it is only in the best interest of its people that counselors are well trained in what diversity means, starting with themselves.

Thank you

Commenter: Kelly Walsh, LCPC 6/20/17 5:31 am

NO to CACREP

Commenter: Angela Harris, LCPC 6/20/17 9:21 am

Say NO to market advantage!!!!! NO to educational monopoly!!!!!

There is enough room at the table for all of us! This profession needs creative, spiritual, non-traditional AND traditional practitioners with various training backgrounds!

Commenter: Susie Finotti, GMU Counseling Graduate Students 6/21/17 3:53 pm

OPPOSE CACREP

I strongly oppose the CACREP requirement. I am a current Counseling and Development graduate student at George Mason University. We are all well aware of the shortage of mental health professionals in our field and this proposal will only limit the number of individuals who chose to be counselors. Many highly qualified professional counselors have graduated from non-CACREP institutions and are doing extraordinary work in our field. Implementing a CACREP only law in educational institutions limits the number of counselors we could potentially have benefiting our increasing numbers of clients. STRONGLY oppose CACREP.

Commenter: Allison McElfresh 6/22/17 4:35 pm

I do not support CACREP

The quality of counseling available in Virginia is adequate without a new credentialing body. This would limit access to the profession weaken current programs by limiting instruction from professors of varied backgrounds. I do not believe adding this accreditation requirement will improve counseling services.

Commenter: Husher L. Harris, Sr. LCPC, Avaris Concepts, LLC and Gaudenzia Outpatient 6/23/17 2:42 am

Oppose CACREP only!

Commenter: Elizabeth MacDonald, George Mason University-School Counseling 6/23/17 6:39 am

CACREP

With a year under my belt in the school counseling program at George Mason University, I have no doubts that this is the best program for counseling and development in the state. I have had the opportunity to learn from professors and counseling professionals who have made such an impact in the counseling, research, and education worlds. Had this accredidation been put into place years ago, these people would not be eligible to teach at a university. I truly believe that my experience in this program would not be as beneficial and life changing as it has been without these professors. Additionally, CACREP will limit mine, and future school counselors opportunities to find employment or possibly teach at a university ourselves. The faculty at GMU has worked

incredibly hard to build and maintain a program that promotes social justice and advocacy. This is an AMAZING counseling program and I would be devestated to see any of it's value taken away.

Commenter: Elizabeth MacDonald, George Mason University 6/23/17 8:56 am

Oppose CACREP

With a year under my belt in the school counseling program at George Mason University, I have no doubts that this is the best program for counseling and development in the state. I have had the opportunity to learn from professors and counseling professionals who have made such an impact in the counseling, research, and education worlds. Had this accredidation been put into place years ago, these people would not be eligible to teach at a university. I truly believe that my experience in this program would not be as beneficial and life changing as it has been without these professors. Additionally, CACREP will limit mine, and future school counselors opportunities to find employment or possibly teach at a university ourselves. The faculty at GMU has worked incredibly hard to build and maintain a program that promotes social justice and advocacy. This is an AMAZING counseling program and I would be devestated to see any of it's value taken away.

Commenter: Patty Mathison, George Mason University 6/23/17 12:37 pm

No to CACREP

Dear Governor McAuliffe and Board members,

I am a Masters student in Counseling and Development at George Mason University. I am starting a new career and chose GMU based on its focus in social justice and multicultural education and practice which goes beyond the CACREP standards.

I urge you to please vote no on CACREP. This program has been incredibly rewarding and it is because of the passion, experience and commitment from our faculty to prepare us for all those we may encounter in counseling. The majority of our faculty have not been trained through CACREP but are considered to be some of the best and most well-respected individuals in this field. By limiting us to CACREP, we are limiting the experiences of those that will come after. Individuals that are willing to be bold and to be innovative. We are already experiencing a shortage of mental health care workers. Limiting training programs due to extensive costs and challenges will create an even more significant crisis.

Please vote no to CACREP and instead, I urge you to consider how we can continue to support those interested in supporting the mental health of those around us. We need to focus on healing versus punishment and create more opportunities for individuals to seek out help. Therefore, we need to continue the support of excellent programs such as GMU's Counseling and Development program with both a school counseling and community agency track.

This program has been one of the best experiences that i've had. This is my second Masters and I believe strongly in the curriculum and the way we are being trained. I feel fortunate to study under such visionary and thoughtful professors and feel extraordinarily prepared.

Please vote no to CACREP.

Take care,
Patty Mathison

George Mason University

Commenter: Lauren McCall, George Mason University 6/23/17 3:38 pm

No to CACREP

Dear Governor McAuliffe and Board members,

I am a Masters student in Counseling and Development at George Mason University. I am writing to you to ask you to vote no on CACREP. I chose George Mason because of its extensive focus on social justice and multiculturalism, a focus which may not be possible if CACREP becomes mandatory for counseling programs. Additionally, while in this program, I have had the benefit of being taught by some of the most incredible professors and well-respected experts on social justice and counseling. Being able to participate in courses taught by these individuals has been pivotal to my education and has been transformative in terms of the type of counselor I ultimately hope to become. The majority of these faculty members have not been trained by CACREP accredited programs, yet are some of the most well-respected in the field. If the CACREP requirement is passed, we are limiting the experiences of future students and counselors to come.

Please vote no on mandatory CACREP accreditation.

Respectfully,

Lauren McCall

George Mason University

Commenter: Shabaka Moore 6/23/17 9:38 pm

No

I say NO

Commenter: Rebecca Hogg 6/23/17 10:21 pm

I support proposed CACREP Regulation

LPCs cannot yet access ease of licensure portability as other MH professions can. Those other professions require an accredited degree program such as APA accredited for psychologists. VA moving to this regulation for licensure would provide for increased consistency of training for LPCs across the US and move the profession towards gaining eligiblity for federal programs such as Medicare and be a step towards licensure portability. This would provide increased access to MH professionals in underserved populations. Additionally, VA regulations for licensure already require a CACREP similar education, this is one step beyond that which supports the above points.

- Rebecca Hogg, Resident in Counseling

Commenter: Simone Dawkins 6/24/17 1:12 am

NO!

Commenter: Melissa Peddy, LPC 6/24/17 8:35 am

CACREP Requirement Would Limit Providers in Rural Areas

The discussion of a CACREP licensure requirement in Virginia is not new and was heavily debated when I was applying for supervision for LPC licensure in 2012/2013 and again in 2015 after I was licensed. I live and work in rural, Southwest Virginia and am currently in a position where I am both providing direct service care and hiring and supervising license-eligible and licensed counselors and social workers. Attempting to find and retain licensed counselors in a rural setting is extremely difficult with vacancies staying open at a minimum of 3 months, but generally much longer due to a lack of licensed professional counselors in the area. Moving the regulation for CACREP-only programs in Virginia would significantly increase the difficulty to hire and retain license-eligible and licensed counselors by further reducing the pool of qualified applicants. In addition to the impact on the workforce, there would be an impact on the ability to provide direct mental health and substance abuse services. Rural, Southwest Virginia has been hit hard by the opioid epidemic and does not have the availability of the resources and supports that more urban areas of Virginia currently have available. It may be better to focus our attention and efforts on how to increase the workforce of qualified mental health and substance abuse providers, as well as how to increase availability of mental health and substance abuse treatment in rural areas affected by the opioid epidemic.

Commenter: Margaret Duke, LPC, CSAC 6/24/17 9:05 am

Oppose

Commenter: Kimberly Nichols, M.A., Resident in Counseling 6/24/17 10:11 am

I Oppose this Requirement/Lack of Empirical Evidence to support this measure

Dear Governor Terri McAuliffe and the Virginia Board of Counseling,

I oppose the regulatory requirement for individuals seeking licensure as professional counselors in the state of Virginia be required to complete education approved by CACREP or its affiliate CORE. I believe that professional identity & portability of licensure is important, however this measure would significantly limit the amount of qualified individuals seeking licensure and/or approved for reciprocity for licensure in the state of Virginia. I support an inclusive model, and I believe the current laws governing counseling/licensure in the state of Virginia currently provide rigorous standards for individuals seeking licensure.

Currently, there is no empirical evidence that supports requiring CACREP improves the quality of counselors or efficacy of practice between counselors that have CACREP education and those that have non-CACREP education. In addition, there is no empirical evidence that supports that counselors from CACREP programs are better prepared to serve as professional counselors. There is lack of empirical evidence to support that CACREP protects the health and

safety of Virginia citizens. There is no evidence to support improved outcomes for citizens seeking counseling services from counselors from CACREP/CORE programs.

Additional concerns:

The proposed regulatory change could adversely impact individuals seeking licensure as professional counselors from the Board for neighboring states.

Individuals who were licensed and attended counseling programs prior to the development of CACREP/CORE may be adversely affected.

Thank you for reviewing and considering my comments.

Respectfully submitted,

Kimberly Nichols, M.A., Resident in Counseling

Commenter: RE 6/24/17 10:50 am

No!

Commenter: Philip Monroe, BTS Graduate School of Counseling 6/24/17 4:26 pm

Oppose CACREP only regulation for diversity sake

There are many clear reasons to oppose a regulation that requires licensees to graduate from CACREP accredited programs. These have been well-articulated by many commenters: harms the public by reducing highly competent clinicians in rural settings, adds an unnecessary burden on those seeking licensure, has no empirical basis to support it, does not follow other health-care licensing bodies that have alternative paths to achieving the credential. But I wish to point out that requiring all licensees to graduate from CACREP accredited programs hinders diversity! By this I mean that requiring all licensees to go to counselor education programs eliminates diversity found in programs that are more psychology focused. Having all counselors think exactly alike does not help the public. Of course there are standards that ought to be met by all. Other accrediting bodies pursue these as well (I.e., MPCAC). Frankly, the only reason the board might pursue this is to eliminate the effort it takes to determine whether an applicant meets the needed standard. But this would be a benefit only to board staff. It would not serve the public. Virginia will be hurt if you adopt a CACREP only regulation.

Commenter: LaToya 6/24/17 5:55 pm

No to CACREP

Commenter: A.Fabian 6/24/17 6:40 pm

I Oppose this Requirement/Lack of Empirical Evidence to support this measure

NO

Commenter: Willard Vaughn 6/24/17 7:00 pm

No

VA already has the strictest rules of any state when it comes to counseling, we do not need any further micromanaging. There is no evidence to suggest that this type of accreditation is a benefit.

Commenter: David Goneau 6/24/17 7:02 pm

Say NO to CACREP!

Commenter: J.W 6/24/17 7:08 pm

CACREP reg

NO!

Commenter: Dawn Lewis 6/25/17 7:12 am

I oppos

i oppose CACREP.

Commenter: Randy 6/25/17 11:42 am

I oppose

I oppose this as I did attend a school that is currently in process of become CACREP, but I have already been approved to be a resident and have year under my belt. I have passed the NCE, and I am looking forward to taking the state licensure exam. I believe that if one can pass, what many consider, one of the hardest state licensure exams than one is prepared with experience to practice. If the board approves one to become a resident then they must satisfy what is in place, correct? Please do not hamper those that have worked hard to be where they are and those that are currenlty working just as hard just for a CACREP status, let one go for licensure and practice, a degree doesn't make a counselor; it is the work that they do and the impact they have on those they serve in the clinical field not the CACREP seal.

Commenter: Rita Chung, George Mason University 6/25/17 8:20 pm

Strongly Oppose CACREP

I am strongly against implementing the CACREP licensure requirement. As a faculty member in counselor education who was trained in psychology yet strongly identifies with the American Counseling Association (ACA), I have an extensive record of publications in ACA journals, present regularly at ACA conferences that include invited ACA Presidential presentations, am an ACA Fellow, have Chaired several ACA national committees, have been a President of one of the ACA divisions, and am the only counselor educator to ever receive the Commonwealth of Virginia State Council of Higher Education (SCHEV) Outstanding Faculty Award, I am opposed to CACREP-only licensure mandate that will disallow the future people like me who were not trained in a CACREP program but identify as a counselor educator from becoming faculty members in counselor education programs.

Commenter: Jill M. Cyranowski, PhD 6/26/17 9:37 am

Strongly oppose CACREP attempts to monopolize counselor training

As a clinical psychologist who is familiar with the empirical training literature and who trains stellor master's level counselors, I would like to voice my STRONG OPPOSITION to this action that would serve to monopolize counselor training AND decrease the number of well-trained, licensed counselors in the state. The current language to limit licensure to counselors trained only in CACREP-accredited programs is essentially the result of a professional turf battle to monopolize counselor training. It makes no sense to me to argue that doctoral level clinical psychologists and counseling psychologists are not fit to train counselors (as CACREP-accredited programs ONLY allow for individuals with counselor educator degrees to serve as faculty). Many excellent master's level counselor training programs are being run with strong oversite and new accreditation procecures set forth by MPCAC (Masters in Psychology and Counseling Accreditation Council). The current regulation would essentially LOCK OUT all of the strong counselors who are trained by doctoral level psychologists across excellent MPCAC accredited training programs. This action reprsents the worst-case scenario professional turn war (ie, counselor educators versus psychologists) with significant negative consequences for patient access to high-quality counseling services. Please VOTE NO to this!

Commenter: Deanna Hamilton, PhD 6/26/17 10:42 am

I oppose CACREP-only regulations

I am a faculty member at Chatham University in the masters of counseling psychology program (MSCP). Our MSCP graduates practice in various states, including Virginia. Our program is accredited by the Masters in Psychology and Counseling Accreditation Council (MPCAC). Our graduates are well trained to provide evidence-based, multiculturally competnet services. Graduates from our program consistently receive positive feedback for the work they do in the community. The simple fact is that CACREP-only regulations restrict access to services.

I am joining counseling professionals from across the country to urge you to *stop the proposed counselor licensing regulations* that would require graduation from a CACREP-accredited program for licensure in Virginia.

Commenter: Tom Worwa 6/26/17 1:19 pm

CACREP/

Good having CACREP to add diversity to education/training but ABSOLUTELY "NO" to it being a requirement.

Commenter: Arlette Ngoubene Atioky, Ph.D. 6/26/17 1:39 pm

No to CACREP

I opposed the monopoly of a CACREP-only training as it will prevent well competent counselors from non-CACREP program from attaing licensure and serving mental health afflicted clients. WHO and so many health organizations report a significantly low number of mental health professionals per human capita. Further restrictions may accentuate this number and ultimately impede on the mental health wellbeing of many individuals in Virgina and beyond.

Commenter: Tiffany Jones 6/26/17 2:15 pm

NO TO CACREP

This field is good at making separate sectors that builds distance between the helping professions when we should all be collaborating. We do not need one more thing that separates when we need to be united to provide continuum of care services to our clients and students.

Commenter: Laura Tuomisto, ATR-BC, CTT 6/26/17 9:23 pm

Opposed to proposed Reg. Action

I am writing in opposition to the proposed CACREP regulatory action. I am a board certified art therapist and certified trauma therapist in Virginia and am concerned that art therpists, who have dual academic training in the theories and techniques of counseling psychotherapy and also in the theory, methods and clinical practice of art therapy, will be excluded from persuing licensure. The Board has long recognized our training as meeting the academic and experience requirements for the LPC license. The proposed amendment would disqualify many similar clinically trained and ethical professionals from licensure and eliminate both diversity and availability of counseling services going forward.

Virginia has a critical need for qualified mental health professionals to address not only the needs of its large military population, but the diverse needs of growing numbers of children, adolescents, adults and seniors with serious physical, mental and emotional conditions and disabilities. It makes no sense to restrict licensure to only a segment of the state's counseling profession and

exclude many highly qualified and needed mental health professionals.

The Board of Counseling has always welcomed diversity in mental health counseling education. I urge the Board to reject the change in rulemaking and retain current counselor degree program licensing requirements.

Commenter: Matt Bukowski, James Madison University 6/27/17 9:39 pm

I support this proposal to increase standardization in counselor training

I am a resident in counseling in Virginia and doctoral student at JMU. I believe that this proposed regulation will advance the counseling profession toward greater recognition by federal funding sources that require national standarization. Having graduation from a CACREP program as a requirement will also help Virginia LPC's gain licensure in other states as national portability continues to take shape. Finally, having CACREP as a requirement will position the counseling profession on a more level playing field with psychology and social work, both of whom require graduation from a nationally accredited program for licensure. Thank you for your time.

Commenter: Jeffrey Chase, Ph.D. 6/28/17 3:23 pm

Harm of CACREP only licensure

Given that only approximately 50% of those suffering from mental illness receive treatment, limiting licensure to only graduates of CACREP programs represents a harm and disservice to Virginia and Virginians suffering from mental illness. This harm would be most acute in rural areas where services are limited and travel distance for treament are long and time consuming. In addition, the Commonwealth would lose the services of competent professionals, many of whom were trained at the State's expense through their universities and colleges. Finally, there has never been documentation provided that graduates from CACREP approved programs are more effective, have fewer complaints lodged against them with the Board of Counseling, or are superior to those from other programs, such as Psychology, on any metric of performance. Passage of this regulation will only benefit the guild of counselor education and will harm those in need of services.

Commenter: Arpana Inman, Lehigh University 6/28/17 9:18 pm

Requirement for CACREP accreditation for educational Programs

Oppose CACREP only requirement. There is significant health disparities in the nation and this requirement will only add to the lack of access. Moreover, there is no evidence that CACREP only graduates are better than non-CACREP graduates.

Commenter: Marawan Elwakil, MHC-LP 6/28/17 10:18 pm

I Strongly Oppose

Colleagues and constituants,

I have seen more and more of this advocacy to CACREP as the gold standard and I strongly oppose this attempted monopoly. Such a push risks thousands of counselord to have their training and educated discredited. Even in the event of grandfathering, there is no guarentee that insurance companies or employers themselves will not discriminate against those that did not attend a CACREP-accredited unversity. Furthermore, it is detrimental to the mental health field in general as in the event that counselors must return to school, many may choose to return for social work instead - considering it is already nationally established and already reimbursed by Medicaid. This will leave less mental health counselors, whome continue to advocate to our representatives for Medicaid reimbursement. Furthermore it will endanger many effective graduate programs and overturn their staff as well as their cirriculum in favor of CACREP standards. For the aforementioned reasons, I argue that it would be unethical for any state to fully endorse CACREP to this degree. There is no reason to believe that CACREP-accredited programs spit out more competent or effective counselors and therefore illogical to force this push on thousands of trained, skilled and effective counselors.

Warmly,

Commenter: Dr. Sandra Lee, Seton Hall University 6/29/17 12:18 pm

NO TO CACREP ONLY

Please do not restrict licensing to CACREP requirements - it is restriction of free trade, and lacks professional consistency and basic fairness. Use curriculum requirements such as those instituted by other states (see NJ).

Commenter: Douglas M. Thorpe, Virginia Institute of Pastoral Care 6/29/17 3:33 pm

I Oppose CACREP only

I oppose the proposed regulations to require all counseling programs leading to a license as a professional counselor to be accredited by CACREP or an approved affiliate. There are many paths to becoming a skilled counselor. CACREP-accredited programs are just one path. All paths that result in skilled counselors should be open.

Commenter: Dr. Thomas Massarelli, Seton Hall University 6/29/17 3:56 pm

Strongly oppose CACREP

To Whom It May Concern,

As a mental health professional and academic instructor, I strongly oppose the movement toward CACREP as the only counseling accreditation agency to prepare students in the field of mental health counseling. The economic hardships having an accrediting body dictate to graduate programs specific requirements that must be met in order to graduate is something many colleges simply cannot afford. Given the significant costs associated with requiring CACREP accreditation, the uneven and uncertain benefits of doing so, and the lack of empirical evidence that this proposal brings to the table to protect the health and safety of Virginians, the end cost of this proposed change may appear to outweigh the benefits.

Therefore, I implore you to reconsider endorsing CACREP as a standard of counselor training.

Sincerely,

Thomas Massarelli, Ph.D.

Seton Hall University

Commenter: Pat Doane 6/29/17 9:22 pm

Oppose CACREP only We need cooperation, diversification and quality in the counseling professionoly.

Commenter: Michael Clancy 6/29/17 9:36 pm

No to this type of regulatory monopoly

It would be a mistake for Virginia to narrow access to Mental Health services to CACREP only programs. Education and delivery is constantly changing, so why lock the options? Having been in practice at least 15 years before CACREP even existed, letting Universities define the profession is a mistake. This harms mental health access and hurts rural and underserved populations. This is not a wise choice and will only harm the profession in years to come. CACREP is a business that seeks to justify its own existence, in essence, to tell a licensing board it cannot establish standards independent of the CACREP university. This is foolishness and justifies higher tuitions, and serves as a false elitist tool to control counselors practicing their craft. No to CACREP.

Commenter: Peggy Brady-Amoon, PhD, LPC, Seton Hall University 6/29/17 9:58 pm

Urge you to reject the proposed regulations, 18 VAC 115-20.

Dear Governor McAuliffe and the Virginia Board of Counseling, Dr. Doyle, Chairperson:

I am writing to urge you to reject the proposed regulations, 18 VAC 115 ? 20, which would restrict initial counselor licensure in the Commonwealth of Virginia to graduates of counseling programs accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP).

My primary reason is summarized in the conclusion of the Virginia Department of Planning and Budget Economic Impact Analysis which reads, "Given the significant costs associated with requiring CACREP accreditation, the uneven and uncertain benefits of doing so and the lack of empirical evidence that this proposal is necessary to protect the health and safety of Virginians, the costs of this proposed change appear to outweigh the benefits" (p. 14). Building on this excellent analysis, I argue the costs clearly outweigh the benefits and that the primary benefits of this and similar proposals are to CACREP, CACREP-accredited programs, including students and alumni, and people with doctoral degrees in counselor education and supervision, who according to CACREP (2009, 2016) standards are the only persons qualified to serve as core faculty in CACREP-accredited programs.

In addition to the monetary costs associated with pursuing and maintaining CACREP accreditation detailed in the aforementioned Economic Impact Analysis, this regulation would force George

Mason University, one of the most highly respected counselor preparation programs in the US and internationally, to change their curriculum, organizational structure, and staffing - or close. This proposal would also require programs currently accredited by CACREP in Virginia to maintain that accreditation, regardless of future accreditation requirements, and foreclose the opening of new training programs in the Commonwealth. This proposed regulation would also unnecessarily restrict the type of training and core faculty credentials and reduce the number of potential counselors seeking initial licensure in Virginia at a time when more qualified licensed counselors are needed.

Founded in 1981, CACREP currently accredits less than half of the master's training programs in counseling nationally. Most of these programs are geographically concentrated, with some states having few or no programs accredited by CACREP. Some of these programs are not eligible for CACREP accreditation for reasons unrelated to quality, others have chosen not to pursue this accreditation. As a long-time counselor, counselor educator, and past-chair of the NJ Counseling Coalition, which successfully reversed regulations that would have made NJ the first state to restrict initial licensure to graduates of CACREP programs, it seems to me that CACREP and CACREP affiliates are the primary beneficiaries of CACREP-only licensure restrictions. By extension, this means that programs accredited by CACREP, students and alumni of these programs, and people with doctoral degrees in counselor education and supervision, the required credential for new core faculty in CACREP-accredited programs, benefit from the monopoly created by CACREP-only policies, regulations, and laws. At the same time, CACREP-only policies present clear disadvantages to people who are not affiliated with CACREP and CACREP programs - and the public. Despite this, many programs remain unaffiliated and some have chosen to become accredited by the Masters in Psychology and Counseling Accreditation Council (MPCAC). MPCAC became an option for program level accreditation in counselor education in 2010. Currently, MPCAC accredits more than 40 graduate programs, most of which meet requirements for counselor licensure across the nation. Regardless of program-level accreditation, most counselor education programs are in regionally accredited colleges and universities. Some programs are housed in colleges of education that are accredited by the Council for the Accreditation of Educator Preparation (CAEP) and some share curriculum and faculty in departments with other accredited master's and doctoral programs.

If this proposal is adopted, the majority of new counselors trained outside Virginia would be ineligible for initial licensure in Virginia. As just one example, please consider the impact this proposed regulation would have on military families and others who would benefit from returning or relocating to Virginia before they have attained initial licensure - and who would, in turn, while working towards and post-licensure, benefit Virginia residents. These people cannot wait for portability plans.

Furthermore, as detailed in the Economic Impact Analysis, there is no empirical evidence that graduates of programs accredited by CACREP are more ethical or effective than their peers from similar programs that are not accredited by CACREP. All candidates for licensure in Virginia (and indeed all 50 states) must have earned a master's degree with coursework in specific areas, passed a national examination, and completed supervised experience. This is the time-honored way of demonstrating competency in counseling that the Commonwealth of Virginia has effectively employed for more than 40 years.

In closing, I urge you not to cede your responsibility to protect the public to an independent organization with no public oversight or accountability, to consider the significant costs of this proposal, and to reject the proposed regulations, 18 VAC 115-20.

Thank you for your consideration,

Peggy Brady-Amoon, PhD, LPC

Seton Hall University

Advocacy Chair, Alliance for Professional Counselors (www.apccounseloralliance.org)

Immediate Past Chair, NJ Counseling Coalition (2009-2015)

Commenter: Jessica Branch, LCPC 6/30/17 8:15 am

Oppose CACREP only legislation! It limits our work!

Commenter: Jessica Branch, LCPC 6/30/17 9:16 am

Oppose CACREP only legislation! It limits our work and capabilities!

Commenter: Elaine Malcolm 6/30/17 9:17 am

Oppose CACREP only licensure

We need more paths to licensure for well qualified clinicians; not less! Clinical experience and diversity of educational opportunities/graduate programs means well rounded mental health choices and support for our communities.

Commenter: Kelric Goodman, LCPC 6/30/17 9:18 am

Oppose this bill, it makes less providersvavailable for those in need

u

Commenter: Chris Hall, LGPC 6/30/17 9:20 am

Oppose CACREP legislation

Commenter: Stephanie Will, LCPC 6/30/17 9:26 am

I Oppose

There are many quality programs around the country that produce terrific Mental Health providers that are not CACREP accredited. Virginia will be losing out on may qualified professionals at a time when our country needs more people advocating for and treating mental health disorders, not less. Work with mental health associations around the country to create a inclusive and appropriate national standard so that Virginia won't be facing a lack of mental health support moving forward.

