BOARD OF COUNSELING
QUARTERLY BOARD MEETING
Friday, November 2 2018 – 9:00 a.m.
Second Floor – Perimeter Center, Board Room 2

9:00 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**
The Board will receive public comment related to agenda items at this time. The Board will not receive comments on any pending regulations process for which a public comment period has closed or any pending or closed complaint or disciplinary matter. Public Comment will be limited to 3 minutes per person.

IV. **Approval of Minutes**
   A. Quarterly Board meeting minutes – May 18, 2018*
      a. Society of Counseling Psychology comments
   B. Regulatory Committee minutes – May 17, 2018
   C. Supervisor Summit minutes– September 7, 2018

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

VI. **Regulatory/Legislative Report: Elaine Yeatts, Senior Policy Analyst**
   A. Regulatory/Legislative Report
   B. Petition for Rule-making to amend endorsement requirements for LPC licensure*
      (Public comment period ended October 22, 2018)
   C. Adoption of Proposed Regulations for Foreign Degree Graduates*
      (Public comment period ended October 17, 2018)
   D. Adoption of Final Regulations for Acceptance of Doctoral Practicum/Internship Hours Towards Residency Requirements*
      (Public comment period ended October 5, 2018)
   E. Periodic Review*
      i. Discuss Public Comment

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

VIII. **Staff Reports**
   A. Executive Director's Report: Jaime Hoyle
   B. Deputy Executive Director's Report: Jennifer Lang
   C. Licensing Manager's Report: Charlotte Lenart
   D. Board Counsel Report: James Rutkowski

IX. **Committee Reports**
   A. Board of Health Professions Report: Kevin Doyle
   B. Regulatory/Legislative Committee Report: Johnston Brendel, Ed.D, LPC, LMFT

X. **Unfinished Business**
   A. CACREP Regulations

XI. **New Business**
   A. Residency Status

B. Virginia Department of Health Professions – Healthcare Workforce Report: Elizabeth Carter, Ph.D.
C. Criminal Background Presentation – Stephanie Willinger, Deputy Executive Director, Nursing
D. Next Meeting

1:00 p.m. Adjournment

* Requires Board Action

Approval of Board of Counseling Quarterly Board Meeting Minutes

May 18, 2018

DRAFT
BOARD OF COUNSELING
QUARTERLY BOARD MEETING
Friday, May 18, 2018

TIME AND PLACE: The meeting was called to order at 9:10 a.m. on Friday, May 18, 2018, in Board Room 3 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.

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

BOARD MEMBERS PRESENT:
Barry Alvarez, LMFT
Johnston Brendel, Ed.D., LPC, LMFT
Jane Engelken, LPC, LSATP
Natalie Harris, LPC, LMFT
Danielle Hunt, LPC
Bev-Freda L. Jackson, Ph.D., MA, Citizen Member
Vivian Sanchez-Jones, Citizen Member
Maria Stransky, LPC, CSAC, CSOTP
Terry R. Tinsley, Ph.D., LPC, LMFT, CSOTP, NCC
Holly Tracy, LPC, LMFT
Tiffinee Yancey, Ph.D., LPC

STAFF PRESENT:
Tracey Arrington-Edmonds, Licensing Specialist
David E. Brown, D.C., DHP Director
Christy Evans, Discipline Case Specialist
Jaime Hoyle, J.D., 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 general-public in attendance.

ADOPTION OF AGENDA: The Board accepted the agenda as presented.

SUMMARY SUSPENSION CONSIDERATION: See "Attachment A"

PUBLIC COMMENT: None.

APPROVAL OF MINUTES: Upon a motion made by Ms. Hunt, and seconded by Ms. Sanchez-Jones, the Board voted unanimously to approve the Board meeting minutes of February 9, 2018. The Board was informed that the Regulatory Committee meeting minutes of February 8, 2018 and the Regulatory Advisory Panel minutes of April 9, 2018 had been approved.

DHP DIRECTOR'S REPORT: Dr. Brown informed the Board that Dr. Barbara Allison-Bryan is DHP's new Chief Deputy Director. Ms. Hahn now holds the position of the Chief Operating Officer for DHP. Dr. Brown also reported that the number of full-time employees has increased during his time as

director, and DHP now has 246. The General Assembly approved five additional positions during this past session, so the number of full-time employees will be 251 as of July.

Dr. Brown also reported that DHP will issue new badges to the Board members that will display the new logo for the agency. Board members will have the option to have a current picture taken.

DHP's Business and IT Departments now occupies, the additional space the agency obtained on the first floor of the building. With their move downstairs, the Board of Counseling and other Boards have expanded and moved into new areas on the third floor.

Dr. Brown updated the Board regarding the Workgroup on Conversion Therapy. The Workgroup will consist of representatives from the Behavioral Sciences Boards, the Board of Nursing, and the Board of Medicine. Dr. Doyle has agreed to join the Workgroup. There is an opportunity for an additional Board member to participate, or a representative from the counseling community.

CHAIRMAN REPORT:

Dr. Doyle reported to the Board per his attendance at the American Association of State Counseling Boards (AASCB) 2018 conference in January, that portability of licensure is still an issue that needs to be addressed, and that a compact with neighboring states may be a starting point. It was suggested that a review of teletherapy requirements may provide insight on how to move forward with the portability of licensure.

Dr. Doyle also informed the Board of the recent letters received in support of requiring CACREP. Longwood University, Virginia Tech, Virginia Commonwealth University, and Marymount University each wrote letters in support. The Board also received a letter from the Society of Counseling Psychology in opposition to the Board moving forward with requiring accreditation. Dr. Doyle indicated that the American Psychological Association has endorsed the master's level psychology license, which could solve the Society of Counseling Psychology's concern with CACREP. The Board members offered suggestions to have staff survey the counseling programs of schools, convene a summit, or engage in a discussion with school programs to buttress support for CACREP and address head-on any issues that cause programs to, not necessarily oppose, but not fully endorse. After such a discussion, the Board could move forward, as it has been four years and the Board is in full support of pursuing these avenues over the coming months.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle provided the Board's operating budget report as of March 31, 2018 in the agenda packet. She highlighted the continued increase in applications and use of overtime in order to process the applications within the agency's performance measure policy. She reported that the registration of Peer Recovery Specialists (PRS) is lower than anticipated. She continues her outreach to inform the

public and stakeholders of the requirements of providing mental health services per the credentials regulated by the Board. She thanked staff.

DEPUTY EXECUTIVE DIRECTOR'S DISCIPLINE REPORT:

Ms. Lang reported that the reports provided in the agenda packet are available on our website. Ms. Lang also reported that there has been an increase in probable cause cases due to the fact that APD is processing all of the cases they have reviewed already, and that takes time. As the cases get resolved, the Board will address any backlog in probable cause reviews. Ms. Lang reported that she has already received complaints on QMHP's. She also informed the Board that the pending consent order had been accepted, and that she will continue to email encrypted summary case files. She thanked the Board for working with the disciplinary staff in order to keep the cases up-to-date per agency requirements. She informed the Board that she has revised the online discipline forms with the new logo, and she welcomes feedback.

LICENSING MANAGER'S REPORT:

Mrs. Lenart reported as of the end of third quarter of the 2018 Fiscal Year (January 1, 2018 – March 31, 2018), the Board of Counseling regulated licensees, certificates and registration data is provided in the agenda packet. The Board approved a total of 2,256 license, certificate and registration applications, of which 1,347 were QMHP's.

Ms. Lenart informed the Board that the 2018 remaining and future 2019 meeting dates are in the agenda packet for review.

Ms. Lenart also reported that the Board lost one contract employee to a full time position with another Board, but two new contract employees were hired with the primary focus of processing the QMHP's and Peer Recovery Specialist applications, and telephone calls. Ms. Lenart informed the Board that the last satisfaction survey received showed the approval rating of 87%.

Ms. Lenart informed the Board that she continues her outreach efforts as well. She convened a workgroup meeting with Board staff, as well as staff from DBHDS and DMAS, to acquire a better understanding of QMHPs, and better address any issues moving forward.

BOARD COUNSEL REPORT: No report.

BOARD OF HEALTH PROFESSIONS REPORT:

Dr. Doyle reported that he presented the topic of criminal background checks at the Board of Health Professions February 27, 2018 meeting with no action taken. Some of the key Board representatives had left by the time this item was addressed on the agenda. He will request the topic be added to the Board of Health Professions June 26, 2018 meeting agenda so that the issue can be more fully discussed.

Dr. Doyle informed the Board that it was ranked third highest in compliance with the sanction reference points.

The Virginia Board of Health Professions is conducting a review for the need of Art Therapy to be regulated, and the work plan is available on the Board of Health Profession's website.

REGULATORY COMMITTEE REPORT:

Dr. Brendel thanked everyone that attended the Regulatory Committee meeting on May 17, 2018, and the public that attended. He presented the Committee's recommended changes to the proposed Qualified Mental Health Professionals (QMHP) Regulations, as recommended.

The Board unanimously accepted the Committee's recommendations.

Dr. Brendel reported that the Committee reviewed Guidance Documents that were older than 4 years:

- **Guidance Document: 115.2.1** – It was recommended that this revising this guidance document to remove the reference to LPC from the title and body. The Board voted unanimously to revise the guidance documents as recommended.

- **Guidance Document: 115.4.1** – The Board voted unanimously to reaffirm the Guidance Document.

- **Guidance Document: 115.4.11** – The Committee recommended the Guidance Document be revised as follows:

    - Remove "Legislation enacted in 2003" and replace it with the Code of Virginia (§54.1-2400);
    - Remove the all underlines;
    - Remove the Confidential Consent Agreements Board of Counseling title;
    - Remove the paragraph that begins with "At the February 27, 2004 meeting," and ends with "Department of Health Professions."; and
    - Add a number seven of Posting of notice with example statement to read "A licensee, certificate holder or a registrant fail to post client notification as required by §54.1-3506.1.

The Board voted unanimously to revise the guidance document as recommended.

- **Guidance Document: 115.5** – The Board voted unanimously to reaffirm the Guidance Document as recommended.

Ms. Yeatts indicated that the Committee and voted to include a recommendation for draft legislation to be introduced during the 2019 General Assembly that would add a definition for a qualified mental health professional-trainee, and give the Board authority to regulate QMHP-Trainees. The changes would require statutory authority.

The next scheduled Regulatory Committee meeting is August 16, 2018 at 10:00 a.m.

UNFINISHED BUSINESS:

Bylaws - Dr. Brendel made a motion to accept the Bylaws as revised during the February 2018 Board meeting. Ms. Hunt seconded the motion, and it passed unanimously

NEW BUSINESS:

Regulatory/Legislative Report - Ms. Yeatts provide a chart of current regulatory actions as May 16, 2018 that listed:

- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling - requirement for CACREP accreditation for educational programs (action 4259); Proposed stage withdrawn 11/3/17 (state 8032)

- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling - acceptance of doctoral practicum/internship hours towards residency requirements (action 4829); Proposed *at the Governor's office for 7 days*

- 18VAC 115-30 Regulations Governing the Certification of Substance Abuse Counselors updating and clarifying regulations (Action 4691) –proposed at the *Governor's office for 7 days*

- 18VAC115-70 Regulations Governing the Registration of Peer Recovery Specialist (under development) – Initial regulations for registration (action 4890) emergency/NOIRA – Register Date 1/8/18, Board to adopt proposed regs 5/18/18

- 18VAC115-80 Regulations Governing the Registration Qualified Mental Health Professionals (under development) – Initial regulations for registration (action 4891) emergency/NOIRA Register Date 1/8/18, Board to adopt proposed regs 5/18/18

Ms. Yeatts informed the Board of current House and Senate Bills that may relate or of interest to the Board as listed below:
HB 614 Social work; practice,
HB 697 Professional Counselors; requirements for licensure, supervision of applicants.
HB 793 Nurse practitioners; practice agreement
HB 1114 Professional and occupational regulation: authority to suspend or revoke licenses, certificates.
HB 1251 CBD oil and THC-A oil; certification for use, dispensing
HB 1383 Marriage and family therapy; clarifies definition, adds appraisal
HB 1510 Professions & occupations; recognizing licenses/certificates issued by Commonwealth of Puerto Rico
SB 245 Conversion therapy; prohibited by certain health care providers.

SB 762 BHDS, Board of; definition of 'licensed mental health professional"
SB 812 Mental health professional, qualified; broadens definition.

NEXT MEETING: Next scheduled Quarterly Board Meeting is August 17, 2018 at 10:00 a.m.

ADJOURN: The meeting adjourned at 11:43 a.m.

_____ _____

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

Jaime Hoyle, Esq.
Executive Director

ATTACHMENT A

Virginia Board of Counseling
Summary Suspension Presentation and Consideration

Time and Place:	Friday, May 18, 2018 at 9:15 a.m. Virginia Department of Health Professions Perimeter Center, 2nd Floor, Board Room 3 9960 Mayland Drive, Henrico, Virginia 23233
Members Present:	Kevin Doyle, Ed.D., LPC, LSATP, Chairperson Barry Alvarez, LMFT Johnston Brendel, Ed.D., LPC, LMFT Jane Engelken, LPC, LSATP Natalie Harris, LPC, LMFT Bev-Freda L. Jackson, Ph.D., MA, Citizen Member Vivian Sanchez-Jones, Citizen Member Terry R. Tinsley, Ph.D., LPC, LMFT, CSOTP, NCC Holly Tracy, LPC, LMFT Tiffinee Yancey, Ph.D., LPC
Board Counsel:	James Rutkowski, Assistant Attorney General
Staff Present:	Tracey Arrington-Edmonds, Licensing Specialist Christy Evans, Discipline Case Specialist Jaime Hoyle, Executive Director Jennifer Lang, Deputy Executive Director Charlotte Lenart, Licensing Manager
Commonwealth's Representation:	Julie Bennett, Assistant Attorney General
Purpose of the Meeting:	Ms. Bennett presented a summary of evidence in disciplinary case #184439 for the Board's consideration of a summary suspension of the license and certificate of Babatunde Adekson, LPC, CSAC.
Closed Meeting:	Dr. Tinsley moved that the Board convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Babatunde Adekson. He further moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, Christy Evans, Charlotte Lenart, and Tracey Arrington-Edmonds attend the closed meeting because their presence was deemed necessary and would aid the Board in its deliberations. The motion was seconded by Mr. Alvarez and passed unanimously.
Reconvene:	Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the *Code of Virginia*, the Board reconvened in open meeting and announced the decision.

Decision: Mr. Alvarez moved to summarily suspend the license and certificate of Babatunde Adekson, LPC, CSAC and offer a Consent Order for indefinite suspension, in lieu of a formal hearing. The motion was seconded by Ms. Tracy and passed unanimously.

Adjournment: The Board adjourned the summary suspension consideration at 9:42 a.m.

Society of Counseling Psychology Comments Regarding May 18, 2018 Board of Counseling Quarterly Minutes

Society of Counseling Psychology
Division 17, American Psychological Association
http://www.div17.org

July 17, 2018

Virginia Board of Counseling
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Dear Dr. Doyle:

Dr. Inman and I are responding to the minutes of the May 18, 2018 Virginia Board of Counseling quarterly meeting. Our purpose is to affirm that our position concerning the master's training issue for counseling psychology remains the same as stated in our previous letter to you. Our desire is that licensing boards maintain a position of inclusiveness regarding master's counseling training and accreditation. We do not foresee a different path to licensure for our master's students than what currently exists in each state. We also do not foresee any significant changes to the quality or content of the training and education that we currently provide in our counseling psychology programs to our master's students. In other words, we definitely are counting on licensure opportunities for our students to be fulfilled by the current counselor licensing entities in each of the fifty states.

The minutes of your board meeting communicated that "the American Psychological Association has endorsed the master's level psychology license which could solve the Society of Counseling Psychology's concern with CACREP." This statement is not accurate and premature in that APA has not formally endorsed master's training and nothing has been decided about master's psychology licensure. We do not know what the result of APA's work will be or how master's licensure will be regarded by APA. We certainly do not know how counseling psychology's problem of marginalization by CACREP is being solved by recent APA events. Of course, requirements for counselor licensure are up to each of our individual states, not APA. Thus, even if APA does approve psychology training and education at the master's level, this endorsement is not about licensure. SCP's concern with CACREP's exclusive stance designed to prohibit SCP master's students from obtaining licensure would not be solved through APA endorsement of master's training. As we related in our previous communication, approximately 75% of counseling psychology programs offer master's training in counseling. Students graduating from these programs will continue to pursue master's counselor licensure. We do not see this changing, no matter what APA does. A positive that may come out of APA's decisions concerning master's training is that MPCAC accreditation could be supported for counseling psychology master's programs. We are speculating that MPCAC would be the accrediting mechanism available to master's programs in counseling psychology, and this would be advantageous. Again, this development would not affect master's licensing for our students.

Sincerely,

Arpana G. Inman, Ph.D.
President

Michael J. Scheel, Ph.D.
SCP VP for Education and Training

Counseling Regulatory Board Meeting Minutes

May 17, 2018

VIRGINIA BOARD OF COUNSELING
REGULATORY COMMITTEE MEETING
DRAFT MINUTES
Thursday, May 17, 2018

TIME AND PLACE: The meeting was called to order at 1:08 p.m. on Thursday, May 17, 2018, in Board Room 3 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.

PRESIDING: 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

STAFF PRESENT:
Tracey Arrington-Edmonds, Licensing Specialist
Jaime Hoyle, J.D., Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Licensing Manager
Elaine Yeatts, Senior Policy Analyst

ORDERING OF THE AGENDA:

The Committee accepted the agenda as presented.

APPROVAL OF MINUTES:

Dr. Doyle made a motion to approve the minutes of the February 8, 2017 meeting; it was seconded by Ms. Sanchez-Jones and passed unanimously.

PUBLIC IN ATTENDANCE:

Representative(s) from the Department of Medical Assistance Services (DMAS), the Virginia Department of Behavioral Health & Developmental Services (DBHDS), the Board of Social Work, and Family Insight.

PUBLIC COMMENT:

No comments

DISCUSSION:

I. **Unfinished Business:**

- **Foreign degree discussion –** The Committee agreed to move forward with the adoption of a Notice of Intended Regulatory Action (NOIRA) to begin the process to amend the Regulations to ensure applicants with foreign degrees have a pathway to licensure.

- **Criminal Background Check Requirement Discussion –** Dr. Doyle informed the Committee that he presented the topic at the Board of Health Professions February 27, 2018 meeting with no action taken and no support from the other Boards. He will request that the topic be added to the Board of Health Professions, June 26, 2018 meeting agenda.

II. **New Business:**

- **Proposed Regulations for Qualified Mental Health Professionals (QMHP) & Registered Peer Recovery Specialist (RPRS) –** Ms. Yeatts informed the Committee of the proposed changes underlined in the regulations (pages 6 through 16 and page 34 through 43 of the agenda package). The proposed changes are the results of the public comments received (pages 17 through 33 of the agenda package) and suggestions from the Regulatory Advisory Panel (RAP). The suggestion was made to add the requirement of a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB) and revise the proposed language of the supervision experience required for registration. Ms. Tracy motioned to accept the proposed changes as discussed, it was seconded by Ms. Sanchez-Jones and passed unanimously. Dr. Doyle motioned that the proposed changes be recommended to the full Board, it was seconded by Ms. Tracy and passed unanimously.

- **Accreditation Standards for Counseling Degrees** – Dr. Brendel expressed a desire for movement on the CACREP issue. He suggested that a sub-committee be convened in which he is willing to serve on, to reach out to other states/jurisdictions to weigh in on what accreditation body/bodies are acceptable for counseling degree programs. Dr. Brendel will work with staff to survey the landscape of accreditation in other states and among other health professions in Virginia.

- **Code of Virginia Definitions**
  - The Committee discussed whether it was necessary to put the word “license” before “Marriage and Family Therapist” and “Professional Counselor”. It was concluded that such action is not necessary because the Code and Regulations are clear that the practice of marriage and family therapy and professional counseling requires a license.
  - Qualified Mental Health Professional Trainee (QMHP-Trainee) it was recommended, that a statue change and definition be added to the Code of Virginia Definitions. Dr. Doyle made a motion to recommend to the full Board to change the Code to grant the Board authority to register Qualified Mental Health Professional Trainees (QMHP-Trainee), as well as QMHP-Adults (QMHP-As) and QMHP-Children (QMHP-Cs). Ms. Holly seconded the motion, and it passed unanimously.

- **Review of Guidance Documents**
  - Guidance Document: 115.2.1 – It was recommended that Professional Counselors be removed from the title and the body be revised to reflect it applies to all professions under the Board. Dr. Doyle motioned to amend the Guidance

Documents with the revisions. The motion was seconded by Ms. Tracy and passed unanimously.

- Guidance Document: 115.4.1 – Dr. Doyle made a motion to reaffirm, which was seconded by Ms. Tracy and passed unanimously.
- Guidance Document: 115.4.11 – The Committee discussed the following revisions:
  - Remove "Legislation enacted in 2003" and replace it with the Code of Virginia (§54.1-2400);
  - Remove the all underlines;
  - Remove the Confidential Consent Agreements Board of Counseling title;
  - Remove the paragraph that begins with "At the February 27, 2004 meeting," and ends with "Department of Health Professions."; and,
  - Add a number seven of that requires posting of the notice with an example statement to read "A licensee, certificate holder or a registrant fail to post client notification as required by §54.1-3506.1.

Dr. Doyle made a motion to take amend the Guidance Document with the proposed changes. The motion was seconded by Ms. Hunt and passed unanimously.

- Guidance Document: 115.5 – Dr. Doyle made a motion to reaffirm, which was seconded by Ms. Tracy and passed unanimously.

- **Periodic Review of Regulations** – Ms. Yeatts indicated that the notice to conduct a periodic review had been issued, and the Committee will begin the review of the Regulations listed below the next scheduled Committee meeting in August. Ms. Yeatts stated that the public comment is scheduled to begin on June 11, 2018 and end on July 11, 2018. No action by the Board is required at this time.

Chapter	Board of Counseling
18 VAC 115-15	Regulations Covering Delegation to an Agency Subordinate
18 VAC 115-20	Regulations Governing the Practice of Professional Counseling
18 VAC 115-50	Regulations Governing Marriage and Family Therapists
18 VAC 115-60	Regulations Governing Licensed Substance Abuse Treatment Practitioners

- **Continuing Competency Activity** – A request to provide continuing competency hours for attending Board meetings will be discussed at the next scheduled Committee meeting.

- **Examination Trends** – Can an applicant/resident be approved to take the NCMHCE and/or the AMFTRB prior to or during residency? Current regulation does not prohibit anyone from taking our required exam prior to or during residency; therefore, it would be up to the applicant/resident when he/she would sit for the exam prior to submitting a licensure by exam application. The residency requirements would still have to be met/satisfied prior to licensure.

- **Scope of Practice**
  - The Committee discussed scope of practices issues related to Psychology Testing and Blood and Urine Testing. It was reaffirmed that the Regulations allow testing, and it should be practiced only within the boundaries of the licensee's

competence, based on the licensee's education, training, supervised experience and appropriate professional experience.

- **NEXT SCHEDULED MEETING -** August 16, 2018

ADJOURNMENT:
The meeting adjourned at 2:53 p.m.