Commenter: Angela Frazee LCPC 6/30/17 9:36 am

I oppose

I oppose.

Commenter: Jan Trammell-Savin, LGPC 6/30/17 9:38 am

Oppose CACREP-only legislation

The promotion of CACREP programs as superior to all other counseling training is inaccurate and undemonstrated. All counselors graduating from duly-accredited programs of all kinds, and completing appropriate clinical training should have equal access to the field.

Commenter: Michele K Logan 6/30/17 9:42 am

No to CACREP

Adopting a CACREP regulation within the mental health field will place unnecessary demands on individuals to enter into programs requiring such an extensive field placement protocol. These protocol far exceed what social work programs require, which would surely deter many more from following through with a professional counselor license. Many in our field follow through with a social work license as it allows more freedom within the mental health field, with the option to complete the program through a fast track (advanced-standing students). To place this on students would be a detriment to our license in more ways than I can count. If someone prefers to follow through with additional rquirements, go for it. I, however, believe you get more training from your years of experience, rather than adding unnecessary, unpaid hours to internships.

Commenter: Keeley Thomas, LCSW-C 6/30/17 9:43 am

I oppose

As a director, I supervise a team with numerous, qualified clinicians who have attended non-CACREP programs. It would be a detriment to clients if this initiative were to pass.

Commenter: perry nerantzis

6/30/17 9:43 am

I fully support this action

Despite my Maryland colleagues desire to scuttle this Va bill, i am in full support of it. when i attended a CACREP school in Va. (JMU in mid 80's) it was in the midst of the licensing efforts in Va. I continued with my studies and reveived the 60 hours necessary for licensure. however, i moved to and worked in Maryland where i had to wait 10 years before Maryland offered a professional license. and even then folks were grandfathered in with less than the Va requirement of 60 hours. my understanding is that maryland still does not offer a 60 hour master or a post master such as an Ed.S. Heck, even Maryland social workers had to go get a "-C" to bring them in line with other national clinical LCSW's.

PS. does anyone beleive that social workers

Commenter: Nicole Halmos

6/30/17 9:44 am

Opposed to CACREP only legislation

CACREP only legislation is an example of lobbying at its worst. There is no question that well-trained qualified professionals are necessary and that there needs to be some oversight in ensuring that mental health professionals meet a standards of practice. However, the claim that CACREP accredited institutions are the only, or even the best way, to achieve this is false and biased. The proposed initiative is an implicit attempt by CACREP accredited universities and the CACREP business entities to secure market advantage. It will gradually eliminate or harm graduate programs that offer Masters degrees in Counseling Psychology, Creative Arts Therapy, Clinical Psychology, Sports Psychology, Forensic Psychology, etc., whose graduates qualify for licensure through rigorous training and examinations. Universities which have requirements as or more rigorous than CACREP accredited universities, but who do not wish to pay the fees involved in becoming CACREP accredited would suffer as would qualified professionals who graduated prior to CACREP accreditation.

The LCPCM (Licensed Clinical Professional Counselors of Maryland) supports an inclusive vision of mental health counseling, based on meeting course and clinical experience requirements, not degree title or accreditation. We are very concerned when an accreditation body attempts to create an educational monopoly, based on unproven claims of superiority, and does not allow alternative accreditation bodies to approve equivalent routes to mental health counselor licensure.

The Commonwealth of Virginia should be working toward parity of licensure between Maryland and Virginia to insure an ample supply of mental health professionals who can practice in Virginia; since such a policy would allow all Virginia residents access their to highly qualified mental health professionals from Maryland. Unfortunately, that is not the stance the Commonwealth of Virginia is taking. They wish to make licensure more restrictive based on graduate program accreditation rather than the competency or experience of the practitioner. The narrowness of this approach is curious at a time when Virginia is in need of highly qualified mental health professionals to treat their residents

Commenter: Patricia Simpson, Private Practice 6/30/17 9:53 am

Unethical and immoral.

Therapy without the basis of psychology is just lip service. CACEP policies and standards of practice renders Professional Counselors as nothing more than "Life Counselors." CACREP dummies down important mental health services. UNETHICAL AND IMMORAL!

Commenter: Allison Pastine, LCPC 6/30/17 10:25 am

NO TO THIS ACTION

As a Licensed therapist who attended a CACREP institution, and who values CACREP, I still oppose this issue. In many cases institutions are providing the same quality education and requirements as their CACREP counterparts. At a time when mental health service needs are at an all-time high, we choose to put up more road-blocks? This is not a good move Virginia!

Commenter: Leslie Stanbury, L.C.P.C. 6/30/17 10:32 am

strongly oppose CACREP only requirement

Commenter: Mind's Eye Psychological Services 6/30/17 11:02 am

No to the unfair CACREP Monopoly

This initiative is clearly an implicit attempt by CACREP accredited universities to secure market advantage in licensure. It will gradually eliminate or harm graduate programs that offer Masters degrees in Counseling Psychology, Creative Arts Therapy, Clinical Psychology, Sports Psychology, Forensic Psychology, all of which are equally valuable and vitally important for treating and healing holistically. As a LPC/LCPC whom has competently and effectively helped countless individuals, families, and organizations throughout the DMV, this unfair act would have prevented me from practicing and helping so many.

Commenter: Linda Wilkens, LCPC 6/30/17 11:19 am

NO to CACREP monopoly

I stongly support an inclusive vision of mental health counseling, based on meeting course and clinical experience requirements, not degree title or accreditation. I am very concerned when an accreditation body attempts to create an educational monopoly, based on unproven claims of superiority, and does not allow alternative accreditation bodies to approve equivalent routes to mental health counselor licensure.

At a time when access to mental health is jeopardized by legislatures, cut backs in funding and continued stigma, it is obscene for an entire State to further limit their citizens ability to get proper

care for mental health issues. This nation, as a whole, can no longer treat mental health as a lower tiered health care provider that is only called upon when there is another tragedy. How many tragedies do their have to be before we get serious about access. CACREP is only one accrediting body. This is nothing more than a power grab and has nothing to do with quality of programming.

Commenter: Nina Dillembeck 6/30/17 11:28 am

No it is disct

Commenter: Nina Dillembeck LCPC 6/30/17 11:33 am

No

Commenter: Aldin Gordon, AMA Transitional Services, LLC 6/30/17 11:36 am

Co CACREP

No to CRAP monoply

Commenter: Christy Gordon, Aspire Counseling 6/30/17 11:46 am

No to CACREP

A national board would be much better for all LCSWs and LCPCs. Would make it easier for colleges, ceu training programs, parity and transfer when moving.

Commenter: James Aronson, Ph.D. 6/30/17 12:01 pm

Cudos to CACREP, but NO to CACREP-only: Ethics, Economics, and Alternatives

CACREP has done MUCH to establish a scope of practice for professional counselors, put standards front and center for the discipline, and passionately advocate for counselor identity. All good and important. However, there is no credible evidence that support CACREP's claim that graduates of CACREP programs are better trained than graduates of non-CACREP graduate programs. Also, as noted in the economic impact study, there is a net negative impact of the regulation on small business development. On ethical grounds, qualified practitioners would be

unable to meet the needs of vulnerable people in the Commonwealth of Virginia.

Alternatives:

1. The Masters in Psychology and Counseling Accreditation Council (MPCAC) is one alternative accrediting body with a fast growing list of graduate programs that include some of the nations top counselor training programs.

2. State Boards set standrads for graduate education, and most state regulations already meet CACREP standards.

CACREP-only regulations add little, and will have a negative community impact. The first prnicple of ethics is, "Above all do no harm." Please vote no on the proposed revision.

Commenter: Nina Dillembeck 6/30/17 12:09 pm

No , it is political,

Commenter: Nebojsa Zimonjic, MS, LCPC 6/30/17 12:29 pm

Oppose CACREP only legislation

The Council for Accreditation of Counseling & Related Educational Programs (CACREP) serves as one of the four major entities of the counseling profession in the United States; the other two entities are the American Counseling Association the National Board of Certified Counselors and the American Mental Health Counselors Association.

I am a foreign national in process of naturalization and practicing LCPC in the state of Maryland. My strong opinion is that the current proposed legislation has the potential to further limit, as well as divide, the availability of quality services to the community if it is solely basing CACREP programs as a main competency/accreditation standard. In this way legislators would be creating a vacuum and another obstacle for already practicing clinicians. I foresee this proposal as a method of dividing us as professionals, rather than working on keeping us united towards the common goal.

Commenter: DTK, PhD 6/30/17 12:34 pm

Ridiculous to Require CACREP

Do something meaningful like standardizing basic program content elements statewide and demonstrate that the requirements are comparable to social worker training. Competing within the profession is so stupid. Seek the same "priviliges" as social workers! Promote professional high

standards with inclusion rather than exclusions. Can you prove CACREP makes better professionals? Such small thinking.

Commenter: Belle Liang, Boston College 6/30/17 12:43 pm

No to CACREP Only

No to CACREP-only: Ethics, Economics and Alternatives

CACREP has done MUCH to establish a scope of practice for professional counselors, put standards front and center for the discipline, and passionately advocate for counselor identity. All good and important. However, there is no credible evidence that support CACREP's claim that graduates of CACREP programs are better trained than graduates of non-CACREP graduate programs. Also, as noted in the economic impact study, there is a net negative impact of the regulation on small business development. On ethical grounds, qualified practitioners would be unable to meet the needs of vulnerable people in the Commonwealth of Virginia.

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CACREP-only regulations add little, and will have a negative community impact. The first prnicple of ethics is, "Above all do no harm." Please vote no on the proposed revision.

Commenter: Shari Modlin 6/30/17 12:45 pm

NO to CACREP monopoly

Commenter: Raji Ramachandran LCPC, Advanced Therapeutic Services LLC. 6/30/17 1:17 pm

I oppose

It is unnecessary and appears to be political. Are my 10 years in the field of no value now?

Commenter: Antoinette Lancaster/ Diversified Lifestyle Sevices 6/30/17 1:28 pm

Absolutely no to CACREP monopoly

Dr.

Good Day,

I am a Licensed as a LCPC in MD and LPC in DC and certified as a NCC, MAC, and SP. I obtained these lic need and certifications after graduating in 2008 from a non-CACREP program. I own and operate a private practice in the area and provide a high quality of service to very diverse people. No graduate of a CACREP program is more prepared than I to provide re the same services. Let's focus on being inclusive instead of excluding those that did not attend a CACREP program. Accreditation is not a students focus. Obtaining a quality education and developing skills to helping other is. Therefore, I vote no to the CACREP monopoly.

Dr. Lancaster

Commenter: Diane Younkins, Wisdom Works 6/30/17 2:12 pm

Unfair limitation

Please do not limit licensure for clinical counselors to CACREP certified programs. I am blessed to have attended a CACREP program. However, I have worked with clinicians in Virginia and elsewhere who have been educated in rigorous programs across the United States. It is troubling to see a certification body have a monopoly on educational pathways for clinicians. I am not sure what this gains patients and the community clinicians serve.

My private practice in just over the Va/Md line near Lovettsville, Va. This is an underserved area for mental health services. The last thing this region needs is less providers. I am not sure why we need to limit the avenues to education and training for mental health therapists. Virginia already has a very rigorous set of standards for clinicians to be licensed.

My hope is that whatever concerns there are about qualified candidates for licensure can be addressed through the testing and post-graduate work required for licensure.

Most Sincerely,

Diane Younkins, LCPC-S (Maryland), NCC

Commenter: Troy Leishman 6/30/17 5:38 pm

CACREP monopoly is wrong

Monopolies are never okay in a marketplace, it causes harm to the market and overal ecology of a community. Furthermore I believe that CACREP organization is subpar in its abilities therefore making the decision to allow CACREP to control licensure would result in the decrease of quality in future counselors.

Commenter: Dr. Carol A. Deel, Carol A. Deel & Associates 7/1/17 1:51 am

OPPOSE

There are many excellent counselors working in the field today that did not graduate from a college or university that had this accreditation. It would be a travesty for Virginia to lose these individuals, especially now when we are in dire need of qualified mental health workers. I ***strongly*** oppose this Regulatory Action. I encourage you to consider the possibility that you would be treading on

anti-trust grounds. It would be important for you to research this aspect of the Regulatory Action, that is disallowing competent professionals from doing their job.

Commenter: Turkessa Demisse, Turning Point Clinic 7/1/17 8:48 am

Oppose

This change in policy simply increases barriers that consumers experience when trying to access mental health services in VA. I am confident that the regulatory boards that currently supervise mental health education programs do a good job guiding and maintaining the high quality preparation of mental health professionals in this area.

Commenter: Barbara Currano, MA, NCC, LCPC 7/1/17 12:34 pm

I oppose

Commenter: John Gasparini 7/1/17 1:51 pm

I Oppose CACREP

Why in the world should licensure for mental health counseling be limited to a group that forbid the use of the word psychology? Counselor educators (CACREP) are not fully educated!!

Commenter: Debra Mollen 7/1/17 2:08 pm

Oppose CACREP-only monopoly on Master's-level practice

CACREP's attempt to force out graduates from non-CACREP programs is at once self-serving, amoral (insofar as it results in fewer licensed practitioners to provide critically important mental health services), and unviable for meeting the needs of the citizens of Virginia. CACREP prohibits accreditation of programs that provide quality psychological training to Master's-level clinicians. Their tactics only exacerbate the problem of failing those people most in need receive adequate services.

Commenter: Suzanne Mazzeo 7/1/17 2:58 pm

Please vote no!

Please vote no on the proposed revision. As noted in the Economic Impact Analysis, conducted by the Virginia Dept. of PLanning and Budget, "Given the significant costs associated with requiring CACREP accreditation, the uneven and uncertain benefits of doing so and the lack of empirical evidence that this proposal is necessary to protect the health and safety of Virginians, the costs of this proposed change appear to outweigh the benefits"

Commenter: Aaron Dembe, University of Utah 7/1/17 9:44 pm

Oppose this power grab

The CACREP-only legislation that is up for comment does not benefit healthcare providers or the people of Virginia. Instead, it is a power grab, fueled by profit motive, that mostly benefits CACREP. Nothing illustrates this more than the shady and underhanded techniques CACREP employs in order to extend its power, by use of misinformation, propaganda, and sleight of hand. This legislation is unnecessary. There are many viable - and superior - alternatives to CACREP and there is no reason to create an unchecked monopoly when individuals' lives and livelihoods may be affected. CACREP-only legislation will narrow the field of counselors and programs without increasing quality. Please do not sign this into law.

Commenter: Paul Perrin, Virginia Commonwealth University 7/2/17 4:50 am

Vote NO

I strongly oppose this legislation. I am a licensed clinical psychologist and teach in a doctoral psychology program in Virginia that along the way to a PhD provides master's degrees to students (non-CACREP-accredited). This legislation is nothing more than the effects of a turf war and would have the unintended consequences of limiting access to care of patients seeking mental health services throughout the Commonwealth by reducing the number of licensed master's prepared mental health professionals. The clinical training that programs such as mine provide is outstanding, and CACREP is attempting to monopolize the training of master's-prepared mental health professionals. After events such the situation with Creigh Deeds' son or Virginia Tech, this is literally the last thing we need in the Commonwealth. I highly suggest that our legislators deeply consider its ramifications.

Commenter: Krissa Jackson, LGPC 7/2/17 7:49 am

Please vote "no".

Please vote "no". Thank you for considering this on our behalf.

Commenter: Mary Beth Heller, Ph.D. LCP 7/2/17 10:24 am

Opposed to CACREP limitations

I am writing to express strong opposition to this legislation. I have been a licensed clinical psychologist in Virginia for 12 years. I graduated from an APA-approved highly competitive Ph.D. program in Virginia. After several years in private practice, I now direct a university-affiliated training clinic in a different doctoral psychology program in Virginia. Midway to their PhD,

our students earn a master's degree in our APA (non-CACREP) approved program. This legislation is being proposed and supported by those who have limited knowledged understanding of the various routes to training as mental health clinicians. This bill reflects nothing more than intraprofessional turf wars. The clinical training provided through APA-approved programs is outstanding, yet CACREP is attempting to monopolize the training of master's-prepared mental health professionals. By reducing the number of licensed mental health professionals in the Commonwealth, the legislation would limit access to care of citizens seeking mental health services. As events too close to home, such as the tragic death of Creigh Deeds' son and the violence perpetrated at Virginia Tech, demonstrate, limiting the number of master's level mental health clinicians will have dire consequences. I urge our legislators to carefully consider the consequences of passing this legislation.

Commenter: Jodie Foster, LCPC 7/2/17 8:39 pm

I oppose.

Many highly qualified professionals with excellent training and education would be denied a license in favor of less qualified and less experienced individuals. This will only hurt clients seeking mental health treatment in Virginia.

Commenter: Joseph Prajzner LCPC 7/2/17 10:41 pm

I oppose

Commenter: Sr Catherine Waters, OP, PhD Caldwell University 7/3/17 8:08 am

Opposing CACREP-Only Counselor Licensing

There is no evidence to support the need for all Counselor Education programs to acquire CACREP accreditation in order to ensure appropriate professional outcomes. Counselors have been delivering competent and caring service for many years and will continue to do so with or without CACREP accreditation. Seeking this accreditation should be at the discretion of the institution. It should not be a requirement for licensing.

Commenter: Earlene Williamsq 7/3/17 8:39 am

I oppose CACREP only regulations

The Commonwealth of Virginia should be working toward parity of licensure between Maryland and Virginia to insure an ample supply of mental health professionals who can practice in Virginia; since such a policy would allow all Virginia residents access to highly qualified mental health professionals from Maryland. Unfortunately, that is not the stance the Commonwealth of Virginia is taking. They wish to make licensure more restrictive based on graduate program accreditation rather than the competency or experience of the practitioner. The narrowness of this approach is curious at a time when Virginia is in need of highly qualified mental health

professionals to treat their residents.

This initiative is an implicit attempt by CACREP accredited universities to secure market advantage in licensure. It will gradually eliminate or harm graduate programs that offer Masters degrees in Counseling Psychology, Creative Arts Therapy, Clinical Psychology, Sports Psychology, Forensic Psychology, among others, that qualify for licensure as a mental health counselor. In a CACREP-only state, these degree programs would not be recognized or approved by the state professional board; and the degree holder would be unable to practice as a mental health counselor.

The LCPCM (Licensed Clinical Professional Counselors of Maryland) supports an inclusive vision of mental health counseling, based on meeting course and clinical experience requirements, not degree title or accreditation. We are very concerned when an accreditation body attempts to create an educational monopoly, based on unproven claims of superiority, and does not allow alternative accreditation bodies to approve equivalent routes to mental health counselor licensure.

Commenter: Letitia Travaglini, University of Baltimore 7/3/17 10:08 am

NO to CACREP-only legislation

I strongly and adamantly opposed CACREP-only legislation currently being considered in Virginia. I am currently an adjunct professor at University of Baltimore's (UB) Applied Psychology Master's program, where many student's apply for licensure (LCPC) upon graduation from the program. Many students from the program live in Virginia, and their amazing academic and clinical work could be for naught should this legislation pass. I've only been at UB for a short time, but I have already been amazed by the program: the dedication of the faculty and staff to mount a solid training program and advocate for their studets; and the work ethic and solid baseline clinical skills the students bring to their education and training experience. UB adhere's the MPCAC accrediting guidelines, that are in line with, and at times even more rigorous, than CACREP standards. These students are well-trained in the classroom and as well as in their clinical settings, and will be positive assets to the counseling professional community.

I am currently teaching a professional identity and ethical/legal issues in counseling and psychology course at UB, and we spend the first few weeks discussing professional identity and the current CACREP "crisis" in the field. UB faculty understand the necessity and importance to educate students up front (the class is taken within the first year, usually in the students' first semester) about the unfair pressures CACREP is trying to place on states. This leads to a lot of passionate discussions about the state of the field, with many students expressing concern and frustrations about how this is ultimately affecting clients for the sake of money/power. For students so early in their training to already be focused on client welfare - a cornerstone to ethical and professional practice - is amazing and a sign they will be making great decisions in their future careers.

I strongly urge you to reconsider CACREP-only licensure requirements in Virginia. By restricting the practice of well-qualified counselors, you are ultimately doing a disservice to those most in need in your state.

Commenter: Dr. Christopher Bazemore PsyD 7/3/17 10:10 am

Regulatory Action

DearRepresentive, counslerIn this hour of need many good people are looking for help.The

counselors ready to help.Please, Sirs, do not block good season counselor with a bill that requires only a few in the playing field of good, level rich, professional health.There are right now master-level and doctoral level men and women ready to give good help.The rate of stress, them self's people train themselves just because no one was able to talk to them at the moment of crises don't place a bill into operation to stop, kill, freeze a need.Dear men and women of the public you can save, you vote to help.Thank You.Dr. Christopher.

Commenter: Natalie Dautovich, PhD Virginia Commonwealth University 7/3/17 10:38 am

Opposition to CACREP only legislation

I am in complete oppososition to this legislation. As a professor of psychology in a doctoral psychology program in Virginia that along the way to a PhD provides master's degrees to students (non-CACREP-accredited), I am very concerned that this legislation will critically limit the number of providers who can deliver necessary mental health services. The training providing by non-CACREP PhD psychology programs is outstanding and would be destroyed by this legislation. This legislation is purely an attempt to create a monopoly of training for mental health professionals and it is without practical or policy justification.

Commenter: Melanie Bean, PhD Virginia Commonwealth University School of Medicine 7/3/17 10:42 am

Oppose CACREP only proposal

I strongly oppose this legislation. I am a licensed clinical psychologist and teach in a doctoral psychology program in Virginia that along the way to a PhD provides master's degrees to students (non-CACREP-accredited). This legislation is nothing more than the effects of a turf war and would have the unintended consequences of limiting access to care of patients seeking mental health services throughout the Commonwealth by reducing the number of licensed master's prepared mental health professionals. The clinical training that programs such as mine provide is outstanding, and CACREP is attempting to monopolize the training of master's-prepared mental health professionals. After events such the situation with Creigh Deeds' son or Virginia Tech, this is literally the last thing we need in the Commonwealth. I highly suggest that our legislators deeply consider its ramifications.

Commenter: Everett L. Worthington, Jr., Commonwealth Professor, VCU, Licnsd Clin. Psyc 7/3/17 11:37 am

Oppose to CACREP-Only Restriction of Trade

I am strongly opposed to this legislation. I have served the Commonwealth for many years as a licensed clinical psychologist, professor at VCU, and at one point, Chair of the Mental Health Planning Council of Virginia. I have been a faculty member in the PhD Counseling Psychology program (APA-accredited), Director of Training for the Program, and Chair of the entire Department of Psychology. Counseling Psychology at VCU trains competent master's degree students and it is not CACREP-accredited. I would match our students against those of any CACREP program in the country. The legislation under consideration (a) restricts trade (by denying well-trained MS psychologists to practice and placing an unfair burden of proof on them

relative to those in CACREP programs), especially if no alternative is provided, (b) restricts trade by making it difficult for people moving to VA without CACREP credentials to get a job or places an unfair burden in making them justify their program differentially from those in CACREP programs, and (c) restricts trade in the employment of psychologists, who will not , by CACREP fiat, be allowed to be employed as faculty in CACREP programs in spite of having APA-accredited PhDs. The result of these restrictions on trade, even though not intended, would be to restrict access of patients to the mental health treatment they need and deserve. As a former Chair of the Mental Health Planning Council, I know that this is not something that mental health providers or patients or advocates of patients want. I believe this legislation is simply a result of the squabble between the American Psychological Association, which does not accredit master's programs and the CACREP consortium. But whereas master's programs cannot meet the rigorous standards of PhD education and training, the APA-accredited doctoral training programs that require a master's degree en route meet the same training standards of any CACREP program.

It is encumbent on the commonwealth to provide a reasonable alternative to CACREP-only approval. I would suggest that CACREP or graduating with at least a master's in an APA-accredited program should be acceptable for licensure and, if neither qualification is met, then the licensure candidate should be able to justify on a course-by-course, practicum-by-practicum and post-degree supervision equivalence.

Commenter: Erin McConnell, LCPC, LCPAT 7/3/17 12:10 pm

I oppose the CACREP Only Proposal

CACREP only accredidation for counselors is a limiting and unreasonable accountability for graduate professional education. While I agree that holding national standards for counseling accredidation would help streamline training for counselors based on national standards that have reciprocity throughout the states, CACREP is not the way to do this.

Commenter: Jaime Barnes, NCC, LCPC Depart. of Health 7/3/17 12:14 pm

I Oppose CACREP only proposal

Commenter: Keith Gunnerson ACMHC 7/3/17 12:14 pm

Oppose CACREP only requirement

Requiring a student to graduate from a CACREP-accredited program would not increase the quality of counselor training as other programs already ensure competence by requiring the NCMHCE. I believe it would decrease the number of available mental health counselors which would be a disservice to the people of Virginia. I oppose this regulation.

Commenter: Nicholas Bonacci 7/3/17 1:11 pm

Cacrep only = Losers only

To proposers of bill:

Please stop the foolishness

You want to make a professional standard change 40 years TOO LATE. Get a life, don't take ours

You do not need to fix or control for a license that limits others who do good work. You are useless to society and nobody wants you.

Commenter: Virginia White LMHC 7/3/17 1:44 pm

Oppose CACREP only

CACREP only is costly and unecessary. There is no reason for one accreditation entity only and it verges on monopoly. The curriculum provided my most schools is exactly the same for counseling psychology or professional counselors. Why add anothe layer of cost to the process? In more isolated areas this will prevent organizations from educating new counselors when mental health is a huge issue. Please allow accreditation to be handled by more than one agency

Commenter: Lori simmons Congruent Counseling 7/3/17 3:14 pm

No!

There is no good reason to implement this restriction on well trained mental health professionals that are so needed. This will benefit no one and would clearly be a decision driven by lobbying and money rather than to ensure people get the best mental health care.

Commenter: Pamela Cornejo, University of Utah 7/4/17 12:20 am

I oppose the proposed CACREP regulation

CACREP's involvement in the therapeutic counseling is at the detriment of therapists and clients. It is purely motivated by financial gain of those who provide the "accreditation." Virginia should not support or seek to use CACREP as a measure of clinical compentency.