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

Jaime Hoyle, JD — Date
Executive Director

Supervisor Summit Minutes
September 7, 2018

DRAFT

BOARD OF COUNSELING
Supervisor Summit
Friday, September 7, 2018

TIME AND PLACE:	The meeting was called to order at 10:05 a.m. on Friday, September 7, 2018, in Board Room 2 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.
PRESIDING:	Kevin Doyle, EdD., LPC, LSATP, Chairperson
BOARD MEMBERS PRESENT:	Barry Alvarez, LMFT Bev-Freda L. Jackson, Ph.D., MA, Citizen Member Maria Stransky, LPC, CSAC, CSOTP Holly Tracy, LPC, LMFT
STAFF PRESENT:	Jennifer Lang, Deputy Executive Director Charlotte Lenart, Licensing Manager
WELCOME & INTRODUCTIONS:	Dr. Doyle welcomed the Supervisor Summit attendees. Board members and staff introduced themselves.
DISCUSSSION:	Dr. Doyle provided a presentation that reviewed the regulations relating to the supervisor and resident requirements, responsibilities, and standards of practice. At the conclusion of Dr. Doyle's presentation, the Board and staff answered questions from the attendees relating to the practice of supervision.
ADJOURNMENT:	Supervisor Summit adjourned at 12:00p.m.

Kevin Doyle, EdD.,LPC, LSATP
Chairperson

Jaime Hoyle, JD
Executive Director

Agenda Item: **Regulatory Actions - Chart of Regulatory Actions**

Staff Note: Attached is a chart with the status of regulations for the Board as of October 17, 2018

		Action / Stage Information
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Credential review for foreign graduates [Action 5089] NOIRA - *Register Date: 9/17/18* *Comment closed: 10/17/18* *Board to adopt proposed regulations: 11/2/18*
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Requirement for CACREP accreditation for educational programs [Action 4259] Proposed - *Stage Withdrawn 11/3/2017* [Stage 8032]
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Acceptance of doctoral practicum/internship hours towards residency requirements [Action 4829] Proposed - *Register Date: 8/6/18* *Comment closed: 10/5/18* *Board to adopt final regulations: 11/2/18*
[18 VAC 115 - 30]	Regulations Governing the Certification of Substance Abuse Counselors	Updating and clarifying regulations [Action 4691] Proposed - *Register Date: 10/29/18* *Comment period: 10/29/18 to 12/28/18* *Public hearing: 11/1/18*
[18 VAC 115 - 70]	Regulations Governing the Registration of Peer Recovery Specialists [under development]	Initial regulations for registration [Action 4890] Proposed - *At Governor's Office* [Stage 8296]
[18 VAC 115 - 80]	Regulations Governing the Registration of Qualified Mental Health Professionals [under development]	Initial regulations for registration [Action 4891] Proposed - *At Governor's Office* [Stage 8297]

Agenda Item: Response to Petition for Rulemaking

Included in your agenda package are:

A copy of the petition received from Charles R. McAdams, III

A copy of comment on the NOIRA (received as of 10/17/18; comment received after 10/17 and before the close of comment on 10/22/18 will be a handout)

A copy of regulation 18VAC115-20-45

Board action:

To initiate rulemaking by adoption of a Notice of Intended Regulatory Action; or

To initiate rulemaking by adoption of a proposed regulation by a fast-track action; or
To reject the petitioner's request.

COMMONWEALTH OF VIRGINIA
Board of Counseling

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4610 (Tel)
(804) 527-4435(Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)		
Charles Rupert McAdams, III		
Street Address 103 Royal Grant Drive	Area Code and Telephone Number 757-784-6868	
City Williamsburg	State VA	Zip Code 23185
Email Address (optional) crmcad@wm.edu	Fax (optional) 757-221-2988	

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

   18VAC115-20-45. Prerequisites for licensure by endorsement, Section B

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

   See attached.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is <u>other</u> legal authority for promulgation of a regulation, please provide that Code reference.

   No additional authority noted or needed.

Signature: Charles R. McAdams III Date: 9-7-2018

PETITION FOR RULEMAKING
Regarding
18VAC115-20-45. Prerequisites for licensure by endorsement, Section B

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

Substance of the proposed change:

I am proposing that the Board of Counseling incorporate the National Counselor Licensure for Endorsement Process (NCLEP) as a route for counselor endorsement: Specifically, I am proposing that the current language in Section B be revised to include option 3 below (underlined):

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; or

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. The applicant has been licensed in another state at the highest level of counselor licensure for at least three years from the date of application for licensure endorsement with no current or pending disciplinary sanctions for at least five years from the date of application for licensure endorsement and meets one of the following:

a. The applicant possesses the National Certified Counselor (NCC) credential, in good standing, as issued by the National Board for Certified Counselors (NBCC);

b. The applicant possesses a graduate-level degree from a program

accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP).

4. 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.

Rationale for the proposed change:

The NCLEP was developed collaboratively by the American Association of State Counseling Boards (AASCB), the Association for Counselor Education and Supervision (ACES), the American Mental Health Counselors Association (AMHCA), and the National Board for Certified Counselors (NBCC). These four national organizations represent key counselor constituencies, including counselor licensing boards, counselor educators, mental health counselors, and board-certified counselors. The NCLEP is the ideal model for counselor portability because it creates a reasonable and implementable portability process for all current and future counselors. The NCLEP was designed to accommodate innovative service delivery, such as tele-mental health services and military-friendly licensure processes.

AASCB, ACES, AMHCA, and NBCC agreed that the NCLEP must achieve the following objectives:

I. Significantly increase public access to qualified care;
II. Establish minimum standards for safe practice;
III. Reduce administrative burdens for both state regulatory boards and licensees;
IV. Create consistency in licensure standards across state lines; and
V. Ensure protection of the public and the continued development of the profession.

The NCLEP provides a flexible model of portability that ensures all out-of-state counselors have a path to licensure, but qualified counselors can take advantage of a streamlined process. The model incorporates two national credentialing standards that provide quality assurance for expedited review: a graduate-level degree from a program accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP) or the National Certified Counselor (NCC) credential issued by the National Board for Certified Counselors (NBCC). The NCLEP also includes acceptance of any additional standards adopted by the licensure board. This allows states to continue with their existing endorsement process, but also establish an expedited review for those counselors who meet the national standards.

The national standards adopted into the NCLEP will facilitate portability for the vast majority of licensed counselors while establishing quality assurance for state regulatory boards. Incorporating the expedited review for the national credentials will simplify administration and reduce costs for state agencies.

CACREP

The establishment of a degree from the Council for Accreditation of Counseling & Related Educational Programs (CACREP) as a platform for counselor portability is consistent with a growing national trend. 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 standard was recognized by the Institute of Medicine as a requirement for clinical practice in a 2010 report. Since that time, states and the federal government have increasingly adopted the standard for practice and participation.

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 41,333 students were enrolled in CACREP programs in 2016. 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.

Further, the Board of Counseling is currently considering requiring a CACREP degree for licensure, which will synthesize the licensure and endorsement process. Moreover, as other states adopt the NCLEP, licensed professional counselors from Virginia will be given the authority to use this process to attain a license in other states.

National Certified Counselor

The National Certified Counselor credential is equally rigorous. It requires a master's degree or higher with a major study in counseling from a regionally accredited program, including at least 48 semester or 72 quarter hours of graduate-level academic credit in counseling. The degree must include one course in Professional Orientation to Counseling and at least six semester or 10 quarter hours of supervised field experience in counseling. It also requires coursework in the CACREP core curriculum areas, professional endorsement, and at least 3,000 hours of post-graduate counseling work experience over a minimum 24-month period. Finally, counselors must pass the National Counselor Examination for Licensure and Certification (NCE) or the National Clinical Mental Health Counseling Examinations (NCMHCE).

The NCC has served as the premier counseling certification since 1983. It is required for licensure in Delaware and is recognized by other state programs. Over 62,000 counselors currently possess the NCC, a number that has been growing each year. The NCLEP provides a uniform standard for licensure endorsement built on national standards. The NCLEP will make VA a leader in counselor portability and facilitate the flow of qualified counselors into the state. The plan balances the priorities of public protection with the demand for increased access to behavioral health services. The NCLEP also decreases costs while increasing quality.

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Elaine J. Yeatts

Agency **Department of Health Professions**

Board **Board of Counseling**

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

All good comments for this forum **Show Only Flagged**

Back to List of Comments

Commenter: Masterful Couples of Northern VA 10/5/18 11:06 am

Supporting Comment

I support this Petition for Rulemaking and do hope it passes!! I plan to relocate in the next 6-7 years and want to be able to have a seamless transition with my licensure and NBCC certification from VA to the next state in which I relocate. Thank you.

Commenter: Caitrin Allingham, Oakton Primary Care Counseling 10/5/18 12:34 pm

In support of

Type over this text and enter your comments here. You are limited I support this Petition for Rulemaking and I do hope it passes!! I do not plan to relocate. However, I believe for all states and U.S. territories to attract and maintain quality counselors for much needed mental health services, both here in Virginia and all states and U.S. territories, Professional counselors with NBCC certification(s) should be able to have a seamless transition to the next state/territory in which they relocate. Thank you.to approximately 3000 words.

Commenter: Rebecca K Hogg, Resident in Counseling 10/6/18 9:00 pm

Support for this rule

I support this petition for rule making. Accepting the NCLEP will place Virginia in the position as. Or only the first state to license professional counselors but also the first state to take the needed step towards licensure portability. NBCC certifies counselors at a level equivalent to licensure requirements. Steps towards license portability are critically needed in our increasingly mobile society. This change would not impede any current counselors and counseling students from achieving licensure but instead provide a critical guide for future counselors and counseling education programs to follow.

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.

Agenda Item: Adoption of Proposed Amendments for Graduates of Foreign Educational programs

Included in the agenda package:

A copy of the NOIRA on Townhall

(No public comment on the NOIRA)

Proposed regulations (as drafted by Staff)

Any changes made by the Reg/Leg Committee on 11/1/18 will be noted in hand-out to Board members

Action:

Adoption of proposed amendments to regulations

townhall.virginia.gov

Notice of Intended Regulatory Action (NOIRA)
Agency Background Document

Agency name	Board of Counseling, Department of Health Professions
Virginia Administrative Code (VAC) citation(s)	18VAC115-20 18VAC115-50 18VAC115-60
Regulation title(s)	Regulations Governing the Practice of Professional Counseling Regulations Governing the Practice of Marriage and Family Therapy Regulations Governing the Licensure of Substance Abuse Professionals
Action title	Credentials evaluation service for foreign graduates
Date this document prepared	7/12/18

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 17 (2014) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual.*

Subject matter and intent

Please describe briefly the subject matter, intent, and goals of the planned regulatory action.

The goal of the planned regulatory action to provide a pathway for foreign-trained graduates in counseling to obtain licensure as a professional counselor, marriage and family therapist, or a substance abuse treatment practitioner in Virginia. The Board intends to adopt language similar to psychology, which provides that graduates of programs that are not within the United States or Canada can qualify for licensure if they can provide documentation from an acceptable credential evaluation service that allows the board to determine if the program meets the requirements set forth in the regulation.

Project 5643 - NOIRA

BOARD OF COUNSELING

Credential review for foreign graduates

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.

C. Graduates of programs that are not within the United States or Canada shall provide documentation from an acceptable credential evaluation service which provides information that allows the board to determine if the program meets the requirements set forth in this chapter.

18VAC115-50-50. Degree program requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice marriage and family therapy as defined in § 54.1-3500 of the Code of

Virginia from a college or university which is 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 students to practice marriage and family therapy as documented by the institution;

2. There must be an identifiable marriage and family therapy 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 as programs in marriage and family counseling/therapy or by COAMFTE are recognized as meeting the requirements of subsection A of this section.

C. Graduates of programs that are not within the United States or Canada shall provide documentation from an acceptable credential evaluation service which provides information that allows the board to determine if the program meets the requirements set forth in this chapter.

18VAC115-60-60. Degree program requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice substance abuse treatment or a related counseling discipline as defined in § 54.1-3500 of the Code of Virginia from a college or university accredited by a regional accrediting agency that 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 as programs in addictions counseling are recognized as meeting the requirements of subsection A of this section.

C. Graduates of programs that are not within the United States or Canada shall provide documentation from an acceptable credential evaluation service which provides information that allows the board to determine if the program meets the requirements set forth in this chapter.

Agenda Item: Adoption of Final Amendments for Acceptance of doctoral practicum/internship hours towards residency

Included in the agenda package:

A copy of the proposed regulations

Copy of comment on regulations (all in support)

Action:

Adoption of final amendments to regulations

Project 5171 - Proposed

BOARD OF COUNSELING

Acceptance of doctoral practicum/internship hours towards residency requirements

18VAC115-20-52. Residency requirements.

A. Registration. Applicants who render counseling services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;

2. Have submitted an official transcript documenting a graduate degree as specified in 18VAC115-20-49 to include completion of the coursework and internship requirement specified in 18VAC115-20-51; and

3. Pay the registration fee.

B. Residency requirements.

1. The applicant for licensure shall have completed a 3,400-hour supervised residency in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches in the following areas:

a. Assessment and diagnosis using psychotherapy techniques;

b. Appraisal, evaluation, and diagnostic procedures;

c. Treatment planning and implementation;

d. Case management and recordkeeping;

e. Professional counselor identity and function; and

f. Professional ethics and standards of practice.

2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the resident. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.

3. No more than half of the 200 hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

4. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.

5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.

6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-20-49, may count for up to an additional 300 hours towards the requirements of a residency.

7. Supervised practicum and internship hours in a CACREP-accredited doctoral counseling program may be accepted for up to 900 hours of the residency requirement and up to 100 of the required hours of supervision provided the supervisor holds a current, unrestricted license as a professional counselor.

8. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.

~~8.~~ 9. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervision.

~~9.~~ 10. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing of the resident's status and the supervisor's name, professional address, and phone number.

~~10.~~ 11. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.

~~11.~~ 12. Residency hours approved by the licensing board in another United States jurisdiction that meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in professional counseling shall:

1. Document two years of post-licensure clinical experience;

2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of

continuing education in supervision offered by a provider approved under 18VAC115-20-106; and

3. ~~Shall hold~~ Hold an active, unrestricted license as a professional counselor or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. Supervisors who are substance abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.

2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.

3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.

4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision B 1 of this section.

5. The supervisor shall provide supervision as defined in 18VAC115-20-10.

E. Applicants shall document successful completion of their residency on the Verification of Supervision Form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet. Supervised experience obtained prior to April 12, 2000, may be accepted toward licensure if this supervised experience met the board's requirements ~~which~~ that were in effect at the time the supervision was rendered.

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Elaine J. Yeatts

Agency **Department of Health Professions**

Board **Board of Counseling**

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

Action	**Acceptance of doctoral practicum/internship hours towards residency requirements**
Stage	**Proposed**
Comment Period	Ends 10/5/2018 (today!)

All good comments for this forum **Show Only Flagged**

Back to List of Comments

Commenter: Gerard Lawson - Virginia Tech 8/31/18 9:20 am

Support for Doctoral Internship Hours Toward Licensure

I support this proposed regulatory action. I believe that this will allow well trained counselors who are in doctoral programs to more easily acquire the residency supervision hours that they need. The supervision provided in CACREP accredited programs must meet high standards at both the site and the university, which serve to better protect the public and ensure client welfare. This will also provide efficiencies for the Board staff, as each new Internship site will not need to be registered with the Board, if they are accounted for as the master's internships are. This seems like a proposal with no downside.

Commenter: Eric Glenn - Virginia Tech 8/31/18 10:58 am

Support for Doctoral Internship Hours Toward Licensure

I support any proposed regulatory action that would make a doctoral student's life easier. Doctoral students can undergo a lot of stress in their quest to finish their program. Any proactive measures that would streamline the process for licensure would be extremely helpful to their overall wellness.

Commenter: Heather Tiffany, Virginia Tech Graduate Student 8/31/18 12:59 pm

Advocacy for Proposed Action

In my understanding, this proposed action could be helpful towards making the transition to obtaining hours for doctoral residency easier and faster. Most doctoral students have the necessary skills and competence to have these internship hours count towards residency hours as these experiences are just as valuable post-graduatework in my opinion. Consideration for this action would be helpful for future students (and current) for these reasons.

Commenter: Matthew Fullen, Virginia Tech

8/31/18 2:53 pm

Support of proposal regulatory action

Greetings,

I am writing to express my support for this regulatory action. The proposed action will allow counselors who are in doctoral programs to more easily acquire the residency supervision hours that they need. This is beneficial for these individuals and the clients they serve.

Sincerely,

Matthew Fullen, Ph.D.

Commenter: Ariann Robino, Virginia Tech

9/1/18 2:49 pm

Doctoral Internship Hours

I support this proposed action. As a student within a CACREP doctoral program in Virginia, I know the requirements my program must meet to maintain accreditation. I can also speak to the level of education I receive in such a program. It would be beneficial for the hours I have obtained during my supervised internship experiences to count toward residency hours as the work mirrors the work we do when working toward licensure.

Commenter: Jenna R. Haynes, Virginia Tech,

9/4/18 8:18 am

Doctoral Internships

I support this proposed regulatory action. I believe that this will allow well trained counselors who are in doctoral programs to more easily acquire the residency supervision hours that they need. The supervision provided in CACREP accredited programs must meet high standards at both the site and the university, which serve to better protect the public and ensure client welfare. This will also provide efficiencies for the Board staff, as each new Internship site will not need to be registered with the Board, if they are accounted for as the master's internships are. This seems like a proposal with no downside. ype over this text and enter your comments here. You are limited to approximately 3000 words.

Commenter: Courtney Zongrone, Virginia Tech

9/4/18 10:19 am

Support for Doctoral Internship Hours Toward Licensure

I support the proposed regulatory action of accepting doctoral practicum/internship hours to count towards residency requirements. CACREP accredited doctoral programs provide extensive structure and supervision to their candidates as is. Providing the option for these programs to directly oversee residency hours would be a positive choice for the Virginia Board of Counseling and help candidates in their licensure process.

Periodic Review

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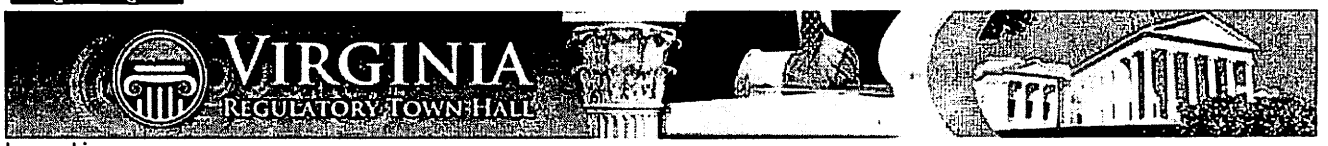

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Periodic Reviews

Showing: 7 periodic reviews for the Board of Counseling.

Latest Periodic Review Decision: ☑ Pending ☑ Retain As Is ☑ Repeal ☑ Amend ☑ No Periodic Review Conducted

Next Review Date: *

More Options

Submit

Secretariat Health and Human Resources

Board Board of Counseling

		Latest Periodic Review		
VAC	Chapter Title	Date Filed	Decision	Next Review Date
18 VAC 115-11	Public Participation Guidelines *Periodic Review*	9/20/2018	Pending	
18 VAC 115-15	Regulations Governing Delegation to an Agency Subordinate *Periodic review*	7/5/2018	Pending	
18 VAC 115-20	Regulations Governing the Practice of Professional Counseling *Periodic review*	7/5/2018	Pending	
18 VAC 115-30	Regulations Governing the Certification of Substance Abuse Counselors	9/22/2014	Amend	
18 VAC 115-40	Regulations Governing the Certification of Rehabilitation Providers *Periodic review*	7/11/2018	Pending	
18 VAC 115-50	Regulations Governing the Practice of Marriage and Family Therapy *Periodic review*	7/5/2018	Pending	
18 VAC 115-60	Regulations Governing the Licensure of Substance Abuse Professionals *Periodic review*	7/5/2018	Pending	

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Agency **Department of Health Professions**

Board **Board of Counseling**

Chapter **Public Participation Guidelines [18 VAC 115 - 11]**

Review 1681

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 9/20/2018

Short Title
Periodic Review

Review Announcement
Pursuant to Executive Order 14 (as amended July 16, 2018) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, the Board of Counseling is conducting a periodic review and small business impact review of VAC citation: 18VAC115-11, Public Participation Guidelines.

The review of this regulation will be guided by the principles in Executive Order 14 (as amended July 16, 2018). http://TownHall.Virginia.Gov/TownHall/EO-14.pdf

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

The comment period begins October 15, 2018, and ends on November 14, 2018.

Comments may be submitted online to the Virginia Regulatory Town Hall at http://www.townhall.virginia.gov/L/Forums.cfm. Comments may also be sent to Name: Elaine Yeatts, Title: Agency Regulatory Coordinator, Address: 9960 Mayland Drive, City: Henrico, State: Virginia, Zip: 23233, Telephone: (804) 367-4688, FAX: (804) 527-4434, email address: Elaine.yeatts@dhp.virginia.gov.

Comments must include the commenter's name and address (physical or email) information in order to receive a response to the comment from the agency. Following the close of the public comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations.

Public Comment Period

Begin Date: 10/15/2018 End Date: 11/14/2018 **In Progress**

Comments Received: 0

Review Result

Pending

Attorney General Certification

Result of Review: Certified

Review Memo 10/1/2018

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Agency **Department of Health Professions**

Board **Board of Counseling**

Chapter **Regulations Governing Delegation to an Agency Subordinate [18 VAC 115 - 15]**

Review 1670

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 7/5/2018

Short Title
Periodic review

Review Announcement
Pursuant to Executive Order 17 (2014) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, the Board of Counseling is conducting a periodic review and small business impact review of VAC citation:
18 VAC 115 15 Regulations Governing Delegation to an Agency Subordinate

18 VAC 115 20 Regulations Governing the Practice of Professional Counseling

18 VAC 115 50 Regulations Governing the Practice of Marriage and Family Therapy

18 VAC 115 60 Regulations Governing the Licensure of Substance Abuse Professionals

The review of this regulation will be guided by the principles in Executive Order 17 (2014). http://dpb.virginia.gov/regs/EO17.pdf

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

The comment period begins August 6, 2018, and ends on September 5, 2018.

Comments may be submitted online to the Virginia Regulatory Town Hall at http://www.townhall.virginia.gov/L/Forums.cfm. Comments may also be sent to:

Elaine J. Yeatts
Senior Policy Analyst
Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Comments must include the commenter's name and address (physical or email) information in order to receive a response to the comment from the agency. Following the close of the public

comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations.

Public Comment Period

Begin Date: 8/6/2018 End Date: 9/5/2018

Comments Received: 0

Review Result

Pending

Attorney General Certification

Pending

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Charlotte Lenart

Agency **Department of Health Professions**

Board **Board of Counseling**

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

Review 1671

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 7/5/2018

Short Title
Periodic review

Review Announcement
Pursuant to Executive Order 17 (2014) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, the Board of Counseling is conducting a periodic review and small business impact review of VAC citation:
18 VAC 115 15 Regulations Governing Delegation to an Agency Subordinate

18 VAC 115 20 Regulations Governing the Practice of Professional Counseling

18 VAC 115 50 Regulations Governing the Practice of Marriage and Family Therapy

18 VAC 115 60 Regulations Governing the Licensure of Substance Abuse Professionals

The review of this regulation will be guided by the principles in Executive Order 17 (2014). http://dpb.virginia.gov/regs/EO17.pdf

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

The comment period begins August 6, 2018, and ends on September 5, 2018.