Commenter: Marcia S.Harrison 7/4/17 10:06 am

CACREP PROPOSAL

I oppose exclusivity propsal. Licensure would be granted only to those whose degree was conferred by one type of approved program rather than other programs which are effective at providing qualified practitioners to help fulfill the needs for Mental Health treatment.

Commenter: University of Baltimore, University of Maryland, Baltimore 7/4/17 11:09 am

Strongly Oppose CACREP Only

The motivation behind this "CACREP-Only" movement is **not** an effort to "improve" counseling standards, it is a political power-grab. Look at the details!! For decades, an appropriate Masters Degree and passing the National Certified Counselor (NCC) | NBCC or the National Clinical Mental Health Counselor Exam (NCMHCE) has sufficed as worthiness proof for licensure. Currently Virginia requires education and experience requirements similar to those in Maryland. If you believe that these requirements have ensured counselors are competent, then the CACREP-only argument is frivolous. **It is simply another impediment for those who wish to serve and those who require our service.**

Additionally, the attached Economic Impact Analysis, which concludes "Given the significant costs associated with requiring CACREP accreditation, the uneven and uncertain benefits of doing so and the lack of empirical evidence that this proposal is necessary to protect the health and safety of Virginians, the costs of this proposed change appear to outweigh the benefits" (p. 14) http://www.townhall.virginia.gov/l/ViewStage.cfm?StageID=7390

Commenter: Kristen Anderson, LPC 7/4/17 11:40 am

Oppose CACREP only

CACREP only accreditation has no measurable positive impact on counseling quality in VA. It will effectively limit access to otherwise extremely qualified mental health professionals, particularly for historically under served populations. Development of standards for counselors is important, but using CACREP as a measurement of quality is ineffective. VA already has some of the most rigorous standards for licensure in this area, please don't add an arbitrary barrier in this process.

Commenter: Tametra Hogue, Christ First Counseling 7/5/17 10:28 am

Strongly Oppose CACREP Only

I feel this initiative is an implicit attempt by CACREP accredited universities to secure market advantage in licensure. It will gradually eliminate or harm graduate programs that offer Masters degrees in Counseling Psychology, Creative Arts Therapy, Clinical Psychology, Sports Psychology, Forensic Psychology, among others, that qualify for licensure as a mental health counselor. In a CACREP-only state, these degree programs would not be recognized or approved by the state professional board; and the degree holder would be unable to practice as a mental health counselor.

I are very concerned when an accreditation body attempts to create an educational monopoly, based on unproven claims of superiority, and does not allow alternative accreditation bodies to approve equivalent routes to mental health counselor licensure.

The Commonwealth of Virginia should be working toward parity of licensure between Maryland and Virginia to insure an ample supply of mental health professionals who can practice in Virginia; since such a policy would allow all Virginia residents access to highly qualified mental health professionals from Maryland.

Commenter: Virginia Commonwealth University 7/5/17 2:11 pm

Supportive of CACREP

I am writing in support of requiring a degree from a CACREP-accredited program or approved affiliate for licensure as an LPC. Endorsing standards of education for counselors should not be something to fear. It improves the rigor and identity of those choosing counseling as a profession. It also provides an understood baseline of education that every LPC will receive. In addition, it reflects the current licensure portability plan that has been proposed by the American Mental Health Counselor's Association, Association for Counselor Education and Supervision, National Board of Certified Counselors, and Amerian Association of State Counseling Boards ("Holds a graduate-level degree from a program accredited by CACREP"). This plan can be found at the following link: www.amhca.org/portability2017

These major professional counseling organizations recognize the importance of standards for counselor education. It does not go unnoticed that many individuals on this comment page are psychologists or represent programs without accreditation. The LPC is not specific to the identity of psychologists but it is specific to the identity of counselors. If we do not adhere to counselor education standards in regard to the professional identity of counselors, then this will not be addressed in degree programs or meet the VA state licensure requirements. Psychology graduate programs, at this time, do not attend to the master's level practitioner so it concerns me that they are using the LPC to be a safeguard for students who do not matriculate through the doctoral-level psychology programs. This is a separate issue from this amendment and should be treated accordingly.

Finally, I am the program coordinator of the counselor education program at VCU. I am a professor who also advises and supervises our students and meets individuals who wish to hire counselors. I am told by these individuals, repeatedly, that they turn to us for graduates more so than programs that are not CACREP-accredited. They tell me they can tell the difference in students who are interning or have been hired in their school districts and community agencies. Although I do not seek these comments, they validate our efforts and adherence to CACREP standards.

Commenter: Madrigal Thompson LPC, LCPC 7/5/17 2:43 pm

Strongly opposed to Cacrep only

Monopoly is never a good idea.

over this text and enter your comments here. You are limited to approximately 3000 words.

Commenter: Pamela Jackson, Radford University 7/5/17 5:36 pm

Strongly opposed to CACREP-only regulation

Please do not pass this legislation. There is a shortage of licensed mental health providers in rural

areas. If this legislation is approved there will be even fewer mental health providers available. For example, the vast majority of master's level graduates from Psychology Programs around the country will NOT be license-eligible in Virginia. Excluding Psychology graduates is untenable given that the Virginia Department of Planning and Budget Economic Impact Analysis concluded that "in Virginia, requiring CACREP education would not appear to improve the quality of counselors as there is no reported differential in complaints or efficacy of practice between counselors that have CACREP education and those that have non-CACREP education" (page 4).

Commenter: Sherri Cohen, LCPC 7/5/17 6:40 pm

Strongly OPPOSE cacrep regulation!

Commenter: Christina Gargiulo, LCPC 7/5/17 6:48 pm

Strongly OPPOSED to VA accepting only CACREP

I am opposed to Virginia adopting CACREP only licensed counselors. This is unethical....it would create a monopoly for CACREP, counselors would suffer, and the people of Virginia would suffer s loss of practicing counselors. This change would be totally wrong.

Commenter: Sarah Saffran LGPAT, LGPC 7/5/17 10:05 pm

I oppose CACREP regulation!

They should not be making it harder for clinicians to serve clients. We dont meed more regulations that limit and restrict trained therapists from doing work in-state or across state lines in the same US of A!

Commenter: Niels Christensen 7/6/17 10:16 am

Opposed

This proposal makes no sense, but is especially concerning given the immense shortage of qualified mental health professionals in Virginia. If counselors have the documented skills and training necessary then they should be entitled to the professional status. An accrediting agency is one route to document the skills and training, but certainly shouldn't be a limiting factor.

Commenter: Julia C Phillips, Cleveland State University 7/6/17 1:05 pm

Opposing CACREP Only Licensure

I am strongly opposed to CACREP only licensure laws. As a faculty member involved in training master's and doctoral level clinicians, I am well aware of the benefits of accreditation. However, to enact licensure laws that require accreditation from one accrediting body ONLY (in this instance, CACREP) is to prematurely shut out other well qualified counselors who have trained in programs

that do not have CACREP accreditation or who train in programs with other accrediting bodies. A monopoly in accreditation does not serve the public well, particularly when we are in need of as many qualified clinicians to meet the rising mental health concerns in this country.
Competency can be demonstrated in many ways. A person could easily document that their program had the elements that the Board has indicated as demonstrating competency. Better to do that work than to restrict licensure to one group of people only. In addition, research does not show that graduates from CACREP programs are any more competent than those from non-CACREP programs.

Commenter: Savannah LeBarre, Radford University 7/6/17 7:19 pm

Oppose-detrimental to rural regions

I oppose! I graduated from Radford University's Psychology Master's program and then went on to get my doctorate. Many who graduated from the same Master's program did not get a doctorate for a variety of reasons. Some went on to jobs, which is beneficial to the community. Rural communities, such as those surrounding Radford, are considered mental health professional shortage areas and changing the criteria to CACREP only, it would likely cause that shortage to increase as many programs do not meet that criteria. That would be detrimental for the rural communities! It would make more sense to increase the ability to have providers available instead.

Commenter: Emily Maschauer 7/7/17 9:48 am

STRONGLY OPPOSE- We need more mental health workers- not less!

This regulation will hurt several graduating students, current mental health professionals, and those wanting to become a mental health professional by decreasing the amount of people who can go into an already dimishing field. We need more mental health workers in VA, and if you limit this ability from Psychology Masters students then you are hurting the community more than anything. Do NOT pass this legislation! If you care about the mental health and well-being of VA citizens, allow Masters psychology students to have the ability and right to earn an LPC and help more people.

Commenter: Radford University Student 7/7/17 10:24 am

CACREP cost.

The current regulation and accreditation requirements created by CACREP create a situation where programs that could produce qualified, LPC certified mental health professionals are now unable to. This is causing programs that have previously produced highly qualified mental health professionals to fight for funding or be shut down altogether. This also creates a situation where students who are currently in a program that is not CACREP accredited who want to be LPC then they have to transfer to another program or graduate from that program and then go into another program. This cost students money and time to get into a field that is already underpaid and overworked. Finally, CACREP creates a level of animosity within universities programs and between professionals because some individuals who are qualified to be LPC now resent the CACREP approved LPCs because they did not receive that opportunity. Programs then have to fight for which one gets to receive CACREP accreditation which creates tension within the

university. Future students can no longer attend the program they would prefer. Instead, they must attend their favorite CACREP approved program instead of a program that matches best with them. I, personally, had to transfer from a program to a program that was CACREP approved which cost me time and money and I believe that both programs could have made me into a qualified mental health professional. I understand the purpose of CACREP and its goal to create regulations for LPC programs. I believe that the level of restriction that the organization places on students, professionals, and programs causes feelings of rejection and marginalization. There are far too many variables for CACREP to be able to fully supervise and regulate every psychological program that exists within the state of Virginia let alone the United States of America. I hope that we can recognize those limitations and allow for other organizations to assist in the regulation of programs that produce qualified mental health professionals instead of limited qualified mental health professional to one accreditation body.

Commenter: Bridgewater State University 7/7/17 11:35 am

CACREAP

I strongly oppose this legislation. I have been the director of a CAREAP program and am now the director of a program accredited by MPCAC. I support and encourage accreditation, but no one accreditation body should control the profession. It's not based on quality, simply a way to corner the market place for counselor education and push out students from psychology programs. It's a disservice to our clients and our constituents, they should be able to choose from the most qualified professionals! Lastly, this would violate a basic human right – freedom to work!

Sincerely,

John A. Calicchia PhD

Commenter: Virigina Commonwealth University 7/7/17 12:38 pm

I support CACREP

A previous poster made the points that I would like to state. LPC is not as recognized as Psychology and Social Work. To work towards this, unity is needed. The CACREP requirement is a unifying step in the profession of counseling as LPCs.

Previous commenter's quote:

"LPCs cannot yet access ease of licensure portability as other MH professions can. Those other professions require an accredited degree program such as APA accredited for psychologists. VA moving to this regulation for licensure would provide for increased consistency of training for LPCs across the US and move the profession towards gaining eligiblity for federal programs such as Medicare and be a step towards licensure portability. This would provide increased access to MH professionals in underserved populations. Additionally, VA regulations for licensure already require a CACREP similar education, this is one step beyond that which supports the above points."

Commenter: William Lee, Ph.D. Virginia Department of Corrections 7/7/17 2:01 pm

Opposed to Proposed CACREP Requirement for LPC

I have supervised graduates from both master's level psychology as well as counselor education programs in various roles within the Department of Corrections. Although their coursework may be different and the philosophies behind their training may be different, I evaluate their abilities, knowledge and skills to do the job. In that sense, both types of graduates (psychology and counseling) from these programs have demonstrated the needed proficiencies to do the work.

As pointed out in other comments, the LPC had been open to both psychology masters graduates as well as M.Ed.'s until recently. If both types of graduates can perform the job and have the skills, and are competent professionals, why are they not able to pursue the LPC? It appears to me to be unfair to restrict the LPC to only certain types of graduates based upon their coursework when other individuals who have the same skills and abilities are being denied this opportunity. If only graduates of CACREP programs are allowed to pursue the LPC, this would be a disservice to those who have graduated from programs that are not CACREP but who are equally able to provide the needed services.

From my perspective, both types of graduates have the background, knowledge, skills and abilities to provide professional counseling services to the citizens of Virginia. Please consider the impact of disallowing a huge resource when quality mental health services are in such high demand. Allowing the pursuit of the LPC by psychology masters graduates can only help promote the education and production of more competent counselors, along with those who graduate from M.Ed. programs. Thank you.

Commenter: Rex Stockton, Indiana University, Bloomington 7/7/17 3:31 pm

Mandating CACREP accreditation in Virginia

Dear Governer McAuliffe,

I am a 50 year faculty member in the department of Counseling and Educational Psychology where I teach school counseling courses. Among other past activities I am a charter board member of CACREP. I have been a strong supporter of the organization since the begining. However, in the last few years they have grown in my opinion to become much more aggressive than we anticipated in the begining. I am not supportive of thier wish to exclude non-CACREP members from licensure I am a member of the Indiana State Board that regulates counseling as well as other mental health groups. we have come under heavy pressure to mandate CACREP membership before one can be licensed. I am happy to say that our board has resisted that for a variety of reasons. I need to specify that I am writing as a private citizen rather than representing the board in an official capacity. However, I do think it is important to note our board's position on this topic, which is a public record. In a long and blessed career I have not found that any one group should have the power to impose their views on others when it comes to training counselors. Counseling is a multi-dimensional activity and is not restricted to any one group. I hope that you will not sign legilation that mandates membership in CACREP.

Sincerely

Rex Stockton

Commenter: Consuelo Cavalieri, University of St. Thomas 7/7/17 5:35 pm

I oppose CACREP

As a graduate of a CACREP accredited institution, I respectfully oppose the CACREP limitation as it will affect the portablility of well-trained master's level mental health professionals to practice in Virginia.

Commenter: Martha Guadamuz, M.Ed Community Agency Counseling, George Mason University 7/8/17 10:13 pm

Strongly oppose CACREP

Dear Governor McAuliffe,

I am a master's student in counseling and development at George Mason University. Our program is oriented towards multiculturalism and social justice. As a student at GMU, I have had the great opportunity to be taught by some of the most incredible and respected experts in social justice, multiculturalism and counseling. I am strongly opposed to implementing the CACREP licensing requirement, legislation such as this will limit the pool of potential mental health professionals at a time of such need, and will also exclude excellent teachers who have not been trained by programs accredited by CACREP; even though, they are the most respected in the field. I urge our legislator to carefully consider the consequences of passing this legislation.

Commenter: Karmen Massie, NRVCS 7/9/17 10:00 am

OPPOSE--career disrupted by Virginia LPC changes

I oppose the movement to make Virginia licensure requirements come from a CACREP only program. I am a graduate from Radford University's Clinical Psychology program. After graduation in 2012, I was able to get a job working at the local community service board, New River Valley Community Service Board (NRVCS), with no issues as a clinician. After working for NRVCS for 3 years, my job became limited because of the regulation changes for clinician's that were not licensed eligible. For example, I was no longer able to complete assessments needed at the crisis stabilization unit I worked at and still work at as a clinician. I felt forced to go back to school for either another mater's program or a doctorate. I did not have the finances to quit work and pursue a doctorate, so I attended another master's program at Radford University, the Counselor Education: Clinical Program. I felt there was a huge amount of overlap of material and education from my Clinical Psychology degree and the Counselor Education program. I felt it was more of a 2 year review than new education. I worked full time at NRVCS and went to school full time for 2 years, so I could keep working in a field I love. I spent more money and time on the second master's degree that I felt was not needed to be able to work as a mental health professional. I now have 2 master's degrees from the same university, worked in the mental health field for 5 years, and now I can try to apply for licensure supervision, which will take at least another 2 years before I can take the LCP exam. I could have already been licensed after my first master's program (Clinical Psychology) and provided the needed services for my community. These regulation changes are not helping my community. The regulation changes have and will continue to limit the services needed in rural Virginia. We need more mental health professionals, not less.

Commenter: Pamela Foley, Seton Hall University 7/9/17 10:03 am

Strongly oppose CACREP

Others opposing the CACREP restrictions have made excellent points, and I will not restate all of them. However, I would like to call attention to what I believe are the most important roles for the State of Virginia in this debate, and those are protection of the general public and ensuring access to high quality mental healthcare. Both of these goals would be served by a broad licensure requirement that allows counselors to be educated by those in related professions that also have strong scientific and ethical standards, including psychology, rather than the very narrow CACREP standards requiring faculty in counselor education programs to only have doctoral degrees that are specifically in counselor education. The CACREP restriction serves the interests of some professional counselors, specifically those who have graduated from CACREP programs, as well as the economic future of programs that educate these counselors. However, it damages counselors from equally rigorous programs, decreases access to care, and does not protect the public in any meaningful way. Seton Hall University has been educating highly qualified and competent counselors and counseling psychologists for decades, and they are in practice in states across U.S., including Virginia. All counselors must already meet rigorous requirements for licensure, including appropriate curriculum and supervised clinical experience, as well as a passing score on a national examination. The State of Virginia has already met its obligations to its citizens, and additional regulation would only result in unnecessary red tape.

Commenter: Rashida Walker LPC 7/9/17 6:41 pm

Oppose CACREP only in VA

Commenter: David Stuhldreher, Chesterfield County Mental Health 7/10/17 7:28 am

OPPOSE Restrictive Regulation

I strongly oppose the CACREP only regulation being proposed. Not only is it nonsensical to think that there is only one way to become competent in such a diverse field, it is also harmful to the citizens of Virginia to think this way. I am aware of numerous colleagues who have been forced to take their skills to the populations of other states due to the over restricitve regulations surrounding licensure in Virginia. I myself have been restricted to working in the field of corrections due to my inability to become licensed. Corrections is the largest provider of mental health care in the state and they recognize the need for skilled individuals regardless of an arbitrary set of guidelines set forth by the Board of Counseling. Potential counselors should be given the opportunity to become licensed based on practical knowledge and skills alone. CACREP is just another unnecessary piece of paper.

Commenter: Brianna Epps, George Mason University 7/10/17 1:38 pm

No to CACREP

The CACREP-only proposal excludes or minimally mentions many important aspects of what it means to be a counselor in Virginia. Multicultural and social justice competencies and education should be a leading factor in understanding and supporting how counseling can be facilitated in our community. Requiring CACREP as the only accrediting body also limits the diversity of counselors

to come in the future. There are plenty of programs that produced highly-qualified, well-educated counseling graduates that are not CACREP-accredited. Mandating CACREP standards does not reflect the diversity and inclusion that our field stands for. Currently, the Virginia licensing process is strict but allows for the best professionals to practice in our area. Let it continue to maintain that way without limiting to CACREP only.

Commenter: Lisa Willner, Kentucky Psychological Association 7/10/17 2:24 pm

Oppose limiting counselor licensure to CACREP-accredited programs

Dear Governor McAuliffe,

On behalf of the members of the Kentucky Psychological Association (KPA), the KPA Board of Directors is urging you NOT to approve **the proposed licensing regulations** that would limit counselor licensure only to individuals graduating from CACREP-accredited programs.

The CACREP-only licensure restriction has already occurred in Kentucky and we are now beginning to see the consequences. On the surface, ensuring that programs are accredited is a worthwhile endeavor. The reality in this case, however, is that when you exclude established graduate psychology programs in quality universities that provide excellent training it only serves to lessen the talent pool in a state that desperately needs good, qualified mental health providers. Talent is diminished in two ways: 1) fewer applicants to training programs in the state and 2) fewer individuals who are now licensable to work in Master's-level positions. These practitioners are typically the backbone of providing mental health services, particularly in rural or less populated areas. Kentucky has made this mistake and we urge you to not allow Virginia to follow suit.

Psychology programs that offer a clinical or counseling psychology master's degree are not eligible for CACREP-accreditation even though the coursework and requirements are similar. This is a "turf issue" with monetary consequences, rather than one regarding competency and quality. In Kentucky, the Licensed Professional Counselor Board has touted that CACREP accreditation ensures that an applicant has a "counseling" identity. This, in our opinion, is an overreach. For example, counseling psychologists have historically held dual identities (e.g., maintaining membership both with the American Counseling Association and with the American Psychological Association). CACREP should not be permitted to unilaterally define what "counseling" is with regard to a professional identity held by both counselors and counseling psychologists.

The best method of assuring Virginians access to quality mental health care is to maintain the present regulations, which allow for multiple paths toward licensure for professional counselors, including counselor education programs and psychology programs.

The people of Virginia, as well as in Kentucky, need the strong consumer protections provided in the current regulations. We urge you to take action to stop this proposal, thus ensuring that Virginians will continue to have access to quality mental health care, with no restrictions imposed by an organization with no oversight or accountability.

Thank you for your consideration,

Best regards,

Lisa Willner, Ph.D.

Executive Director, Kentucky Psychological Association

Commenter: Madge Quesenberry 7/11/17 1:13 pm

NO TO CACREP. If one takes required courses and passes the NCE and has been approved by their State

Commenter: Madge Quesenberry, LCPC Washington Adventist University 7/11/17 1:29 pm

No to CACREP

If one takes required courses and passes the NCE and is approved on the State level then why does CACREP have to be the deciding factor for Virginia. Virginia wants to penalize colleges and universities that most likely are not state schools. Just because a program is not CACREP approved does not mean that it is inferior and most likely could be superior to those who have gone through a lengthly process deemed necessary by just another organization that requires more fees, more dues, more paperwork.

Commenter: George Mason University 7/11/17 4:58 pm

Vote no on CACREP

Dear Governor McAuliffe,

I am writing to express my opposition to the proposed CACREP licensure requirement. I am presently a graduate student in the Counseling and Development program at George Mason University and I echo the sentiments of my professors and fellow classmates. If passed, the proposed CACREP requirement would be detrimental to counselor education and the counseling profession by limiting opportunities for future educators and counselors on the basis of having earned degrees from non-CACREP accredited schools. Universal standards do not cultivate creativity, cultural competence, passion, or diversity in academic and professional backgrounds. Many of my professors possess these qualities despite holding degrees from non-CACREP accredited schools, and I believe that these qualities add tremendous value to our Counseling and Development program and inspire us students to strive toward those qualities as well. CACREP standards would not add but rather potentially remove value from our program and others.

As a counseling student at GMU, I appreciate having multiculturalism and social justice as foundations of our program mission. This unique mission extends beyond the high-standards of our present educational requirements for licensure and adds value to our program which would likely not continue under the universal CACREP standards. The limitations of the CACREP proposition would restrict innovation and progress in the counseling profession and the ability for counselors to truly meet the needs of individuals in a continuously and rapidly changing sociocultural climate. The potential burdens of this proposition are far-reaching and would not only negatively impact future students, counselors, and educators but would extend to individuals who need help, including our most vulnerable populations across our communities. I urge you to please vote no on this CACREP requirement.

Sincerely,

Fernando Saavedra

George Mason University

Commenter: Fernando Saavedra, George Mason University 7/11/17 5:00 pm

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Dear Governor McAuliffe,

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Sincerely,

Fernando Saavedra

George Mason University

Commenter: Dr. John L. Romano, Professor Emeritus, University of Minnesota 7/11/17 6:56 pm

Oppose CACREP only proposal

Dear Governor McAuliffe:

I strongly object to the proposal to restrict initial counselor licensure in VA only to those who graduate from a CACREP academic program. I object for the following reasons: 1. Graduates of counseling programs from non-CACREP programs have been shown historically to serve the

public very well in various types of settings, schools, community clinics, etc. In my career of over 40 years, I have not seen any data that demonstrates the superiority of CACREP grads over non-CACREP grads. 2. The vast majority of counseling graduate programs are housed in Colleges of Education and these colleges are accredited by various bodies. This accreditation covers all programs in the college to insure quality. There is no need for another very specialized and costly accreditation process specifically for counseling. 3. CACREP is very restrictive as to the training of faculty who teach in the program. For example, faculty who are trained as counseling or school psychologists from non-CACREP programs (even if these programs are accredited by the American Psychological Association) can not fully particpate in a CACREP approved program. Faculty must have graduated from a CACREP approved Counselor Education program. In my view this is provincialism at its worse. Why would faculty with psychology doctorate degrees (in counseling and school psychology) not be suitable to teach clinical and school counselors, as they have done for years? Answer: It is beacuse CACREP wants to promote its brand and narrow vision of counselor training. 4. Requiring higher education institutions to become CACREP accredited so that their graduates can be licensed places additional and unnecessary financial burdens on these institutions, as the costs of accredition are steep. Also, CACREP requires specialized faculty (as noted above) to teach in the program, thus adding to to costs of instruction. 5. In MInnesota when the Board of Teaching proposed that only CACREP students could be licensed as school counselors, many of us in the state opposed the proposed rule for many of the same reasons I highlight in this statement. Our opposition was successful. I strongly recommend that Virginia also oppose a CACREP only proposal for counselor licensure in VA.

Sincerely,

John L. Romano, Professor Emeritus, Department of Educational Psychology, University of Minnesota

Commenter: Conor Parker 7/11/17 8:23 pm

Strongly Oppose

I strongly oppose mandating that all therapists go to CACREP accredited programs. I am part of a MPCAC accredited program and believe that I am getting the same level of education and experience as a CACREP program. Mandating that all master's level clinicians are a part of CACREP programs limits the amount of therapists that are able to practice and help the community that currently needs more mental health workers, not less.

Commenter: Lauren Filipe, Bridgewater State University 7/11/17 9:54 pm

Strongly Oppose!

In an effort to fight for my profession, I strongly oppose only graduates from CACREP graduate programs being the select individuals eligible for licensure. I have received a phenomenal education and I have worked hard in my field for years to gain experience. It is a disservice to all the individuals that we serve if this field is restricted even further and preventing fellow professionals from reaching their potential. I do not believe the education I have received from a MPCAC approved Clinical Psychology program is indicative of being less prepared to work

effectively in my field. I feel that that the students in my program have worked hard and to the standards of any CACREP approved program. It is ridiculous, unethical, and a complete disappointment that this is a topic of discussion.

Lauren Filipe
?Graduate Student
?Bridgwater State University

Commenter: Katybeth Loner Mailleue 7/12/17 8:25 am

OPPOSE!