Comments may be submitted online to the Virginia Regulatory Town Hall at http://www.townhall.virginia.gov/L/Forums.cfm. Comments may also be sent to:

Elaine J. Yeatts
Senior Policy Analyst
Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Comments must include the commenter's name and address (physical or email) information in order to receive a response to the comment from the agency. Following the close of the public

comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations

Public Comment Period

Begin Date: 8/6/2018 End Date: 9/5/2018

Comments Received: 80

Review Result

Pending

Attorney General Certification

Pending

Virginia.gov Agencies | Governor

Logged in as
Elaine J. Yeatts

Agency **Department of Health Professions**

Board **Board of Counseling**

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

All good comments for this forum **Show Only Flagged**

Back to List of Comments

Commenter: David Swain 8/29/18 11:35 am

opposed

As a ***GRADUATE OF OR STUDENT IN*** the University of Baltimore's Applied Psychology Counseling Psychology MS training program, I oppose the Virginia Counseling Board's stated (in meeting minutes and to prospective licensees) objective to restrict licensure to CACREP-program graduates. The University of Baltimore prepares counselors who have a strong counselor identity, as well as an appreciation for psychological science. I wish to retain my eligibility to practice in the state of Virginia as a well-qualified counselor. CACREP restrictions would eliminate my ability to ever move to, work in, and serve the residents of Virginia as a counselor, given that my graduate program is not CACREP accredited (nor is it eligible, based on the faculty's degrees in clinical and counseling psychology).

In addition, I oppose the current regulation restricting supervision of counseling residents to LPCs and LMFTs. This regulation potentially endangers national licensure portability plans, further divides the sister professions of counseling and psychology, and limits options for clinical supervision during counselor residency at a time when consumers need more access to services, not less.

Maryland continues to include psychologists, social workers, and psychiatrists as supervisors for Licensed Graduate Professional Counselors (LGPCs; the analogous level of practice to Virginia's "counseling resident") and does not discriminate against licensure applicants from Virginia's programs based on program accreditation, as there are no program accreditation requirements in Maryland for counselor licensure. As a neighboring state, I hope that Virginia will remain open to us as potential licensees, as Maryland remains open to Virginia graduates who meet educational requirements, regardless of program accreditation.

Commenter: El Schoepf 8/29/18 6:13 pm

OPPOSED to objective to restrict counseling licensure to CACREP-only programs

As a student in the University of Baltimore's Applied Psychology Counseling Psychology MS training program, I oppose the Virginia Counseling Board's stated (in meeting minutes and to prospective licensees) objective to restrict licensure to CACREP-program graduates. The

University of Baltimore prepares qualified counselors who have a strong counselor identity, a good understanding of the ethics underlying the counseling profession, as well as a background in psychological science. Upon graduation, I wish to retain my eligibility to practice in the state of Virginia, and CACREP restrictions would eliminate my ability to ever move to, work in, and serve the residents of Virginia as a counselor, given that my graduate program is not CACREP accredited (nor is it eligible, based on the faculty's degrees in clinical and counseling psychology). It can already be exceedingly difficult to find an appropriate therapist, and restricting licensure to graduates of CACREP-only programs will only make access to mental health and related counseling services more difficult for Virginia residents.

In addition, I oppose the current regulation restricting supervision of counseling residents to LPCs and LMFTs. This regulation potentially endangers national licensure portability plans, further divides the sister professions of counseling and psychology, and limits options for clinical supervision during counselor residency at a time when consumers need more access to services, not less.

Maryland continues to include psychologists, social workers, and psychiatrists as supervisors for Licensed Graduate Professional Counselors (LGPCs; the analogous level of practice to Virginia's "counseling resident") and does not discriminate against licensure applicants from Virginia's programs based on program accreditation, as there are no program accreditation requirements in Maryland for counselor licensure. As a neighboring state, I hope that Virginia will remain open to us as potential licensees, as Maryland remains open to Virginia graduates who meet educational requirements, regardless of program accreditation.

Commenter: Sarah Rasch 8/29/18 9:49 pm

OPPOSED

As a student in the University of Baltimore's Applied Psychology Counseling Psychology MS training program, I oppose the Virginia Counseling Board's stated (in meeting minutes and to prospective licensees) objective to restrict licensure to CACREP-program graduates. The University of Baltimore prepares counselors who have a strong counselor identity, as well as an appreciation for psychological science. I wish to retain my eligibility to practice in the state of Virginia as a well-qualified counselor. CACREP restrictions would eliminate my ability to ever move to, work in, and serve the residents of Virginia as a counselor, given that my graduate program is not CACREP accredited (nor is it eligible, based on the faculty's degrees in clinical and counseling psychology).

In addition, I oppose the current regulation restricting supervision of counseling residents to LPCs and LMFTs. This regulation potentially endangers national licensure portability plans, further divides the sister professions of counseling and psychology, and limits options for clinical supervision during counselor residency at a time when consumers need more access to services, not less.

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Commenter: Debra Mollen 8/30/18 10:51 am

Opposed to the CACREP attempt to monopolize

Providing quality mental health treatment is vital for the well-being of the citizens of Virginia. Limiting access to those from CACREP-accredited programs only not only fails the hardworking students, alumni, and faculty of other qualified mental health programs, it fails the people of Virgina more broadly. The move to curtail licensure in Virginia is self-serving and short-sighted and most assuredly not in the best interest of the residents of Virginia.

Commenter: Meghan Powers 8/30/18 11:03 am

OPPOSED

Do not allow CACREP to restrict the practicing scope of licenced counselors.

Commenter: Sam Daniel, Private Practice 8/30/18 11:20 am

Opposed

Please oppose CACREP and ACA efforts to exclude other highly qualified licensed mental health professionals such as psychologists from providing supervision to students and licensure candidates. With the growth of holistic and multidisciplinary clinics, the proposed restriction unfairly penalizes students and prospective licensees working in these settings or who seek excellent training in these settings. Since these settings are predominantly responsible for mental health service provision in our state, this unfair exclusion will ultimately negatively impact the ability to meet the mental health needs of your constituents as well.

Commenter: Sarah Miles, Student, University of Baltimore 8/30/18 12:18 pm

Opposed

As a student the University of Baltimore's Applied Psychology Counseling Psychology MS training program, I oppose the Virginia Counseling Board's stated (in meeting minutes and to prospective licensees) objective to restrict licensure to CACREP-program graduates. The University of Baltimore prepares counselors who have a strong counselor identity, as well as an appreciation for psychological science. I wish to retain my eligibility to practice in the state of Virginia as a well-qualified counselor. CACREP restrictions would eliminate my ability to ever move to, work in, and serve the residents of Virginia as a counselor, given that my graduate program is not CACREP accredited (nor is it eligible, based on the faculty's degrees in clinical and counseling psychology).

In addition, I oppose the current regulation restricting supervision of counseling residents to LPCs and LMFTs. This regulation potentially endangers national licensure portability plans, further divides the sister professions of counseling and psychology, and limits options for clinical supervision during counselor residency at a time when consumers need more access to services, not less.

Maryland continues to include psychologists, social workers, and psychiatrists as supervisors for Licensed Graduate Professional Counselors (LGPCs; the analogous level of practice to Virginia's "counseling resident") and does not discriminate against licensure applicants from Virginia's programs based on program accreditation, as there are no program accreditation requirements in Maryland for counselor licensure. As a neighboring state, I hope that Virginia will remain open to

us as potential licensees, as Maryland remains open to Virginia graduates who meet educational requirements, regardless of program accreditation.

Commenter: Megan Foley Nicpon 8/30/18 12:33 pm

oppose

Please upohld **inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers – CACREP cannot be the only licensing option.**

Commenter: Amy Reynolds, University at Buffalo 8/30/18 12:45 pm

Opposed efforts to restrict licensure

Greetings. I am writing to oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP, despite official withdrawal of the proposal last Fall. So why is this important to me as a graduate college professor in New York? I am a professor for a mental health master's program at the University at Buffalo so it is on behalf of my students that I am writing to you today. There are plenty who will write to you opposing these efforts who will speak to the importance of inclusive licensure process where the emphasis is on accrediation (as it should be) rather than one accrediting body. I agree with those points wholeheartedly. It is essential to my students, who are not from a CACREP accredited program to have the ablity to apply for licensure in all 50 states. And that is the point that I want to emphasize.

There is much need in our various communities across this country, especially in states with large rural populations, to have enough licensed professionals to meet the needs. There are many mental health disparities that need to be addressed and many populations that are under-served. Between high rates of depression and suicidality and high levels of addiction with opioid and other drugs, there is so much work to do and we need all hands on deck. For that reason it is vital that we reduce the systems and structures that will slow down or limit the ability of individuals to get licensed.

I urge you to support the withdrawl of the proposal and support inclusive licensure for Virginia. I am happy to speak with you further about this if you so wish.

Amy L. Reynolds

Commenter: Darlene Brannigan-Smith, Provost, University of Baltimore 8/30/18 1:32 pm

Opposed

August 30, 2018

To the Virginia Leadership:

In response to the current periodic review of the Regulations Governing the Practice of

Professional Counseling (18 VAC 115 20), we are writing this letter to strongly encourage you to reject any attempt by the Virginia Board of Counseling to restrict counselor licensure to graduates of programs accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). We further request that you consider reviewing and removing the recent 2016 revision of the regulations (18 VAC 115 20) that restricts counseling residents in Virginia to receiving supervision from only Licensed Professional Counselors (LPCs) or Licensed Marriage and Family Therapists (LMFTs). Prior to the revision, psychologists, social workers, and psychiatrists were able to provide supervision to counseling residents.

We are concerned, based on the Virginia Counseling Board's meeting minutes and reports from prospective licensees, that proponents of CACREP accreditation are again poised to attempt to restrict the license-eligibility of graduates from psychology-based counselor master's programs. (CACREP does not accredit psychology-based programs; only MPCAC accredits psychology-based counseling master's programs.) If this movement continues unopposed and is successful, graduates of our Applied Psychology program and other non-CACREP accredited counseling master's programs in Maryland (that is, the majority of Maryland programs) will not be license-eligible in Virginia, simulating a type of regulatory capture and limiting the availability of well-trained practitioners from serving Virginia residents. In fact, only about 30% of counseling programs nationally are CACREP-accredited, thus reducing the number of eligible practitioners able to enter and practice in the state of Virginia should such a regulation pass.

Over the past 30 years at the University of Baltimore, we have students who travel to our program from and intend to practice in Virginia; CACREP licensure restrictions are a threat not only to our students and their professional goals, but to most Maryland graduate counselor training programs in general. The counselor licensure requirements of Maryland do not name any specific program accreditation for gradutes seeking licensure and do not restrict graduates of Virginia counseling programs from seeking licensure in Maryland based on program accreditation. In addition, the profession of counseling is currently exploring ways to enhance portability of counselor licensure. Restrictions in one state that are not shared by other, and particularly neighboring, states are likely to complicate efforts toward portability. We encourage you to review the 2016 Economic Impact Report on the last proposed regulation changes that would restrict licensure in Virginia to CACREP graduates:

http://townhall.virginia.gov/l/GetFile.cfm?File=C:\TownHall\docroot\25\4259\7390\EIA_DHP_7390_vE.pdf

Rejecting a CACREP-only agenda does not threaten CACREP, the public, or the profession of counseling. Those schools that choose to seek CACREP accreditation remain free to do so. Those schools, such as George Mason University (GMU), that do not choose to seek CACREP accreditation may still train and graduate well-prepared counseling professionals to serve the residents of Virginia. GMU counseling program graduates are currently eligible for licensure in Virginia and have been serving the public for decades. Nothing will change regarding their training; only the restriction of a regulation change would render them ineligible for licensure, similar to the potential effects on many Maryland counselor training programs (and those across the country).

Finally, we urge you review and remove the regulation passed during Governor McDonnell's Regulatory Reform Initiative (RRI) that removed psychologists, social workers, and psychiatrists as eligible supervisors of counseling residents. This regulation was changed during a broad RRI in 2012-2013, the motivation for which was to alleviate regulatory burdens and promote job creation for Virginia residents. It appears that this change did not get the same level of public scrutiny that it would have under the regular regulatory change, although 6 public comments in 2011 were all opposed to the action before its passage under the RRI. The change, though enacted under the RRI, was not specifically listed as such in the report to the governor in December 2013. Additionally, the change was antithetical to the purpose of the RRI (removing regulations to alleviate burdens), as it instead further restricted resident counselors' ability to find qualified

supervisors for their resident training period. The professions of psychiatry, social work, and most notably, psychology share theoretical, technical, and empirical bases for the work of mental health treatment with the profession of counseling. There is no evidence to suggest that these closely related professions and their licensed clinicians are unable to supply quality supervision to LPCs. Furthermore, these regulations are likely to interfere with portability of licensure between states, which is of great interest to Maryland training programs. Current Maryland state counseling regulations allow for psychologists, social workers, and psychiatrists (in addition to LPCs and LMFTs) to provide supervision to Licensed Graduate Professional Counselors (our version of counseling residents).

We appreciate your time and attention to our concerns regarding these important issues.

Sincerely,

Darlene Brannigan-Smith, Ph.D., Executive Vice President and Provost

Christine Spencer, Ph.D., Dean, Yale Gordon College of Arts and Sciences

Sharon Glazer, Ph.D., Chair, Division of Applied Behavioral Sciences

Courtney Gasser, Ph.D., L.P., N.C.C., Program Director, Master's of Science in Applied Psychology-Counseling Psychology Concentration

Commenter: Arpana Inman 8/30/18 1:39 pm

Uphold inclusive supervision requirements and oppose CACREP only regulations

I am writing to oppose the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license. Such a restriction hurts the public and the large number of communities that remain underserved. Such a restriction will continue to marginalize many minority and diverse communities. I urge you to uphold inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers to protect the public as well as the counselors from another CACREP only effort.

Arpana G. Inman, Ph.D. N.C.C.

Professor and Chair, Department of Education and Human Services

Commenter: Chris Hall, LGPC, Thrive Behavioral Health 8/30/18 5:09 pm

Oppose

I am writing to express my opposition to current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license. Such a restriction would result in a shortage of supervisors and thus represent a barrier to employment, which would in turn result in fewer service providers for clients in need.

I am also writing to express strong opposition to any regulations requiring graduation from a CACREP-accredited school in order to become licensed to practice. Such regulations are politically and financially motivated and have no supporting empirical data which show that providers from CACREP-accredited schools provide services which result in better client outcomes.

Commenter: Mary Jo Loughran, Chatham University 8/30/18 6:25 pm

Opposed

I am writing to voice my opposition to any changes to the law that would restrict professional counselors from receiving supervision from psychologists and other licensed behavioral health specialists. This change would place an undue hardship on counselors seeking supervision for licensure and would in turn restrict access to healthcare unnecessarily.

Commenter: Bryan S. K. Kim, Ph.D. 8/30/18 9:18 pm

Oppose

I'm writing to oppose the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license. I'd like Virginia to return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers. All of these professions share a common education base that qualifies them to supervise counseling residents.

Also, I'm writing to oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP. Given the high level of mental health needs in Virginia, counseling professionals from non-CACREP programs who are equally or even better trained should be made available to serve the people of Virginia.

Commenter: Michael V. Ellis, Ph.D. 8/30/18 11:22 pm

Oppose CACREP's attempt to monopolize

I urge you to oppose the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and urge a return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers.

I also urge you to oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP, despite official withdrawal of the proposal last Fall. These continued efforts are documented in their minutes and are confirmed by reports from prospective licensees.

The proposed restriction that would limit licensure to graduates of programs accredited by CACREP and restrictions of graduates' supervisors to LPCs and LMFTs are clearly NOT "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions,"

CACREP-only restrictions would create a government-imposed monopoly of a private organization that is not accountable to the citizens of Virginia. Rejecting this proposal would not harm any program that chooses to pursue accreditation through CACREP; they can still do that. Rejecting this proposal would, however, maintain a path for licensure and service in Virginia for the national (and international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP.

We also urge you to strike the regulation that restricts graduates' choice of supervisors to people

with LPC and LMFT licenses. That current regulation specifically excludes the majority of qualified supervisors in hospitals and related clinical settings, most of whom are licensed as psychologists, psychiatrists, and social workers. If this regulation is not changed, the experience in other states has been that this will pose a significant employment barrier to new graduates seeking employment in agencies and regions of the state where these supervisors are not available (and who can only offer supervision through psychologists or social workers). This policy actually harms the employment prospects of new counselors and hampers the growth of the profession.

Commenter: Dr. Joseph Hammer, University of Kentucky 8/31/18 8:51 am

Opposing the Unnecessary Restriction of Counseling Residents' Supervisors

Dear Reader,

I'm writing to **express my opposition to the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and urge a return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers.** After unanimous opposition to this then-proposed regulation in a 2012 public comment period, it appears this new restriction was added as part of a part of a Regulatory Reform Initiative, bypassing the normal usual levels of review for regulatory changes.

CACREP-only restrictions would create a government-imposed monopoly of a private organization that is not accountable to the citizens of Virginia. It would also force George Mason University, an internationally respected counselor training program and the only counseling program in Virginia that is not, by choice, accredited by CACREP, to pursue that accreditation or close. Rejecting this proposal would not harm any program that chooses to pursue accreditation through CACREP; they can still do that. Rejecting this proposal would, however, maintain a path for licensure and service in Virginia for the national (and international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP.

I urge decision-makers to strike the regulation that restricts graduates' choice of supervisors to people with LPC and LMFT licenses. That current regulation specifically excludes the majority of qualified supervisors in hospitals and related clinical settings, most of whom are licensed as psychologists, psychiatrists, and social workers. If this regulation is not changed, the experience in other states has been that this will pose a significant employment barrier to new graduates seeking employment in agencies and regions of the state where these supervisors are not available (and who can only offer supervision through psychologists or social workers). This policy actually harms the employment prospects of new counselors and hampers the growth of the profession. In addition, it should be noted that this regulation, which has yet to go into effect, was adopted outside the normal processes after a public comment period in which all commenters opposed the then-proposed regulation.

I am a psychologist with a PhD and have been training and supervising students who go on to be counselors for several years now. I'm a licensed psychologist with the health service provider designation and have formal training in supervision of mental health clinicians (a requirement of ALL graduates from a counseling/clinical psychology doctoral programs). It's tough to argue that I'm less qualified than someone with a master's degree (and no formal training in providing supervision) to supervise masters-level counseling residents. The people of Virginia, like the people of Kentucky that I serve, need more mental health professionals available to them... not fewer. Let's not artificially restrict the pool of qualified supervisors, nor exclude high quality counselor training programs because they are uncomfortable pledging loyalty to the guild-first and Virginians-second policies of CACREP.

Thank you for your consideration,

Joseph Hammer, PhD

Joseph H. Hammer, PhD, LP
Assistant Professor and Director of Training

Counseling Psychology PhD Program
Department of Educational, School, and Counseling Psychology

243 Dickey Hall, University of Kentucky

Commenter: Daniel Walinsky 8/31/18 10:03 am

Opposed

I am writing to express opposition to any regulation in Virginia that restricts licensed psycholgosits from providing supervision to professional counselors. Counseling psychologists like myself have substatial training in providing supervision. During my professional training, I provided nearly 1000 hours of supervision to trainees, under the supervision of a licensed psychologist. Indeed, I believe that such training and oversight has prepared me and my colleagues in Virginia with the necessary experience and training to be effective supervisors. Excluding psycholgists from providing supervision to professional counselors seems more like a guild issue than an effort to protect Virginia residents.

Sincerely,

Daniel Walinsky, Ph.D.

Commenter: Loyola University Maryland 8/31/18 10:19 am

CACREP

To Whom It May Concern:

As the Director of Loyola University Maryland's Clinical Professional Counseling Program, I am writing with the support of my colleagues (signed below) at Loyola, to oppose the Virginia Counseling Board's stated (in meeting minutes and to prospective licensees) objective to restrict licensure to CACREP-program graduates. Loyola prepares counselors who have a strong counselor identity, as well as an appreciation for psychological science. I urge you to consider this decision carefully as many of our students decide to make their home in Virginia after graduating. CACREP restrictions would eliminate their ability to ever move to, work in, and serve the residents of Virginia as a counselor, given that Loyola's graduate program is not CACREP accredited (nor is it eligible, based on the faculty's degrees in clinical and counseling psychology).

Additionally, while Counseling and Psychology are in fact separate professions, psychotherapy is not profession-specific. There is far ranging research that demonstrates that no one profession produces more effective psychotherapists and no one profession is more effective in psychotherapy. Ensuring that well-trained and competent clinicians are available to meet the

mental health needs of Virginia residents is essential. Making politically-motivated decisions to promote one profession over another (without evidence to support this) would not be in Virginia residents' best interests.

Maryland continues to include psychologists, social workers, and psychiatrists as supervisors for Licensed Graduate Professional Counselors (LGPCs; the analogous level of practice to Virginia's "counseling resident") and does not discriminate against licensure applicants from Virginia's programs based on program accreditation, as there are no program accreditation requirements in Maryland for counselor licensure. As a neighboring state, I hope that Virginia will remain open to our students as potential licensees, as Maryland remains open to Virginia graduates who meet educational requirements, regardless of program accreditation. Thank you for your consideration,

Katie J. Loomis, PsyD- Director of Clinical Professional Counselors Program
Jeffrey Barnett, PsyD- Associate Dean- Loyola College of Arts and Sciences
Carolyn Barry, PhD- Department Chair and Professor of Psychology
Anthony Parente, MA, LCPC, Affiliate Faculty, Director of Masters Plus Program

Commenter: Pamela Foley, Ph.D., Seton Hall University 8/31/18 11:37 am

Opposed

I am writing as a counselor educator, whose students go on to practice in all states including Virginia, to ask that you reverse the recent regulation that restricts graduates' choice of supervisors to people with LPC and LMFT licenses. That will provide unreasonable restrictions on the ability of new graduate counselors to obtain the supervised experience necessary to become licensed in a timely manner. The majority of available supervisors, and in fact mental health practitioners, are licensed psychologists, psychiatrists, and social workers, with whom counselors will work for the rest of their professional lives. It is also important to note that this regulation received substantial opposition during the public comment period, which was apparently disregarded in the process of adoption. Further, I continue to oppose any efforts to restrict counseling licensure to graduates of CACREP accredited programs. While accredition is important, there are other equally rigorous accrediting bodies, whose graduates will quite capably serve the residents of Virginia.

Pamela Foley, Ph.D.

Commenter: Carla Prieto 8/31/18 12:52 pm

Oppose CACREP exclusionary supervisor licensure requirements

Commenter: Anthony Isacco,, PhD, Chatham University 8/31/18 2:14 pm

Opposed

I oppose the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and urge a return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers! I also oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP.

The proposed restriction that would limit licensure to graduates of programs accredited by CACREP and restrictions of graduates' supervisors to LPCs and LMFTs are clearly NOT "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions," which are the goals of the periodic review.

CACREP-only restrictions would create a government-imposed monopoly of a private organization that is not accountable to the citizens of Virginia. It would also force George Mason University, an internationally respected counselor training program and the only counseling program in Virginia that is not, by choice, accredited by CACREP, to pursue that accreditation or close. Rejecting this proposal would not harm any program that chooses to pursue accreditation through CACREP; they can still do that. Rejecting this proposal would, however, maintain a path for licensure and service in Virginia for the national (and international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP.

We also urge you to urge decision-makers to strike the regulation that restricts graduates' choice of supervisors to people with LPC and LMFT licenses. That current regulation specifically excludes the majority of qualified supervisors in hospitals and related clinical settings, most of whom are licensed as psychologists, psychiatrists, and social workers. If this regulation is not changed, the experience in other states has been that this will pose a significant employment barrier to new graduates seeking employment in agencies and regions of the state where these supervisors are not available (and who can only offer supervision through psychologists or social workers). This policy actually harms the employment prospects of new counselors and hampers the growth of the profession. In addition, it should be noted that this regulation, which has yet to go into effect, was adopted outside the normal processes after a public comment period in which all commenters opposed the then-proposed regulation.

Thank you for your time and consideration,

Anthony Isacco

.

Commenter: Heather Noble, PhD, Avila University 8/31/18 2:44 pm

Opposed

I'm writing to share that I oppose current regulations that restrict counseling residents' supervisors to professionals with credentials as a Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT). I strongly encourage that Virginia return to supervision requirements that include licensed psychologists, psychiatrists, and social workers, all of whom are highly qualified to supervise counseling trainees.

Additionally, I'm writing to share my opposition to the Board of Counseling's efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP. Counseling professionals from non-CACREP programs are equally qualified, if not exceeding in their credentials. Virgina would be at a major disadvantage for serving its people if this was pursued.

Commenter: LaVerne Berkel, University of Missouri - Kansas City 8/31/18 3:26 pm

Regulations regarding Counselor Training

To Whom It May Concern:

I am writing to oppose the current regulations that restrict counseling residents' supervisors to people who hold Licensed Professional Counselor (LPC) or Marriage and Family Therapy (LMFT) licenses. Licensed social workers, licensed psychologists, and licensed psychiatrists are also qualified to provide excellent supervision to counseling trainees and bring a wealth of knowledge that will ultimately be beneficial to the clients and patients they serve. Supervision by other mental health professionals is also consistent with efforts to prepare health care professionals to work with members from other professions. This current regulation specifically excludes the majority of qualified supervisors in hospitals and related clinical settings, most of whom are licensed as psychologists, psychiatrists, and social workers. If this regulation is not changed, the experience in other states has been that this will pose a significant employment barrier to new graduates seeking employment in agencies and regions of the state where these supervisors are not available (and who can only offer supervision through psychologists or social workers). This policy actually harms the employment prospects of new counselors and hampers the growth of the profession. In addition, it should be noted that this regulation, which has yet to go into effect, was adopted outside the normal processes after a public comment period in which all commenters opposed the then-proposed regulation.

I would also like to oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP, despite official withdrawal of the proposal last Fall. These continued efforts are documented in their minutes and are confirmed by reports from prospective licensees. CACREP-only restrictions would create a government-imposed monopoly of a private organization that is not accountable to the citizens of Virginia.

The proposed restriction that would limit licensure to graduates of programs accredited by CACREP and restrictions of graduates' supervisors to LPCs and LMFTs are clearly NOT "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions," which are the goals of the periodic review.

Thank you for your consideration,

LaVerne A. Berkel, PhD

Licensed Psychologist

Commenter: Bedford Palmer II, Ph.D., Saint Mary's College of California 8/31/18 4:05 pm

RE: "18 VAC 115 20 Regulations Governing the Practice of Professional Counseling" and "18 VAC 115 5

Greetings to the Viginia Board of Counseling,

The discipline of counseling is a technical offshoot of the discipline of psychology. Counselors and Counselor Educators, for most part rely on the scientific and practical work of psychologist as the base their expertise. The CACREP-Only movement is based on the desire to corner the market on mental health work. It has nothing to do with patient welfare or the the public good. In fact, it works against the public good by limiting the potential training opportunities for masters level counselors, both in terms of the provision of supervision and in terms of their exposure to a diverse faculty of mental health experts. I currently work as an Assistant Professor teaching in a Counseling Department. Based on regulations like "18 VAC 115 20 Regulations Governing the Practice of Professional Counseling" and "18 VAC 115 50 Regulations Governing the Practice of Marriage and Family Therapy," I would not be able to share my particular expertise in counseling theory and

practice.

As a Counseling Psychologist, I received over 5000 hours of supervised practical training in the provision of psychotherapy. I was required to take a course in clinical supervision as well as engage in supervised practice of clinical supervision. I was also required to build a deep understanding of psychological theory at both the undergraduate and graduate level, which is different from Counselor Education in that a psychology background is not always prerequisite for beginning counselor training. I share this with you not to claim any superiority, but to rebuff the idea that I should be restricted from assisting in the training of anyone who plans to provide psychotherapy.

I would ask that instead of placing CACREP-First, that you place the Public-First in your deliberations. I believe that Counseling is an important discipline, however I do not believe that it so unique that it must be taught by counselors exclusively. Nor should that desire for exclusive access to a market (i.e., a monopoly) be supported by the state.

Thank you for your time and consideration.

Commenter: Heidi A. Zetzer, Ph.D. 8/31/18 4:30 pm

Oppose CACREP exclusionary supervisor licensure requirements

Dear Legislator,

I am a licensed psychologist, educator, and supervisor working in an institution of higher education and I have trained and supervised students at Master's and Doctoral levels in clinical, counseling psychology, and school psychology for over 25 years.

I urge you to oppose the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license. Licensed psychologists, social workers, and psychiatrists all have sufficient preparation to provide such supervision. CACREP's restrictions on supervision limits mental health professionals' abilities to provide supervision to counseling trainees across a wide range of settings. These restrictions will diminish the availability of vital and valuable mental, emotional, and behavioral health services across multiple service settings and most particularly restrict and unnecessarily limit graduate training programs in their ability to train and supervise students in CACREP programs.

Please do not be fooled by CACREP's assertions that counseling licensure should to be restricted to CACREP programs. This is a market ploy to limit competition and force graduate training programs to hire CACREP graduates. Certainly, hiring decisions should be based on who is most qualified and not on who is in the club.

Please think about your constituents and their mental, emotional, and behavioral health needs and consider the impact of maintaining the CACREP restrictions or further narrowing the type of providers eligible for licensure along with those who are designated as "qualified" to supervise counseling residents and trainees.

Sincerely,

Heidi A. Zetzer, Ph.D.

Commenter: Michael Scheel, Society of Counseling Psychology 8/31/18 4:36 pm

Opposed to Board of Counseling Proposal to limit supervision

To whom it may concern:

This letter represents the views of the Society of Counseling Psychology, Division 17 of the of the American Psychological Association, in response to recently learning that the Virginia Board of Counseling has forwarded a proposal to restrict supervision of counselors in Virginia to only professional counselors (LPCs) or marriage and family therapists (MFTs). If this proposal is approved it would limit mental health resources in a time when more resources are desperately needed rather than less to address the growing mental health services crisis in our nation. Presently, in the U.S. the demand for mental health services greatly exceeds the number of qualified mental health practitioners who can competently treat those experiencing psychological distress.

The Virginia proposal also fits with a political agenda designed to privilege CACREP accredited counseling programs over the many other qualified mental health care professional groups (psychologists, social workers, psychiatric nurses, non-CACREP trained counselors). While granting the wishes of CACREP would enhance the stature of this organization in Virginia, it would harm the public. As counseling psychologists we know that licensed psychologists are supremely qualified to provide expert supervision to individuals who serve the public through mental health interventions, psychological assessments, and psychotherapeutic practices. It makes no sense to disallow qualified people from supervising counselors in this time of great need. In this age of integrated practice and integrated professionalism across health fields, the Virginia proposal coming from the Board of Counseling flies in the face of the growing trend to find ways for health and mental health disciplines to work together in providing the best treatment possible to patients distressed with mental health and health problems.

Thus, we strongly urge you to **NOT** support this proposal which limits who can supervise mental health practitioners.

Sincerely,

Michael J. Scheel, Ph.D., ABPP

Vice President for Education and Training

The Society of Counseling Psychology

Division 17 of the American Psychological Association

Commenter: Anneliese Singh, University of Georgia 8/31/18 5:35 pm

Comments on CACREP

I am a licensed professional counselor and a licensed psychologist, and I train both counselors and counseling psychologists. I would like to share why I oppose the regulations that would restrict counseling residents' supervisors to professionals with credentials as a Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT). I would like to encourage that Virginia return to supervision requirements that include licensed psychologists, psychiatrists, and social workers. I believe that each of these disciplines are highly qualified to supervise counseling trainees. Additionally, I'm writing to express my opposition to the efforts by the Board of Counseling to restrict Virginia counselor licensure CACREP program graduates. Counseling professionals who come from non-CACREP programs are not only equally qualified, but also often exceed the clinical training requirements. Even more importantly, there is an immense need for supervision from multiple fields - from counseling to psychology, psychiatry, and social work to

ensure there is a well-prepared group of helping professionals who are able to serve and meet the mental health needs of marginalized groups. Thank you for soliciting feedback on this issue.

Commenter: Corinne Datchi, PhD, ABPP, Seton Hall University 8/31/18 6:42 pm

Strongly opposed to restriction of licensure and supervision

As a graduate of a CACREP-accredited master's program, I strongly oppose legislation that would restrict the supervision of counseling trainees to LPCs and LMFTs. This would not only limit counseling students' access to clinical training opportunities and potentially delay their ability to graduate from their programs and achieve licensure, but also it would conflict with efforts to create an integrated health care system based on interprofessional collaboration. Integrated health care and interprofessional collaboration are now well-established principles of best practice in health-related settings. Legislation that limits supervision promotes professional silos and goes against efforts towards collaboration and integration to provide the best care possible to patients with mental health needs. In addition, legislation that restricts counseling licensure to graduates of CACREP-programs may have adverse consequences on consumers residing in areas where access to mental health services is limited; it has the potential to further reduce the number of LPCs in those areas and therefore further limit access to mental health care.

Commenter: Dr. Rob Rotunda, University of West Florida 9/1/18 2:05 am

In Opposition to Proposed Regulation

As a licensed clinical psychologist who has helped supervise and train master's level counselors for over 20 years, I believe the proposed restriction of those who can supervise counselors in Virginia to only those with a LPC or LMFT license is an inane and misguided regulation. It would unduly restrict experienced psychologists and social workers from providing supervision, and may harm those seeking/needing supervision by limiting their options of who can supervise them. In many settings, mental health and medical professionals from various disciplines work together on integrated teams, and it is often more convenient (and adds diversity in perspective) for counselors-in-training to find qualified supervisors from those in their workgroup, who may come from a related mental health professsion. In some rural areas, options for supervision may be quite limited, and this regulation could limit these choices even further.

A clear and decisive rationale does not exist for the restrictions that the Board has imposed...why curtail or restrict choice of (qualified and experienced) mental health supervisors? Why disregard typically well-trained licensed psychologists as providers of clinical supervision? Therefore, reverse the recent regulation that restricts graduates' choice of supervisors to people with LPC and LMFT licenses. More broadly, the Board should take a stronger stance to respect graduates from programs that are not CACREP accredited (such as mine) that nonetheless provide rigorous academic and clinical training, and successfully prepare students to sit for licensure in any state.

Commenter: Sandra S. Lee, PhD, Seton Hall University 9/1/18 5:19 am

OPPOSED

Am strongly opposed to the restriction of licensure to CACREP-program graduates, and to the

restriction of supervisor credentials. The protection of the public and superior training opportunities will be better served without these restrictions.

Commenter: Tatyana Ramirez, Ph.D., University of St. Thomas 9/1/18 8:47 am

Opposed

I oppose **current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and urge a return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers!**

In addition, although not specifically part of this periodic review, I oppose **the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP.**

Commenter: Seton Hall University 9/1/18 11:11 am

Opposed

I write in two capacities. One as an educator of counselors, many of whom, after graduation, live, work, and practice in Virginia. I also write as a consultant who does work in Arlington 3-4 times a year. Part of the ethics of the field of counseling, and mental health in general, is to broaden its reach to indivudals who, in other circumstannces, would not be able to access mental healthcare. Limiting access in the ways being proposed hurts the field, the providers, current and potential students, and related mental health professons that are essential to the function of a uniform social safety net. Regulation is essential, but the legislation being offered is restrictive and damaging.

Commenter: Matthew Graziano, MSW, PhD, Seton Hall University 9/1/18 11:12 am

Opposed

I write in two capacities. One as an educator of counselors, many of whom, after graduation, live, work, and practice in Virginia. I also write as a consultant who does work in Arlington 3-4 times a year. Part of the ethics of the field of counseling, and mental health in general, is to broaden its reach to indivudals who, in other circumstannces, would not be able to access mental healthcare. Limiting access in the ways being proposed hurts the field, the providers, current and potential students, and related mental health professons that are essential to the function of a uniform social safety net. Regulation is essential, but the legislation being offered is restrictive and damaging.

Commenter: Larry Epp, Ed.D., Past President of the Maryland Chapter, AMHCA (LCPCM) 9/1/18 2:17 pm

Regulation Would Limit Career Opportunities for New Graduates

It was with great regret that I reviewed the proposed regulation to limit counselor supervision to that provided by other counselors and family therapists. I was the longest serving president of the Maryland Chapter of AMHCA (LCPCM), and my heart is devoted to the development of our profession. But pragmatically when we create this limitation and exclude social workers, psychologists, psychiatric nurse practitioners, and psychiatrists as potential supervisors, we harm our new graduates in entering agencies, since these employers will only hire those who they can

supervise. Many public agencies have a large concentration of social worker supervisors and many colleges are dominated by psychologists. We want our new graduates to be accepted into any employment setting. Our regulations must be realistic and flexible and not driven solely by professional identity concerns. In Maryland, we kept our regulations flexible, and new graduates have a wide choice of supervisors for half of their supervision, I would suggest Virginia follow our lead, as our example has worked and made counseling a major mental health profession in Maryland.

Commenter: Kristy Keefe, Western Illinois University 9/2/18 11:08 am

Opposed

The proposed restriction that would limit licensure to graduates of programs accredited by CACREP and restrictions of graduates' supervisors to LPCs and LMFTs are clearly NOT "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions," which are the goals of the periodic review.

CACREP-only restrictions would create a government-imposed monopoly of a private organization that is not accountable to the citizens of Virginia. It would also force George Mason University, an internationally respected counselor training program and the only counseling program in Virginia that is not, by choice, accredited by CACREP, to pursue that accreditation or close. Rejecting this proposal would not harm any program that chooses to pursue accreditation through CACREP; they can still do that. Rejecting this proposal would, however, maintain a path for licensure and service in Virginia for the national (and international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP.

We also urge you to urge decision-makers to strike the regulation that restricts graduates' choice of supervisors to people with LPC and LMFT licenses. That current regulation specifically excludes the majority of qualified supervisors in hospitals and related clinical settings, most of whom are licensed as psychologists, psychiatrists, and social workers. If this regulation is not changed, the experience in other states has been that this will pose a significant employment barrier to new graduates seeking employment in agencies and regions of the state where these supervisors are not available (and who can only offer supervision through psychologists or social workers). This policy actually harms the employment prospects of new counselors and hampers the growth of the profession. In addition, it should be noted that this regulation, which has yet to go into effect, was adopted outside the normal processes after a public comment period in which all commenters opposed the then-proposed regulation.

Commenter: Allie Minieri 9/2/18 11:21 am

opposition

I wm writing to indicate my opposition to the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license rather than a more inclusive supervisory structure.

Commenter: Fred Bemak, George Mason University 9/2/18 11:23 am

Strongly oppose proposed regulation

As the Academic Program Coordinator and Professor for the George Mason University Counseling

and Development Program, I am strongly opposed to the proposed regulation to limit counselor supervision to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license. Given the demand and need for mental health services both in Virginia and nationally and the corresponding lack of qualified mental health practitioners, this restriction, rather than helping to meet the mental health needs in the Commonwealth of Virginia, restricts supervisory training for counselors and may cause further human resource shortages in the provision of services. It is important to mention that there has been no research supporting this regulation that indicates a difference in quality or skill of trained counselors related to the profession of the supervisor. In fact, many of the textbooks and videos used in counselor graduate training are from psychologists, psychiatrists, and social workers. As the former head of the counseling departments at Ohio State University, Johns Hopkins University, and now George Mason University, I am proud to say that I have been involved with the training of 100s upon 100s of counselors who have received exceptional supervision from not only counselors, but also psychologists, social workers, and psychiatrists. I am strongly in favor of multiple professional disciplines providing supervision to counselors in training and strongly urge the Board to not support this very narrowly focused regulation that has no research basis.

Commenter: John E. Smith, Ed.D. 9/2/18 11:59 am

Proposal to limit licensure to CACREP Program graduates

I was the Academic Director of Seton Hall's Online Educational Specialist Program in Counseling until 2015. I continue to teach in the program. For many years our program has had a number of military personnel enrolled. I believe restricting the availbility of Internship supervisors could be especially problematic for active duty military students, who have little say as to where they may be stationed. Since Virginia is a state with a large military presence, I believe that this restriction would be very problematic for SHU students and likely others as well. This proposed restriction seems to serve programs, rather than students. John E. Smith, Ed.D.

Commenter: Rita Chi-Ying Chung, George Mason University 9/2/18 2:20 pm

Opposed restriction to only LPC and LMFT

I am the 2013 State Council of Higher Education for Virginia (SCHEV) Outstanding Faculty Award recipient and I strongly oppress the current proposed regulation of restricting supervision by only Licensed Professional Counselors (LPCs) or Licensed Marriage and Family Therapists (LMFTs). I believe this proposed regulation will do a great disservice to the Commonwealth of Virginia's citizens/the public and the counseling profession. The reasons why I strongly oppose the proposed regulation are as follows:

1. VA has approximately 4,575 LPCs (VA LPC, 2016) and 850 employed LMFTs (U.S. Bureau of Labor Statistics, 2017), with approximately 40% of LPCs nationally 55 years and older who may be due for retirement in the near future. The study conducted by VA LPC (2016) reported that 7% of the LPCs will retire within the next 2 years and 24% are projected to retire in 10 years. With the growing society's tension and pressures encountered by citizens that is frequently reported by mainstream news media and supported by empirical research, issues such as the opioid crises, race relations, xenophobia, interpersonal violence, gun violence, poverty, etc., there is and will be a growing demand for mental health counselors.With multiple factors such as 36% LPC who work in sole or group private practice (VA LPC, 2016) may allow this group limited opportunities to provide supervision; the projection of LPC retirements; and the proposed regulation to limit supervision to be done by only LPCs and LMFTs creates diminished supervisory opportunities for counselors working towards their license in Virginia and hence the reduction and delay of training the numbers of LPCs needed in the field to

address these social issues.

2. This proposed restrictive regulation of only having those who are LPCs and LMFTs will further reduce VA public/citizens access to counseling by LPCs for those who come from diverse and/or underserved populations and communities.

3. The counseling profession, similar to other mental health professions, overlaps with various mental health professions and yet all these professions have acknowledged, understand and accepted their unique identities and those of other professions. The non-inclusive approach limiting supervisors for LPCs to only LPC and LMFT supervisors sets precedence for divisiveness within the mental health profession, by suggesting which mental health professionals are more qualified to provide clinical supervision for others.In a time where there are great mental health needs in Virginia and nationally with a high demand for mental health professions to assist with society's social problems, I strongly believe that this regulation would foster divisiveness within the mental health professions and create harm to the population we serve.

Therefore, I strongly oppose to proposed regulation to restrict supervision of LPCs to only those who hold LPC or LMFT. I strongly urge an inclusive rather than restrictive supervision policy.

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Commenter: Tori Stone, PhD, LPC George Mason University 9/3/18 10:54 am

Opposition to regulation

I am writing to express opposition to the regulation restricting supervision of Virginia LPC candidates to Licensed Professional Counselors (LPCs) or Licensed Marriage and Family Therapists (LMFTs). Why impose further barriers to licensure in Virginia at a time when there is a critical need for mental health providers in all areas of the state? There is value in a diversity of clinical perspectives, opinions, and approaches. Restricting competent, experienced psychologists and social workers from providing supervision may hinder and potentially harm those seeking/needing supervision by limiting their options for supervision and employment (if there are no LPCs at an agency to supervise them, they will not be hired by that agency). The people of Virginia need access to qualified mental health professionals; this regulation may reduce access to counseling services at a time when those services are already difficult to obtain in many areas of the state.

Commenter: Paul Bello, LPC Privage Practice Lexington VA 9/3/18 9:38 pm

Opposed to restrictions on Supervisors and CACREP only accredidation

I am a licensed counselor practicing in Lexington VA. My education and training was in Maryland - the course work was identical to that required by VA, in some subjects, it exceeded this states required curriculum. My professors included Licensed Counselors, Licensed Social Workers, and Psychologist - I believe this mix provided a thorough and rich foundation that prepared me well to serve the wide range of clients served in my community. The program, while provided through the Applied Psychology Division, was specifically designed for the Professional Counselor.

Moreover, as I have watched and read about Virginia's accredidation struggle, I have yet to see empiracle evidence to support this move other than a couple of percentage point difference on the national exam. Anyone in this field knows that it is not a 2 to 5 point difference on any exam that

qualifies a person as a "good councelor". In my experience it is the richness of inclusiveness and diversity that enables young professionals to evolve into their avocation.

I applaud all the hard working, devoted professionals on the Board of Counseling - I do not envy the task you have in designing and enforcing policy and regualtions that serve the best interest of the Commonwealth. However, my community is under-served as it is - so many without health insurance and personal income to afford badly needed mental health support - please don't restrict that even further.

I believe those that support Restricted Supervision and CACREP accrediation come at this from their best intention; yet I urge you not to enact these proposal.

Commenter: Suzanne Lease, University of Memphis 9/3/18 11:09 pm

Statement opposing restrictive counselor licensure and preparation

I am an educator who has actively trained masters and doctoral level counselors and psychologists for the past 27 years. I am writing to state my opposition to the current regulations that restrict counseling residents' supervisors to individuals who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (MFT) license rather than following more inclusive supervision requirements that allow supervision by licensed psychologists (who frequently have more education, training, and experience in clinical supervision), psychiatrists and social workers. The restriction is not based on any evidence about the relative quality of supervision by LPC or MFT individuals compared to other appropriately trained and licensed mental health providers. As a scientist, I am skeptical about regulations that have no empirical support and that bypass the standard levels of review for regulatory change. Rather than enhancing services to the citizens of Virginia, the current regulation is likely to restrict their access to services because new graduates from clinical mental health training programs will not be able to meet their supervision requirements, rendering them unable to be employed and offer services to the public. In other words, it creates a problem where none existed.

In a similar vein, there is no empirical support for the ongoing efforts by the Board of Counseling to restrict Virginia counselor license to graduates of programs accredited by CACREP. Again, rather than protecting the citizens of Virginia, restricting licensure only to graduates of CACREP accredited programs ignores the established quality of other programs and restricts the number of mental health workers available to serve the needs of the population. This is hardly in the best interest of the state. However, it does appear to be based in a guild mentality focused on establishing a state-sanctioned monopoly by a private accrediting body.

Commenter: Elaine Johnson, Ph.D., Retired, University of Baltimore 9/3/18 11:27 pm

Opposition to limitations on approved supervisors and proposals for CACREP restrictions on licensure

I am writing in opposition to the regulation, adopted under former Governor O'Donnel's Regulatory Review in 2013, that eliminated psychologists and social workers as possible supervisors for counseling residents in Virginia. I am a psychologist and retired counseling educator. Across 4 decades I supervised students, taught in, and directed graduate counseling and psychology programs. My own training and that of the many hundreds of students I have known have been enriched by learning from psychiatrists, family therapists, social workers, addictions professionals, counselors, and psychologists. I can tell you, based on a lifetime of experience, that effective professionals from these various branches of the mental health field, when working with mental health clients, are all far more alike than different. Furthermore, the differences add rich perspective rather than detract from one's educational experience. Excellent supervision, including nurturing trainees' identity as professional counselors, is not the sole province those who

hold the LPC or LMFT degree. Moreover, disallowing trainees to seek out supervision from the professional with expertise in a given specialty area they want to learn, does a disservice to both students and the public.

Counseling trainees who wish to develop expertise in evidence-based treatments for trauma or brain injury might be best served by psychologists who have trained and worked in the VA system. Those wanting to specialize in working with autistic children may find their best supervision from a behavior analyst, just as those with interest in couples or family therapy may be best mentored by an LMFT, competency in addictions by addictions professionals, and so on. In a given locale or setting, an LPC may be the best supervisor for each of these scenarios. But the opposite is also possible, and the choice should be available to the trainee.