I am a graduate of Radford University with an MA in Clinical Psychology (2010). During my graduate studies it was discovered that upon graduation, I would not be elligible for LPC licensure. The reasons behind the denial of licensure are simply political and do NOT reflect the competencies and time/tuition/studies many Virginias put forth toward their degree in the mental health field.

Upon completion of my degree from RU in 2010, I immediately left Viriginia, knowing that LPC licensure would most likely be denied. I began the process of pursuing another graduate degree in another field (occupational therapy). Earning a second masters degree was expensive and time consuming, but I knew that I would never be allowed to practice as a mental health professional in VA. By 2016 I was able to graduate with my second MA degree in occpuational therapy from a NC state school.

This regulation takes jobs away from Virginias and denies servicse to those in need in Virginia. Individuals residing in rural communities will be negatively impacted by the loss of licensed health care workers in their communities.

I believe that what is best for Virginia is for LPC licensure to be given to individuals who show compentence rather than the title of their degree. In this way we can increase employment and increase access to mental health services across the state.

Commenter: Valerie S. Leake, Ph.D., LCP, Radford University 7/12/17 10:37 am

Opposition to CACREP-only licensure at master's level in Virginia

As a licensed clinical psychologist who directs a program training doctoral-level psychologists, I do not have a personal stake in this issue. However, I have a strong professional stake in that the program I head was built to address the mental health provider shortage in southwestern Virginia, and this legislation would further reduce the number of licensed and qualified mental health professionals in a currently underserved region. Rural areas such as southwestern Virginia already have greater need for mental health services, fewer providers, and greater challenges in accessing this care. It makes no sense to restrict licensure to one type of degree while these disparities exist. Why reduce the number of possible providers where services are desperately needed? Additionally, restricting licensure within the state to only one type of degree/accreditation will force other university programs to fold and many interested and potentially qualified professionals who are connected to the state and region, may leave the area or the profession.

Commenter: Mark R. Ginsberg, Ph.D.; George Mason University 7/12/17 3:29 pm

Opposed to Proposed Regulations

As the Dean of the College of Education and Human Development at George Mason University, and a Professor with an affiliation in our university's academic program in Counseling, I am pleased to take this opportunity to provide commentary with respect to the proposed regulations in VA to require applicants for licensure in Virginia as a Professional Counselor to graduate from an academic program accredited by CACREP. The issues underlying the proposed regulations have been a subject of much debate in Virginia. Consistently, faculty members from George Mason University's nationally respected academic program in the field of counseling have expressed concern about, and opposition, to this proposal.

The proposed regulation would add a requirement that all university counseling training programs leading to licensure in Virginia must be accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), or its affiliate, the Council on Rehabilitation Education (CORE). George Mason University is strongly opposed to this regulation and believes that the overly restrictive requirements are not in the interest of public protection while significantly limiting the employment of highly trained, competent counselors.

I add my voice in opposition to this proposal.

Currently, professional counselors may be licensed by examination or by endorsement. At this time, the law governing the licensure of Professional Counselors requires individuals seeking licensure by examination to complete their education in a degree program offered by a college or university that is accredited by a regional accrediting agency, has an identifiable counselor training faculty and student body, and has an academic unit responsible for the counseling program that has clear authority and primary responsibility for the core and specialty areas of counseling study. In addition, individuals must complete specified residency requirements and pass a written examination as prescribed by the Virginia Board of Counseling.

In my view, and the view of many colleagues, this set of rigorous requirements is sufficient while also allowing innovation in the academic preparation of professional counselors that transcends the rigid CACREP and CORE accreditation model. Academic programs could choose whether to seek accreditation through CACREP or CORE, which presently is the model in the Commonwealth.

In addition, we question the impact of CACREP/CORE accreditation on the practice of counseling. It is my view, and the view of many colleagues, that research has not determined significant quality differences in CACREP-trained versus non-CACREP-trained counselors, bringing into question the benefits of this proposed regulation. It is also important to note that it is my understanding that fewer than 20% of colleges and universities throughout the United States currently have received accreditation by the CACREP/CORE. Consequently, the proposed change has the potential significantly to reduce the number of professional counselors from outside Virginia who would be eligible to become licensed in the Commonwealth and credentialed to provide critical mental health services.

In summary, and for all of the reasons cited, I oppose the adoption of the proposed regulations.

Mark R. Ginsberg, Ph.D

Dean and Professor

College of Education and Human Development

George Mason University

Commenter: Andrew Peddy, LPC 7/12/17 3:43 pm

Oppose

I graduated from a counseling psychology program in 2007, and received my LPC in 2010. My wife graduated a year later than I did, in 2008, from a Clinical Psychology program. It was around this time that the licensure process became more difficult for psychology graduates and her approval process took much longer than mine, even though we took almost identical classes. My wife was also approved for LPC after providing some additional information.We are both in supervisory roles now within our agency. I have also provided supervision to interns and residents in counseling during my time as an LPC. In southwest Virginia, there is a shortage of LPC and LCSW staff. This results in difficulty recruiting for multiple positions within our agency. I personally feel like both my wife and I were very well prepared by our graduate program and provide valuable services in our community. I hope the board continues to approve candidates based on their coursework/qualifications. I also hope they do not prevent pyshcology graduates from being licensed as LPC because I felt my program provided a great amount of knowledge and skills in which I use on a daily basis.

Commenter: Carole Carter Ranta, LCPC 7/12/17 4:48 pm

Maryland LCPC opposed to making Virginia a CACREP only state.

At a time when disturbed individuals are creating havoc in our communities, Virginia wants to eliminate a group of mental health professionals because the degrees they earned were before CACREP came to power?. Come now, we work hard to help our clients find new pathways that enhance their lives not destroy themselves or others. This is a bad ruling. Honor those in the field who are working without CACREP credentials. Carole Carter Ranta,LCPC

Commenter: Pamela Hill LPC, ATR-BC, Chesterfield VA 7/12/17 9:36 pm

oppose CACREP regulation

Commenter: Karina Bevins 7/12/17 10:11 pm

Opposed

I am opposed to CACREP-only. It does not benefit clients or counselors.

Commenter: Abby Calisch, PsyD, LPC, ATR-BC 7/12/17 10:19 pm

OPPOSED to CACREP ONLY

Commenter: Amanda Adams 7/13/17 10:09 am

Strongly Opposed to CACREP-Only Regulations

Dear Governor McAullife,

Let me begin by saying I've been extremely impressed with your tenure as governor of the Commonwealth of Virginia. I'm always pleased to hear news of your work to improve conditions for the people of my home state.

Currently, I am very troubled by the proposed regulations to limit LPC counseling certification to CACREP. This is an issue that has put undue strain on me and other professionals for several years. In 2013 I attended a competitive Master's program in Clinical-Counseling psychology that offered me robust and comprehensive training in psychopathology, pharmacology and empirically-based treatments. In addition to an overview of current treatment models, the emphasis on research and statistics improved my literacy in evaluating new data, which I believe is necessary for providers in a rapidly evolving field. The program was, in my opinion, exceptional. Employers and colleagues have been consistently surprised at my expertise in working with the mentally ill population.

Unfortunately, much of my training has gone to waste. For several years, Master's level psychologists have been under attack by credentialing and boards. No longer seen as fit to be licensed psychologists, many of us have turned to LPC credentialing in hopes of finding employment commensurate with our training. In 2013, my alma mater petitioned the Commonwealth to allow graduates from the Clinical-Counseling psychology program to be eligible for LPC licensure. This petition was unsuccessful, and as a result, I was unable to find anything other than entry-level work (i.e., Associate level) in community behavioral health and was forced to move out of state.

Now, CACREP wants to be the sole LPC licensing board in Virginia. At the risk of sounding cynical, I believe CACREP is working in its own interests to secure a financial monopoly in our state. I **do not** believe this is in the best interests of behavioral health professionals **or** the individuals they serve.

If CACREP becomes the sole licensing board in Virginia, I worry the following things will happen:

1. Skilled behavioral health professionals (including myself) who have already received a Master's degree in **psychology or counseling** in Virginia will be forced to move out of state to find employment (known as "brain drain")

2. Master's level professionals who remain in Virginia will be forced into other fields to make ends meet

3. Future professionals will be discouraged from entering the workforce due to the excessive licensure burden

4. If left unchecked, CACREP will continue to tighten its hold on professionals in our state to serve its own financial interests (e.g. exam price gouging), making it more difficult for talented graduates of **both** psychology and counseling programs to put their training to use

I sincerely hope that you consider the ever-growing need for talented, well-trained behavioral health professionals in our state. We simply cannot afford to lose any more psychologists or counselors. I am confident that you will work to assure all citizens of our Commonwealth access to quality behavioral healthcare.

Thank you for your consideration,

Amanda Adams, M.S.

Commenter: Steven Danish, Professor Emeritus, Virginia Commonwealth University 7/13/17 10:57 am

Vote No on CACREP only

I strongly oppose this legislation. I am a licensed clinical psychologist who received his doctorate in a then-APA-approved Counseling Psychology program at Michigan State University in 1969 and has subsequently been licensed in Illinois, Pennsylvania, and as a clinical psychologist in Virginia since 1988. I also received a Diplomate in Counseling Psychology from the American Board of Professional Psychology in 1987, the highest distinction the profession bestows which is based on an examination of one's ability to apply his/her knowledge and skills. I have also been a Registered Sport Psychologist of the Sports Medicine Division of the United States Olympic Committee since 1988. I taught in the doctoral psychology program at Virginia Commonwealth University for over 30 years and served as Department Chair for 8 years. The doctoral program provides master's degrees to students (non-CACREP-accredited) along the way to their PhD. I have been retired since 2013 and presently am a Professor Emeritus of Psychology at VCU.

I am presently completing a counseling textbook designed to help teach counseling to Master's level counseling students in both APA and CACREP programs. As a result, I reviewed the criteria for both programs and found them comparable and adequate. However, neither APA nor CACREP-trained Master's level students are significantly better trained than the other to allow a turf war to limit the access of students from either Program to serve the needs of clients in Virginia.

Unfortunately, I have had a too-long history of observing turf wars in psychology. In 1981, a colleague and I wrote an article for the *American Psychologist.* The article (Danish, S.J. & Smyer, M.A. (1981). The unintended consequences of requiring a license to help. *American Psychologist, 36*, 13-21) suggested that licensing was only partially related to competence. Becoming a competent provider, as described in Miller's Skills Pyramid, is a four-stage process. It begins with the provider: (1) possessing the factual information and knowledge required (**knows what** to do); (2) knowing how to apply the knowledge in a given situation (**knows how** to do it); (3) demonstrating the knowledge and related technical skills in a practice setting (**shows how**); and (4) applying the knowledge, skills, and experience when performing in the real-world **(does)**. Training of students in both programs focuses on the first three stages; it is less clear whether master's degree students in either program demonstrate the ability to apply the knowledge, skills and experience to perform effectively on a consistent basis with a diverse variety of clientele.

I have seen no research that indicates that either program demonstrates this level of competence more effectively or consistently than the other. Without such data why should the Commonwealth consider choosing one program over the other especially given the increasing demand for counseling services and with an addiction crisis sweeping Virginia and our nation? Such an action appears to be a restraint of trade based on nothing more than a fight over turf.

As a member of Board of Directors of the Richmond Behavioral Health Authority (RBHA) for the past 8 years, I have seen first-hand the behavioral health problems and the difficulty treating all of citizens in need. It would be unconscionable to eliminate one group of providers without research data to support such a decision. We need all the well-trained mental health counselors available to alleviate or at least reduce this problem.

Thank you for the opportunity to share my thoughts.

Steven J. Danish,

Commenter: Lisa Raye Garlock, The George Washington University 7/13/17 11:40 am

NO to CACREP exclusivity proposal

If this proposal were to pass, it effectively shuts out many mental health providers from practicing in their field. As a right to work state, wouldn't that be against Virginia's law? If this were to happen, then the state needs to license other mental health professionals so they will be able to practice their profession and provide services to the people of Virginia. Licensure of other professions needs to happen before they potentially get shut out by this rigid and unnecessary proposal.

Commenter: Melanie Stebbins, NRVCS 7/13/17 11:49 am

Radford University 2009—not LPC eligible

I am writing to OPPOSE the proposed regulations. After graduating from Radford University's Clinical Psychology Program in 2009, I did not apply for the LPC in Virginia because I knew of several other recent graduates who had been denied by the Licensing Board. Although I was ultimately able to get a job, my salary is lower than it would have been otherwise because I do not have the LPC. I am now moving to Florida for personal reasons, but I am glad that I will finally be living in a state where I will be LPC eligible. It is very frustrating to be educated and live in Virginia, where my education, training, and expertise are not valued. Please OPPOSE CACREP-only regulations that will officially prevent virtually all graduates from psychology programs (even counseling psychology programs which are specifically geared to preparing students for the LPC) from being eligible for the LPC. Thank you.

Commenter: Jennifer Glass, Longwood Univeristy 7/13/17 1:24 pm

OPPOSE

As an alum of Radford University and current supervisor of Master's level Counseling Education students from non-accredited programs, I have felt the impact of efforts to limit LPC licensure. While obtaining a Master's degree from RU from 2008-2010, state regulations for LPC licensure changed, forcing me to pursue a doctorate or acquire another Master's degree in order to be licensed - both resulting in additional student loan debt that I was forced to take on. While I chose to become a psychologist, many of my well-qualified and talented cohort members didn't have that opportunity or were understandably unwilling to take on additional student loan debt. Most recently I have been supervising Master's level students from Counselor Education programs that aren't CACREP accredited. The students I have worked with have been well-rounded and would make strong contributions to our field, despite their program's lack of accreditation. If a mental health provider shortage already exists in Virginia, let alone the burden on rural providers, why make it even more difficulty for plenty of competent professionals to provide services that are desperately needed in our state? It seems as though there is nothing tangible to gain by limiting licensure to CACREP only programs.

Commenter: Kristen Flanders, Dominion Day Services 7/13/17 2:51 pm

OPPOSE-Career damaged due to Virginia LPC changes

I strongly oppose legislation that would limit LPC-eligibility solely to individuals who have graduated from a CACREP-accredited program. My career has been limited so severely that I have been forced to pursue a second masters in social work beginning fall 2017, which will cost close to $30,000. I have witnessed and struggled through the resounding effects of exclusion from LPC eligibility to include drastically reduced wages, partial promotions, lack of employment opportunities, burn out due to a shortage of qualified professionals and reaching the ceiling of promotional opportunities within 4 years of graduating.

Within 6 months of employment, I was offered a promotion to a management position; however, this was quickly halted due to questions regarding LPC-eligibility. The agency decided to work with me, in the hopes that I would soon be eligible, by giving me a partial wage increase and a limited title change. My precise title was Assistant Coordinator and my wages were docked thousands of dollars per year. This partial title was also the highest position that I was eligible for within the agency, leaving me with zero room for career enhancement opportunities. Having proven my worth through hard work and long hours, it felt degrading to accept a title that was half of those given to my lateral cohorts. The lessened wage and limited abilities led to frustrated colleagues and job dissatisfaction as I knowingly worked just as hard for thousands of dollars less.

With ambitious goals and an unwillingness to resign to mediocrity, I quickly moved to another agency with, what appeared to be, more opportunity. I hastened to network with my new colleagues in hopes of finding a loophole for expansion. I began working with my clinical supervisor, and the clinical director to start new sectors or help the agency begin new programs with the plan being that I would lead these endeavors. **After graduating from Radford University's Clinical Psychology Master's Degree Program in 2012, I contacted the Licensing board multiple times requesting information about eligibility for different services to include outpatient services, management, and clinical supervisor. Each time, I was met with the same problem; my master's in clinical psychology did not make me eligible for licensure.** Without licensure, I was unable to seek advancement or change services with the opportunity for advancement. This moment, only 4 years after graduation, I realized that I had hit the ceiling for career advancement. I have advanced positions in multiple agencies, put in hard work, long hours and shown significant potential but I am limited to menial positions due to limited licensure eligibility.

Not only has my career been stunted, but mental health agencies are struggling to find eligible workers for middle management positions leaving the front-line workers overworked and burned out with little support or assistance. Please OPPOSE this legislation that would prohibit graduates from non-CACREP accredited from LPC-eligibility in Virginia and would prevent hundreds of master's level clinical staff from being able to fill positions to keep up with the ever-growing need of mental health professionals.

With all of these examples in mind, eligibility for licensure MUST be expanded to include the well-trained, knowledgeable and capable workers that have been excluded by the Virginia Licensing Board in the past (including the exclusion of graduates from master's degree programs in Clinical and Counseling Psychology). These limiting rulings are destroying the careers of hundreds who want to serve and assist those in need; degrading competent qualified professionals; accelerating burnout rates; costing exorbitant prices for unnecessary education and inhibiting the new generation of counselors to excel in their careers.

Kristen Flanders MS, QMHP A & C

Site Supervisor-Westside Elementary

Dominion Day Services

Radford University Clinical Psychology Alumuni 2012

Type over this text and enter your comments here. You are limited to approximately 3000 words

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Kristen Flanders MS, QMHP A & C

Site Supervisor-Westside Elementary

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Type over this text and enter your comments here. You are limited to approximately 3000 words

Commenter: Natalie Kiddie 7/13/17 5:42 pm

OPPOSE- Protect Virginia Veterans & Residents not CACREP

Dear Governor McAuliffe,

I am writing to you today to express my concerns about the upcoming regulation 18 VAC 115-20 concerning the practice of Counseling in Virginia and the requirement that only CACREP accredited degree graduates are eligible to become a Licensed Professional Counselor in the Commonwealth. I am greatly OPPOSED to this regulation and I urge you to OPPOSE this proposed regulation as it:

- Decreases the licensure candidate pool in a field of study that is already crippled in many parts of the country, to include Virginia;
- Directly impacts Virginia's ability to properly care for the high density of Veterans in the Commonwealth; and
- Conveys that Virginia is engaging in program endorsement versus focusing on increasing candidate competency.

In writing to you today, my hope is to provide you with evidence based upon my own personal experience regarding the history of this debate, offer statistical support relevant to the mental health welfare of residents of Virginia and provide a closing argument detailing some costs, additional considerations and my concerns as a voting resident of the Commonwealth of Virginia.

Decreases the licensure candidate pool – The Virginia licensing board has been slowly restricting the graduate degree programs required to obtain a LPC in the state. This debate has been a long one and has greatly impacted the career of many graduates including my own. With these increasing regulations others, like me, who have received substantial academic training and clinical experience, are limited in terms of job prospects in the Commonwealth of Virginia. Master's level psychology students are being limited to careers in case management, working as part of a larger facility or hospital program, or providing support services to clinical teams. It is true that these positions are critical to the overall mission of a clinical team; however, it is wasteful to have these master's level graduates who are fully capable of providing clinical care in the form of psychotherapy or group facilitation when there is a greater need for clinicians on the ground

providing services. Graduates are forced out of the state to others that are willing to recognize their potential, academic training, and compassion to assist others. I also once considered moving west where there were more available job prospects.

As a child of a military family, it was an easy decision for me to pursue a career in serving our nation's veterans. I began my academic college career at the age of 16. I gravitated to the field of psychology due to its balance of both research and clinical practice in its training programs. When I made this decision the lines delineating the various related mental health fields were more defined; though, those lines were beginning to blur. I felt that psychology was the best fit for me and the intent to pursuing my doctoral degree. Rather than pursing my doctorate immediately after my bachelor's I chose to obtain my master's in a clinical-counseling psychology program so that I could obtain more life experience before moving on with my academic career.

In 2013 I graduated from my master's program with a 4.0 grade point average, with more than 500 internship hours (individual psychotherapy, biopsychosocial training, and group facilitation) and research experience. Despite my high academic performance, clinical hours, and undergraduate clinical internship experience it took me almost six months post-graduation before I received a job in the field of mental health at a residential inpatient facility. This job was part-time with no available healthcare or sick leave benefits. I worked in non-field specific positions and trades until I received this position and I continued to work off and on to supplement my income. I often worked 50 to 60 hour weeks in order to live paycheck to paycheck while I paid off my student loans.

Though I finally had a job in my field I was unable to work at my highest potential because of the limitations of my eligibility for licensure and thus was forced resumed my job search. Despite loving my job as well as receiving one of the highest performance appraisals at the facility and receiving glowing compliments from the Joint Commission Auditor about the development of my department since my hire, my hours were cut by the facility because I was "non-billable," not eligible for licensure supervision, and not able to bring in additional funds to the facility.

Around 2015, I received a verbal job offer as a full time employee. A full written offer was contingent upon the agency's lawyers reviewing the new regulations passed by the Commonwealth of Virginia about the qualifications to be a mental health responder/provider in the state. Based on these new regulations, I was disqualified even though I was their first choice candidate. Despite my tumultuous career post-graduation, I eventually found a position in research and am currently working in mental health research for our nation's veterans. In addition, I have decided to return to academia part-time to further my education as I am not licensure eligible in this state.

Virginia's ability to properly care for the high density of Veterans – As a professional working with veterans, and as someone who was raised in a military family, it is incumbent upon me to at least mention the impact of this proposed regulation on the overall mental welfare of our Veterans. The Nation is currently in a mental health crisis. The need for mental health services is ever increasing with a limited number of providers available to meet this demand. Those individuals who have dedicated their lives to protecting our country are at even a great risk and in need of mental health services. Based on research that has been promoted by national awareness campaigns, it is common knowledge that roughly 20 veterans commit suicide every single day in the United States that means a rough estimate of 275 veterans commit every year in Virginia. That is based on a US Census Bureau 2014 Veteran population of 19.3 million and a 2014 Virginia Veteran population of 726,470. With Virginia and surrounding states having a high density of the nation's veteran population we should be focused on how we can increase those eligible for licensure to provide those veterans the care they deserve. By restricting the number of eligible practitioners to provide compassionate mental health services to not only our nation veterans but to every resident of the state we are hindering progress and adding to this growing crisis. (Please note that all statistics were gathered online from public access information from the United States Census Bureau and SAMHSA.)

Virginia engaging in Program Endorsement versus Candidate Competency – Previously there were specific foci between the diverse mental health fields; however, today they are more ambiguous and you can often find licensed clinical social workers practicing as counselors or as psych technicians on research teams, counselors diagnosing patients, and psychology majors moving more into clinical practice. Training amongst all these fields has become more integrated and they tend to overlap more than they differ. If this proposed regulation is a matter competency then I implore that evidence be provided to support that argument. In a simple google search one can find that all of these fields provide training in diagnostics, therapeutic techniques, theory, individual counseling, group facilitation and above all most programs require clinical internships and practicums. If the concern of this regulation is about competency to provide quality mental healthcare then the mandatory 2000 hours of supervision post-graduation and successful completion of the state-board should assist to prevent unqualified individuals from slipping through the system and becoming licensed professional counselors. And if the concern is about competency then there are other ways to ensure that unqualified personnel do not obtain licensure while still allowing diversity amongst master's level mental health degree program. Why is the state focusing on our differences and denying fellow Virginia residents compassionate and highly trained professionals when we live in a day and age when we frequently hear about increased wait times between appointments, egregious caseloads per provider (e.g., 10 patients a day), and significant levels of provider burn-out and turn-over? If the proposed regulation is accepted, as a Virginia resident I want to know how the Commonwealth of Virginia intends to address the following: 1) the student debt of those recently graduated from non-CACREP accredited institutions (student loan debt is another growing concern and debate in our nation that I will not address in this letter), 2) the reduction in available competent and compassionate mental health providers, 3) and how the state intends to meet the growing demand mental health services?

Now that I have detailed my professional struggle as a graduate from a non-CACREP accredited institution in Virginia, my experiences as a working professional in non-mental health trades, and as someone serving our nations Veterans I would like to close my letter with some concerns that I have as a tax paying, law-abiding, and voting resident of the Commonwealth of Virginia. The responsibility of the State and its elected officials is to intercede by proposing regulations and minimal standards of competency of a licensed trade for the protection and safety of its citizens, especially when it concerns healthcare. It is NOT the responsibility of the state to participate in professional biases, academic/professional debates, nor to endorse one particular program over another. This regulation would be a VIOLATION of political oversight as it WOULD BE an endorsement of a specific program as the standard of care over another. With that said, I hope this debate is finally concluded in the near future, regardless of the outcome. This debate in various ways has been prolonged for years. It has consumed the time, energy, and finances of those involved. As a Virginia resident I am disheartened that my elected representatives choose to overstep their political office and seek to prioritize THIS issue when we currently are in a mental health crisis with a deficit of providers. While no issue should be considered insignificant when it concerns our state it is the responsibility of our representatives to prioritize the issues to be addressed, maintain appropriate professional and financial boundaries when it concerns issues of the state, and to be the voice of its citizens- to make decisions in the BEST interest of **EVERY** Virginian.

In closing, Governor McAuliffe, I hope that you take into consideration the comments of others and me but also to consider the impact that this regulation may have on those who may not be able to provide their voice in this debate. I implore you to **OPPOSE** this regulation that would limit the eligibility for a Licensed Professional Counselor in the Commonwealth of Virginia to only those graduates from a CACREP accredited degree program. If you have any questions or concerns or would like additional information about the statistics or information described, please feel free to contact me.

Respectfully,

Natalie Kiddie

Radford University Alumni, 2013

Commenter: Julie A. Lipovsky, Ph.D., ABPP -- The Citadel 7/13/17 7:27 pm

OPPOSE CACREP exclusivity proposal

I have Directed (1993 - 2003) and taught (until the present) in a Clinical Counseling masters program that follows the standards of the Council of Applied Masters Programs in Psychology. Our program is accredited by the Master's in Psychology and Counseling Accreditation Council (MPCAC). I have taught between 400 and 500 students who graduated from our program. Our graduates take and pass the same exam as those from CACREP-accredited programs. They work in a range of mental health and substance abuse facilities, as well as in private practice. In our part of the state of SC, there are no CACREP-accredited Clinical Mental Health programs. Our graduates provide many mental health services in our community. Many of our graduates have served in leadership positions in mental health/substance abuse agencies. If you compare curricula between MPCAC and CACREP programs, you will find few differences. There is no basis for claiming that the CACREP accreditation should be required exclusively to license a mental health counselor/clinical counselor.

Commenter: Sarah Falkowitz, Radford University Psychology Alum 7/13/17 10:18 pm

OPPOSE - Career Damaged Due To Virginia LPC Changes

I strongly oppose legislation that would only allow individuals from CACREP-accredited programs to be LPC eligible.