Creating training silos that separate developing counselors from supervisors and mentors who may otherwise be best positioned to facilitate their professional development, is a mistake. This thinking guided my choice of faculty and clinical supervisors for multiple areas of training in the counselor training programs that I directed. I strongly believe that drawing from multiple disciplines is the best model for counseling training, and therefore I strongly suggest that the current restriction on the supervision be removed from the Virginia regulations.

For similar reasons, I oppose the Board of Counseling's intention to require a degree from a CACREP-accredited counseling program for licensure as an LPC. Again, much is lost when the diversity of intellectual and professional traditions during training is limited, as is required under CACREP rules. Furthermore, there is no substantiated evidence that CACREP-accredited programs provide superior training. This is a national as well as a state concern, as all states grapple with how to best serve the public interest. Only three states require a CACREP degree for initial licensure, and in one state the restriction applies only to in-state applicants. Thus, overwhelmingly, states have not adopted CACREP as a licensure standard. The majority of counseling programs in the country are not CACREP-accredited, many (those based in psychology departments) cannot be, and many elect not to be, out of preference or due to the very high costs of obtaining and maintaining the accreditation. A CACREP-only policy in Virginia would put it out of synch with most states, limit training and employment opportunities across state lines, complicate attempts to establish portability of licenses among states, and, importantly, threaten the viability of one of Virginia's premier counseling programs, at George Mason University, which has not chosen this accreditation.

For all of these reasons I strongly urge a return to inclusive policy in qualifications for supervisors of counseling residents, and rejection of any proposal to limit LPC licensure to graduates of CACREP programs.

Commenter: Nicole Lashane Ellis 9/4/18 6:36 am

Why We Need Counselor/ CACREP, Accredited, Collaborative, Supervision

I am in support of the regulations that support the need for CACREP accredited programs. However, I believe that Counselors should collaborate with psychlogists and psychiatrists to supervise all interns, especially, in agency settings. Counselors have to have exceptional training in ethcial guidlienes , and procedures, that pertain to client rights, and mandated Multi-cultural training, that is just very important, yet it is not a significant part of psychology, or psychiatry graduate programs. And we believe in the importance of the collaborative relationship that epitomizes the power of the client to advance past their challenges.

I have seen some of the worst ethcial breaches, that involve professionals who only have psychology and psychiatry courses, without CACREP acrediation. The agency settings are often like military Gestapo setting, and are not very suppoertive of individual rights and

enhancing client growth, often because they have just eradicated their rights to individual liberties. This is where you see professionals treating many competent individual with very demeaning, condescending, and patroniing approaches that are just very insulting to the client.

And, historically, the race, gender, and social class, of the client have often affected these interactions. There is often that lack of respect, for individual perspectives, that is mandated in a CACREP accredited Counseling prograsm, that enforce a respect for diversity. This is why you see more psychologists and psychiatrists misdiagnosing African Americans and Latin Americans, for example, with improper diagnosis (Hood, 2002).

This is because while we counselors are required to acknowlwdgw the powerful influence, of external variables, such as, racism and sexism, our older Helping Professions have not added this requirement until recently. As such, an individdual, who has been a victim, of several hate crimes, for example, or encountered the "glass ceiling", previously, would probably have been misdiagnosed, by many of these professionals, as having an internal behavioral challenge, which is not accurate, or very helpful with helping clients to address their challenges, because every variable that affects these challenges is not adressed properly, or, even acknowlwdged in a competent manner, by that professional.

And, I have seen some surprising lack of proper assessment procedures with this population, until recently, with the new DSMV changes, that pertain to culture and social influences and assessment. This is a good step, and it epitomizes the need for respectful and open, collaboration among our professions. If you would like to get more information, pertaining to the ethical challenges, in agency settings, please check outt my comments , on "ACA Connect", on the American Counselors' Association's website.

Nicole Ellis

Licensure, School Counseling

Commenter: Deanna Hamilton, Chatham University 9/4/18 8:40 am

opposed

I am writing in opposition to a change in the law that would restrict profesional counselors from receiving supervision from mental health professionals including psychologists or other licensed behavioral health specialists. Not only would this change negatively impact / restrict counselors seeking supervision and licensure, it also, ultimately, restricts access to healthcare for members of the public in need of mental health services.

Commenter: Seton Hall University 9/4/18 9:37 am

Opposed!

This is bad for the profession in general. It imposes impediments to the rights of my colleagues to practice in Virginia.

Commenter: Jennifer Q. Morse, PhD, Chatham University 9/4/18 11:12 am

Opposed to restriction on supervisors and CACREP only

I am a licensed psychologist in the state of Pennsylvania (PS017244) who has benefitted greatly from supervision from many professionals during my graduate and postdoctoral training. I collaborate with health care professional in many professions and continue to benefit from their multiple perspectives. I currently teach both Masters and Doctoral students and always encourage them to value the wealth of perspectives offered by supervisors who hold different credentials. I strongly believe that clients and students receive better care and education when supervision can be provided by multiple professionals. **I strongly oppose the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and urge a return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers.**

In addition, I strongly encourage you to support analogous breath and diversity of professional perspectives by not restricting licensure to graduates of programs accredited by CACREP. CACREP-only restrictions would create a government-imposed monopoly of a private organization that is not accountable to the citizens of Virginia. Rejecting this proposal would not harm any program that chooses to pursue accreditation through CACREP and would instead maintain a path for licensure and service in Virginia for the national (and international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP as well as those who are affiliated with CACREP. **I strongly oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP.**

Thank you.

Sincerely,

Jennifer Q. Morse, PhD

Associate Professor and licensed Psychologist

Chatham University

Graduate Psychology Programs

Woodland Road

Pittsburgh, PA 15232

Commenter: Jill Paquin, Chatham University 9/4/18 11:18 am

STRONGLY OPPOSED

While I am not a resident of Virginia, I think it's important to voice my opposition publicly as a licenced psychologist as this is a national, as well as state issue. I oppose the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and urge a return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers. I also oppose the Board of Counseling's efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP. I believe acceditation is an important quality control mechanism, however CACREP is only ONE credentialed accrediting body -- programs accredited by MPCAC and the soon to be accreditation granted by the American Psychological Association would be needlessly excluded by such legislation. We need more, qualified mental health professionals in the field, NOT a monopoly owned by CACREP which is

what this regulation would do.

Commenter: Noelany Pelc, Seton Hall University 9/4/18 12:09 pm

Opposed to CACREP Restriction

As a counseling educator and CACREP program graduate, I strongly oppose the regulatory reform initiative restricting program graduate choice of supervisors to LPCs or LMFTs. In providing mental health services to a diverse community with a spectrum of presenting concerns in a variety of contexts, it is in the best interest of public health, safety and welfare for the state of Virginia to support training, supervision and mentorship opportunities for graduates that reflect a variety of specializations. Supporting a CACREP monopoly on path to licensure would have significant and negative financial impacts for educational program, agencies, and limit access to necessary services to the public.

Commenter: James Bludworth, Director of the Counselor Training Center 9/4/18 2:28 pm

Strongly opposed to CACREP restrictions

I am writing to express my strong opposition to any regulation or law that would exclusively restrict counseling residents' supervisors to only those with Licensed Professional Counselor or Licensed Marriage and Family Therapist licenses. I request a return to inclusive supervision requirements which allow for a range of qualified licensed mental health professionals to provide required clinical supervision of counselor trainees. Excluding psychologists, psychiatrists, and social workers from providing clinical supervision to counselor trainees unnecessarily limits the training experiences available to such students. Moreover, it essentially excludes them from integrated models of behavioral health care which are now the cutting edge of the mental health profession.

I also strongly oppose efforts to restrict counselor licensure in any state to graduates of CACREP accredited programs only. Such a proposal, in essence, creates a government-sanctioned monopoly of a private organization (CACREP) which is not accountable to the citizens of the state in which the restriction is granted. The licensure process for counselors and other mental health professionals is meant to protect the public welfare. What CACREP proposes far surpasses the mandate to protect the public welfare and moves toward excluding qualified candidates simply because they chose an educational institution whose professional principles diverge from those of CACREP. The state licensing board must not abdicate its responsibility to protect the welfare of its citizens to a private organization such as CACREP. Please keep eligibility to sit for licensure a fair process wherein those who are qualified are granted the ability to apply for licensure based on their knowledge and abilities and not solely on what any one accrediting body has to say about the matter.

Commenter: Emily Conte, Seton Hall University 9/4/18 2:49 pm

Opposed

While I'm not a resident of Virginia, I am a current graduate student studying professional counseling and will seek licensure in the near future to become a Licensed Professional Counselor (LPC). Restricting counseling resident's supervisors to only Licensed Professional Counselors (LPC) and Licensed Marriage and Family Therapists (MFT) will cause unnecessary and possibly

unresolvable issues such as incapability to complete supervision hours and inadequate training. Without the diversity of the different roles and specializations that Psychologists, Social Workers and and Psychiatrists, I think graduate students will be missing out on a well-rounded internship experience and may not be properly trained in the field due to this severe restriction. If there was ever a time to make it more difficult to become a licensed helping professional, now is not the time. There is a clear need for mental health workers and this restriction reduces the amount of new individuals coming into the profession and it only hinders students who are currently studying from completing their degree.

Commenter: Shay Long 9/4/18 4:09 pm

Strongly opposed to CACREP-only legislation

As a graduate of the University of Baltimore's Applied Psychology Counseling Psychology MS training program, I oppose the Virginia Counseling Board's stated objective to restrict licensure to CACREP-program graduates. The University of Baltimore prepares counselors who have a strong counselor identity, as well as an appreciation for psychological science. I wish to retain my eligibility to practice in the state of Virginia as a well-qualified counselor. CACREP restrictions would eliminate my ability to ever move to, work in, and serve the residents of Virginia as a counselor, given that my graduate program is not CACREP accredited (nor is it eligible, based on the faculty's degrees in clinical and counseling psychology). In addition, I oppose the current regulation restricting supervision of counseling residents to LPCs and LMFTs. This regulation potentially endangers national licensure portability plans, further divides the sister professions of counseling and psychology, and limits options for clinical supervision during counselor residency at a time when consumers need more access to services, not less. Maryland continues to include psychologists, social workers, and psychiatrists as supervisors for Licensed Graduate Professional Counselors (LGPCs; the analogous level of practice to Virginia's "counseling resident") and does not discriminate against licensure applicants from Virginia's programs based on program accreditation, as there are no program accreditation requirements in Maryland for counselor licensure. As a neighboring state, I hope that Virginia will remain open to us as potential licensees, as Maryland remains open to Virginia graduates who meet educational requirements, regardless of program accreditation. As a military retiree who is accostomed to moving for work, Virginia has been part of the plan for.some time now, but this legislation will eliminate that plan for my family.

Commenter: Jenny Yount, Johns Hopkins Bayview Adult Autism Clinic 9/4/18 4:10 pm

STRONGLY OPPOSED

Why is CACREP so motivated to ruin the careers of many wonderfully trained therapists? I do not understand how this would even be considered. CACREP programs are primarily either online ($$$$$$) or at private schools ($$$$$$), making this very much about money. Please do not allow CACREP to shut out therapists that are trained by amazing psychologists. thank you, Jenny Yount, LGPC

Commenter: Dom Scalise Ph.D. 9/4/18 4:17 pm

Bad idea to support this

Dear Friends in Virginia:

I am writing so that you will consider reversing your course in restricting qualified psychologists,

psychiatrists, and social workers from being able to help your citizens get great mental health treatment.

As a psychologist, I was able/required to take a full doctoral-level semester course AND practicum clinical supervision which included theory, technique, and feedback on my ability to supervise a beginning counselor from a seasoned supervisor in psychology who watched my sessions via video tape and gave tailored feedback. Then I continued to specialize in supervision as one of my emphases where other masterful psychologists were evaluating my taped supervision sessions giving me loads of feedback after reviewing my sessions with trainees. However, this means those like me who spent our time working to on these skills would not be allowed to share our knowledge with your professional counseling and LMFT trainees in Virginia.

Aaron T Beck, a psychiatrist credited with creating Cognitive Therapy (an empirically supported treatment which has saved countless LIVES) would not be able to supervise your counselors or LMFTs if he moved to your state under this plan. The INVENTOR of the lifesaving/changing approach could not supervise those learning how to use it in your state! Nor would his daughter Judith Beck, a prominent psychologist in her own right, be able to supervise trainees who are working to specialize in this very common and helpful form of psychotherapy/counseling. You would want her practicing in your state and training those counselors, I promise. Think of what that means?

If you are interested in the mental health of your citizens, you might take a closer look at those in the field who are doing masterful work with effective treatment approaches and make sure you aren't restricting their ability to train future counselors. And if a counselor/LMFT has demonstrated appropriate preparation in supervising at a high level, I am willing to say vice versa. The mental health needs are too great to be making the pool of qualified supervisors smaller when it's already a challenge and liability to take on a supervisee!

To lawmakers in support of this: I challenge you to ask your family and loved ones whose lives were made better (or perhaps saved) by a mental health professional. Track down that person and see what clinical approach was used. I will contribute $10 to your campaign fund if the theory or approaches used by that professional were solely developed by or supported by the work of a professional counselor or LMFT (and not a psychiatrist, social worker, or psychologist). Email me the story and the training. We psychologists are not necessarily the best just because of our label but we sure should be in the conversation and our training should be taken seriously as competent supervisors for ANYONE serious about learning counseling or psychotherapy..

If this were to pass, VA would be a much less attractive place to move a business like mine and many of my colleagues who are eminently qualified to supervise ANYONE seeking licensure for counseling/psychotherapy.

A DO can supervise an MD in medicine. They are over it! Why? Because patient care is more important than turf wars and protecting a profession. There is plenty of time to fix this. States that have attempted something similar are dealing with unintended consequences making training and supervision harder for the rural communities or for organizations who would need to fire and hire based on degree title. Please don't make the same mistake.

Commenter: Nicole DiCarlo, Univeristy of Baltimore 9/4/18 4:29 pm

Opposed

Strongly opposed to restricting to CACREP only. There are so many people who need mental health care and this should not be limited.

Commenter: Ruth Palmer, PhD, Eastern University 9/4/18 4:53 pm

strongly oppose CACREP efforts to restrict counselor training & practice

Dear Honorable Ralph Northam and Virginia Board members,

As Counseling Psychologist (licensed in PA) and who has trained master level counselors for 20 years, I strongly oppose the current regulations that restrict counseling supervision for Virginia residents to those who hold Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) licenses. It is absurd that other professionals in Virginia with a similar license and expertise to mine would be excluded as supervisors. The exclusion does not serve the people of Virginia, but rather serves the purposes of an organization dedicated to monopolizing counseling practice.

As Director of a counselor preparation program, I affirm with my faculty colleagues the uniqueness of counselor identity, roles, and functions. Nevertheless, we also recognize how the counseling field builds upon contributions of psychology and other mental health disciplines, and that ultimately our students will work alongside practitioners from many disciplines. Accordingly, our students are trained by instructors with diverse professional training and credentialing. The learning objectives/activities are clear in our courses (which maintains the integrity of our program's counselor identity), and the faculty who teach are hired based on their competency in the content and skills to be taught. Over the years, our students have benefited from the expertise of professional counselors, psychologists, marriage & family therapists, behavior analysts, social workers, nurses, and psychiatrists. We know our students' education is enriched by this diversity of professional background and expertise, and we sought an accrediting body that would support this. And some of our graduates end up practicing in Virginia, seeking supervision for licensure in your state.

I join counseling professionals from across the country to urge you to stop this and other exclusionary efforts by CACREP to restrict counselor training and practice. The people of Virginia need a strong Board that protects their rights to access quality mental health care. The counselors in Virginia need access to the supervisors who are qualified—by virtue of their training and expertise, not arbitrary rules imposed by the agenda of an independent organization with no public oversight or accountability, and one that does not represent the breadth of the counseling profession.

Sincerely,

Ruth B. Palmer, Ph.D.

Chair, Counseling Psychology Dept, Eastern University

Commenter: Peggy Farrelly, Ph.D., Seton Hall University 9/4/18 5:26 pm

Opposed to the proposed regulation

I am vehemently opposed to the proposed regulation that would restrict counseling supervisors to only those professionals with an LPC or LMFT credential. As it stands, there is a great need for mental health services in Virginia and other states. Limiting supervisors to only LPCs and LMFTs would effectively prevent mental health counselors from delivering much needed services to the wider population of citizens in Virgina. Rather, I suggest the regulation should continue to include qualified licensed psychologists, licensed clinical social workers and licensed psychiatrists as supervisors. Not only are these professionals highly trained, but it would prevent a potential dearth of supervision, thereby availing the populace to effective affordable mental health care access.

Furthermore, I oppose any efforts to restrict licensure to graduates of programs accredited by CACREP. There are many excellent graduate counseling training programs, not accredited by CACREP, that have produced extraordinary licensed counselors who have

demonstrated professional skills and knowledge that exceed CACREP requirements. Therefore, a CACREP-only restriction would decrease consumers' access (especially underserved communities), increase costs to consumers, and ultimately leave the mental health need of Virginia's citizenry unaddressed.

Respectfully,

Peggy Farrelly, PhD

Commenter: Catherine A. Fiorello, Coordinator of Counseling Program, Temple University 9/4/18 6:11 pm

Strongly opposed to CACREP-only legislation

I am strongly opposed to legislation restricting counselor training, supervision, or licensure to CACREP-approved programs. Although counseling is a profession, it has roots in psychology--counseling psychology being one of the three original specialty areas in psychology. Limiting training and supervision to professionals approved by a specific accrediting agency, rather than allowing for a wide range of mental health professionals with relevant expertise to teach and supervise counseling students, unnecessarily limits the number of providers available to the people of Virginia. Psychologists, social workers, marriage and family counselors, school counselors, and professional counselors all have expertise and competence that is of benefit when training professional counselors. I would not want to tell the graduates of my program that they are unable to practice in Virginia because some of their training was conducted by counseling, clinical, and school psychologists, when those professionals have much to offer our students.

Commenter: Marley Lebrecht- Discover Center and Seton Hall University 9/4/18 7:54 pm

Opposed to the Proposed Regulations

To Whom It May Concern:

I am strongly opposed to the proposed regulations of LPC and LMFT only supervisors. Although I plan to prcatice in the state of Utah, this affects the entire field of counseling. It is difficult enough for someone to seek licensure as a counselor, and limiting the number of people that can supervise their hours is hurting this process even more. It will impede MANY people from being able to become a licensed counselor, and this is the opposite of what we should be working towards at this time. Additionally, I know from experience, both personal and professional, that some of the most talented and amazing therapists and counselors are non LPC or LMFT, and this regulation would be denying people the phenomenal experience of working under these counselors.

I sincerely hope these regulations are reconsidered.

Marley Lebrecht

Commenter: Alex Hilert, M.Ed. 9/4/18 7:54 pm

Opposed

As a graduate of non-CACREP counseling program, I strongly oppose legislation mandating licensure be restricted to CACREP programs. In my master's counseling program I was trained by exceptional leaders in the field with a wealth of knowledge and experience. My training prepared

me well to serve in a variety of professional setting as well as continue my education into a doctorate program. At the end of the day, there is no research to suggest that counselors from CACREP programs are better counselors than non-Cacrep programs. Furthermore, I believe we need to reverse the decision mandating supervision for LPCs be provided only by counselors. Psychologists and social workers offer a wealth of knowledge and are in many work settings the only ones there available to provided supervision. I have had many dedicated, high quality supervisors with backgrounds in social work. In no way did their professional background hamper their ability to provide supervision. Thank you for considering this comment.

Commenter: Peggy Brady-Amoon, PhD, LPC, Alliance for Professional Counselors (APC) 9/4/18 10:12 pm

Urge all to reject CACREP only licensure and expand options for counselor supervision

September 4, 2018

Honorable Ralph Northam

Governor of Virginia

Dear Governor Northam:

The Alliance for Professional Counselors (APC), a national organization of counselors and counselor educators, urges you to reject all attempts to restrict counselor licensure in Virginia to graduates of programs accredited by the Council for Accreditation of Counseling and Related Educational Services (CACREP). We also urge you to reject recent regulations that limit graduates' choice of supervisors to people with Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT) licenses.

We fully respect that these decisions are within the purview of the Commonwealth of Virginia. However, APC asks your consideration because these policies, as proposed and enacted, are detrimental to the citizens and economy of Virginia. Furthermore, given the potential for inter-state licensure portability and compact agreements, we urge you to consider the national implications of decisions about these issues. By rejecting efforts to restrict counselor licensure to graduates of programs accredited by CACREP and restoring previous regulations that permitted licensed psychologists, psychiatrists, and social workers to serve as residents' supervisors, you and your administration have another opportunity to improve the health and well-being of Virginia residents and the State economy.

Opposition to CACREP licensure restrictions

We are particularly concerned about the Virginia Board of Counseling's continued efforts to restrict licensure to CACREP graduates. Although that proposal was officially withdrawn, Board of Counseling minutes and reports from prospective licensees that board staff have told them that Virginia is moving quickly to restrict licensure to graduates of programs accredited by CACREP, have alerted us that this threat to Virginia and the nation remains viable.

We call your attention to the VA economic impact analyses (2016 and 2017) and overwhelming public comment opposition to the proposal to restrict counselor licensure to graduates of programs accredited by CACREP in 2017. Together, those sources demonstrate that the restriction of counselor licensure to graduates of programs accredited by CACREP would solely benefit CACREP, an independent organization, and by extension, programs that choose to pursue and maintain that accreditation. At the same time, that restriction would harm the citizens of Virginia as it would reduce the number of qualified counselors at a time when more are needed. It would also force George Mason University to reconfigure its internationally respected counseling program to

meet CACREP requirements or close.

Although CACREP, which was founded in 1981, accredits the majority of Counselor preparation programs in Virginia, it accredits approximately one third of counseling programs nationally. Another 10% are accredited by the Masters in Psychology and Counseling Accreditation Council (MPCAC), which was founded in 2011. This leaves more than half unaffiliated with any program-level accreditor.

The American Psychological Association's (APA) recent recognition of master's level training in psychology does not, as minutes from the Board of Counseling incorrectly assume, address objections to CACREP-only restrictions. Furthermore, in addition to programs in which the faculty have decided not to pursue accreditation through CACREP, often despite professional pressure to do so, many other quality programs with long-standing records of success, including counseling psychology master's programs and counselor preparation programs housed in psychology departments, are ineligible, by current CACREP requirements, for accreditation

Opposition to restrictions of counseling residents' supervisors to LPC and LMFT holders

As part of the periodic review of regulations for the practice of professional counseling, we urge to you to strike the regulation that restricts graduates' choice of supervisors to people with LPC and LMFT licenses. That current regulation specifically excludes the majority of qualified supervisors in hospitals and related clinical settings, most of whom are licensed as psychologists, psychiatrists, and social workers. If this regulation is not changed, the experience in other states has been that this restriction will pose a significant employment barrier to new graduates seeking employment in agencies and regions of the state where supervisors with LPCs and LMFTs are not available (and who would be able to offer supervision through licensed psychologists and social workers). This policy actually harms the employment prospects of new counselors and hampers the growth of the profession.

It appears that this regulatory change occurred as part of a much larger and broader Regulatory Review Initiative during 2012-2013, when, ironically, the impetus was on reducing regulation. As such, this particular change did not get the level of detailed scrutiny that it would have under the regular regulatory change process. There is no data to suggest that other licensed mental health practitioners, notably psychologists (whose profession supplies the bulk of the theory, techniques, and research base for mental health practice), provide supervision of lesser quality than LPCs or LMFTs. Furthermore, given the truncated review process, there may be unintended consequences, particularly in terms of in-state and interstate commerce. For example, the profession is currently exploring ways to enhance portability of counselor licensure. Restrictions in one state that are not shared by other, and particularly neighboring, states are likely to complicate efforts toward portability. Moreover, any regulation that advantages one sector of the profession over others, absent any evidence for improved service delivery, is unfair to consumers and professionals alike.