I graduated from Radford University this spring with a MS in Clinical-Counseling Psychology. My plan was to continue my education and work towards a doctorate degree, but due to unforeseen circumstances I was not able to do so. Without a doctorate degree it is very hard for me to find a job because I am not LPC eligible. Most jobs for mental health professionals are looking for a candidate that either has a license or is license eligible. This has really limited the types of jobs I can apply to or be considered for. In the future I might have to make the decision to go back to school for a different Masters degree from a program that is CACREP-accredited in order to be considered for the jobs that I would like to apply to. This decision will cost me money and time, and will be very repetitive. The Clinical-Counseling Psychology program at Radford University has given me the knowledge and skills I need in order to be a competent and effective mental health professional, but unfortunately the LPC eligibility changes have made it very hard for me to obtain a job where I can put my knowledge and skills to use. For these reasons I strongly oppose legislation that would only allow individuals from CACREP-accredited programs to be LPC eligible.

Commenter: Kamille Harris, NRVCS 7/13/17 11:22 pm

OPPOSE : CACREP-only licensure at master's level in VA

I strongly oppose legislation that would only allow individuals from CACREP-accredited programs to be LPC eligible.

I recently graduated from the Clinical-Counseling master's program at Radford University. Despite the training, exposure, classwork, research, and overall knowledge accumulated from the program I won't be able to achieve licensure at the master's level. This issue forces me to return to school for a doctorate degree or another master's degree program which will likely parallel the program I have already completed. I believe I'm beyond competent and knowledgeable to perform as a mental health professional at this level - the financial burden of achieving licensure is discouraging and time consuming. In the southwestern VA area, mental health providers are scarce and services are needed. It is inconsiderate to disqualify competent mental health professionals based on CACREP regulations.

Commenter: David McAllister, LMHC, MaCCS 7/14/17 7:27 am

Oppose CACREP-only

I oppose the move to a CACREP-only standard as Virginia has robust educational requirements and uses the National Clinical Mental Health Counselor Exam (NCMHCE) as a requirement for licensure. The NCMHCE is a strong clinical exam and passing it reflects the readiness for clinical practice.

Additionally, the Virginia Economic Impact Analysis states: "Given the significant costs associated with requiring CACREP accreditation, the uneven and uncertain benefits of doing so and the lack of empirical evidence that this proposal is necessary to protect the health and safety of Virginians, the costs of this proposed change appear to outweigh the benefits.

Also, the recently announced National Counselor Licensure Endorsement Process proposal by the American Association of State Counseling Boards (of which Virginia is a member), American Mental Health Counselors Association, the Association for Counselor Education and Supervision, and the National Board of Certified Counselors, does not have a CACREP-only requirement. CACREP accreditation is one of three options necessary as part of the requirements.

Thank you for your consideration.

Sincerely,

David McAllister, LMHC, MaCCS

Commenter: Deborah Pérez-López 7/14/17 9:27 am

OPPOSE - LPC changes in 2009 caused significant hardship

I strongly OPPOSE the CACREP-only regulations because I am one of the people whose career was harmed in 2009 when the Virginia Licensing Board changed the eligibility requirements for the LPC. I want to emphasize that I was born and raised in Virginia, earned both my undergraduate and graduate degrees from Virginia Universities (Virginia Wesleyan and Radford), had an assistantship from Radford University, completed a year-long clinical internship at a hospital in

Virginia (Lewis Gale), and then had my application to proceed with licensure denied by the Virginia Licensing Board and was then forced to take my education and training to another state (Georgia) where I am now a Licensed Professional Counselor. It's disheartening that despite my education, training, and experience, it appears that I will not be able to return to Virginia and practice as a Master's level clinician in the state where I was born and educated and where I would have liked to have continued to reside to be near my family.

My experience of being denied the opportunity to proceed with licensure while I lived in Virginia has caused significant unnecessary hardship for me - relocating to another state was costly and time-consuming. It also has had a negative impact on my career, delaying my professional counseling licensure by several years (which has, in turn, affected my salary and position level).

I graduated from Radford University with a Master of Science degree in Clinical Psychology in May of 2009. One of the primary goals of this program (and the reason I chose to attend it) was due to its reputation of being an outstanding program to train master's level mental health professionals who successfully were able to go on and receive licensure as a Professional Counselor in Virginia. Prior to 2009, students in Radford University's graduate program in psychology had never had difficulty applying for, or achieving licensure. But in 2009 the Licensing Board apparently decided to adopt CACREP guidelines for faculty credentials to evaluate applicants (please note: the Board did not officially state that they had adopted CACREP guidelines, although it seems that the reasons stated when they rejected my application were directly in line with CACREP guidelines). As best I understand it, in 2009, the Board began to deny students the opportunity to proceed with licensure because they had been trained by psychologists in a psychology program rather than by counselors in a counselor education program. The changes they informally implemented in 2009 have already had a detrimental impact by excluding graduates from master's degree programs in psychology from LPC-eligibility. The proposed CACREP-only regulations now seek to formally and explicitly exclude graduates from all non-CACREP accredited programs (regardless of whether they are in psychology or counselor education) and will have a detrimental impact on a far greater number of students as well as universities. Reducing the number of qualified mental health professionals by requiring CACREP accreditation will have significant negative consequences for mental health services in Virginia, so I urge you to OPPOSE the proposed regulations.

My experience attempting to obtain an LPC in Virginia is outlined below:

I was shocked when the Virginia Board of Licensing informed me that my application to be licensed as a professional counselor did not meet board requirements. Here is the exact quote from the letter I received:

"Your application to proceed with licensure as a Licensed Professional Counselor did not meet the requirements set forth in regulation 18VAC115-20-49, specifically because:

1) There was insufficient emphasis on counselor preparation in the academic curriculum and program description.

2) There was a clear intent to prepare students to become clinical psychologists rather than counselors".

Given that that Board denied my application to proceed with licensure and made it clear that I would not be LPC eligible in Virginia, I ultimately moved to Georgia where I had no trouble earning my LPC. Georgia does not discriminate between students trained in master's level psychology programs and those trained by counselor educators. Any philosophical distinction between the two professions that may exist has not prevented me from pursuing counseling licensure in Georgia. Georgia also does not require CACREP accreditation to be eligible for the LPC. Rather, Georgia evaluates applicants based on their qualifications, and not on whether they approach counseling from the "professional identity" of someone trained in psychology or someone trained in counselor education. A thorough vetting of the coursework and faculty from the degree I earned in Virginia by

the licensing board in my current state resulted in my being allowed to finally become licensed as a Professional Counselor.

What is most disturbing is that I know individuals who graduated from Radford University's Clinical Psychology program prior to 2009 were able to become licensed as Professional Counselors in Virginia. The program did not change and was not different for individuals who graduated prior to 2009 from when I graduated in 2009. If the coursework and clinical program were the same, why were some allowed to become licensed as counselors in the state of Virginia and others were not? It was not because the program suddenly started churning out unqualified graduates. It seems like some other external variable changed, namely the Licensing Board's criteria (formal or informal) for determining LPC eligibility. I submit that if graduates from Radford University's master's degree in Clinical Psychology program after 2009 we were unqualified, we would not have been able to go to other states, pass the required competency exam, participate in appropriate supervision and be able to be licensed and practice as Licensed Professional Counselors. I further submit that Virginia should return to the standards they used prior to 2009 that did not discriminate against individuals trained by psychologists to become master's level mental health professionals. Additionally, requiring CACREP accreditation would make this situation worse. I suggest that the Board should use criteria for evaluating competence in the way that the majority of other states do (including Georgia) and not rely on an outside accrediting agency such as CACREP which would exclude a significant number of qualified mental health professionals from LPC eligibility.

I STRONGLY OPPOSE proposed legislation that would limit LPC-eligibility in the state of Virginia to individuals who have graduated from a CACREP-accredited program. This is not just about Radford University or other master's level psychology programs in the Virginia. This is also about graduates from virtually all master's level graduate programs in psychology in the country. If the proposed regulations are passed, the career disrupting experience that I had with licensure in Virginia will have a far greater negative impact because it will affect hundreds of graduates from psychology programs around the country. The availability of fewer qualified mental health professionals is detrimental for individuals with mental health needs at a time when providing mental health treatment is even more vital, especially to underserved populations. Does Virginia want our highly trained graduates from non-CACREP accredited programs to do as I did and be forced to leave Virginia to become licensed in another state? Likewise, does Virginia want to prevent highly trained graduates from non-CACREP accredited programs from other states from relocating to Virginia because they will not be license-eligible? If not, I urge you to OPPOSE the CACREP-only proposal.

Respectfully,

Deborah Pérez-López, M.S., LPC

Commenter: Rebecca Bivens, Appalachian Area Agency on Aging 7/14/17 9:51 am

Oppose CACREP-only Regulations

My name is Rebecca Bivens. I am a 2009 alumnus of Radford University's Clinical Psychology master's degree program and I urge you to OPPOSE the proposed CACREP-only regulations. After graduating from Radford's psychology program, I attempted to become a licensed professional counselor (LPC) in Virginia so that I could continue in my chosen career. However, when I submitted my application, I was very surprised to learn that I had been rejected. In the rejection letter I received, the exact wording was as follows: "1. Specifically, the graduate level program you enrolled in does not have an expressed intent to prepare counselors; 2. There is not an identifiable counselor training faculty; and 3. The coursework on your transcript does not meet the core content criteria of the educational requirements set forth by Regulations as there is not a

sequence of academic study with the expressed intent to prepare counselors." I did not understand why graduates from the same program at Radford had been considered qualified to earn the LPC in all years prior to 2009, and why I was no longer deemed eligible in 2009. The program had not changed but the Board's criteria for determining eligibility apparently had. Due to this rejection, I was forced to rethink my career path and so decided to return to school. I was accepted into Virginia Tech's Human Development department and earned my Ph.D. Although this career change has been positive, it was a financial and time-consuming hardship for me and many others who anticipated launching careers as counselors. I urge you to OPPOSE the proposed CACREP-only regulations that would prevent many qualified mental health professionals from LPC eligibility in Virginia, as it prevented me in 2009. There is no reason to exclude well qualified graduates from Clinical and Counseling Psychology programs geared toward training mental health professionals from being LPC eligible. Please do not allow Virginia to become a CACREP-only state.

Commenter: Joanna Bryant, VADOC 7/14/17 9:57 am

Strongly oppose CACREP-only. Presents serious problems for providers and the state of Virginia.

I oppose this new legislation.

I have already been impacted in my career due to the CACREP policy changes that are already in effect with the Board of Counseling. My application to initiate supervision was denied based on this and I have dealt with fears of increasing marginalization in my field of choice ever since. I work alongside of licensed individuals and do precisely the same work but I cannot advocate for better pay based on my situation. If I were to consider leaving my current employment situation, I would have difficulty finding a new position because Medicaid only reimburses for licensed or licensure-eligible individuals.

I have given brief consideration to taking a new degree but that would require an investment (and debt) of thousands of dollars for what amounts to exactly the same degree. In my clinical program at Radford, I took many of the same classes with the counseling program students-who are allowed to apply for licensure! We have exactly the same training when it comes to core curriculum.

I am a qualified professional in my field. I have more than 15 years of experience working in a variety of different settings-most of which in non-profit or public service sectors. Likely, others in my position have done the same. The state is undermining it's own agenda by pursuing this policy in light of the vital importance of the use of Medicaid funding. We have been dealing with an openly acknowledge mental health crisis in this country where an alarming number of our mentally ill end up being treated in the criminal justice system as opposed to other, more appropriate, environments. We also have a serious shortage of mental health beds available for use in mental health crisis situations. Do we want to add to this crisis by bottle-necking the amount of mental health service providers as well?

This seems like a short sighted notion in light of all of the veterans returning from deployment-to this state-who need mental services because they are coping with the aftereffects of what they have been through to serve this country. I urge all who are considering this legislation to weigh all of these matters before taking a position.

Commenter: Paige Cordial, PsyD, LCP Stone Mountain Health Services 7/14/17 11:06 am

Strongly oppose CACREP-only regulations

I oppose the proposed CACREP-only regulations. As a graduate of Radford University's clinical psychology master's program, I can confidently say that the program prepared me to be a well-rounded mental health professional. I obtained a doctoral degree in counseling psychology after completing RU's clinical master's, and I found that my preparation for doctoral level study in the field of psychology was similar to that of students who entered my program with a degree in counselor education. Although our master's programs had some differences in focus, they had strong unifying similarities. I believe my training in some areas, such as psychopathology and clinical assessment, was actually stronger than the training of peers who had not been in psychology programs prior to doctoral studies. The need for well qualified and trained master's level clinicians in the state, especially in outpatient community settings and integrated care settings where many master's level clinicians work, should override any small differences in approach between counselor education and clinical psychology graduates. Further, my experience working in rural, underserved areas of Virginia strongly suggests that no qualified mental health professionals should be denied licensure if we are to meet the mental health care disparities in our state. If those with master's degrees in psychology can pass the same licensure exams and meet the same licensure requirements in terms of course work, then they should be earning the same professional privileges. Finding ways to work together across disciplines to strengthen mental health services in the state will ensure that Virginians, especially those with fewer economic resources and those in rural areas, will get the care that they need.

Commenter: Jay Caughron, Radford University 7/14/17 11:07 am

Strongly Opposed

Obtaining licensure as a Licensed Professional Counselor is the standard of care, not a guild group seeking to bolster their own position. Their position is to improve the standing of programs run out of Education Departments and exclude counseling programs run out of Psychology Departments. It is immoral given the high degree of need for more LPCs in Virginia. Do not add an arbitrary addition to the high standards already represented but the LPC licensure.

Commenter: Dr. Sarah Hastings 7/14/17 11:18 am

Oppose CACREP only language

I oppose CACREP-only language in the licensure regulations. As an organization, CACREP has worked to push aside other mental health accreditation organizations from the field to assure CACREP's dominance. CACREP should not be the sole regulator of mental health counseling training. Altering the language in the state licensure standards will further their attempts to establish a monopoly. MCAC is another accrediting organization which offers superior training standards. MCAC provides accreditation to masters programs in counseling and clinical psychology. I urge the governor to refuse to allow CACREP to limit mental health practice in Virginia.

Commenter: Julie Williams 7/14/17 11:31 am

OPPOSE CACREP only- disadvantage for low SES students & residents

After a nine-year hiatus, I am an undergraduate student again. My time away from school began because I simply could not afford to both attend classes and continue to eat. I worked very hard to make my way back to college and am set to graduate with a bachelor's degree in psychology in 2018. However, if I am to practice in my chosen profession I must receive at least a master's degree. During my research on graduate programs I discovered that psychology programs are quite different than they were in 2005 when I first began college. The path I was on toward a career in clinical psychology now has a whole new meaning. I would like to have the option of applying to Counseling Programs in both Psychology and Counselor Education, but if the proposed regulations are approved it is my understanding that I have no choice but to apply to a CACREP accredited program in order to ensure my ability to become an LPC in Virginia after completion of my master's degree.

Aside from questioning the extensive amount of time I have spent dedicating myself and the past 12 years to achieving my goal of becoming a counseling psychologist, I fear now more than ever that all of this time and effort may have been for naught. I have a unique perspective as a non-traditional, independent student. The reality is, I may not be able to afford to attend the school or program of my choice. My perspective comes from a lower socioeconomic status, it is practical and familiar with sacrifice. For students aspiring to become counselors, it can be a struggle to pay for all of the applications for graduate school, let alone for the program itself. The added risk of being ineligible for licensure upon completion of a degree may lead potential applicants to look elsewhere. Taking on an advanced degree to pursue a career geared toward helping others should be made more accessible, not more difficult.

This is not to say that CACREP programs are in any way inadequate to prepare qualified counselors. Quite the contrary. However, it is a burden for those who need counseling to limit the pool of qualified professionals from which they may find help. We need to offer a variety of programs to best educate future counselors. We need more qualified counselors from a variety of personal and educational backgrounds in order to offer the best possible care to the people of the Commonwealth of Virginia. Students need choice about which programs can best meet their needs, and clients need choice about which type of mental health professionals they see. We need you to oppose the requirement for CACREP-only accreditation which will prohibit graduates from master's level psychology programs from being eligible for the LPC in Virginia.

Commenter: Nick Lee, Ph.D., LCP, LMFT 7/14/17 11:38 am

Strongly Oppose CACREP Only Legislation

I urge the governor to stronly oppose the proposed legislation that mandate qualified mental health professionals to come from CACREP only programs to be eligble for licensure in the Commonwealth of Virginia. Despite the rhetoric put forth by CACREP and its supporters, this move will not protect the public or ensure competent mental health professionals are being licensed. Rather, it will grant CACREP a monopoly and exclude otherwise competently trained mental health professionals from working in Virginia. I live in and work in Southwest Virginia where the need is tremendous and qualified mental health professionals are in short supply. If this legislation passes it will only further contribute to the shortage of qualified professionals in under-served areas. I urge the governor and our state legislators to strongly oppose this regulatory action.

Commenter: Gretchen Graves, ART-BC 7/14/17 11:54 am

Strongly oppose CACREP ruling

As an Art Therapist, trained with a Masters degree from Eastern Virginia Medical School, I strongly oppose the CACREP ruling. The training I recieved during my studies is comprable to that of several Master's in Counseling, and like Programs through out Virginia. As art therapists we trained in theories and techniques of counseling psychotherapy and in the theory, methods and clinical practice of art therapy. The Virginia Board of Counseling has long recognized this training as meeting or exceeding the academic and experience requirements for the LPC license. Many art therapists in Virginia have gained licensure as professional counselors. This ruling would exempt those art therapist trained in the Virginia schools from recieveing an LPC in the future. By the way, that would be a great loss of revenue for Virginia.

Currently art therapy, by properly trained art therapists is being recognized as an effective and needed treatment for returning military personnel suffering from traumatic brain injury and post-traumatic stress, as well as for their family members who have endured the emotional strain of multiple military deployments. This is happening at Walter Reed and other VA hospitals across the nation. The counseling profession has sought to explain this change to a CACREP-only degree standard for licensure as necessary to allow professional counselors to qualify to meet the needs of Virginia's large military and veteran population. However, this ruling would be cutting off several highly traing individuals from helping our military.

Right now Virginia needs more highly qualified mental health professionals. It makes no sense to restrict licensure to only a segment of the state's counseling profession and exclude many highly qualified and needed mental health professionals.

Commenter: Nicole Edwards, Radford University Alum 7/14/17 12:54 pm

Oppose CACREP only legislation

I strongly oppose making Virginia a CACREP-only state. By doing so, it is limiting QUALIFIED persons who are there to support their communities with their mental health needs. I was fortunate enough to be able to move to Colorado a few years back. In doing so, I will be able to advance my career and become an LPC, unlike if I had remained in Virginia. My current position is as a Child & Family therapist, providing individual and group therapy services to children and adults. I prove to myself and my community day after day that I am qualified to provide mental health services to my clientele. The education I have been provided is more than sufficient to have made me effective in my role as a therapist. In the end, it is those seeking mental health services in Virginia that lose out by making Virginia a CAREP only state.

Commenter: Elaine Johnson, Ph.D. 7/14/17 1:42 pm

CACREP-only restriction will hurt consumers, counselors, and academic programs

I strongly oppose the proposal to restrict initial LPC licensure in Virginia to graduates of CACREP-accredited graduate programs for the following reasons:

- There is no credible evidence that CACREP program graduates are more effective or ethical as practitioners

- Virginia already has vigorous licensure standards based on coursework and experience requirements that are similar to those throughout the country

- Costs to programs to attain and maintain CACREP accreditation are exorbitant, as noted in Virginia's Economic Impact Statement on this topic

- An alternate accreditation, MPCAC, exists to serve those programs that CACREP does not; with the exception of one graduate course, its standards completely align with Virginia licensure requirements

- There is a shortage of qualified mental health providers in many areas; moves to restrict licensure will harm the public

- Prohibiting initial licensure to applicants trained outside of CACREP's scope will impede commerce among sates; many states have few or no CACREP programs thus their graduates would be prohibited from initial practice in VA. ***Military spouses moving to Virginia are uniquely vulnerable.***

- The rationale for a CACREP-only restriction is flawed in these ways:
    - CACREP specifically excludes accreditation of programs in psychology; historically these programs have trained the majority of LPCs in the country, and emphasize grounding in research and evidence-based practice developed by psychologists

    - Restricting core faculty to doctorates in Counselor Education, as CACREP does, robs the profession of the contributions and intellectual diversity of sister professions, and robs consumers of access to professionals trained in these traditions

    - The argument that psychology and counseling are distinct professions is a false narrative; counseling psychology has played a prominent role in the development of the counseling profession; the theories and methods are indistinguishable

    - Finally, a CACREP-only restriction is **not** compatible with a license portability plans put forward by the American Counseling Association, which states:

      A counselor who is licensed at the independent practice level in their home state and who has no disciplinary record shall be eligible for licensure at the independent practice level in any state or U.S. jurisdiction in which they are seeking residence. See https://ct.counseling.org/2017/06/aca-continues-push-forward-licensure-portability/

      and a joint proposal from the American Association of State Counseling Boards (AASCB), the Association for Counselor Education and Supervision (ACES), American Mental Health Counselors Association (AMHCA), and National Board of Certified Counselors (NBCC), which says:

      The plan would promote acceptance of a license from another state when the individual ***"meets all academic, exam, and post-graduate supervised experience standards as adopted by the state counseling licensure board "*** *(OR holds a degree from a*

clinically focused counselor preparation program accredited by CACREP, OR holds certification as a National Certified Counselor). See www.amhca.org/portability2017

In short, a CACREP restriction on LPC licensure will reduce choices and accessibility to LPCS for the public, cause harm to counselors duly trained outside of CACREP's scope, and threaten the viability of excellent, longstanding academic programs both within and outside of Virginia. I strongly urge the governor to reject this proposal.

Commenter: John McCullagh, PhD 7/14/17 1:57 pm

Strongly oppose CACREP only

I strongly oppose the CACREP only regulation. I am an alumnus of the Clinical Psychology Masters program at Radford University and I graduated in 2009. The changes that occurred in 2009- when the Virginia Board of Counseling's criteria for determining LPC-eligibility changed, was a significant factor that contributed to me leaving the state and seeking employment elsewhere. At the time it did not make sense for me to stay in a state where my employment prospects were so indefinite due to the increased restrictions regarding LPC licensure.

This regulatory change will NOT help protect the public in Virginia nor would it work to ensure client welfare. This change would effectively force clinical and counseling psychology programs, programs that rain qualified mental health professionals, to close down. There continues to be a major shortage of mental health professionals in Virgiana, particualrly many rural regions are especially underserved, Virginia cannot afford to adopt regulations that further limit the number of qualified mental health professionals in Virginia.

John McCullagh

Commenter: Ann Elliott, Radford University 7/14/17 2:11 pm

OPPOSE--LPC problems started in 2009

Dear Governor McAuliffe,

I urge you to OPPOSE the proposed regulation 18 VAC 115-20 aimed at governing the practice of Counseling in Virginia (aka, the CACREP-only regulation regarding eligibility to become a Licensed Professional Counselor). The proposed regulations will negatively impact mental health in Virginia, especially in rural areas. It will unnecessarily reduce the number of qualified mental health providers in this state and deny needed care to our citizens. It also will be detrimental to non-CACREP accredited programs at several Virginia Universities.

I am concerned that this CACREP-only regulation regarding eligibility to become a Licensed Professional Counselor (LPC) may at first glance *appear* to be a non-controversial proposal designed to protect citizens and ensure competent mental health professionals. Stated in this misleading and overly-simplistic way, I believe that most individuals would be inclined to support it. **However, the proposed regulation will NOT protect citizens NOR ensure competent mental**

health professionals. Rather, it will simply grant CACREP (the Council for Accreditation of Counseling & Related Educational Programs) a monopoly that will exclude a wide variety of otherwise competent mental health professionals from master's level licensure in Virginia.

In an effort to help you better understand some of the relevant issues, I will provide historical background as it relates to the Clinical-Counseling Psychology Master's Degree Program at Radford University. I also will share how the proposed regulations will negatively impact mental health in Virginia, by restricting the number of qualified mental health professionals, especially in rural areas. It is extremely important for you to know, for example, that **if the proposed regulation is approved, after the 7 year grandparent clause, the vast majority of master's level graduates from Psychology Programs around the country will NOT be license-eligible in Virginia. Additionally, the vast majority of graduates from master's level Counselor Education programs around the country will NOT be license-eligible in Virginia either, (including those from George Mason University)**, unless such programs are coerced into becoming CACREP accredited, due to regulations such as this. It is important to emphasize that only three states in the entire country have CACREP-only licensing regulations, and thus it cannot be argued that the proposed regulations are necessary to ensure competently trained licensed mental health professionals. The requirement of CACREP accreditation is an exception rather than the standard in the profession. **I would also bring to your attention the primary conclusion from the Virginia Department of Planning and Budget Economic Impact Analysis that the "Costs will likely outweigh benefits for this proposed change" (page 2). It further concludes that "In Virginia, requiring CACREP education would not appear to improve the quality of counselors as there is no reported differential in complaints or efficacy of practice between counselors that have CACREP education and those that have non-CACREP education**." (page 4).

It is troubling that one important reason for the proposed changes to the regulations is because the task of determining who is eligible for the LPC has become too onerous for the Board of Counseling, and that requiring CACREP accreditation would simplify the job of the credentialing committee. While one might sympathize with this position on the surface, I believe that it is a self-imposed burden that is the direct result of the Board's adoption of a very narrow definition of "counselor" that specifically excludes certain groups of professionals, including individuals trained primarily by psychologists. **The Virginia Board of Counseling reports that "it has neither the resources nor the expertise to examine counseling programs across the country to determine their rigor or assess the quality of the education in those programs" (Town Hall Agency Background Document, page 5). Given that 46 other states have found a way to do so, I can't help but wonder what is making it so difficult for Virginia**. I suggest that this onerous burden could easily be eliminated if the Board of Counseling would discontinue use of the narrow definition of "counselor" and "professional identity" which draws a sharp distinction between master's level mental health professionals who are trained by "psychologists" versus those trained by "counselors" in Departments of Counselor Education. I understand that the "professional identity" of individuals trained by psychologists and counselor educators is different, but that does not mean the master's level licensure in Virginia should be granted exclusively to individuals representing only one of these perspectives, or even more narrowly, only to those graduating from CACREP-accredited programs. This restrictive definition currently in use by the Board of Counseling is arguably consistent with that advocated by CACREP and has already had adverse effects on graduates from Radford University, Norfolk State University, and Virginia State University. If it is assumed that both Counseling Psychologists and Counselor Educators can train competent master's level mental health professionals, then there would no longer be the onerous burden of trying to distinguish between the two. The Virginia Board of Counseling needs to assure a diversity of counseling perspectives and "professional identities" that represent the best interests of regarding mental health for citizens of the Commonwealth, rather than the interests of a single accrediting body such as CACREP. I want to emphasize that I am not questioning the quality of CACREP-accredited programs in any way. In fact, Radford University is extremely fortunate to

have an outstanding CACREP-accredited counseling program in the College of Education and Human Development. I am simply suggesting that CACREP-accreditation should not be required for licensure in Virginia.

It is also troubling that the "Proposed Regulation Agency Background Document" explicitly states that "there are no disadvantages to the public" and "there are no disadvantages" to the Commonwealth from the proposed regulatory changes (page 4). THIS IS SIMPLY NOT TRUE. These conclusions fail to acknowledge the feedback the Board has received in other contexts about the negative consequences of such regulations. It completely ignores the extensive number of problems, concerns, and disadvantages cited in a) communications which were initiated in 2009 from faculty from Radford University's Clinical-Counseling Psychology master's degree program about CACREP-related LPC issues, and b) in the 154 comments provided on the "Town Hall Public Comment Forum Link" on a 2013 petition that also addressed issues related to CACREP accreditation (the Acceptance of Clinical-Counseling Psychology degree for licensure). http://townhall.virginia.gov/L/comments.cfm?petitionid=195). The Board of Counseling's conclusion that there are no disadvantages to the public or to the Commonwealth is also inconsistent with comments received in response to the Notice of Intended Regulatory Action (in which 296 of the 328 comments opposed the current CACREP-only proposal) (http://townhall.virginia.gov/L/ViewStage.cfm?stageid=7071). It is also inconsistent with opposition to the proposed regulations cited on this current "Town Hall Public Comment Forum Link" by faculty members at George Mason University, Radford University, and Virginia Commonwealth University, as well as with the current Virginia Department of Planning and Budget Economic Impact Analysis regarding this proposed regulation. **The fact is, there are numerous disadvantages and costs to the public and Commonwealth that simply cannot be ignored**.

In an effort to help you better understand the issues, allow me to provide a brief history relevant to the current proposed CACREP-only regulation. For at least 30 years, the Virginia Board of Counseling has successfully evaluated candidates for licensure at the master's level regardless of whether or not the program from which they earned their degree was CACREP-accredited. Consistent with the vast majority of other states, there were (and continue to be under current regulation) multiple requirements to ensure the competence of applicants for licensure (including required coursework, lengthy residency requirements, and the licensing exam). At the completion of all the required coursework and training, every individual was required to take the LPC licensing exam. Only those who passed became Licensed Professional Counselors. Thus, evaluation for LPC eligibility in Virginia was based on rigorous licensure standards without the requirement of CACREP accreditation.

In 2009, the Virginia Board of Counseling's criteria for determining LPC-eligibility changed. For the first time in the history of Radford University's Clinical Psychology program, three of our graduates were denied approval to complete the first step toward licensure (i.e., approval for registration for supervision). This also prohibited them from taking the objective LPC licensing exam that students from the same program had been allowed to take (and successfully pass) for over 30 years. In the rejection letters these students received from the Board of Counseling, three specific reasons were cited: "there was insufficient emphasis on counselor preparation in the academic curriculum and program description, there was a clear intent to prepare students to become clinical psychologists rather than counselors, or the faculty roster does not have an identifiable "counselor training faculty". The stated reasons for rejection are arguably based on CACREP's narrow definition of the "counseling profession" and the "professional identity of counselors". **It is important to note that these changes implemented by the Virginia Board of Counseling in 2009 had a significant negative impact on graduates from our program, as well as on graduates from the non-CACREP accredited master's degree programs in Psychology at Norfolk State and Virginia State. In fact, it is my understanding that the changes in 2009 directly resulted in Norfolk State ultimately eliminating their Master's degree program in Psychology because their students were no longer LPC-eligible. If the proposed CACREP-only regulations are**

adopted, it would potentially impact the viability of master' level programs in Psychology at other Virginia universities as well.

In response to the rejection of our three students in 2009, the faculty made numerous changes to the Clinical Psychology Program at Radford University in an effort to bring it into compliance with Virginia LPC eligibility requirements. Subsequently, in November 2013, Dr. Jeffrey Chase from Radford University, submitted a petition to the Board of Counseling regarding Virginia Code 18 VAC115-20-49 regarding "degree program requirements." Specifically, he asked the board to consider amending definitions regarding degree program requirements to accept Master's degree graduates from a non-CACREP accredited Clinical-Counseling psychology program such as that at Radford University. The public comment forum http://townhall.virginia.gov/L/comments.cfm?petitionid=195 generated 154 comments, many of which were directly relevant to the current CACREP-only proposal. These comments documented many concerns and ways in which students had been negatively impacted by the adoption of LPC eligibility criteria that appear to be based on CACREP standards. **Comments and concerns were posted by students and faculty from three Virginia Universities, Radford, Norfolk State, and Virginia State, which clearly articulated the harm to students and programs caused by the changes implemented by the Virginia Board of Counseling in 2009. Given the public forum comments and concerns raised from both mental health professionals and graduates from non-CACREP accredited programs, the Board of Counseling should be fully aware of the disadvantages that would result to the public and the Commonwealth if the proposed regulations are adopted.** This is not a new issue. The proposed regulations are simply an attempt to formally institute a policy that has been informally applied by the Virginia Board of Counseling since 2009.

Rejecting students on the grounds that their program's faculty did not have identifiable "counselor training faculty" is particularly alarming. **The proposed regulation would effectively exclude the vast majority of all graduates from Psychology Master's Degree programs in the country from being eligible for the LPC in Virginia, even if their master's degree were in "Counseling Psychology", and they were eligible for licensure in 46 other states!** This is the reason that so many professionals from universities around the country have posted comments on the Public Comment Forum Link. There is significant concern that if Virginia becomes a CACREP-only state, other states may follow. It is important to emphasize that faculty teaching in Counseling Psychology Programs typically do not meet the CACREP criteria to be considered "core faculty" as outlined in the CACREP "Guiding Principles for the 2016 Faculty Standards" http://www.cacrep.org/wp-content/uploads/2017/05/Guiding-Principles-for-the-2016-Faculty-Standards.pdf. Specifically, Standard 1.W states that core faculty must have a doctoral degree from a Counselor Education program, preferably from a CACREP accredited program. The alternative way to meet the core faculty degree requirement under 1.W is to have a doctoral degree in a related field (e.g., Counseling Psychology, Social Work, Marriage and Family Therapy, Educational Administration) AND to have been employed as a full-time faculty member in a Counselor Education program for at least a full academic year BEFORE July 1, 2013. (Page 1 of CACREP Guiding Statement). It is clear from this standard, that **most psychology programs in the country would NOT be eligible for CACREP accreditation because the majority of their faculty would not meet CACREP's standards to be considered a core faculty member**. Additionally, no individuals who received their PhD "in a related field" after 2013 would be eligible to become core faculty in a CACREP accredited program. Again, the direct implication of the CACREP core faculty degree requirement is that most graduates from psychology programs in the country would not be license-eligible in Virginia because their program in psychology was not eligible to be CACREP-accredited. Going forward, this effectively means that if the proposed regulations are adopted, only graduates from Counselor Education programs will be license-eligible in Virginia. This will greatly limit the number of qualified mental health professionals and the diversity of perspectives and techniques offered by individuals with "professional identities".

There are many competent graduates from master's programs in both Psychology and Counselor

Education, and **to limit license-eligibility in Virginia ONLY to graduates from CACREP accredited programs, would be analogous to the Board of Medicine deciding that it would no longer license individuals from a Virginia medical school who graduated with a D.O. rather than an M.D. Why would Virginia want to exclude one highly qualified set of graduates trained to provide mental health services from licensure, simply because they were trained by clinical or counseling "psychologists" rather than by "counselors" in a Department of Counselor Education**. Clearly, psychologists have a long history in training competent mental health professionals both nationally and in the Commonwealth. It would be ludicrous to argue that Clinical and Counseling Psychologists are not trained in "counseling" as defined in § 54.1-3500 in the Code of Virginia. It also would be ludicrous to argue that doctoral level clinical and counseling psychologists are not competent to train master's level mental health professionals, or that the students they train are not competent to become master's-level licensed mental health professionals in Virginia. The proposed regulations would ultimately limit both the number and diversity of qualified mental health professionals and would thus be detrimental to the citizens of Virginia.

I encourage you to also read the post that is being submitted by Dr. Jeffery Aspelmeier, the Chair of the Psychology Department at Radford University in which he will provide a list of negative consequences that adoption of the CACREP-only regulation could have for citizens of the Commonwealth, for graduates from non-CACREP accredited programs, and for Mental Health Agencies and Universities in Virginia. This provides a very nice bulleted overview of numerous concerns that he has compiled from a variety of sources.

In summary, it would be a gross disservice to the Commonwealth of Virginia to exclude competently trained master's level mental health professionals from the ability to earn the LPC simply because their graduate program was not-CACREP accredited or their "professional identity" was not that advocated by CACREP. I understand the benefits that CACREP would gain from the proposed regulations, but I do not understand how this could possibly benefit the citizens of Virginia. Such restrictions are unnecessary and do not protect citizens or ensure the competence of mental health professionals. Given that there is a serious shortage of mental health professionals in the Commonwealth and many rural regions are severely underserved, Virginia cannot afford to adopt regulations that limit the number of qualified mental health professionals.

I thus have three recommendations.

- First, I urge Governor McAuliffe to OPPOSE the proposed regulation 18 VAC 115-20 aimed at governing the practice of Counseling in Virginia (aka, the CACREP-only regulation regarding eligibility to become a Licensed Professional Counselor).
- Second, I urge the Board of Counseling to reject CACREP's narrow definition of "counselors" and return to the more inclusive definition used prior to 2009, when graduates from three Virginia University's Psychology master's degree programs were not excluded from LPC-eligibility in Virginia. The Commonwealth cannot afford to endorse restrictive guidelines and definitions for "counselors" that exclude qualified mental health professionals who have graduated from non-CACREP accredited programs in Psychology (e.g., Radford University) or from non-CACREP accredited programs in Counselor Education (e.g., George Mason University). If the Board is so inclined, it could again consider graduates from master's level programs in Psychology to be eligible for the LPC in Virginia, as they were prior to 2009. I encourage them to do so.
- Third, I believe that the best way to accomplish this goal is to assure that the composition of the Board of Counseling includes a balanced number of a) members of both CACREP and non-CACREP accredited programs in Counselor Education, as well as b) faculty who can represent the interests of non-CACREP accredited master's degree programs in Clinical or

Counseling Psychology. Currently the Virginia Board of Counseling has one board member who previously served as vice-chair of CACREP and others who are faculty in CACREP-accredited programs. I hope that the interests and perspectives from non-CACREP accredited programs are adequately represented on the Board as well.

In summary, for all of the reasons cited above, I respectfully request that you OPPOSE the proposed regulation 18 VAC 115-20 aimed at governing the practice of Counseling in Virginia (aka, the CACREP-only regulation regarding eligibility to become a Licensed Professional Counselor).

Ann Elliott

Commenter: Jeffery E. Aspelmeier, Radford University 7/14/17 2:17 pm

OPPOSE—Negative consequences to Radford University Psychology, and others

I am writing to strongly OPPOSE the proposed CACREP-only regulations. Below I submit a list of negative consequences that adoption of the CACREP-only regulation would likely have for citizens of the Commonwealth, for graduates from non-CACREP accredited programs, and for Universities and Mental Health Agencies. I do not claim to know or even understand all of the issues and implications of the proposed regulations, so this is in no way meant to be an exhaustive list. Rather, this is a list of concerns I have compiled from a variety of sources.

I ask you to pay particular attention to how changes instituted by the Virginia Board of Counseling in 2009 regarding LPC eligibility have systematically excluded graduates from Radford University's Clinical-Counseling Psychology program from being license-eligible in Virginia. Not only has this seriously disrupted the careers of our alumni, it has also placed the viability of the program in jeopardy. Please refer to Ann Elliott's extensive discussion of these issues in her posting on the public opinion forum (dated 7.14.17). In short, let me reiterate that the changes implemented by the Virginia Board of Counseling in 2009 regarding LPC-eligibility are consistent with the exclusionary criteria advocated by CACREP, which refuse to acknowledge that graduates from master's level psychology programs meet the definition of "counselor", and thus denies these graduates the opportunity to earn the LPC in Virginia. The current proposed regulation is an attempt to formalize those exclusionary criteria that have been informally applied to applicants for licensure in Virginia since 2009.

Thus, I urge you to do two things. First, OPPOSE the proposed CACREP-only regulations. Second, find a way to ensure that the Virginia Board of Counseling no longer prohibits graduates from master's level psychology programs from being eligible for the LPC. The Board of Counseling needs to be willing to grant LPC licensure to all qualified mental health professionals, including those trained in psychology.

Negative consequences likely to result if the proposed CACREP-only regulation is adopted

For Citizens of the Commonwealth

- There is a documented shortage of mental health providers in Virginia.
- According to the Economic Impact Analysis regarding this proposed CACREP-only legislation, "since fewer than 20% of colleges and universities with counseling programs nationwide appear to have CACREP approval, this proposed change has the potential to shrink the pool of professional counselors licensed in other states who would be eligible for licensure in Virginia."

- Reducing the number of qualified mental health professionals may be particularly detrimental to clients in rural settings and areas traditionally underserved.

- Reducing the number of qualified mental health professionals will likely decrease the quality of mental health services, due to understaffing and limited time and resources of professionals.

- The proposed regulation would severely impact graduates from non-CACREP accredited Universities in Virginia, including Radford University's Clinical-Counseling Psychology Master's degree program and George Mason's Counselor Education program. If students graduating from these Virginia universities are not license-eligible, the proposed regulations will likely encourage professionals to leave Virginia and relocate to one of the other 46 states where they will be license-eligible.

- Additionally, the proposed regulation would prevent LPC eligibility to graduates from non-CACREP accredited Universities around the country, and would discourage relocation to Virginia by otherwise qualified mental health professionals.

- Again, the primary conclusion by the Virginia Department of Planning and Budget Economic Impact Analysis regarding the proposed regulations was as follows: "Costs will likely outweigh benefits for this proposed change" (page 2).

For Graduates from non-CACREP accredited programs seeking master's level licensure in Virginia

- Students who graduated from a non-CACREP accredited program in Virginia or any other state, will no longer be eligible for the LPC in Virginia. This proposal would prevent the majority of graduates from Clinical or Counseling Psychology programs in the country from becoming license eligible in Virginia.This applies to students graduating from non-CACREP accredited programs in Virginia as well as those hoping to move to Virginia. This may result in hardship in many ways.
    - Students may feel compelled to move to one of the other 46 states that does not require CACREP accreditation. Effectively, this means that otherwise qualified professionals will take their education, training, and expertise elsewhere.
    - Other students who have not yet graduated may feel compelled to transfer into a CACREP accredited program given the current Board of Counseling's definition of "counselors" and who is qualified to earn the LPC in Virginia, which could be unnecessarily expensive and time-consuming.
    - Other students may feel compelled to return to graduate school to earn a second degree from a CACREP-accredited program. This too could be unnecessarily expensive and time-consuming. Other students may return to graduate school to earn a different degree (such as the MSW).
    - Some may feel compelled to switch career paths due to reduced professional opportunities associated with not being license eligible. Again, expensive and time-consuming.

- Some may feel compelled to pursue a doctoral degree instead, which would be costly both in terms of time and money. Again, expensive and time-consuming.

- The professional development of students intending to seek doctoral level degrees may be stunted by their inability to obtain licensure and gain important professional experiences between completing the master's degree and applying to doctoral programs, resulting in fewer doctoral level practitioners (of which there is a severe shortage in the state).

- Many will have reduced career opportunities, including ineligibility to be hired or promoted for a mental health position that requires licensure or inability to be promoted.

- Even seasoned professionals from other states who do not graduate from CACREP accredited programs may not relocate to Virginia if they are not license-eligible.

- Some students may opt to live in Virginia but work elsewhere, such as Washington D.C., where they are license-eligible, as one graduate from Radford University is currently doing.

For Universities in Virginia

- In the "Proposed Regulation Agency Background Document" the chart on page 7 states that only one entity in Virginia is impacted by this proposal (George Mason University). The board neglected to acknowledge concerns raised by faculty and alumni of Radford University, Norfolk State, and Virginia State that were cited in the "Town Hall Public Comment Forum Link" on a 2013 petition that also addressed issues related to CACREP accreditation (the Acceptance of Clinical-Counseling Psychology degree for licensure). http://townhall.virginia.gov/L/comments.cfm?petitionid=195).

- As discussed above, CACREP has strict faculty eligibility criteria for "core faculty" which will likely exclude the vast majority of Psychology programs in the country from being CACREP accredited, including Radford University's Clinical-Counseling Psychology Program. This means that while Radford University can continue to trains master's level clinicians to obtain the LPC in 46 other states, their graduates would not be eligible to practice in Virginia. This would dramatically hinder Radford's ability to recruit high quality students and may ultimately call into question its viability altogether.

- The majority of colleges and universities nationwide with graduate programs in counseling are NOT CACREP-accredited (ONLY approximately 20% have CACREP accreditation). Many graduates from the other 80% are LPC or LCPCs, such as those at George Mason University, and have met rigorous licensure standards in their states without requirement of CACREP accreditation. Again, the requirement of CACREP accreditation is an exception, rather than the standard in the profession.

- The proposed regulations may result in a reduced number of Virginia citizens who choose to attend graduate school at a Virginia University. Rather, they may choose to attend graduate school at an out of state university in a state where they will be LPC eligible.

- Relatedly, if the proposed regulation passes, it will likely reduce the influx of students from

other states choosing to study in our universities. Why study in Virginia when they can get their degree from a state in which they will be license-eligible?

- Costs of gaining CACREP accreditation may be prohibitive for many universities without the resources to afford the application and annual CACREP costs.

- CACREP standards require that ALL counseling program concentrations be 60 credits. There is no evidence or research exists to support that 60 credit programs provide higher quality training than programs with fewer credit hours. Requiring 60 credits increases tuition and has significant impact on low income students.

- By increasing required costs to start a counseling program, this proposed change may limit the number of counseling programs that are instituted in the future.

- Doctoral Programs may lose a valuable pool of applicants if there is a reduced number of master's level students trained in Virginia.

- Students who earn a master's degree en route to earning their doctoral degree in Psychology will not be license eligible (this concern has been voiced by faculty at Virginia Commonwealth University).

- The reduced number of master's degree students in psychology will cause universities to lose valuable Graduate Teaching Assistants, Graduate Teaching Fellows, and Research Assistants.

For Mental Health Agencies in Virginia

- Many of the negative consequences potentially associated with the proposed CACREP-only regulations cited above for the Commonwealth of Virginia are applicable for Mental Health Agencies in Virginia.

- Restricting the pool of professionals eligible to earn the LPC ultimately reduces the pool of qualified mental health workers.

- Again, given shortages of mental health professionals around the state and particularly in rural areas, mental health agencies cannot afford to be unable to hire otherwise competent and qualified professionals.

- This will prevent mental health agencies from being able to promote otherwise qualified individuals who are not licensed or license-eligible.

Lack of evidence that the proposed changes will improve quality of mental health services in Virginia

- To my knowledge, this is the first time in Virginia's history that it has been proposed that license eligibility should be granted only to students who have graduated from CACREP accredited programs.

- The Board of Counseling in Virginia has successfully evaluated and granted licensure to competent applicants for licensure for many years. While such an evaluation of credentials is a time-consuming and burdensome task for the Board, the benefits of doing so far outweigh the costs of requiring graduates from CACREP accredited programs.

- As concluded in the Virginia Department of Planning and Budget Economic Impact Analysis, as well as by the large number of individuals who posted to the public opinion town hall cited above, CACREP accreditation does not assure competence.

- There is a lack of empirical evidence that CACREP graduates are better prepared or that CACREP programs are superior. There is no compelling evidence that they are more competent, have fewer ethical violations, etc.

- Rigorous licensure standards have been applied in Virginia and other states without requirement of CACREP accreditation for many years. For example, as stated in the Virginia Department of Planning and Budget Economic Impact Analysis (page 13), "under existing regulation, there are multiple requirements to ensure competence of applicants for licensure. The Board currently requires that individuals licensed as professional counselors receive an education adequate to prepare them for future practice by 1) specifying the coursework that they must complete at an accredited college or university, 2) requiring a fairly lengthy residency and 3) requiring passage of a licensure exam that measures the counseling knowledge of applicants. The requirements are located in 18VAC 115-20, sections 49, 51, 52, and 70, are not proposed for repeal as part of this action, and will remain in force. If a candidate can pass the examination for licensure, has completed the Board required education without having earned a degree from a CACREP/affiliate-accredited program, and successfully complete a 3,400-hour supervised residency, then the candidate has presumably demonstrated significant knowledge and experience. Given this, the additional value of requiring CACREP/affiliate-specific accreditation appears to be limited."

- As seen in many of the town hall postings referenced above, many supervisors of master's level mental health professionals in the field reported that graduates from clinical or counseling psychology programs or counselor education programs are both very well-trained and well-qualified.

Respectfully submitted,

Dr. Jeffery Aspelmeier, Chair of the Department of Psychology, Radford University

Commenter: Christiana Stafford, QMHP 7/14/17 2:18 pm

Oppose CACREP Legislation

Your subject heading could read something to the effect of "OPPOSE—don't limit my career opportunities" I OPPOSE the CACREP legislation. I graduated from Radford University's Clinical-Counseling Psychology program in 2010. At that time, I was informed that the Virginia Licensing Board was rejecting graduates from our program because we were trained by psychologists and not counselor educators, and were assumed to have a different "professional identity" that made

us ineligible for licensure in Virginia. I was able to obtain a job at the Richmond CSB (RBHA), that I was unable to get a promotion to a supervisor position because I did not have the LPC. Now, for a variety of both personal and licensure-related reasons, I have changed jobs and left the field. At this point I do not know whether or not I will pursue the LPC in the future, but I do not want that option closed to me. Radford University has been training master's level mental health professionals for many years, and I urge the Licensing Board to return to the criteria for eligibility for the LPC that were in place prior to 2009 that did not discriminate against graduates from master's degree programs in psychology. I strongly opposed the current CACREP-only proposal because it would assure that graduates from psychology programs in Virginia and other states will never be LPC-eligible in Virginia because most psychology programs can never earn CACREP accreditation. I thus oppose CACREP's attempt to have a monopoly over LPC licensure in Virginia. This is not good for mental health treatment. It is only good for a CACREP monopoly.

Commenter: Emily Keller, MS at Radford University, Ph.D. Candidate at UTK 7/14/17 2:29 pm

Strongly Oppose CACREP Only

As a student in Clinical-Counseling Psychology program at Radford University, I received rigorous training in order to become competent at providing many different forms of therapy. I knew several student in CACREP accredited programs and learned that our training was just as (if not more) thorough. I received practicum experience at a training site with students who were attending CACREP accredited programs and felt that I was just as prepared to provide therapy.

Now, I attend a Ph.D. Counseing Psychology program at the University of Tennessee Knoxville so that I may someday have the opportunity to become a LPC. I research mental health treatment in rural areas and have learned that these areas in particular are in dire need of master's level practitioners. CACREP only language would prevent so many qualified master's level graduates from serving the needs of these extremely underserved communities. I received comparable training as a master's student, as did my peers. We are competent to become licensed in Virginia rather than spending thousands of dollars on applications to attend doctoral level programs that have acceptance rates of between 2% and 10%. It is also costing me thousands of more dollars a year to pay to live out of state when I have enough knowledge to be working toward LPC licensure in my home state. Although I love research and am enjoying my journey to becoming a doctoral graduate, the programs are competitive and expensive. It doesn't make sense to require further expensive and competitive training for individuals who do not have a passion for research and instead want to serve their communities in Virginia.

Commenter: Michael Mobley 7/14/17 2:34 pm

Oppose CACREP-Only

Dear Leaders and Residents of Virginia,

I oppose the move to a CACREP-only standard as Virginia has robust educational requirements and uses the National Clinical Mental Health Counselor Exam (NCMHCE) as a requirement for licensure. The NCMHCE is a strong clinical exam and passing it reflects the readiness for clinical practice.

Additionally, the Virginia Economic Impact Analysis states: "Given the significant costs associated with requiring CACREP accreditation, the uneven and uncertain benefits of doing so and the lack of empirical evidence that this proposal is necessary to protect the health and safety of Virginians,

the costs of this proposed change appear to outweigh the benefits.

Also, the recently announced National Counselor Licensure Endorsement Process proposal by the American Association of State Counseling Boards (of which Virginia is a member), American Mental Health Counselors Association, the Association for Counselor Education and Supervision, and the National Board of Certified Counselors, does not have a CACREP-only requirement. CACREP accreditation is one of three options necessary as part of the requirements.

Thank you for your consideration.

Sincerely,

Michael Mobley

Commenter: Cheryl Shiflett, PhD, LPC, ACS, ATR-BC, ATCS 7/14/17 4:27 pm

OPPOSE CACREP ONLY

As an art therapist with a master's degree from Eastern Virginia Medical School and a PhD in Counselor Education and Supervision from a CACREP accredited program, I strongly oppose the CACREP ruling. The training I recieved during my studies as an art therapist is comprable to that of MS programs in counseling. The Virginia Board of Counseling has long recognized this training as meeting or exceeding the academic and experience requirements for the LPC license. Many art therapists in Virginia have gained licensure as professional counselors. This ruling would prevent highly qualified mental health professionals from achieving the LPC necessary to serve populations in need.