Overall, we urge you to take action to retain inclusive regulations and law, to reject governmental coercion to create a monopoly for CACREP, and reverse restrictions on graduates' supervisors for licensure to include licensed psychologists, psychiatrists, and social workers.

Thank you for your consideration.

Respectfully,

Peggy Brady-Amoon, PhD, LPC

President, Alliance for Professional Counselors

www.apccounseloralliance.org

&

Associate Professor

Department of Professional Psychology & Family Therapy

Seton Hall University
South Orange, NJ 07079
Margaret.brady-amoon@shu.edu

Cc: Dr. David E. Brown, Virginia Department of Health Professions
Dr. Daniel Carey, Secretary of Health and Human Resources
Ms. Elaine J. Yeatts, Department of Health Professions

Commenter: Eve Adams, New Mexico State University 9/4/18 10:42 pm

Professional Counseling Regulations Public Comments

I submit this comment opposing the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and urge a return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers.

I urge decision-makers to strike the regulation that restricts graduates' choice of supervisors to people with LPC and LMFT licenses. That current regulation specifically excludes the majority of qualified supervisors in hospitals and related clinical settings, most of whom are licensed as psychologists, psychiatrists, and social workers. If this regulation is not changed, the experience in other states has been that this will pose a significant employment barrier to new graduates seeking employment in agencies and regions of the state where these supervisors are not available (and who can only offer supervision through psychologists or social workers). This policy actually harms the employment prospects of new counselors and hampers the growth of the profession.

Further I oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP, despite official withdrawal of the proposal last Fall.

The proposed restriction that would limit licensure to graduates of programs accredited by CACREP and restrictions of graduates' supervisors to LPCs and LMFTs are clearly NOT "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions," which are the goals of the periodic review.

CACREP-only restrictions would create a government-imposed monopoly of a private organization that is not accountable to the citizens of Virginia. It would also force George Mason University, an internationally respected counselor training program and the only counseling program in Virginia that is not, by choice, accredited by CACREP, to pursue that accreditation or close. Rejecting this proposal would not harm any program that chooses to pursue accreditation through CACREP; they can still do that. Rejecting this proposal would, however, maintain a path for licensure and service in Virginia for the national (and international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP.

Thank you for your consideration of this issue.
Sincerely,
Eve Adams

Commenter: Co-Chairs, Department of Professional Psychology and Family Therapy 9/4/18 10:53 pm

OPPOSE RESTRICTION OF COUNSELOR LICENSURE

On behalf of the Department of Professional Psychology and Family Therapy at Seton Hall University, we, Department Co-Chairs, urge you to reject all attempts to restrict counselor licensure in Virginia to graduates of programs accredited by the Council for Accreditation of Counseling and Related Educational Services (CACREP). In addition, as part of the periodic review for the practice of professional counseling, we also urge you to reject the current regulations that limit counseling graduates' choice of supervisors to people with Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT) licenses.

Over the past 50 years, our Department has successfully prepared counselors to deliver quality mental health services to diverse populations in various parts of the country. The alumni of our counseling programs have obtained licensure throughout the US and restriction of counselor licensure would create a barrier for Seton Hall students and alumni that wish to practice in the state.

There was overwhelming opposition to this proposal during the 2017 public comment period, because the social and economic costs of restricting licensure outweigh the benefits. The adoption of a CACREP-only licensure restriction would unnecessarily limit the number of licensed counselors in Virginia at a time when more counselors, not less, are needed.

In addition, as part of the periodic review of regulations for the practice of professional counseling, we urge you to reverse the regulation, adopted outside the normal processes, that restricts counseling residents' supervisors to people with LPC and LMFT licenses. There is no evidence to suggest that LPCs and LMFTs are more qualified to serve as supervisors than licensed psychologists, psychiatrists, and social workers. Given that the majority of qualified supervisors are licensed psychologists, psychiatrists, and social workers, this restriction would unnecessarily limit options for counselors seeking licensure in Virginia and is therefore detrimental to both the public and profession.

Commenter: Dr. Willow Pearson & Dr. Helen Marlo, Notre Dame de Namur University 9/5/18 12:07 am

Oppose restricting counselor residents' supervisors, oppose CACREP accreditation requirement

September 4, 2018

Elaine J. Yeatts
Senior Policy Analyst
Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Dear Ms. Yeatts,

We are writing to you from the Department of Clinical Psychology on behalf of Notre Dame de Namur University in Belmont, California.

This letter is to express our strong opposition to the current regulations in Virginia that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and to urge a return to more inclusive supervision requirements that include licensed psychologists, psychiatrists, and social workers. This is an issue that affects not only your state but also other states where such legislation may be introduced to the profound detriment of counselor education. In addition, it significantly limits graduate students' access to high quality Master's programs, and prohibits some of the most underserved from receiving much needed mental health services through graduate programs.

We also strongly oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP, despite official withdrawal of the proposal last fall. This issue, too, has national implications, limiting graduate students from receiving diverse training from well qualified faculty while, also, significantly burdening select academic institutions.

The proposed Virginia restriction that would limit licensure to graduates of programs accredited by CACREP and restrictions of graduates' supervisors to LPCs and LMFTs are *not* by any means "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions." Opposition to these restrictions is vital to maintain a path for licensure and service in Virginia for the national (and international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP.

Please contact us if we can be of further support in opposing this regulation, given the detrimental impact on counselor education not only in Virginia but also in the nation.

Sincerely,

Willow Pearson

Willow Pearson, PsyD, LMFT, MT-BC

Director of Clinical Training & Assistant Professor

Department of Clinical Psychology

Licensed Clinical Psychologist (PSY29436)

Licensed Marriage and Family Therapist (LMFT50993)

Board Certified Music Therapist (MT-BC 05773)

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Helen Marlo

Helen Marlo, Ph.D.
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Notre Dame de Namur University
Department of Clinical Psychology
1500 Ralston Ave. Belmont, CA 94002

Commenter: Mark R. Ginsberg, Ph.D. George Mason University 9/5/18 7:36 am

Strong Opposition to Proposed Regulation

I am in strong opposition to the proposed regulation. The proposed regulation is without merit or demonstrated need. In fact, it is fully antitheticial to the need for mental health professionals, including Professional Counselors, to learn from, understand and develop collaborative relationships with colleague mental health professionals from across the professionals.

The proposed reguation is consistent with a framework that seems to be endorsed by a small minority of LPC's who (evidently) to seek conflict rather than collaboration with their peers from other professions. I do not understand the vaue of the proposal and believe that it will have significant "unintended" negative consequences for the field and the mental health professions more generally.

I am strongly opposed to this proposed regulation.

Commenter: Jane Stafford, University of SC Aiken 9/5/18 9:58 am

Strongly Opposed

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 55 programs across more than 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. Jane Stafford (Chair of MPCAC) at jstafford@usca.edu.

Commenter: New York University 9/5/18 10:12 am

Opposition to CACREP-only policy in Virginia

A CACREP-only policy will restrict opportunities for new graduates.

Commenter: Kathryn Kominars, Florida International University 9/5/18 10:16 am

Strongly Opposed

Honorable Governor of Virginia, please continue to support inclusive supervision. There is no need to alter the "playing field" in the way. Turf wars between professional health care providers doesn't not serve the public. Please don't contribute to this attempt to promote one discipline over others. I am a native Virginian who did my graduate work in Pennsylvania. With this legislation I would not be eligible to work in Virginia as a licensed mental health counselor if I returned home because my training in PA wouldnt meet these new requirements. Sincerely yours!

Commenter: Rachel L. Navarro, University of North Dakota 9/5/18 10:24 am

Opposition to proposed restrictions on program accreditation and supervision requirements

While I am not a resident of Virginia, I think it is crucial to voice my opposition publicly as a licenced psychologist as this is a national and state issue. I am a graduate of a Master's in Counseling program that was not CACREP accredited and a Ph.D. program in Counseling Psychology that was APA-accredited. I hold multiple identities that include counselor, counseling psychologist, and counseling educator. I am a licensed counseling psychologist who is an administration, educator, and supervisor in a Master's of Counseling program that trains mental health, addictions, rehabilitation, and school counselors. In these roles, I have trained and supervised hundreds of Master's level students in counseling and counseling psychology for over 13 years.

I strongly opposed the Board of Counseling's continued efforts to restrict Virigina counselor licensure to graduates of programs accredited by CACREP, despite officially withdrawing this proposal last fall. This issue has national implications that limits graduate students from receiving diverse training from well qualified faculty, such as myself and my colleagues. Also this issues significantly burdens select academic institutions, and privileges others.

Along with the proposed Counseling licensure restriction to those who graduate from CACREP accredited counseling programs, the proposed restriction that these graduates can only receive supervisor for licensure from LPCs and LMFTs is NOT "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions"—two goals of the periodic review. In fact, these restrictions would only serve to decrease the accessibility of counseling to the general public and increase the health disparities evident for social groups who have limited access to healthcare.

CACREP-only restrictions will create a government-imposed monology and a restriction on trade. For example, in Virginia, itself, the CACREP-only restrictions and the push for supervision from only LPCs and LMFTs would force George Mason University, a well-respected counselor training program and the only counseling program in Virginia that is not accredited by CACREP to pursue this accreditation or close. This restriction does not taken into consideration other means of monitoring and maintaining educational quality nor does it acknowledge alterative accreditation paths offered by MPCAC and potentially other accrediting bodies in the future. CACREP is but ONE accrediting body. It does not represent the only standard. These proposed CACREP-only and supervision restrictions also does not take into consideration the strict process of program review at accreditation institutions of higher education across the US and internationally. Our Counseling programs reside in colleges and universities that are accredited themselves.

Rejecting this proposal would not harm any program that chooses to maintain CACREP accredition or any program that choose alternative means of monitoring and maintaining quality (which could include alterative accreditation).

Rejecting this proposal would maintain a path for licensure and service in Virginia for the

majority of students in current Counseling programs across the US and internationally as well as alumni and faculty from these programs.

In the end, rejecting this proposal would support the need for greater access to mental health services. We need more qualified mental health professionals in the field, not less.

Sincerely,

Rachel L. Navarro, Ph.D., L.P. (ND #463)
University of North Dakota
Counseling and Counseling Psychology programs

Commenter: Mary Ann McCabe, Ph.D., ABPP, Independent Practice 9/5/18 12:02 pm

Strong opposition to the proposed regulation

I am in strong opposition to this regulation that is intended to restrain trade with no potential public benefit! CACREP has a "fifty state strategy" that will harm the discipline of psychology, psychology graduate programs that train mental health counselors, and graduates from these programs who trained in good faith with strong faculty in accordance with standards for licensure in their respective states. PLEASE do not fall prey to this political take-over.

Commenter: Wonjin Sim, Chatham University 9/5/18 1:27 pm

Strongly opposed

As a licensed psychologist and educator, I strongly oppose the the Virginia Counseling Board's stated objective to restrict licensure to those who are from CACREP-programs.

Even though I live and work in Pennsylvania, some graduates from our program who are very talented clinicians want to move to VA and work there, but if VA restrict licensure to only CACREP graduates, many therapists who have great training in psychology and science background will not be able to move to VA. Our program did not want to pursue CACREP because its regid criteria does not fit with our training philosophy and we want to train therapists with solid understanding of psychology.

This means people in VA will not have access to many talented therapists who received solid education from counseling psychology programs. And, it will limit the accessibility of psychotherapy in VA, which is already an issue. The CACREP restriction is only based on the interest of the CACREP and will definitely short-sighted and not in the best interest of the residents of Virginia.

Commenter: Ruth E. Fassinger, University of Maryland (Professor Emerita) 9/5/18 2:05 pm

Strongly Opposed to CACREP-only licensure and supervision restrictions

This comment is written in strong opposition to the CACREP-only restriction of licensure and supervision of counselors in Virginia. I am currently a fellow of the American Psychological Association (APA) and President of the Society of Counseling Psychology (SCP), Division 17 of APA. SCP already has submitted a letter strongly opposing this regulatory decision, and I write this comment as an individual professional psychologist with experience relevant to the issue.

I taught, trained, and supervised professional counselors and psychologists for more than 20 years at the University of Maryland in a department that included both master's-level (counseling) and doctoral-level (psychology) programs, and many of these graduates are now leaders in their respective fields, including individuals in mental health practice, research, education, and public service in Virginia. I am saddened to see this dismissal by CACREP of the long-standing contributions of other mental health professionals to the training of counselors, and its attempt to gain a monopoly over training and supervision of counselors.

This attempted restriction flies in the face of well-documented and overwhelming mental health needs in our communities, where we should have many more professionals to meet those needs, not less. This restriction also portends highly negative economic and regulatory repercussions for Virginia, at a time when interstate licensure portability is a professional necessity and health service provider graduate training programs all over the U.S. are responding to societal needs by broadening, not narrowing, their scope of training and supervision, using integrative models that incorporate a variety of professionals working together in service provision.

The data documenting the negative consequences of a CACREP-only decision in Virginia are thorough and public, and the mental health needs in our communities also are extensively documented and highly visible in our streets, our schools, and our workplaces. I urge careful attention to these data, as well as decisions that are based on facts and known community needs, not merely the interests of a single guild.

Ruth E. Fassinger, Ph.D.

Commenter: Seton Hall University, College of Education and Human Services 9/5/18 3:06 pm

Opposed to CACREP only

To the Virginia Leadership,

I encourage you to reject all attempts to restrict counselor licensure in Virginia to graduates of programs accredited by the Council for Accreditation of Counseling and Related Educational Services (CACREP). I further urge you to reject the current regulations that limit counseling graduates' choice of supervisors to people with Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT) licenses.

Seton Hall University's department of Professional Psychology and Family Therapy Department is proud of our success over more than 50 years in preparing ethical and effective counselors, and other mental health professionals. We are also proud of our more than 20 year success with online delivery of counselor preparation programs. Our alumni are licensed practitioners making a difference nationally and internationally. The decisions you make in Virginia will have an impact on the Seton Hall programs, students, alumni – and, most importantly, the people we all seek to serve.

I urge you to reject efforts to limit counselor licensure in Virginia to graduates of programs accredited by CACREP. As two successive Virginia Economic Impact Analyses (2016, 2017) conclude, "costs likely outweigh benefits for this proposed regulation." Furthermore, we urge you to consider the overwhelming opposition to this proposal during the 2017 public comment period. Adoption of a CACREP-only licensure restriction would unnecessarily limit the number of licensed counselors in Virginia at a time when more counselors being sought for school and community settings.

Similarly, as part of the periodic review of regulations for the practice of professional counseling, I urge you to reverse the regulation, adopted outside the normal processes, that restricts counseling residents' supervisors to people with LPC and LMFT licenses. The majority of qualified supervisors

are licensed psychologists psychiatrists, and social workers. As there is no evidence to suggest that LPCs and LMFTs are more qualified to serve as supervisors than licensed psychologists, psychiatrists, and social workers, this restriction would unnecessarily limit options for counselors seeking licensure in Virginia and is therefore detrimental to both the public and profession.

Thank you for your consideration of my comments.

Sincerely,

Maureen D. Gillette, Ph.D.

Dean, College of Education and Human Services

Seton Hall University

maureen.gillette@shu.edu

Commenter: Jared L. Skillings, PhD, ABPP, Chief of Professional Practice, APA 9/5/18 5:14 pm

American Psychological Association urges inclusiveness in counseling rules

September 5, 2018

The Honorable Ralph Northam
Governor of Virginia
P.O. Box 1475
Richmond, VA 23218

Dr. Daniel Carey
Secretary of Health and Human Resources
P.O. Box 1475
Richmond, VA 23218

Dr. David E. Brown, Director
Virginia Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Elaine J. Yeatts, Senior Policy Analyst
Virginia Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Honorable Northam, Dr. Brown, Dr. Carey, and Ms. Yeatts:

RE: Public Comment to Executive Order 17 (2014) to Review Regulations Governing Practice of Counseling, Practice of Marriage and Family Therapy and Licensure of Substance Abuse Professionals

As Chief Officer of Professional Practice, I am writing on behalf of the American Psychological Association (APA) to provide comment on the review of the current regulations regarding the practice of professional counseling and marriage and family therapy in Virginia. APA is the professional organization representing more than 115,700 members and associates engaged in the practice, research and teaching of psychology. APA works to advance psychology as a science and profession and as a means of promoting health, education, and human welfare. We work closely with our state psychological organizations, like the Virginia Academy of Clinical Psychologists (VACP), to further those goals at the state level.

It is our understanding that pursuant to the Virginia Executive Order 17 (2014) and Virginia Code Annotated §§ 2.2-4007.1 and 2.2-4017, the Virginia Board of Counseling is obligated to conduct a periodic review and small business impact review of those administrative regulations under its

purview. The purpose of such review is to determine whether any regulation should be repealed, amended, or retained in its current form, considering the protection of public health, safety, and welfare, the performance of important governmental functions, and the potential economic impact on small businesses.

In this case, the review includes provisions governing the licensed practice of professional counseling and marriage and family therapy and licensing of substance abuse professionals.

APA would like to express strong concerns about two specific provisions subject to the Virginia Counseling Board's oversight: (1) the elimination of psychologists, social workers, psychiatrists and substance abuse professionals from supervising trainees and (2) the continued recognition of licensure applicants who graduate from regionally accredited programs which may include programs accredited by the Counseling and Related Educational Programs (CACREP) or the Council on Rehabilitation Education (CORE).

- ***Elimination of other mental health providers as approved supervisors of trainees in counseling, marriage and family therapy and substance use treatment is problematic***

The implementing regulations for professional counseling, marriage and family therapy and substance abuse treatment practitioners include provisions discontinuing the Board's recognition of providers in other mental health disciplines – e.g., "school psychologists, clinical psychologists, clinical social workers, psychiatrists and clinical nurse specialists" – from serving as supervisors for trainees' clinical training. [See 18 VAC 115-20-52(C)(3); 18 VAC 115-50-60(C)(3); 18 VAC 115-60-80(D)(1).] The language in all three of those provisions state that such psychologists et al who "have been approved to provide supervision may continue to do so until August 24, 2017." Clearly, up until that date, psychologists, psychiatrists and social workers had been recognized as eligible supervisors for clinical training. There does not appear to be a clear rationale how that change serves to protect public health, safety, and welfare.

To the contrary, this change restricts the pool of eligible supervisors for trainees who must complete a 3,400-hour supervised residency. There is no rationale offered demonstrating that there is an ample supply of licensed LPCs and MFTs to serve as supervisors to justify eliminating other provider disciplines who have been eligible to supervise up until August 2017. Drastically limiting licensure applicants' access to supervision runs counter to upholding protection of public health and welfare. There is no rationale for disqualifying otherwise eligible psychologists so long as a psychologist meets the supervisor qualifications outlined in the rules (namely, holding an active license in good standing where the supervision is provided and receives a certain number of hours in professional training or continuing education in supervision). In fact, the profession of counseling arose out of psychology – in particular, counseling psychology and some of the founders of the national counseling organization (American Counseling Association) were counseling psychologists. Therefore, psychologists who meet the supervisor qualifications should continue to be eligible to serve as supervisors.

We recognize the importance of maintaining the requirement in the rules that at least 100 hours of the required 3,400 supervised hours must be provided by a licensed professional counselor or a licensed marriage and family therapist to ensure that trainees receive some of their supervision from a licensed provider in their chosen discipline.

In addition, with health care moving towards integrated patient care using interprofessional teams, it would benefit trainees to be able to obtain supervision from various behavioral health provider disciplines. In fact, restricting supervision would impede a trainee from obtaining supervised clinical training in larger public and private clinical settings such as hospitals or even agency settings where trainees will routinely work in collaboration with other disciplines. To restrict the pool of eligible supervisors is a disservice to those trainees and ultimately to the patients and communities they will serve.

Therefore, we urge the board to repeal this particular provision from the rules governing professional counseling, marriage and family therapy and substance use treatment.

- ***Restrictions on licensure for only graduates from CACREP-accredited programs are***

not consistent with state administrative regulations

The administrative regulations for counseling, marriage and family therapy and substance use treatment practitioners outline the requirements for a graduate degree program. [See 18 VAC 115-20-49, 18 VAC 115-50-50, and 18 VAC 115-60-60.] Specifically, an eligible degree program must be housed in an accredited college or university, must provide a sequence of academic study preparing students for practice as documented by the institution, must be an identifiable training faculty as well as an identifiable body of students completing the sequence of study, and must have clear authority and primary responsibility for the core and specialty areas.

In addition, these administrative rule provisions state that programs approved by CACREP as well as CORE and COAMFTE are deemed as meeting the above-described requirements. But in no way does this state that only graduates from programs accredited by CACREP (or CORE or the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)) are eligible for licensure as professional counselors, marriage and family therapists or substance use treatment practitioners in Virginia. We strongly oppose changing this provision and urge that it be maintained so that the eligible workforce will not be restricted, protecting patients' access to sufficient number of providers.

To do other than complying with the administrative regulations would result in an unfair obstacle for graduates from non-CACREP accredited programs who might otherwise qualify for licensure, diminishing the number of licensed counselors in Virginia. We do not understand why the Commonwealth would want to reduce the number of mental health providers at a time when the demand for mental health services far exceeds the number of available providers. The trend across the US is to focus on how to increase the behavioral health workforce supply to meet the growing patient demands. In this instance, Virginia has not adopted CACREP as the exclusive accreditation standard and therefore, all licensure applicants from otherwise eligible programs ought to be considered.

On behalf of the APA, we appreciate your diligent consideration of this important issue. We believe that the current restrictions in the administrative rules are not based on true public protection concerns. Rather, they seem to have a negative consequence in limiting clinical training options for supervised trainees especially in integrated care settings. This in turn is a disservice for the public. We also encourage the board to consider all qualified applicants for licensure including those from programs that aren't CACREP accredited but otherwise meet the other regulatory requirements. Please feel free to contact us if we can be of any assistance as you consider these issues.

Sincerely,

Jared L. Skillings, PhD, ABPP

Chief of Professional Practice

American Psychological Association

Commenter: Sidney Trantham / Lesley University 9/5/18 6:23 pm

strongly support inclusiveness, not restrictions, for mental health counselors

I am writing to strongly oppose attempts to limit licensure of mental health counselors in Virginia to CACREP only training programs. CACREP is not the only standard for training mental health counselors, and in fact, is not the standard across the country. As the director of a mental health counseling training program, I am deeply troubled by CACREP's attempts to change state licensing rules that limit who can be licensed, who can supervise trainees, and what is considered the standard for counselor education. A more inclusive approach to counselor education that values diveristy of training of faculty is what is needed to strengthen the counseling field, not a lobbying group that has decided to market itself as the gold-standard for counselor training.

CACREP is a small minority that is attempting to not only speak for the entire counseling field but dictate counselor training standards.

Commenter: Melissa Wesner, LifeSpring Counseling Services 9/5/18 6:45 pm

Strongly Opposed to CACREP Only Licensure & Supervision Restrictions

I am writing to communicate strong opposition to CACREP only licensure and supervision restriction. I am urging decision-makers to give the supervision regulation the close scrutiny that it would have received under normal review processes. I oppose the 2013 Board action that narrowed the type of supervision allowed for the license. It sets a bad precedent in the profession where counselors are still working to make inroads into areas such as hospitals and clinics, where frequently the only available supervisors are psychologists or social workers.