Commenter: Ernestine Duncan, Norfolk State University 7/14/17 4:28 pm

Opposing the CACREP

As a clinical psychologist and academician, I OPPOSE this petition. Prior to 2013, Norfolk State offered 3 degree programs in Psychology (B.A., M.A. & Ph.D.). Until 2009, students in our M.A. program were eligible to sit for the LPC exam after completion of their supervised hours. They were successful in passing the examination indicating that the training was adequate in preparing them to be licensed counselors. But in 2009, the Virginia Board of Counseling altered its criteria for whom was eligible for the LPC in Virginia, and graduates from our master's degree program in Psychology were denied the opportunity to proceed with licensure. At that time, the Virginia Board of Counseling appeared to have informally adopted the standards outlined in the 2009 Guiding Statements of CACREP regarding eligibility for faculty teaching in CACREP accredited programs. Specifically, CACREP guidelines stated "faculty should have earned doctoral degrees in counselor education and supervision, preferably from a CACREP-accredited program, or have been employed as full-time faculty members in a counselor education program for a minimum of one full academic year before July 1, 2013." Although Norfolk State attempted to reorganize and reinvent our program so that our students would again be license-eligible, we were unable to do so since the majority of our faculty held their doctoral degree in Psychology rather than in Counselor Education. Thus, the changing standards that were implemented by the Virginia Board of Counseling in 2009 to be consistent with CACREP standards, played a significant role in Norfolk State having to make our master's degree program in psychology inactive in 2013. In other words, although we had been successfully preparing mental health professionals for the LPC, we were forced to terminate our program because the Virginia Licensing Board would not approve our

graduates for the LPC. This had a significant negative impact on a large number of our alumni from Norfolk State's Master's Program in Psychology, and has also led to fewer highly trained and competent mental health professionals in Virginia. Again, the limitations placed on individuals as a result of changes made by the Board of Counseling has had a detrimental effect on the field as well as training programs such as ours. The proposed regulations would likely have the same impact on other master's level Psychology Programs in Virginia and would also prevent qualified mental health professionals from other states from being license-eligible in Virginia. As a clinician, I see the need in the field for an increase in licensed mental health professionals. I thus have two recommends. First, I urge you to OPPOSE the CACREP-only proposed regulation which would officially exclude graduates from the vast majority of Departments of Psychology in the country from being LPC-eligible. Although Departments of Psychology and Departments of Counselor may have different philosophical approaches to mental health, both produce competent professionals who can serve the Commonwealth. Second, the Virginia Board of Counseling should return to the more inclusive definition regarding LPC-eligibility used prior to 2009 that was not based on the restrictive guidelines used by CACREP. These restrictive CACREP guidelines that the Board appeared to informally adopt in 2009 resulted in the inactive status of the master's program at Norfolk State, and will likely have an even greater negative impact on the citizens of Virginia if graduates from all master's programs in psychology in the country are prohibited from being LPC-eligible in Virginia.

Ernestine A.W. Duncan, Ph.D. Department Chair, Psychology, Norfolk State University

Commenter: Tom Pierce, Radford University 7/14/17 4:29 pm

OPPOSE -- Licensing Board needs resources and additional expertise to do its job

I OPPOSE the proposed CACREP-only regulation. It is not necessary to protect the health and safety of Virginians and will have numerous negative consequences to citizens of the Commonwealth, to Virginia Universities, Mental Health Agencies, and graduates from non-CACREP accredited programs. The end result of the proposed regulations will be a restriction of licensure for graduates from non-CACREP accredited programs. This will decrease the number of qualified mental health professionals in Virginia and further restrict services at a time when there is already a documented shortage of mental health providers. This may be particularly problematic in rural and traditionally underserved areas. This is not the time for guild issues where CACREP becomes the gatekeeper for Virginia. Virginia needs qualified mental health professionals from a variety of disciplines including Counselor Education and Psychology. Citizens of Virginia deserve greater access to qualified mental health professionals and research does not demonstrate that graduates from CACREP accredited programs are any more qualified than graduates from non-CACREP accredited programs. I understand that the Board of Counseling has found that "it has neither the resources nor the expertise to examine counseling programs across the country to determine their rigor or assess the quality of the education in those programs" (Town Hall Agency Background Document, page 5). But 46 other states have found a way to do so. Let me reiterate three points emphasized by the Virginia Department of Planning and Budget Economic Impact Analysis. http://www.townhall.virginia.gov/l/GetFile.cfm?File=C:\TownHall\docroot\25\4259\7390\EIA_DHP_7390_vE.pdf

- "In Virginia, requiring CACREP education would not appear to improve the quality of counselors as there is no reported differential in complaints or efficacy of practice between counselors that have CACREP education and those that have non-CACREP education." (page 4)
- "This proposed regulatory change could also adversely affect individuals seeking licensure as

profession counselors by endorsement from the board...Since fewer than 20% of colleges and universities with counseling programs nation-wise appear to have CACREP approval, this proposed change has the potential to shrink the pool of professional counselors licensed in other states who would be eligible for licensure in Virginia" (p. 12-13)

- The primary conclusion of the Economic Impact Analysis is that "Costs will likely outweigh benefits for this proposed change" (page 2).

It is striking to me that one of the primary reasons for the proposed regulatory change appears to be motivated not by any assurance that it would somehow protect the public or ensure better mental health treatment, but rather because "the Board of Counseling has found that it has neither the resources nor the expertise to examine counseling programs across the country to determine their rigor or assess the quality of the education in those programs" (Town Hall Agency Background Document, page 5)". Of note, the "Proposed Regulation Agency Background Document" states that "the primary advantage to the public is greater consistency in the educational programs of persons licensed as professional counselors in Virginia" and that "the primary advantage to the Commonwealth would be greater efficiency in reviewing applications for licensure, as it would eliminate the need to look at the current qualifications of an educational program and rely on accreditation by CACREP or CORE. It would facilitate approval of applicants to begin supervision and to be ultimately licensed with less delay in the process (page 4).

Thus, given the vast number of potentially negative consequences that will result from the proposed legislation, doesn't it make more sense to provide the Board with additional resources and expertise to evaluate programs in Virginia and around the country, than to exclude a significant number of qualified mental health professionals from being license eligible in Virginia? Certainly, adding additional faculty from non-CACREP affiliated programs in Counselor Education AND Counseling Psychology programs to the licensing Board would be a helpful first step.

Respectfully submitted,

Tom Pierce, Radford University

Commenter: Carol A. Olson 7/14/17 4:36 pm

Oppose CACREP

Commenter: Steve Warren, Liberty University 7/14/17 4:52 pm

Strongly Oppose

Strongly Oppose

Dr. Steve Warren, Dean of the School of Behavioral Sciences, Liberty University

I strongly oppose the proposed requirement that would restrict LPC licensure to programs that are CACREP accredited. I strongly oppose the proposed requirement for CACREP accreditation for educational programs and its potential intrusion in regulations governing the practice of professional counseling per 18 VAC 115-20.

The imposition of CACREP standards in a one-size-fits-all process fails to recognize existing academic quality standards, assumes unproven CACREP quality levels, applies a weak argument against the 2016 *Economic Impact Analysis* report, while stifling innovation with a redundant, costly, and complicated regulatory burden to good-actor institutions throughout the Commonwealth.

Failure to Recognize Existing Academic Quality

The licensure process currently in place ensures that students meet strict criteria for appropriate coursework from an appropriately accredited program. Marginalizing this existing process to implement a lobbied CACREP requirement is not a guarantee of higher quality. There are several quality counselor education programs in the Commonwealth that do not currently have CACREP accreditation.

Liberty University real-world, teaching, faculty have described their privilege working with under-served populations in the Commonwealth at a Community Service Board (CSB). Faculty served by supervising clinicians from a number of counselor education programs—some of which had CACREP accreditation and others that did not.

Feedback from this on-the-ground experience clearly demonstrated that there was no systematic difference in the skills, knowledge, or ability of the students based on CACREP accreditation involvement. This experience also demonstrated that institutions that do not currently have CACREP accreditation are doing an adequate job of preparing students for entry level positions and residencies where their preparation for independent practice can be continued. Additionally, we concur with the *Economic Impact Analysis* and also have identified no evidence of CACREP graduates being better counselors or having less reported ethical violations.

Furthermore, direct experience with CSB informed our faculty by making them acutely aware of the need for more licensed practitioners. These agencies often work with under-served populations who have limited access to mental and behavioral health services. At a time when our communities are facing family crises, opioid abuse, and continuing financial pressures, creating an additional and unnecessary barrier to clinical licensure means that these high-need, high-risk populations will have even less access to quality care.

2016 Economic Impact Analysis – Agency Response

I do not concur with the Agency's counter-analysis of the 2016 *Economic Impact Analysis*. A representative example is contained in the language of the Agency memo dated June 1, 2016, Section 4. The very first paragraph illustrates the limited perspective of the Agency. When the Agency stated that "accreditation by a professional accrediting body is the only reliable measure of educational quality" it simultaneously states the obvious, sets aside the quality of the current licensure process (and its relationship to broader regional accreditation reviews) and fails to define "reliable" beyond involving a new regulatory entity.

Hindering Thoughtful Innovation with Bureaucracy

The field of counseling is one that benefits from a richness of diversity and ingenuity. In fact, students pursuing these credentials are inspired by the unique characteristics of their institution and individualized mentoring of their faculty. This unique dynamic could be stifled by artificially imposing a standard on counselor education programs that dictates the means by which counselor competencies are achieved. Assigning extensive curriculum requirements to a single body, limits advancements in the field by not allowing programs to deviate from norms. This very stance is a step backward rather than a step toward innovation at a time when technology is changing the culture and connecting new communities online in new ways. CACREP curricular standards are years behind educational advances in online platforms.

Costly, Complicated, and Redundant Regulations

In a misguided effort to improve quality, CACREP is mimicking methods that are currently failing at the federal level. The U.S. Department of Education (ED) has attempted to regulate curricular standards from the top-down, massively expanded required consumer information disclosures, usurped state-level autonomy for academic program approvals and attempted to compare diverse post-secondary academic programs using a one-size-fits-all approach. Results have been very poor. As a result, ED has provided conflicting information in academic matters, confusing consumer information (frustrating students) while driving up costs which hurt students and their families. Limiting licensure to CACREP programs adds a layer of redundancy, cost, and complication without clearly providing any improvement in counselor competence or ethical practice. Especially concerning is that the imposition of new regulations could be cost prohibitive especially to small institutions and institutions serving high-need, at-risk populations in urban and rural America.

I strongly oppose the proposed requirement that would restrict LPC licensure to programs that are CACREP accredited. This misguided effort will burden institutions and not guarantee any quality improvement for our students and the communities they will soon serve.

Commenter: Alyson Faires 7/14/17 4:57 pm

Economic Impact Analysis: Reasons to OPPOSE CACREP-only

I am writing to strongly OPPOSE the CACREP-only proposal. Below I present a series of direct quotes from the recent Economic Impact Analysis report by the Virginia Department of Planning

and Budget that evaluated this proposal. The data they provide in their analysis make it clear that the proposed regulations would not prove beneficial to any involved parties.

- The one sentence summary listed in the "Result of Analysis" section was as follows: "Costs will likely outweigh benefits for this proposed change" (page 2)
- "In Virginia, requiring CACREP education would not appear to improve the quality of counselors as there is no reported differential in complaints or efficacy of practice between counselors that have CACREP education and those that have non-CACREP education." (page 4)
- "Obtaining and maintaining CACREP accreditation appears to involved significant costs" p. 8
- "By increasing required costs to start counseling programs, this proposed change may limit the number of counseling programs that are instituted in the future below the number that might be instituted if current regulations remain in place (p.12)
- "This proposed regulatory change could also adversely affect individuals seeking licensure as profession counselors by endorsement from the board...Since fewer than 20% of colleges and universities with counseling programs nationwise appear to have CACREP approval, this proposed change has the potential to shrink the pool of professional counselors licensed in other states who would be eligible for licensure in Virginia (p. 12-13)
- "Under existing regulation, there are multiple requirements to ensure the competence of applications for licensure by examination. The board currently requires that individual licensed as profession counselors receive an education adequate to prepare them for future practice by 1) specifying the coursework that they must complete at an accredited college or university, 2) requiring a fairly lengthy residency and 3) requiring passage of a licensure exam that measures the counseling knowledge of applicants. These requirements are located in 18 VAC 115-20, sections 49, 51, 52, and 70, are not proposed or repeal as part of this action, and will remain in force. If a candidate can pass the examination for licensure, has completed the Board required education without having earned a degree from a CACREP/affiliate-accredited program, and successfully complete a 3,400-hour supervised residency, then the candidate has presumably demonstrated significant knowledge and experience. Given this, the additional value of requiring CACREP/affiliate-specific accreditation appears to be limited. Further, there is no known evidence in Virginia that individuals who pass the examination, successfully complete the residency and graduate from a program that meets all of the specification already detailed in this regulation but do not graduate from a CACREP/affiliate accredited program, are any less effective as professional counselors than graduates of CACREP/affiliate accredited programs" (Economic Impact Analysis, p. 13)
- "Given the significant costs associated with requiring CACREP accreditation, the uneven and uncertain benefits of doing so and the lack of empirical evidence that this proposal is necessary to protect the health and safety of Virginians, the costs of this proposed change appear to outweigh its benefits" (p. 14)
- Projected impact on employment: "seven years after its effective date, the proposed amendment will likely limit the number of individuals qualified to see licensure by examination as professional counselors in Virginia to some unknown extent because it will likely make it more expensive to get the required education. Additionally, there will likely be fewer individuals who would be qualified to seek licensure by endorsement as they would need to have CACREP approved education or meet active practice requirements. This proposed change will also adversely affect the employment opportunities of doctoral level teach professionals who have counseling activities within their scope of practice but who are not

trained of licensed as professional counselors. This group would include psychologists, psychiatrists, and social workers" (p. 15)

Commenter: Jill Ritchie, PhD, LMHC 7/14/17 5:00 pm

Oppose CACREP-only regulations

I am writing to strongly oppose CACREP-only language in the proposed regulations for LPC's in the Intended Regulatory Action in Virginia.

My message is not anti-CACREP but pro-inclusion. There are many fine programs across the country that for decades have been training licensed professional counselors to provide mental health services in accordance with state licensure regulations who choose not to pursue CACREP accreditation. This is due to CACREP's restrictions on core faculty composition being only those holding counselor education degrees (yes, with some grandfathered exceptions) among other concerns. George Mason University is one such example in your own state.

If you look at the CACREP accredited programs in clinical mental health counseling, you will see that they are regionally situated with many states across the country having few or no such programs.

I have been a licensed mental health counselor since licensure was available in my state of Massachusetts. I have been active in our state chapter of MaMHCA, served on our state licensure board for 9 years, and have held clinical and supervisory positions in both mental health and higher ed settings. For the past 17 years, I have been a counselor educator and overseen field training for over 1500 students, and supervised our clinical supervision faculty. I think I understand a few things about counselor education.

In many of the discussions of inclusion vs. CACREP-only that have been occurring in various professional arenas in the past couple years, the debate often comes down to one of professional identity and historical turf wars between counselors versus counseling/clinical psychologists. I believe this drawing of the lines in the sand is ill-conceived and destructive to the provision of competent mental health services across there country.

Let me use my own state of Massachusetts as an example. I served on the subcommittee who updated our most recent licensure regulations. This subcommittee chose to not include language re: CACREP standards (in full knowledge of recent events such as TRICARE). Massachusetts educational and field work standards have always met or exceeded CACREP standards.

In our state, there are 23 programs that train students to become licensed mental health counselors (our title for LPCs). Only two of the programs are CACREP accredited,. Counselor educators from a majority of these programs have been meeting once a semester for close to 2 decades for MARIACES (Massachusetts/Rhode Island Association of Counselor Education and Supervision) meetings. At MARIACES, we share a common bond as counselor educators and have consulted with each other on pedagogy, clinical expectations, licensure, dealing with impaired students, etc, etc. Despite the differences in programs, we all know that we are training mental health counselors to the strict standards of our state licensing board. We have no confusion about that professional identity and neither do our students. We would never consider inferring that one of our colleagues or their programs were not engaged in counselor education.

I know that there are many other programs like the 23 in Massachusetts, whether they be in departments of education, counseling, counseling psychology, or behavioral health that know their

mission to prepare competent masters level mental health counselors and their students embrace that identity and its standards of practice. The public is served by the breadth and depth of training that pro-inclusion of multi-disciplinary programs provide.

My perspective on the proposed regulatory change is shaped by the following rationale:

1. The role of the licensing board is to protect the citizens of Virginia through the regulation of licensure, and not accreditation. To cede the power of setting educational requirements that meet the needs of Virginians to a single, out-of-state accrediting agency does not protect the citizens of Virginia. Further, doing so may step beyond the charge of the counseling board.
2. There is no evidence to suggest that graduates of CACREP programs are more effective or more ethical providers, and commonly cited evidence to the contrary is methodologically unsound.
3. Counseling programs in Virginia that are *not* affiliated with CACREP are renowned. For example, in 2013, the counseling program at George Mason University – a program that is not affiliated with CACREP – was awarded the Outstanding Master's Program award by the Southern Association for Counselor Education and Supervision.
4. The proposed regulatory change would unnecessarily restrict trade of LPCs in Virginia and LPCs considering a move to Virginia. This includes LPCs from neighboring states that do not have a similar restrictive policy.
5. There are other paths to accreditation of counseling programs. For example, the Masters in Psychology and Counseling Accreditation Council (MPCAC) accredits counseling programs and requires that programs meet a standard that meets (and in some domains exceeds) the rigor of CACREP standards.
6. Given the needs of the Commonwealth, more service providers – rather than fewer service providers are needed. For example, according to the National Association for Mental Illness (NAMI), only 19% of Virginians with serious mental illness receive services from Virginia's public mental health system. And, as of 2013, Virginia had 47 federally designated mental health care professional shortage areas (Signer, 2014). Addressing this shortage requires that Virginia protect and support valuable counselor training programs – rather than close them due to the administrative and financial limitations of achieving CACREP accreditation.

I urge the Commonwealth of Virginia **NOT** to approve this change in regulation. Rather, I strongly believe that Virginians will be best served by a diverse body of LPCs, and not only those with degrees from programs affiliated with CACREP.

Sincerely,

Jill Ritchie, PhD, LMHC

Director of Field Training/Asst. Professor

Division of Counseling & Psychology

Graduate School of Arts and Social Sciences

Lesley University

Cambridge, MA

Commenter: Sally D. Stabb 7/14/17 5:35 pm

Oppose CACREP only legislation

I encourage you NOT to adopt legislation that would limit only counselors with CACREP credentials to practice in Virginia. This does a huge disservice to several constituencies, most importantly the public who need mental health providers and secondarily to the many many program graduates and current students in non-CACREP programs. CACREP promotes itself as the "gold standard" in training but they have no evidence to support this. There are a couple of very biased studies that they like to cite about their supposed quality but these studies are poorly done and have been disputed in the field. They also have the potential to restrict trade and have several questionable conflicts of interest.

Commenter: T.D. Flynn 7/14/17 6:36 pm

Strongly opposed CACREP only

Hello,

I am strongly opposed to the CACREP only legislation in Virginia. This legislation and associated policies will cause significant harm on the Citizens of Virginia seeking mental health counseling for themselves and families. These strains are primarily through limitations to access to ecclectic and licensed mental health providers. Additionally, this legistlation and associated policies, will cause significant strain on mental health services available to our Nations Veterans and their families, which as you know, are a significant portion of Virginia's population. With regards to the damage casued to Licensed Mental Health Counselors in Virginia, there will be significant limitations to access and fairness of competition in the market - which will casue another disastrous strain on the Citizens of Virginia.

It is simply inaccurate to suggest that CACREP's initiative for an exclusive accredidation to practice does not damage Citizens, Veterans, or Institustions of Higher Education in Virginia. **ALL** licensed Graduate Counselors are tested, and rigorously trained by highly educated, and experienced practitioners from regionally and nationally accredited programs.

Please oppose this undue legislation.

Thank you,

TDF.

Commenter: Leila Saadeh, MS, ATR-BC, Resident in counseling 7/14/17 6:55 pm

Oppose CACREP

My name is Leila Saadeh and I'm an art therapist working in Richmond, VA. I am also currently a resident in counseling and under supervision for LPC. I oppose the CACREP ruling because it will limit art therapists graduating from art therapy programs to receive their LPC, which art therapists including myself have had no problem obtaining prior to CACREP. I appreciate your consideration!

Commenter: Alyson Woleslagle, LPC 7/14/17 7:14 pm

Counselor limited by 2009 decision--OPPOSE CACREP ONLY

I oppose the proposed regulation 18 VAC 115-20, which will limit eligibility to become a Licensed Professional Counselor to CACREP only programs. I entered the Clinical Psychology Program at Radford in 2006 and graduated in 2008, fully expecting to be able to get licensed in Virginia. The 2009 change in the Board's policy was unexpected and puzzling. The Clinical Psychology program has not changed; Radford is still educating future competent clinicians, and it does not seem fair for the Board to make this change.

Upon graduating from Radford, I went to Capella University to take 4 courses I was missing to be eligible for licensure in Washington, DC. The licensing board in DC recognized my degree and gave me credit for every course I took and had no problem with the fact that my degree was in clinical psychology! I passed the National Counselor Exam, demonstrating I had the knowledge and capacity to practice as a Licensed Professional Counselor. So, I'm confused by the fact that in Virginia, my degree makes me unqualified to receive my LPC when in DC and most other states, I would be considered qualified. I did not apply for my LPC in Virginia after learning that my friends in my program have been turned down and I did not want to waste my time or money or face the frustration of being turned away despite my training and experience.

Many of the people who support the petition have talked about protection of the public. DC and 46 other states certainly do not seem to agree with the position that licensing someone who graduated from a clinical or counseling psychology program would cause danger to the public. I am currently a Clinical Supervisor for an ACT team, supervising 10 case managers, at a mental health agency in DC and have my LPC in DC. We work with clients who require the most intensive outpatient care in the city. It's not an easy job, but I'm able to do it, in part due to the training and education I received through the Clinical Psychology program at Radford! Clearly, DC doesn't consider me a danger to the public, so why does VA? If DC doesn't view protection of the public as the issue, why would VA?

Lastly, I have been a citizen of the Commonwealth of Virginia my entire life, 33 years. I was trained by a state university in Virginia to be a mental health professional, but am unable to work in Virginia because of this distinction that the Virginia Board seems to draw between people trained by psychologists and people trained by people in CACREP accredited programs that the vast majority of other states do not think is an important distinction. I live in Virginia but have to work in DC. There's no evidence that people are more qualified in CACREP accredited programs. Therefore, it seems that the Board is trying to protect its guild rather than providing mental health services that are so desperately needed to the citizens of VA

I urge the board to return to the qualifications for who would be eligible for their LPC prior to 2009. The previous requirements did not turn down people who were trained by psychologists or other non CACREP programs. When the board formally adopted the current CACREP eligibility requirements, it has excluded Radford University's Clinical Psychology program, and therefore has made it impossible for otherwise qualified practitioners to help Virginians in need.

I want to work closer to where I live and where I was trained. I want to help those in my own community. To do so, I need to be license eligible in Virginia. Passing this regulation will prevent me, and countless other qualified professionals, from this.

Commenter: Jared Pingleton, Psy.D., clinical psychologist 7/14/17 8:35 pm

I strongly oppose CACREP only - VA has several equivalence degree programs, VA will lose therapists!

I strongly oppose the CACREP only proposal! There are several equivalence based training jobs which do great work. VA will lose therapists!

Commenter: Julia Kindred 7/14/17 8:35 pm

OPPOSE CACREP- our military families need more mental health providers

I strongly oppose CACREP-only regulations.

I am a 2005 graduate of Radford University's graduate program in Clinical Psychology. I have served since 2005 served as Director of Research Quality Management and Head of the Human Subjects Core at the MIRECC (Mental Illness Research, Education and Clinical Center), which is a federally funded research center based within the Veteran Affairs Maryland Health Care System. Our primary interest is improving the care of Veterans who have a serious mental illness. We develop evidence-based psychosocial interventions, treatments, and psychometrically sound instruments. My graduate program in psychology provided me with excellent training for this position and also prepared me to provide mental health counseling services as well. If the proposed CACREP-only regulations passed, I would no longer be eligible for the LPC in Virginia, my husbands home state. Although I plan to remain in Maryland and thus the proposed regulations do not impact me directly, I currently supervise a colleague who also graduated from same graduate program at Radford University who was very eager to earn the LPC in Virginia. Unfortunately, however, she was not eligible due to the restrictive regulations adopted by the Board of Counseling after 2009. She is a highly competent individual with a passion to provide mental health services to military families. This is a shame since our military needs services of competent counselors now and in the coming years, more than ever. I urge you to OPPOSE CACREP-only regulations which would deny highly qualified individuals the opportunity to return to Virginia and earn their LPC so that they can work with military families with significant mental health needs.

Sincerely,

Julia Kindred

Commenter: Allison Jensen 7/14/17 8:52 pm

strongly OPPOSE!!!

I am a counseling student and I oppose this regulation. I am studying in Maryland and have been preparing to move back to Virginia post graduation. And although I may be able to be grandfathered in, this would limit the amount of future counselors that would have the ability to transfer licensure and practice in Va. This regulation would do nothing but hurt our field, our clients and the state of Virginia!

STRONGLY OPPOSE!

Commenter: Karen Montgomery, MS-ATR 7/14/17 9:44 pm

Strongly oppose CACREP-ONLY!! Need more MH professionals!

Commenter: Anne Mills, ATR-BC, LPC 7/14/17 10:00 pm

Objection to further restrictions on Virginia licensure

As an art therapist living in Virginia who is licensed in DC and Maryland, I urge you to not phase out licensure for applicants from non-CACREP programs. Please continue to put the mental health needs of the citizens of Virginia first. Competent and ethical counselors and art therapists who provide reasonably priced services are already hard to find here. Meanwhile, experienced counselors who live in Virginia are practicing elsewhere, such as the District of Columbia and Maryland, because licensure in Virginia is difficult to attain by application or by reciprocity.