I also oppose any proposed regulations to require a CACREP degree for licensure. Such a regulation would interfere with my (and others') ability to practice in Virginia. There is no credible evidence (from research or my experience) that CACREP graduates make better counselors. CACREP and the people who support it, however, regularly make these claims. Continuing to spread such claims without evidence serves to misinform the public. This alone should be of concern to decision makers. Decision makers need to be aware of CACREP's financial gain for spreading this misinformation and for ensuring that more and more future counselors and/or universities pursue CACREP accreditation. CACREP's efforts to change laws are not purely good intention and protection of the public as they claim. I am attaching the link from the CACREP website that shows their financial gain from the schools who seek accreditation. https://www.cacrep.org/for-programs/cacrep-accreditation-fees/

The job of our licensing Boards is to protect the public, and the Board should be making effort to protect the public from CACREP's unsubstantiated claims about how their counselors are better. CACREP should be honest about the fact that they are pushing these changes for financial gain.

Commenter: Carly Johnston, Seton Hall University 9/5/18 7:23 pm

I Oppose!

I oppose the regulation to restrict program graduates' supervisors to only Licensed Professional Counselors (LPCs) and Licensed Marriage and Family Therapists. (LMFTs). Although I am not a resident of Virginia, I am a graduate student who plans to seek licensure in the future, and I believe that this regulation denies the ability for a diverse and multidimensional learning experience for graduate residents. This regulation would be an unfortunate limitation to the mental health field as a whole. By limiting the supervisors of counselor residents, the students' opportunities are sparse, and experienced supervisors are being denied the right to educate prospective counselors. Limiting supervisors to LMFTs and LPCs alone impedes students from contacting supervisors and creates an unneccesary obstacle to licensure. It disqualifies valuable individuals from training prospective counselors, and stands to create a one-dimensional level to the future of counseling. This regulation imposes more problems than solutions to counselors and students alike, and I hope that it will be reconsidered.

Commenter: George Mason University 9/5/18 9:01 pm

Opposed

As a coordinator of internships in a counseling program, I strongly oppose restricting licensure supervision to LPC and LMFT only. I believe that this regulation would erect uncessary barriers to training in a time when more mental health professionals are needed in the workforce. We work with many outstanding professionals, and when we work together toward the common goal of training good counselors, everyone benefits.

Commenter: Dr. Sherry Ceperich, University of Richmond 9/5/18 10:39 pm

Opposed to supervision restrictions

Supervising new counselors and contributing to their professional growth and development has been one of the highlights of my career as a licensed clinical psychologist in Virginia for nearly 20 years. I have been privileged to provide training and supervision to students in counseling, social work, and psychology programs at master's, doctoral and post-doctoral levels in academic medicine, hospitals and colleges and universities in Virginia. Typically, when I have provided supervision from my perspective as a clinical psychologist (trained in counseling psychology), my voice has blended with supervisors' voices from other perspectives, modalities and even disciplines because the new professional has had multiple supervisors from varying backgrounds to help inform their own developing identity as a therapist. This diversity of supervision experience enhances the critical thinking, creativity and scientific knowledge base of the therapy profession more broadly. Receiving supervision from only one discipline narrows the opportunity to learn from diverse professional viewpoints and experience.

On a practical note, in my current work at a university counseling center, only one full-time staff member is licensed as a professional counselor in Virginia. The center employs several part-time counselors who are striving to obtain licensure (LPC) who are only able to be supervised by one staff member rather than gaining supervision experiences from six other staff who are clinical and counseling psychologists. This limits the new professionals' supervision opportunities, places a burden on one staff member to provide all the supervision without back up and deprives six other professionals the opportunity to supervise and share in this important part of a new counselor's development. If supervision restrictions remain, we and other centers and clinics will likely have to reconsider who we can take on for training and supervision based on their needed license, which could ultimately make it more difficult for counselors to obtain LPC status, thus decreasing the pool of licensed mental health professionals in Virginia.

Commenter: John L. Romano, Ph.D., University of Minnesota, emeritus 9/5/18 11:06 pm

Strongly oppose supervision restriction

I have educated graduate students in counseling and psychology for nearly 40 years at University of Minnesota. Our training program was CACREP accredited, but our Ph.D program was APA accredited. We graduated exceptional students, many who became leaders and licensed as LPC and LP. Restricting counselor supervisors to only LPC and LMFT is not in the public's interest. Psychologists, Social Workers, and Psychiatrists receive training in supervision, and excluding them fro supervisory roles severly limits quality care of clients. I also oppose any regulation that limits LPC licensure to only graduates of CACREP accredited programs. The public deserves the very best in mental health care, and limiting licensure and supervision to only one segment of the mental health professions is not in the best interest of those needing quality and accessible mental health care.

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Virginia regulations for the practice of professional counseling

1 message

Brown, David <david.brown@dhp.virginia.gov> Wed, Sep 5, 2018 at 12:14 PM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

David E. Brown, DC
Director, Virginia Department of Health Professions

---------- Forwarded message ----------
From: **Mary Ann McCabe** <mamccabe@cox.net>
Date: Wed, Sep 5, 2018 at 12:11 PM
Subject: Virginia regulations for the practice of professional counseling
To: HealthAndHumanResources@governor.virginia.gov, David.Brown@dhp.virginia.gov

I want to notify you that I submitted the following comment online today:

I am in strong opposition to the proposed regulation that is intended to restrain trade with no potential public benefit! CACREP has a "fifty state strategy" that will harm the discipline of psychology, psychology graduate programs that train mental health counselors, and graduates from these programs who trained in good faith with strong faculty and curricula – in accordance with standards for licensure in their respective states. PLEASE do not fall prey to this political take-over.

Sincerely,

Mary Ann McCabe, Ph.D., ABPP

Licensed Clinical Psychologist

Independent Practice, Falls Church, Virginia

Associate Clinical Professor of Pediatrics

George Washington University School of Medicine

Affiliate Faculty in Psychology

George Mason University

Member, Forum on Promoting Children's Cognitive, Affective, and Behavioral Health

The National Academies of Sciences, Engineering, and Medicine | www.nas.edu/ccab

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Urge you to reject proposals to restrict counselor licensure to graduates of CACREP programs and permit supervision by licensed psychologists, psychiatrists, and social workers

1 message

Brown, David <david.brown@dhp.virginia.gov> Wed, Sep 5, 2018 at 5:47 AM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

---------- Forwarded message ---------
From: **Margaret Brady-Amoon** <Margaret.Brady-Amoon@shu.edu>
Date: Tue, Sep 4, 2018 at 9:42 PM
Subject: Urge you to reject proposals to restrict counselor licensure to graduates of CACREP programs and permit supervision by licensed psychologists, psychiatrists, and social workers
To: David.Brown@dhp.virginia.gov <David.Brown@dhp.virginia.gov>

Dear Dr. Brown,

On behalf of the Alliance for Professional Counselors (APC; www.apccounseloralliance.org), we respectfully urge you to reject all proposals to restrict counselor licensure in Virginia to graduates of programs accredited by CACREP. We also encourage you and other Virginia decision-makers to strike the regulations that restrict counseling residents' supervisors to people who hold LPC and LMFT licenses, which is currently under review as part of the periodic review of regulations for the practice of professional counseling.

Please see the attached letter to Governor Northam for our rationale.

Sincerely,

Peggy Brady-Amoon, PhD, LPC

President, Alliance for Professional Counselors

Peggy Brady-Amoon, PhD, LPC

Associate Professor

Department of Professional Psychology & Family Therapy

Seton Hall University

South Orange, NJ 07079 USA

--

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Opposition to Restriction of Supervisors for Graduate Students

1 message

Brown, David <david.brown@dhp.virginia.gov> Tue, Sep 4, 2018 at 5:28 PM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

---------- Forwarded message ---------
From: **Emily G Conte** <emily.conte@student.shu.edu>
Date: Tue, Sep 4, 2018 at 4:35 PM
Subject: Opposition to Restriction of Supervisors for Graduate Students
To: David.Brown@dhp.virginia.gov <David.Brown@dhp.virginia.gov>

Dr. David Brown,

While I'm not a resident of Virginia, I am a current graduate student studying professional counseling and will seek licensure in the near future to become a Licensed Professional Counselor (LPC). Restricting counseling resident's supervisors to only Licensed Professional Counselors (LPC) and Licensed Marriage and Family Therapists (MFT) will cause unnecessary and possibly unresolvable issues such as incapability to complete supervision hours and inadequate training. Without the diversity of the different roles and specializations that Psychologists, Social Workers and and Psychiatrists bring, graduate students will be missing out on a well-rounded internship experience and may not be properly trained in the field due to this severe restriction. If there was ever a time to make it more difficult to become a licensed helping professional, now is not the time. There is a clear need for mental health workers and this restriction reduces the amount of new individuals coming into the profession and it only hinders students who are currently studying from completing their degree.

Please reconsider this decision.

Sincerely,

Emily Conte
M.A./Ed.S Professional Counseling
Learning Team 40
Student ID #11624288

--
David E. Brown, DC
Director, Virginia Department of Health Professions

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Concern about Proposed Virginia Counseling Regulation

1 message

Brown, David <david.brown@dhp.virginia.gov> Tue, Sep 4, 2018 at 4:52 AM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

David E. Brown, DC
Director, Virginia Department of Health Professions

---------- Forwarded message ----------
From: **Epp, Larry** <larry.epp@fs-inc.org>
Date: Sat, Sep 1, 2018 at 2:35 PM
Subject: Concern about Proposed Virginia Counseling Regulation
To: david.brown@dhp.virginia.gov

Dear Dr. Brown:

I was the longest serving President of the Maryland Chapter of the American Mental Health Counselors Association (also called LCPCM). I am writing to you to open a line of communication, to raise concerns and share my experience surrounding the proposed regulation to limit who can supervise new professional counselors.

Naturally my heart is devoted to the development of the counseling profession. But pragmatically when we create a limitation to exclude social workers, psychologists, psychiatric nurse practitioners, and psychiatrists as potential supervisors for new professional counselors, we harm our new graduates in entering agencies, since many employers will only hire those who they can supervise.

Many public agencies have a large concentration of social worker supervisors and many colleges are dominated by psychologists. We want our new graduates to be accepted into any employment setting. Our regulations must be realistic and flexible and not driven solely by professional identity concerns.

In Maryland, we kept our regulations flexible, and new graduates have a wide choice of supervisors for half of their supervision, I would suggest Virginia follow our lead, as our example has worked and made counseling a major mental health profession in Maryland.

In the bigger picture of quality patient care, mental health supervisors should be chosen based on their experience, expertise, and maturity and not solely their discipline. Making professional competence the preeminent consideration leads to higher quality care.

Since I was one of the advocates involved in Maryland's supervision regulations, I would be happy to share my experience in our state. Thank you for considering my ideas,

--
Larry Epp, Ed.D.
Director of School Mental Health Services
Linkages to Learning Program
Family Services, Inc.
Part of the Sheppard Pratt Health System
620 East Diamond Avenue, Suite H
Gaithersburg, Maryland 20877
240-683-6580 Extension 205
240-683-6586 (Fax)
240-708-2167 (Text)
larry.epp@fs-inc.org
Website: www.fs-inc.org
Facebook.com/FamilyServicesInc
Twitter.com/FamilyServInc

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Supervision of Counseling Psychologists

1 message

Brown, David <david.brown@dhp.virginia.gov> Tue, Sep 4, 2018 at 4:52 AM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

David E. Brown, DC
Director, Virginia Department of Health Professions

---------- Forwarded message ----------
From: **Steven J Danish** <sdanish@vcu.edu>
Date: Sat, Sep 1, 2018 at 3:47 PM
Subject: Supervision of Counseling Psychologists
To: HealthAndHumanResources@governor.virginia.gov, David.Brown@dhp.virginia.gov

Dear Sirs:

Last Fall I wrote to you opposing the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP. I noted that I had worked with both APA and CACREP and felt that eliminating either organizations from providing needed services would not be in the best interests of those needing such services. In the interim, because of my work with returning military service members, my feelings have somewhat changed. I have not found the majority of CACREP providers sufficiently competent to provide services to returning military service member through the VA. These CACREP providers still may be adequate to provide general services to the public **in addition** to those provide by APA-trained providers

Therefore, I also strongly oppose, what I believe to be a backdoor effort by CACREP to accomplish the proposal they withdrew last year to restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license. First, it drastically reduces the number of professional supervisors (licensed psychologists, psychiatrists, and social workers) and therefore reduces the number of potential providers as I have already discussed. Second, there is no support provided, especially research support, that these supervisors are more effective supervisors than licensed psychologists, psychiatrists, and social workers. Third, as I noted above, if CACREP providers are not sufficiently competent to provide services to military service members, why would we want to restrict supervision to their supervisors? And what training have LMFT supervisors had with military service members not experiencing a marriage and family problem?

This proposal makes no sense in light of their decision to withdraw the the previous proposal unless this is an effort to achieve the same result by "slipping one by the Board of Counseling."

Please reject this proposal and let's move on to ensuring all those in need of professional counseling services have the most effective providers and supervisors.

Thank you for the opportunity to respond.

Sincerely,

STEVEN J. DANISH, Ph.D. ABPP,
Licensed Psychologist in Virginia and President, Life Skills Associates, LLC
Professor Emeritus of Psychology
Virginia Commonwealth University
4420 Custis Rd
Richmond, VA 23225
804-323-3939 (W)
804-301-4213 (cell)
sdanish@vcu.edu

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Statement opposing restrictive counselor licensure and preparation

1 message

Brown, David <david.brown@dhp.virginia.gov> Tue, Sep 4, 2018 at 4:50 AM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

David E. Brown, DC
Director, Virginia Department of Health Professions

---------- Forwarded message ----------
From: **Suzanne H Lease (slease)** <slease@memphis.edu>
Date: Mon, Sep 3, 2018 at 11:03 PM
Subject: Statement opposing restrictive counselor licensure and preparation
To: "David.Brown@dhp.virginia.gov" <David.Brown@dhp.virginia.gov>

Dr. Brown,

I am an educator who has actively trained masters and doctoral level counselors and psychologists for the past 27 years. I am writing to state my opposition to the current regulations that restrict counseling residents' supervisors to individuals who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (MFT) license rather than following more inclusive supervision requirements that allow supervision by licensed psychologists (who frequently have more education, training, and experience in clinical supervision), psychiatrists and social workers. The restriction is not based on any evidence about the relative quality of supervision by LPC or MFT individuals compared to other appropriately trained and licensed mental health providers. As a scientist, I am suspicious about regulations that have no empirical support and that bypass the standard levels of review for regulatory change. Rather than enhancing services to the citizens of Virginia, the current regulation is likely to restrict their access to services because new graduates from clinical mental health training programs will not be able to meet their supervision requirements, rendering them unable to be employed and offer services to the public. In other words, it creates a problem where none existed.

In a similar vein, there is no empirical support for the ongoing efforts by the Board of Counseling to restrict Virginia counselor license to graduates of programs accredited by CACREP. Again, rather than protecting the citizens of Virginia, restricting licensure only to graduates of CACREP accredited programs ignores the established quality of other programs and restricts the number of mental health workers available to serve the needs of the population. This is hardly in the best interest of the state. However, it does appear to be based in a guild mentality focused on establishing a state-sanctioned monopoly by a private accrediting body.

Sincerely,

Suzanne H. Lease, Ph.D.
Associate Professor, Counseling Psychology
Dept. of Counseling, Ed. Psychology and Research
APA Fellow, Division 17

The University of Memphis
100 Ball Building
Memphis, TN 38152
901.678.4476 | slease@memphis.edu

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

RE: "18 VAC 115 20 Regulations Governing the Practice of Professional Counseling" and "18 VAC 115 50 Regulations Governing the Practice of Marriage and Family Therapy"

1 message

Bedford E. Frank Palmer II <bep4@stmarys-ca.edu> Fri, Aug 31, 2018 at 3:59 PM
To: elaine.yeatts@dhp.virginia.gov

Greetings Ms. Yeatts,

The discipline of counseling is a technical offshoot of the discipline of psychology. Counselors and Counselor Educators, for most part rely on the scientific and practical work of psychologist as the base their expertise. The CACREP-Only movement is based on the desire to corner the market on mental health work. It has nothing to do with patient welfare or the the public good. In fact, it works against the public good by limiting the potential training opportunities for masters level counselors, both in terms of the provision of supervision and in terms of their exposure to a diverse faculty of mental health experts. I currently work as an Assistant Professor teaching in a Counseling Department. Based on regulations like "18 VAC 115 20 Regulations Governing the Practice of Professional Counseling" and "18 VAC 115 50 Regulations Governing the Practice of Marriage and Family Therapy," I would not be able to share my particular expertise in counseling theory and practice.

As a Counseling Psychologist, I received over 5000 hours of supervised practical training in the provision of psychotherapy. I was required to take a course in clinical supervision as well as engage in supervised practice of clinical supervision. I was also required to build a deep understanding of psychological theory at both the undergraduate and graduate level, which is different from Counselor Education in that a psychology background is not always prerequisite for beginning counselor training. I share this with you not to claim any superiority, but to rebuff the idea that I should be restricted from assisting in the training of anyone who plans to provide psychotherapy.

I would ask that instead of placing CACREP-First, that you place the Public-First in your deliberations. I believe that Counseling is an important discipline, however I do not believe that it so unique that it must be taught by counselors exclusively. Nor should that desire for exclusive access to a market (i.e., a monopoly) be supported by the state.

Thank you for your time and consideration.

With Warm Regards,

Dr. Bedford Palmer II, 33*

Bedford E. Frank Palmer II, Ph.D
Licensed Psychologist, PSY #28058
Assistant Professor
Counseling Department
Kalmanovitz School of Education
Saint Mary's College of California
1928 St. Mary's Road, PMB 4350
Moraga, CA 94575
http://www.alamedapsych.org/

"Power concedes nothing without a demand. It never did and it never will." Frederick Douglass

"Ya gotta be able to make something from nothing." Joseph L. White

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Opposition to Restricting Counseling Residents' Supervisors

1 message

Brown, David <david.brown@dhp.virginia.gov> Fri, Aug 31, 2018 at 9:12 AM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

---------- Forwarded message ---------
From: **Joseph H. Hammer** <joe.hammer@uky.edu>
Date: Fri, Aug 31, 2018 at 8:48 AM
Subject: Opposition to Restricting Counseling Residents' Supervisors
To: <David.Brown@dhp.virginia.gov>

Dr. Brown:

I'm writing to **express my opposition to the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and urge a return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers.** After unanimous opposition to this then-proposed regulation in a 2012 public comment period, it appears this new restriction was added as part of a part of a Regulatory Reform Initiative, bypassing the normal usual levels of review for regulatory changes.

CACREP-only restrictions would create a government-imposed monopoly of a private organization that is not accountable to the citizens of Virginia. It would also force George Mason University, an internationally respected counselor training program and the only counseling program in Virginia that is not, by choice, accredited by CACREP, to pursue that accreditation or close. Rejecting this proposal would not harm any program that chooses to pursue accreditation through CACREP; they can still do that. Rejecting this proposal would, however, maintain a path for licensure and service in Virginia for the national (and international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP.

I urge decision-makers to strike the regulation that restricts graduates' choice of supervisors to people with LPC and LMFT licenses. That current regulation specifically excludes the majority of qualified supervisors in hospitals and related clinical settings, most of whom are licensed as psychologists, psychiatrists, and social workers. If this regulation is not changed, the experience in other states has been that this will pose a significant employment barrier to new graduates seeking employment in agencies and regions of the state where these supervisors are not available (and who can only offer supervision through psychologists or social workers). This policy actually harms the employment prospects of new counselors and hampers the growth of the profession. In addition, it should be noted that this regulation, which has yet to go into effect, was adopted outside the normal processes after a public comment period in which all commenters opposed the then-proposed regulation.

I am a psychologist with a PhD and have been training and supervising students who go on to be counselors for several years now. I'm a licensed psychologist with the health service provider designation and have formal training in supervision of mental health clinicians (a requirement of ALL graduates from a counseling/clinical psychology doctoral programs). It's tough to argue that I'm less qualified than someone with a master's degree (and no formal training in providing supervision) to supervise masters-level counseling residents. The people of Virginia, like the people of Kentucky that I serve, need more mental

health professionals available to them… not fewer. Let's not artificially restrict the pool of qualified supervisors, nor exclude high quality counselor training programs because they are uncomfortable pledging loyalty to the guild-first and Virginians-second policies of CACREP.

Thank you for your consideration,
Joseph Hammer, PhD

Joseph H. Hammer, PhD, LP
Assistant Professor and Director of Training
Counseling Psychology PhD Program
Department of Educational, School, and Counseling Psychology
243 Dickey Hall, University of Kentucky
joe.hammer@uky.edu | DrJosephHammer.com

--
David E. Brown, DC
Director, Virginia Department of Health Professions

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Opposition to potential Counselor licensure and supervision restrictions in Virginia

1 message

Rachel Navarro <rlnavarrophd@gmail.com> Wed, Sep 5, 2018 at 10:33 AM
To: elaine.yeatts@dhp.virginia.gov

Elaine J. Yeatts
Senior Policy Analyst
Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Wednesday, September 5, 2018

Dear Mrs. Yeatts:

While I am not a resident of Virginia, I think it's important to voice my opposition publicly as a licenced psychologist as this is a national, as well as state issue. I am a graduate of a Master's in Counseling program that was not CACREP accredited and a Ph.D. program in Counseling Psychology that was APA-accredited. I hold multiple identities that include counselor, counseling psychologist, and counseling educator. I am a licensed counseling psychologist who is an administration, educator, and supervisor in a Master's of Counseling program that trains mental health, addictions, rehabilitation, and school counselors. In these roles, I have trained and supervised hundreds of Master's level students in counseling and counseling psychology for over 13 years.

I strongly opposed the Board of Counseling's continued efforts to restrict Virigina counselor licensure to graduates of programs accredited by CACREP, despite officially withdrawing this proposal last fall. This issue has national implications that limits graduate students from receiving diverse training from well qualified faculty, such as myself and my colleagues. Also this issues significantly burdens select academic institutions, and privileges others.

Along with the proposed Counseling licensure restriction to those who graduate from CACREP accredited counseling programs, the proposed restriction that these graduates can only receive supervisor for licensure from LPCs and LMFTs is NOT "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions"—two goals of the periodic review. In fact, these restrictions would only serve to decrease the accessibility of counseling to the general public and increase the health disparities evident for social groups who have limited access to healthcare.

CACREP-only restrictions will create a government-imposed monology and a restriction on trade. For example, in Virginia, itself, the CACREP-only restrictions and the push for supervision from only LPCs and LMFTs would force George Mason University, a well-respected counselor training program and the only counseling program in Virginia that is not accredited by CACREP to pursue this accreditation or close. This restriction does not taken into consideration other means of monitoring and maintaining educational quality nor does it acknowledge alterative accreditation paths offered by MPCAC and potentially other accrediting bodies in the future. CACREP is but ONE accrediting body. It does not represent the only standard. These proposed CACREP-only and supervision restrictions also does not take into consideration the strict process

of program review at accreditation institutions of higher education across the US and internationally. Our Counseling programs reside in colleges and universities that are accredited themselves.

Rejecting this proposal would not harm any program that chooses to maintain CACREP accreditation or any program that choose alternative means of monitoring and maintaining quality (which could include alterative accreditation).

Rejecting this proposal would maintain a path for licensure and service in Virginia for the majority of students in current Counseling programs across the US and internationally as well as alumni and faculty from these programs.

In the end, rejecting this proposal would support the need for greater access to mental health services. We need more qualified mental health professionals in the field, not less.