Adding the CACREP requirement will make getting a license in Virginia even more difficult; in fact, it will render it impossible for seasoned counselors and art therapists. This will mean a further loss of services for the Dominion's citizens and a loss of the potential vitality of income from counseling practices.

Respectfully, I ask that you not confuse change with improvement. There is no evidence of which I am aware that excluding non-CACREP programs will raise the level of competency of professional counselors, nor protect Virginia consumers more fully. A significant number of art therapists have gained licensure in Virginia as professional counselors under the current regulations with no known disciplinary action brought against them. Also, the CACREP change will not result in larger number of counselors to meet the needs of Virginia's large military and veteran population. Art therapists currently provide exemplary services through Tricare and the Veterans Administration, but the CACREP rule will prevent them from providing services.

I thank you on behalf of the many Virginians of all ages with serious emotional conditions.

Commenter: Bethany Wellman, M.S. Florida Institute of Technology 7/14/17 10:31 pm

STRONGLY oppose!!!!!!

Hello,

I obtained my masters in clinical counseling psychology in the commonwealth of Virginia two years ago and myself along with many other colleges/students left the area due to limited abilities we had as far as work and licensure, I moved out of the area for this reason and eventually decided to obtain my doctoral degree (no longer in Virginia). I have seen how this limits individuals in my field who are incredible, competent, and innovative clinicians who have been sorely limited by their dedication to remain in the area. Not only is this a detriment to them but also to the community as rural communities are harmed by the lack of healthcare professionals as it is, is it a good idea to force away more individuals that can provide a better sense of wellness and mental health to a

society. Please consider these multiple oppositions from many professionals aware of the detriment CACREP can cause, as well as those who although no longer reside in Virginia continue to seek its wellbeing and will always advocate for the its professionals and the communities in need.

Sincerely,

Bethany Wellman, M.S.

Commenter: Karen Kapsanis, M.S. 7/14/17 10:48 pm

Respectfully but strongly oppose CACREP-only proposal

I respectfully but strongly oppose the CACREP-only proposal. I urge Virginia to continue to allow LPCs to enter the professional counseling field from a variety of relevant disciplines (for example, counseling psychology, art therapy) and with a variety of recognized academic accreditations.

Restricting LPC eligibility to graduates of CACREP-accredited counselor education programs will mean ultimately that fewer Virginians will have access to qualified mental health professionals.

CACREP is not the only route to accreditation. Regional accreditation of a university in which a particular psychology, therapy, or counseling program resides is recognized in many licensing requirements. There are also other program-specific accrediting bodies, such as MPCAC, as its representatives explained in their June 7, 2017 commentary on Virginia's proposal.

Commenter: Hannah Phillips Hale 7/14/17 11:00 pm

Opposed

I am writing in opposition to the proposed CACREP regulatory action. I am a registered and resident in counseling in Virginia and am concerned that art therpists, who have dual academic training in the theories and techniques of counseling psychotherapy and also in the theory, methods and clinical practice of art therapy, will be excluded from pursuing licensure. The Board has long recognized our training as meeting the academic and experiential requirements for the LPC license. The proposed amendment would disqualify many similar clinically trained and ethical professionals from licensure and eliminate both diversity and availability of counseling services going forward.

Virginia has a critical need for qualified mental health professionals to address not only the needs of its large military population, but the diverse needs of growing numbers of children, adolescents, adults and seniors with serious physical, mental and emotional conditions and disabilities. It makes no sense to restrict licensure to only a segment of the state's counseling profession and exclude many highly qualified and needed mental health professionals.

The Board of Counseling has always welcomed diversity in mental health counseling education. I urge the Board to reject the change in rulemaking and retain current counselor degree program licensing requirements.

Commenter: Tim Clinton 7/14/17 11:58 pm

Cacrep

Needs to be an equivalent options - not exclusive

e over this text and enter your comments here. You are limited to approximately 3000 words.

VirginiaTech
College of Liberal Arts and Human Sciences

Counselor Education Program
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Blacksburg, Virginia 24060
(540) 231-9703 Fax: (540) 231-7845
E-mail: glawson@vt.edu
http://www.soe.vt.edu/counselored/

Jaime Hoyle, Executive Director
Virginia Boards of Counseling, Psychology, and Social Work
9960 Mayland Drive, Ste. 300
Henrico, Virginia 23233

July 12, 2017

Members of the Virginia Board of Counseling,

I am writing in support of the proposed regulatory action, that would require a degree from a CACREP accredited counseling program as a prerequisite for licensure as a professional counselor in Virginia. The Board of Counseling has voted twice already to support this proposed regulation, and it has been approved through the executive branch, including the Governor's office, and I am very pleased that we are getting nearer to the time when the Board will take final action. Since the Board indicated its intent to change these regulations, you have been inundated with public comments from a small, and frankly poorly-informed, group from outside of Virginia that opposes this change. There are numerous aspects of their comments that betray their lack of familiarity with licensure in Virginia, both in process and content, and I will address some of those issues. However, one of the most compelling impressions of reading through those comments is that those who are opposed to this change generally object based on how it might potentially negatively affect ***counselors***. Those of us who support the change are focused on how it will benefit ***clients***. It is also important to remember that the American Counseling Association (ACA), the American Mental Health Counselors Association (AMHCA), the Association for Counselor Education and Supervision (ACES), the National Board for Certified Counselors (NBCC), and the American Association of State Counseling Boards (AASCB), have ***all*** taken positions consistent with this action. These are all groups that, like the Board of Counseling, have protecting the public and ensuring client welfare, at the forefront of their decision making. All of these groups are intimately familiar with the complex details of the issues you are addressing, and all support this position.

CACREP began accrediting programs in 1981, and since that time has been repeatedly recognized by ACA as the accrediting body for the counseling profession. In 2016, the Governing Council of the American Counseling Association adopted the position that, "To unify the professional identity of counselors, ACA endorses, supports, and advocates for graduation from a counselor education program accredited by CACREP/CORE as the pathway to licensure for

independent practice." (http://www.counseling.org/knowledge-center/licensure-requirements/licensure-policies). The petition that you are considering is completely consistent with the position of the American Counseling Association.

Presently, four states (Ohio, Kentucky, Iowa, North Carolina) require a degree from a CACREP accredited program as a prerequisite for earning an LPC. There are numerous other states considering similar changes. You have heard previously from the Executive Director of the board in Ohio, the first state to adopt such regulations, about the significant benefits, and the minimal complaints that they have encountered. Beyond those four states, 18 other states reference CACREP in their licensure regulations, though some states offered an alternate path for programs that had content "equivalent" to a CACREP-accredited program. This is incredibly problematic because one of the strengths of the accreditation process is the oversight that comes from a self-study document and a thorough external program review. Programs that advertise themselves as CACREP-equivalent do not have any sort of external review or verification that the content and practices they teach actually reflect the standards of the profession or are consistent with the ACA Code of Ethics. Without that oversight, it is left to the very talented, but already overtaxed, Board staff to determine what programs do or do not meet the standards. The move to require a degree from a CACREP accredited counseling program reflect the growing trend toward greater accountability and consistency for counselor licensure across the country.

This change would allow the Board to benefit from the oversight protections that come with CACREP accreditation, and would allow for counselors in other specialty areas (e.g. school, college), who can demonstrate that they have sufficient clinical training and preparation, to still pursue licensure. The independent, non-partisan Institute of Medicine reported in 2010 that they would only recommend CACREP graduates from clinical mental health programs to work with TRICARE beneficiaries. That position was adopted by the Department of Defense (DOD), and published as a final rule in September 2014. As such, in order to serve the large defense population in Virginia, counselors must be licensed and have a degree from a CACREP accredited, clinically focused program. The regulatory change you are considering will help assure that, moving forward, nearly all LPCs in Virginia will be qualified and prepared to work with military clients and families.

There is again a coordinated effort by organizations outside of Virginia, including the Licensed Clinical Professional Counselors of Maryland (LCPCM), to influence the regulatory actions by the Board of Counseling in Virginia. That is certainly their right, though the inaccurate information which they have provided to their members via email has again created a wave of

irrelevant comments posted to the Regulatory Townhall. For example, numerous posts complain that this action would eliminate master's level psychology graduates from LPC eligibility in Virginia. In an email, LCPCM prompted their members with the statement, "It will gradually eliminate or harm graduate programs that offer Masters degrees in Counseling Psychology, Creative Arts Therapy, Clinical Psychology, Sports Psychology, Forensic Psychology, among others, that qualify for licensure as a mental health counselor." Those of us who are actually familiar with the regulations in Virginia know that none of those disciplines are eligible for licensure in Virginia today, under current standards, regardless of whether the proposed action is successful. It is clear that they are unfamiliar with the Board's current position that to be eligible for the LPC you must be prepared as a counselor. At the Board's May 9, 2014 meeting, you addressed this issue directly in stating, "While the board members appreciated the value of non-CACREP psychology programs, they did not agree that such programs have a counseling identity and focus. With a majority vote (10 in agreement, 1 against, and 1 abstention), the Board rejected the petition [to accept counseling psychology degrees]. The Board discussed that [the petitioner] may want to direct his petition to the Board of Psychology for consideration of an amendment to its regulations" (BOC Minutes). Whether discussing counseling psychology or art therapy, the commenters miss the distinction that this Board has clearly articulated, between the practice of counseling, which many professionals engage in, and the profession of Counseling, which requires a counseling professional identity and adherence to a counseling Code of Ethics. Part of the rationale behind this petition is to codify that distinction. By utilizing the strengths of the external oversight that come with CACREP accreditation, the Board can be assured that those characteristics are embodied in Virginia's counselor education programs.

Language about monopolies and "unproven claims of superiority" are common in the posts opposing this action. This is attributable to the LCPCM statements, "We are very concerned when an accreditation body attempts to create an educational monopoly, based on unproven claims of superiority, and does not allow alternative accreditation bodies to approve equivalent routes to mental health counselor licensure." There are two different issues here. First, there are several studies which do in fact demonstrate that graduating from a CACREP accredited program makes a measurable difference. Adams (2006) found that graduates from CACREP-accredited programs passed the National Counselor Examination at rates significantly higher than graduates from non-CACREP accredited programs. A separate study found that graduates from CACREP-accredited programs passed the NCE at a higher rate (86% versus 77%) and scored significantly higher than

their counterparts from non-CACREP accredited programs (Milsom & Akos, 2007). Finally, another study examined 453 substantiated ethics violations by licensed counselors within 31 states and found that 82% of the counselors who committed the ethics violations had graduated from non-CACREP accredited programs (Even & Robinson, 2013). These are peer-reviewed articles, which present verifiable research.

The second issue has to do with creating a monopoly. A representative of LCPCM spoke during public comment at the Board hearing on this action, and proposed the Master's in Psychology Counseling Accreditation Council (MPCAC) as an alternative. MPCAC accredits psychology and counseling programs in a total of 46 institutions, and none of them are in Virginia. More concerning is the fact that MPCAC is not recognized by the Council on Higher Education Accreditation (CHEA), which is known as the accreditor of accreditors. Also of interest, the brand new, 2017 MPCAC accreditation standards would not meet the licensure standards in Virginia, as they only require 48 credit hours. And finally, a review of the faculty who teach in MPCAC programs show that the vast majority (over 90%) are prepared and licensed as psychologists, not as counselors. It is unclear how someone who was never trained as, is not licensed as, nor ever practiced as a counselor can prepare counselors.

As a point of comparison, CACREP was established in 1981, has been recognized by CHEA continuously since 1987, and requires 60 credit hours of graduate training for all specialty areas. There are 753 accredited programs (e.g. clinical mental health counseling, rehabilitation counseling) in 346 institutions nationwide, including 42 programs in 16 Virginia institutions. CACREP standards require that the core faculty be graduates from counseling or counselor education programs. Perhaps more impressive is that there were 12,496 graduates of CACREP accredited programs in 2016 alone, meaning there is a large and deep pool of counselors who would meet the qualifications under this proposal.

The other issue with this objection to monopolies ignores the fact that nearly all of the boards under the Department of Health Professions name a specific accrediting body to validate training that leads to licensure. The Board of Counseling and Nursing are the only two boards presently silent on an external accreditor to verify the quality of one's education. Both the Board of Social Work and the Board of Psychology in Virginia specify a single accrediting body in their regulations (Council on Social Work Education and APA, respectively), and that is the case in most states nationwide.

Many commenters assert that it is unfair that they would lose their license if this action were to pass, which is absurd. First, once you have earned your license, only your own action (or inaction) can cause it to be revoked. Anyone presently licensed in Virginia would continue to be licensed following this action, regardless of where they earned their degree. Moreover, Virginia has one of the most inclusive licensure by endorsement standards in the country, offering endorsement to anyone who has been licensed for at least 24 of the past 60 months. So, none of the veteran counselors from Maryland, or elsewhere, need worry that Virginia is closing its doors. Interestingly, according to the report from Virginia's Healthcare Workforce Data Center, *Virginia's Licensed Professional Counselor Workforce: 2016*, of the 4,575 LPCs in Virginia, only 108 counselors earned their initial professional degree in Maryland, and only 32 of those earned it in the past five years. Virginia has more LPCs in the past five years from either North Carolina or Ohio, than Maryland, and both of those states (as well as Iowa and Kentucky) require a degree from a CACREP accredited program as a prerequisite for licensure.

Counselor education programs in Virginia are generally prepared for this change. When this petition was introduced, there were twelve programs in Virginia that had CACREP accreditation, one that was CORE accredited, and five counseling programs that were not CACREP accredited (Hampton University, Longwood University, South University, Liberty University, and George Mason University). Since the introduction of the petition, Liberty University, South University, and Hampton University have all earned CACREP accreditation, and Longwood and George Mason are preparing to apply for accreditation.

I understand that some clinicians feel threatened by this, because it appears to cast the degree that they earned in a poor light. But that is looking backwards. Some programs may object because they want to maintain their independence or they identify with disciplines other than counseling. But that ignores the expectations for oversight that are the hallmark of high quality programs, and which help to protect the public. Virginia led the nation with the first LPC credential in 1976. I believe it's time for Virginia to continue its tradition of leadership in the counseling profession by adopting this regulation to provide the consistency and oversight that comes with CACREP accreditation of counseling programs. There are sufficient protections to be sure that currently licensed counselors are not disadvantaged, and that counselors licensed in other states for more than two years can still be licensed by endorsement. There is ample time in the seven year grandparenting period for programs to seek accreditation and help their students be recognized. Most importantly, this change will serve clients well by providing a clear and consistent benchmark

for the preparation of counselors. Please conclude the work that you began by adopting this regulation, and moving forward with new educational standards for the LPC. Thank you for your consideration.

Respectfully submitted,

Gerard Lawson

Digitally signed by Gerard Lawson
DN: cn=Gerard Lawson, o=Virginia Tech, ou=Counselor Education Program, email=glawson@vt.edu, c=US
Date: 2017.07.13 19:28:20 -04'00'

Gerard Lawson, Ph.D., LPC, NCC
Associate Professor of Counselor Education
Virginia Tech

nbcc NATIONAL BOARD FOR CERTIFIED COUNSELORS WASHINGTON

May 18, 2017

Mr. Jaime Hoyle
Executive Director
Virginia Board of Counseling
9960 Mayland Drive
Conference Center, 2nd Floor
Henrico, VA 23233

Subject: 18VAC115020. Regulations Governing the Practice of Professional Counseling

Dear Mr. Hoyle:

The National Board for Certified Counselors (NBCC) is writing in support of proposed regulation 18VAC115-20 to require a degree from a program accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP) for licensure in Virginia. NBCC is the national certification organization for the counseling profession, representing over 62,000 National Certified Counselors (NCCs) in the United States and 2213 NCCs in Virginia. NBCC also develops and administers the licensure examinations for professional counselors in all fifty states, Puerto Rico and the District of Columbia.

NBCC urges the Virginia Board of Counseling to adopt 18VAC115020, which requires future licensees to obtain a degree from a CACREP accredited program.

CACREP maintains rigorous standards for counselor preparation that ensures high quality education and training. CACREP also promotes professional identity to ensure licensed counselors come from the counseling profession. The CACREP degree requirement is part of an emerging national trend and was recognized by the Institute of Medicine as a requirement for clinical practice in a 2010 report. CACREP guidelines for accreditation have historically informed every state as states developed licensure bills around the country.

The adoption of CACREP as the degree requirement for counselor licensure is built on sound policy principles. CACREP is the sole accrediting organization for clinical counselors. Nationally, the number of CACREP programs has increased significantly over the past seven years, rising from 530 in 2009 to 753 in 2016. There are an additional 58 programs that are in the CACREP accreditation pipeline. According to CACREP statistics, over 45,820 students are currently enrolled in CACREP programs. The job analysis for the National Counselor Examination for Licensure and Certification (NCE) from 2011 showed that 71% of practicing counselors came from CACREP accredited programs.

The transition to CACREP is important for the future of professional counselors as they render quality services to the citizens of Virginia. A recurring criticism of the counseling profession is a lack of uniformity in the counselor licensure standards. In 2016, the Department of Defense referenced the variability in counselor licensure standards as a reason to deny a military-wide independent privileging standard. To address this

concern, the Department of the Army released a memo in October 2016 requiring a CACREP degree for independent practice. The Veterans Administration and TRICARE had previously adopted the same strategy, establishing CACREP standards in 2010 and 2011 respectively. Moreover, federal workforce programs require CACREP accreditation for participation, including the SAMHSA Minority Fellowship Program for counselors and the HRSA Behavioral Health Workforce Education and Training program.

All of the major counseling organizations now recommend a CACREP degree for future licensees, including NBCC, the American Counseling Association (ACA), the American Mental Health Counselors Association (AMHCA), the American Association of State Counseling Boards (AASCB), and the Association for Counselor Education and Supervision (ACES). NBCC will require a CACREP degree for national certification in 2022.

The CACREP degree requirement also provides a path to portability of the counselor license across state lines. Three states have adopted a CACREP requirement for licensure in the past couple years and more are in process. NBCC, AMHCA, ACES and AASCB adopted a portability plan that will use CACREP accreditation as a path to portability.

The cost arguments against adoption of the CACREP degree lack credibility. The estimates far exceed reasonable expectations and fail to account for the financial benefits of increased enrollment and student achievement that accreditation brings to the programs. Further, NBCC annually evaluates thousands of counselor transcripts applying for National Certified Counselor (NCC) status and is cognizant of the savings accrued by the reduced time to approve a CACREP degree versus the lengthy time for non-accredited graduate programs. A CACREP requirement will significantly decrease the time and cost of review, while increasing accuracy and public protection.

The trend to CACREP for licensure is established and accelerating. To ensure graduates can work in federal programs, receive government funding, and move across state lines, NBCC strongly recommends Virginia adoption of 18VAC115-20 to require a CACREP degree for future licensees. Please contact me at 703-739-6208 or Bergman@nbcc.org with any requests for clarification or additional information. Thank you for your consideration.

Sincerely,

David M. Bergman
Vice President of Legal and External Affairs
National Board for Certified Counselors

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Jaime Hoyle, Executive Director
Virginia Boards of Counseling, Psychology, and Social Work
9960 Mayland Drive, Ste. 300
Henrico, Virginia 23233

July 12, 2017

Members of the Virginia Board of Counseling,

I am writing in support of the proposed regulatory action, that would require a degree from a CACREP accredited counseling program as a prerequisite for licensure as a professional counselor in Virginia. The Board of Counseling has voted twice already to support this proposed regulation, and it has been approved through the executive branch, including the Governor's office, and I am very pleased that we are getting nearer to the time when the Board will take final action. Since the Board indicated its intent to change these regulations, you have been inundated with public comments from a small, and frankly poorly-informed, group from outside of Virginia that opposes this change. There are numerous aspects of their comments that betray their lack of familiarity with licensure in Virginia, both in process and content, and I will address some of those issues. However, one of the most compelling impressions of reading through those comments is that those who are opposed to this change generally object based on how it might potentially negatively affect ***counselors***. Those of us who support the change are focused on how it will benefit ***clients***. It is also important to remember that the American Counseling Association (ACA), the American Mental Health Counselors Association (AMHCA), the Association for Counselor Education and Supervision (ACES), the National Board for Certified Counselors (NBCC), and the American Association of State Counseling Boards (AASCB), have ***all*** taken positions consistent with this action. These are all groups that, like the Board of Counseling, have protecting the public and ensuring client welfare, at the forefront of their decision making. All of these groups are intimately familiar with the complex details of the issues you are addressing, and all support this position.

CACREP began accrediting programs in 1981, and since that time has been repeatedly recognized by ACA as the accrediting body for the counseling profession. In 2016, the Governing Council of the American Counseling Association adopted the position that, "To unify the professional identity of counselors, ACA endorses, supports, and advocates for graduation from a counselor education program accredited by CACREP/CORE as the pathway to licensure for

independent practice." (http://www.counseling.org/knowledge-center/licensure-requirements/licensure-policies). The petition that you are considering is completely consistent with the position of the American Counseling Association.

Presently, four states (Ohio, Kentucky, Iowa, North Carolina) require a degree from a CACREP accredited program as a prerequisite for earning an LPC. There are numerous other states considering similar changes. You have heard previously from the Executive Director of the board in Ohio, the first state to adopt such regulations, about the significant benefits, and the minimal complaints that they have encountered. Beyond those four states, 18 other states reference CACREP in their licensure regulations, though some states offered an alternate path for programs that had content "equivalent" to a CACREP-accredited program. This is incredibly problematic because one of the strengths of the accreditation process is the oversight that comes from a self-study document and a thorough external program review. Programs that advertise themselves as CACREP-equivalent do not have any sort of external review or verification that the content and practices they teach actually reflect the standards of the profession or are consistent with the ACA Code of Ethics. Without that oversight, it is left to the very talented, but already overtaxed, Board staff to determine what programs do or do not meet the standards. The move to require a degree from a CACREP accredited counseling program reflect the growing trend toward greater accountability and consistency for counselor licensure across the country.

This change would allow the Board to benefit from the oversight protections that come with CACREP accreditation, and would allow for counselors in other specialty areas (e.g. school, college), who can demonstrate that they have sufficient clinical training and preparation, to still pursue licensure. The independent, non-partisan Institute of Medicine reported in 2010 that they would only recommend CACREP graduates from clinical mental health programs to work with TRICARE beneficiaries. That position was adopted by the Department of Defense (DOD), and published as a final rule in September 2014. As such, in order to serve the large defense population in Virginia, counselors must be licensed and have a degree from a CACREP accredited, clinically focused program. The regulatory change you are considering will help assure that, moving forward, nearly all LPCs in Virginia will be qualified and prepared to work with military clients and families.

There is again a coordinated effort by organizations outside of Virginia, including the Licensed Clinical Professional Counselors of Maryland (LCPCM), to influence the regulatory actions by the Board of Counseling in Virginia. That is certainly their right, though the inaccurate information which they have provided to their members via email has again created a wave of

irrelevant comments posted to the Regulatory Townhall. For example, numerous posts complain that this action would eliminate master's level psychology graduates from LPC eligibility in Virginia. In an email, LCPCM prompted their members with the statement, "It will gradually eliminate or harm graduate programs that offer Masters degrees in Counseling Psychology, Creative Arts Therapy, Clinical Psychology, Sports Psychology, Forensic Psychology, among others, that qualify for licensure as a mental health counselor." Those of us who are actually familiar with the regulations in Virginia know that none of those disciplines are eligible for licensure in Virginia today, under current standards, regardless of whether the proposed action is successful. It is clear that they are unfamiliar with the Board's current position that to be eligible for the LPC you must be prepared as a counselor. At the Board's May 9, 2014 meeting, you addressed this issue directly in stating, "While the board members appreciated the value of non-CACREP psychology programs, they did not agree that such programs have a counseling identity and focus. With a majority vote (10 in agreement, 1 against, and 1 abstention), the Board rejected the petition [to accept counseling psychology degrees]. The Board discussed that [the petitioner] may want to direct his petition to the Board of Psychology for consideration of an amendment to its regulations" (BOC Minutes). Whether discussing counseling psychology or art therapy, the commenters miss the distinction that this Board has clearly articulated, between the practice of counseling, which many professionals engage in, and the profession of Counseling, which requires a counseling professional identity and adherence to a counseling Code of Ethics. Part of the rationale behind this petition is to codify that distinction. By utilizing the strengths of the external oversight that come with CACREP accreditation, the Board can be assured that those characteristics are embodied in Virginia's counselor education programs.

Language about monopolies and "unproven claims of superiority" are common in the posts opposing this action. This is attributable to the LCPCM statements, "We are very concerned when an accreditation body attempts to create an educational monopoly, based on unproven claims of superiority, and does not allow alternative accreditation bodies to approve equivalent routes to mental health counselor licensure." There are two different issues here. First, there are several studies which do in fact demonstrate that graduating from a CACREP accredited program makes a measurable difference. Adams (2006) found that graduates from CACREP-accredited programs passed the National Counselor Examination at rates significantly higher than graduates from non-CACREP accredited programs. A separate study found that graduates from CACREP-accredited programs passed the NCE at a higher rate (86% versus 77%) and scored significantly higher than

their counterparts from non-CACREP accredited programs (Milsom & Akos, 2007). Finally, another study examined 453 substantiated ethics violations by licensed counselors within 31 states and found that 82% of the counselors who committed the ethics violations had graduated from non-CACREP accredited programs (Even & Robinson, 2013). These are peer-reviewed articles, which present verifiable research.

The second issue has to do with creating a monopoly. A representative of LCPCM spoke during public comment at the Board hearing on this action, and proposed the Master's in Psychology Counseling Accreditation Council (MPCAC) as an alternative. MPCAC accredits psychology and counseling programs in a total of 46 institutions, and none of them are in Virginia. More concerning is the fact that MPCAC is not recognized by the Council on Higher Education Accreditation (CHEA), which is known as the accreditor of accreditors. Also of interest, the brand new, 2017 MPCAC accreditation standards would not meet the licensure standards in Virginia, as they only require 48 credit hours. And finally, a review of the faculty who teach in MPCAC programs show that the vast majority (over 90%) are prepared and licensed as psychologists, not as counselors. It is unclear how someone who was never trained as, is not licensed as, nor ever practiced as a counselor can prepare counselors.

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