Sincerely,

Rachel L. Navarro, Ph.D., L.P. (ND #463)
University of North Dakota
Counseling and Counseling Psychology programs

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Opposition to proposed restrictions on Counselor licensure and supervision

1 message

Brown, David <david.brown@dhp.virginia.gov> Wed, Sep 5, 2018 at 11:25 AM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

David E. Brown, DC
Director, Virginia Department of Health Professions

---------- Forwarded message ----------
From: **Rachel Navarro** <rlnavarrophd@gmail.com>
Date: Wed, Sep 5, 2018 at 10:29 AM
Subject: Opposition to proposed restrictions on Counselor licensure and supervision
To: David.Brown@dhp.virginia.gov

Dr. David E. Brown, Virginia Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
David.Brown@dhp.virginia.gov

Wednesday, September 5, 2018

Dear Dr. Brown:

While I am not a resident of Virginia, I think it's important to voice my opposition publicly as a licenced psychologist as this is a national, as well as state issue. I am a graduate of a Master's in Counseling program that was not CACREP accredited and a Ph.D. program in Counseling Psychology that was APA-accredited. I hold multiple identities that include counselor, counseling psychologist, and counseling educator. I am a licensed counseling psychologist who is an administration, educator, and supervisor in a Master's of Counseling program that trains mental health, addictions, rehabilitation, and school counselors. In these roles, I have trained and supervised hundreds of Master's level students in counseling and counseling psychology for over 13 years.

I strongly opposed the Board of Counseling's continued efforts to restrict Virigina counselor licensure to graduates of programs accredited by CACREP, despite officially withdrawing this proposal last fall. This issue has national implications that limits graduate students from receiving diverse training from well qualified faculty, such as myself and my colleagues. Also this issues significantly burdens select academic institutions, and privileges others.

Along with the proposed Counseling licensure restriction to those who graduate from CACREP accredited counseling programs, the proposed restriction that these graduates can only receive supervisor for licensure from LPCs and LMFTs is NOT "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions"—two goals of the periodic review. In fact, these restrictions would only serve to decrease the accessibility of counseling to the general public and increase the health disparities evident for social groups who have limited access to healthcare.

CACREP-only restrictions will create a government-imposed monology and a restriction on trade. For example, in Virginia, itself, the CACREP-only restrictions and the push for supervision from only LPCs and LMFTs would force George Mason University, a well-respected counselor training program and the only counseling program in Virginia that is not accredited by CACREP to pursue this accreditation or close. This restriction does not taken into consideration other means of monitoring and maintaining educational quality nor does it acknowledge alterative accreditation paths offered by MPCAC and potentially other accrediting bodies in the future. CACREP is but ONE accrediting body. It does not represent the only standard. These proposed CACREP-only and supervision restrictions also does not take into consideration the strict process of program review at accreditation institutions of higher education across the US and internationally. Our Counseling programs reside in colleges and universities that are accredited themselves.

Rejecting this proposal would not harm any program that chooses to maintain CACREP accreditation or any program that choose alternative means of monitoring and maintaining quality (which could include alterative accreditation).

Rejecting this proposal would maintain a path for licensure and service in Virginia for the majority of students in current Counseling programs across the US and internationally as well as alumni and faculty from these programs.

In the end, rejecting this proposal would support the need for greater access to mental health services. We need more qualified mental health professionals in the field, not less.

Sincerely,

Rachel L. Navarro, Ph.D., L.P. (ND #463)
University of North Dakota
Counseling and Counseling Psychology programs

NOTRE DAME
DE NAMUR UNIVERSITY

September 4, 2018

Dr. David E. Brown, Virginia Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Dear Dr. Brown,

We are writing to you from the Department of Clinical Psychology on behalf of Notre Dame de Namur University in Belmont, California.

This letter is to express our strong opposition to the current regulations in Virginia that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and to urge a return to more inclusive supervision requirements that include licensed psychologists, psychiatrists, and social workers. This is an issue that affects not only your state but also other states where such legislation may be introduced to the profound detriment of counselor education. In addition, it significantly limits graduate students' access to high quality Master's programs, and prohibits some of the most underserved from receiving much needed mental health services through graduate programs.

We also strongly oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP, despite official withdrawal of the proposal last fall. This issue, too, has national implications, limiting graduate students from receiving diverse training from well qualified faculty while, also, significantly burdening select academic institutions.

The proposed Virginia restriction that would limit licensure to graduates of programs accredited by CACREP and restrictions of graduates' supervisors to LPCs and LMFTs are *not* by any means "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions." Opposition to these restrictions is vital to maintain a path for licensure and service in Virginia for the national (and

international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP.

Please contact us if we can be of further support in opposing this regulation, given the detrimental impact on counselor education not only in Virginia but also in the nation.

Sincerely,

Willow Pearson

Willow Pearson, PsyD, LMFT, MT-BC
Director of Clinical Training & Assistant Professor
Department of Clinical Psychology
Licensed Clinical Psychologist (PSY29436)
Licensed Marriage and Family Therapist (LMFT50993)
Board Certified Music Therapist (MT-BC 05773)
wpearson@ndnu.edu
650 264 9975

Helen Marlo

Helen Marlo, Ph.D.
Chair, Department of Clinical Psychology
Professor
Licensed Clinical Psychologist (PSY15318)
hmarlo@ndnu.edu
650 579 4499

Notre Dame de Namur University
Department of Clinical Psychology
1500 Ralston Ave. Belmont, CA 94002

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Professional Counselor Regulations Public Comment

1 message

Brown, David <david.brown@dhp.virginia.gov> Wed, Sep 5, 2018 at 5:47 AM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

---------- Forwarded message ---------
From: **Eve Adams** <eadams@nmsu.edu>
Date: Tue, Sep 4, 2018 at 10:31 PM
Subject: Professional Counselor Regulations Public Comment
To: David.Brown@dhp.virginia.gov <David.Brown@dhp.virginia.gov>

Dear Dr. Brown,
I submit this comment opposing the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and urge a return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers.

I urge decision-makers to strike the regulation that restricts graduates' choice of supervisors to people with LPC and LMFT licenses. That current regulation specifically excludes the majority of qualified supervisors in hospitals and related clinical settings, most of whom are licensed as psychologists, psychiatrists, and social workers. If this regulation is not changed, the experience in other states has been that this will pose a significant employment barrier to new graduates seeking employment in agencies and regions of the state where these supervisors are not available (and who can only offer supervision through psychologists or social workers). This policy actually harms the employment prospects of new counselors and hampers the growth of the profession.

Further I oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP, despite official withdrawal of the proposal last Fall.

The proposed restriction that would limit licensure to graduates of programs accredited by CACREP and restrictions of graduates' supervisors to LPCs and LMFTs are clearly NOT "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions," which are the goals of the periodic review.

CACREP-only restrictions would create a government-imposed monopoly of a private organization that is not accountable to the citizens of Virginia. It would also force George Mason University, an internationally respected counselor training program and the only counseling program in Virginia that is not, by choice, accredited by CACREP, to pursue that accreditation or close. Rejecting this proposal would not harm any program that chooses to pursue accreditation through CACREP; they can still do that. Rejecting this proposal would, however, maintain a path for licensure and service in Virginia for the national (and international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP.

Thank you for your consideration of this issue.
Sincerely,
Eve Adams

Eve M. Adams, Ph.D.
Regents Professor, Interim Co-Department Head and
Director of Training, PhD Program in Counseling Psychology
New Mexico State University
Box 30001/MSC 3CEP
Las Cruces, NM 88003-8001
575.646.1142 (phone)
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eadams@nmsu.edu
http://cep.education.nmsu.edu/academic-programs/counseling-psychology-phd/
http://cep.education.nmsu.edu/affiliated-programs/behavioral-health/
--
David E. Brown, DC
Director, Virginia Department of Health Professions

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: CACREP-only restrictions

1 message

Brown, David <david.brown@dhp.virginia.gov> Thu, Aug 30, 2018 at 1:51 PM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

---------- Forwarded message ---------
From: **Rosie Phillips Davis (rbingham)** <rbingham@memphis.edu>
Date: Thu, Aug 30, 2018 at 11:31 AM
Subject: CACREP-only restrictions
To: David.Brown@dhp.virginia.gov <David.Brown@dhp.virginia.gov>

Dr. Brown,
I am writing to strenuously oppose the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and ***Strongly urge*** a return to more inclusive supervision requirements that include licensed psychologists, psychiatrists, and social workers. All of the mentioned professions have far more required training in counseling and therapy than that required for an LPC. Such a law could actually reduce the effective supervision and training that such counseling students could receive. I urge you to make a more reasoned decision that will have far more benefit to the residents of your state.
I also urge you to not support legislation that would restrict Virginia counselor licensure to graduates of programs accredited by CACREP. We must enact laws that provide the most benefit to citizens. I assure you that those individuals trained as psychologists, psychiatrists and social workers are fully competent to provide counseling services to the citizens of Virginia.
Thank you for your attention.
Best,
Rosie Phillips Davis

Rosie Phillips Davis (formerly Bingham), PhD, ABPP
APA President-Elect, 2018
Professor, Counseling, Educational Psychology & Research

UofM logo
The University of Memphis
Ball Hall 409B
Memphis, TN 38152
rbingham@memphis.edu
901.678.2781 | memphis.edu

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David E. Brown, DC
Director, Virginia Department of Health Professions

August 30, 2018

To the Virginia Leadership:

In response to the current periodic review of the Regulations Governing the Practice of Professional Counseling (18 VAC 115 20), we are writing this letter to strongly encourage you to reject any attempt by the Virginia Board of Counseling to restrict counselor licensure to graduates of programs accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). We further request that you consider reviewing and removing the recent 2016 revision of the regulations (18 VAC 115 20) that restricts counseling residents in Virginia to receiving supervision from only Licensed Professional Counselors (LPCs) or Licensed Marriage and Family Therapists (LMFTs). Prior to the revision, psychologists, social workers, and psychiatrists were able to provide supervision to counseling residents.

We are concerned, based on the Virginia Counseling Board's meeting minutes and reports from prospective licensees, that proponents of CACREP accreditation are again poised to attempt to restrict the license-eligibility of graduates from psychology-based counselor master's programs. (CACREP does not accredit psychology-based programs; only MPCAC accredits psychology-based counseling master's programs.) If this movement continues unopposed and is successful, graduates of our Applied Psychology program and other non-CACREP accredited counseling master's programs in Maryland (that is, the majority of Maryland programs) will not be license-eligible in Virginia, simulating a type of regulatory capture and limiting the availability of well-trained practitioners from serving Virginia residents. In fact, only about 30% of counseling programs nationally are CACREP-accredited, thus reducing the number of eligible practitioners able to enter and practice in the state of Virginia should such a regulation pass.

Over the past 30 years at the University of Baltimore, we have students who travel to our program from and intend to practice in Virginia; CACREP licensure restrictions are a threat not only to our students and their professional goals, but to most Maryland graduate counselor training programs in general. The counselor licensure requirements of Maryland do not name any specific program accreditation for gradutes seeking licensure and do not restrict graduates of Virginia counseling programs from seeking licensure in Maryland based on program accreditation. In addition, the profession of counseling is currently exploring ways to enhance portability of counselor licensure. Restrictions in one state that are not shared by other, and particularly neighboring, states are likely to complicate efforts toward portability. We encourage you to review the 2016 Economic Impact Report on the last proposed regulation changes that would restrict licensure in Virginia to CACREP graduates:

Office of the Provost

UNIVERSITY OF BALTIMORE

1420 N. Charles St.
Baltimore, MD 21201

T: 410.837.5244
F: 410.837.5249

ubalt.edu

http://townhall.virginia.gov/l/GetFile.cfm?File=C:\TownHall\docroot\25\4259\7390\EIA_DHP_7390_vE.pdf

Rejecting a CACREP-only agenda does not threaten CACREP, the public, or the profession of counseling. Those schools that choose to seek CACREP accreditation remain free to do so. Those schools, such as George Mason University (GMU), that do not choose to seek CACREP accreditation may still train and graduate well-prepared counseling professionals to serve the residents of Virginia. GMU counseling program graduates are currently eligible for licensure in Virginia and have been serving the public for decades. Nothing will change regarding their training; only the restriction of a regulation change would render them ineligible for licensure, similar to the potential effects on many Maryland counselor training programs (and those across the country).

Finally, we urge you review and remove the regulation passed during Governor McDonnell's Regulatory Reform Initiative (RRI) that removed psychologists, social workers, and psychiatrists as eligible supervisors of counseling residents. This regulation was changed during a broad RRI in 2012-2013, the motivation for which was to alleviate regulatory burdens and promote job creation for Virginia residents. It appears that this change did not get the same level of public scrutiny that it would have under the regular regulatory change, although 6 public comments in 2011 were all opposed to the action before its passage under the RRI. The change, though enacted under the RRI, was not specifically listed as such in the report to the governor in December 2013. Additionally, the change was antithetical to the purpose of the RRI (removing regulations to alleviate burdens), as it instead further restricted resident counselors' ability to find qualified supervisors for their resident training period. The professions of psychiatry, social work, and most notably, psychology share theoretical, technical, and empirical bases for the work of mental health treatment with the profession of counseling. There is no evidence to suggest that these closely related professions and their licensed clinicians are unable to supply quality supervision to LPCs. Furthermore, these regulations are likely to interfere with portability of licensure between states, which is of great interest to Maryland training programs. Current Maryland state counseling regulations allow for psychologists, social workers, and psychiatrists (in addition to LPCs and LMFTs) to provide supervision to Licensed Graduate Professional Counselors (our version of counseling residents).

We appreciate your time and attention to our concerns regarding these important issues.

Sincerely,

Darlene Brannigan-Smith, Ph.D. — Date

Executive Vice President and Provost

Office of the Executive Vice President and Provost

UNIVERSITY OF BALTIMORE

ubalt.edu

1420 N. Charles St.
Baltimore, MD 21201

T: 410.837.5244
F: 410.837.5249

8/30/2018

Christine Spencer, Ph.D. Date
Dean
Yale Gordon College of Arts and Sciences

30 August 2018

Sharon Glazer, Ph.D. Date
Chair
Division of Applied Behavioral Sciences

Courtney E Gasser, Ph.D., L.P.

8/30/2018

Courtney Gasser, Ph.D., L.P., N.C.C. Date
Program Director
Master's of Science in Applied Psychology-Counseling Psychology Concentration

Virginia.gov Agencies | Governor

Logged in as
Charlotte Lenart

Agency **Department of Health Professions**

Board **Board of Counseling**

Chapter **Regulations Governing the Certification of Rehabilitation Providers [18 VAC 115 - 40]**

Review 1674

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 7/11/2018

Short Title
Periodic review

Review Announcement
Pursuant to Executive Order 17 (2014) and §§2.2-4007.1 and 2.2-4017 of the Code of Virginia, the Board of Counseling is conducting a periodic review and small business impact review of VAC citation: 18VAC115-40, Regulations Governing Certification of Rehabilitation Providers

The review of this regulation will be guided by the principles in Executive Order 17 (2014). http://dpb.virginia.gov/regs/EO17.pdf

The purpose of this review is to determine whether this regulation should berepealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law, and (iii) is clearly written and easily understandable.

The comment period begins August 6, 2018, and endson September 5, 2018.

Comments may be submitted online to the Virginia Regulatory Town Hall at http://www.townhall.virginia.gov/L/Forums.cfm. Comments may also be sent to:

Elaine J. Yeatts
Senior Policy Analyst
Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Public Comment Period
Begin Date: 8/6/2018 End Date: 9/5/2018
Comments Received: 2

Review Result
Pending

Attorney General Certification
Pending

Virginia.gov Agencies | Governor

Logged in as
Charlotte Lenart

Agency **Department of Health Professions**

Board **Board of Counseling**

Chapter **Regulations Governing the Certification of Rehabilitation Providers [18 VAC 115 - 40]**

All good comments for this forum Show Only Flagged

Back to List of Comments

Commenter: IARP Virginia 8/28/18 8:55 pm

In support of the CRP Regulations

Type over this text and enter your comments here. You are limited to approximately 3000 words

August 13, 2018

Board of Health Professionals
c/o Ms. Elaine J. Yeatts
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Dear Board of Health Professionals,

Please allow us to introduce ourselves. We represent the interests of the International Association of Rehabilitation Professionals (IARP) Virginia Chapter and the IARP VA Legislative Special Committee. We are seasoned professionals who have served Citizens with disabilities for decades practicing in small, mid-size and large companies across the Commonwealth. We would like to show our support for the Regulations Governing The Certification of Rehabilitation Providers (CRP) 18 VAC 115-40-10 et seq. in the interest of public safety. We are made up of professionals that were active at the inception of the regulations in the early 1990's and professionals appointed in recent years to revise the Vocational Rehabilitation Guidelines of the Virginia Workers' Compensation Commission (VWC) effective in October 2015.

The regulations were originally conceived in the early 1990's following a Joint Legislative Audit & Review Commission study ordered by Lieutenant Governor Don Beyer concerning the Virginia Workers' Compensation Commission. At that time the Citizens of the Commonwealth were endangered by rehabilitation professionals practicing without the appropriate skill set and/or experience. The Regulations Governing the CRP set forth Standards of Practice in 18 VAC 115-40-40. The Standards of Practice were drafted with the primary purpose of promoting the safety and welfare of the Citizens of the Commonwealth. Furthermore, the regulations establish education and supervision expectations that require rehabilitation professionals to hold nationally recognized designations in the field of rehabilitation or be eligibile by virtue of education and experience to test for such designations. These national certification designations also have a Code of Ethics which expand on the protections offered by the Standards of Practice outlined in the regulations.

The regulations are also concurrent with the statutory guidelines outlined in §§ 54.1-2400 and Chapter 35 of Title 54.1 of the *Code of Virginia*. They ensure that the Citizens of the Commonwealth receive assistance from experienced professionals to advocate for their rehabilitation needs. The Citizens requiring these services are already vulnerable by virtue of their impairments and without skillful assistance would be at risk to be further disenfranchised by the rehabilitation process.

Thank you for your careful consideration of our comments and concerns. We believe our Citizens deserve the best possible opportunity to overcome the challenges of disability.

Respectfully,

Phyllis Carmichael

Phyllis Carmichael RN, MSN

IARP VA President

Linda F. Augins

Linda Augins, MA, CRP, CCM, CDMS, CRC

IARP VA Past President

Barbara Byers, MA, CRC, CVE, CCM, LPC

IARP VA President Elect

Legislative Special Committee Member

Patricia S. Eby

Patricia S. Eby, MS, RN, CNS, CRC, CDMS

IARP VA Secretary

Former Committee Member Appointed by The Honorable Commissioner Roger Williams

George Moore

George Moore, MA, CRC, LPC

IARP Treasurer

Legislative Special Committee Member

Adolfo Arsuaga

Adolfo Arsuaga, MS, CRC

Northern Virginia Representative to IARP VA

Robin T. Allen

Robin T. Allen, BS, CDMS, CRP

Richmond Virginia Representative to IARP VA

Dawn Bell

Dawn Bell, MRC,CRC,CRP

Southwest Virginia Representative to IARP VA

Gretta Waugh

Gretta Waugh, MS, CRP, CRC

Tidewater Regional Representative to IARP VA

Lori A. Cowan

Lori A. Cowan, MS, LPC, LMFT, CRC, CLCP, ABDA

IARP VA Legislative Chairperson

Former Chairperson of Committee Appointed by The Honorable Commissioner Roger Williams

Eleanor Fukushima

Eleanor Fukushima M. Ed, CRC

Legislative Special Committee Member

Former Committee Member Appointed by The Honorable Commissioner Roger Williams

Patricia H. Bulifant

Patricia H. Bulifant, RN, CRRN, CCM, CLCP, CRP

Legislative Special Committee Member

Former Committee Member Appointed by The Honorable Commissioner Larry Tarr

Cc: The Honorable Robert A. Rapaport, VWC

Commenter: International Association of Rehabilitation Professionals 9/5/18 2:40 pm

Support for VA 18 VAC 115-40-10

IARP—International Association of Rehabilitation Professionals

1000 Westgate Drive, Suite 252
St. Paul, MN 55114

Phone: 888-427-7722
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August 13, 2018

Board of Health Professionals

C/o Ms. Elaine J. Yeatts

9960 Mayland Drive, Suite 300

Richmond, VA 23233

Dear Board of Health Professionals,

This is a letter of support for VA 18 VAC 115-40-10 et seq.; the Regulations Governing The Certification of Rehabilitation Providers (CRP) in the interest of public safety. The International Association of Rehabilitation Professionals (IARP) was founded more than 30 years ago to promote the betterment of people with disabilities and the professionals who serve them. IARP represents more than 2,400 rehabilitation professionals worldwide. Our VA chapter and sent a separate letter of support for the above regulations and the national/international association also wanted to support these regulatory changes to protect the citizens of the Commonwealth of VA.

Our VA section members are seasoned rehabilitation professionals who have served the VA citizens with disabilities for decades practicing in small, mid-size and large companies across the Commonwealth. IARP VA was active at the development of the WC regulations in the early 1990's and several of our members were been appointed to revise the Vocational Rehabilitation Guidelines of the Virginia Workers' Compensation Commission (VWC) effective in October 2015.

The regulations were originally conceived in the early 1990's following a Joint Legislative Audit & Review Commission study ordered by Lieutenant Governor Don Beyer concerning the Virginia Workers' Compensation Commission. At that time the citizens of the Commonwealth were endangered by rehabilitation professionals practicing without the appropriate skill set and/or experience. The Regulations Governing the CRP set forth Standards of Practice in 18 VAC 115-40-40. The Standards of Practice were drafted with the primary purpose of promoting the safety and welfare of the Citizens of the Commonwealth of VA. Furthermore, the regulations establish education and supervision expectations that require rehabilitation professionals to hold nationally recognized designations in the field of rehabilitation or be eligible by virtue of education and experience to test for such designations. These national certification designations also have a Code of Ethics which expand on the protections offered by the Standards of Practice outlined in the regulations.

The regulations are also concurrent with the statutory guidelines outlined in §§ 54.1-2400 and Chapter 35 of Title 54.1 of the Code of Virginia. They ensure that the Citizens of the Commonwealth receive assistance from experienced professionals to advocate for their rehabilitation needs. The Citizens requiring these services are already vulnerable by virtue of their impairments and without skillful assistance would be at risk to be further disenfranchised by the rehabilitation process.

Thank you for your careful consideration of our comments and concerns. We believe our Citizens deserve the best possible opportunity to overcome the challenges of disability.

Respectfully,

Amy Vercillo ScD, LRC (MA), CRC, CDMS
National Legislative Chair, IARP

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Logged in as
Charlotte Lenart

Agency **Department of Health Professions**

Board **Board of Counseling**

Chapter **Regulations Governing the Licensure of Substance Abuse Professionals [18 VAC 115 - 60]**

Review 1673

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 7/5/2018

Short Title
Periodic review

Review Announcement
Pursuant to Executive Order 17 (2014) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, the Board of Counseling is conducting a periodic review and small business impact review of VAC citation:
18 VAC 115 15 Regulations Governing Delegation to an Agency Subordinate

18 VAC 115 20 Regulations Governing the Practice of Professional Counseling

18 VAC 115 50 Regulations Governing the Practice of Marriage and Family Therapy

18 VAC 115 60 Regulations Governing the Licensure of Substance Abuse Professionals

The review of this regulation will be guided by the principles in Executive Order 17 (2014). http://dpb.virginia.gov/regs/EO17.pdf

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

The comment period begins August 6, 2018, and ends on September 5, 2018.

Comments may be submitted online to the Virginia Regulatory Town Hall at http://www.townhall.virginia.gov/L/Forums.cfm. Comments may also be sent to:

Elaine J. Yeatts
Senior Policy Analyst
Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Comments must include the commenter's name and address (physical or email) information in order to receive a response to the comment from the agency. Following the close of the public

comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations

Public Comment Period

Begin Date: 8/6/2018 End Date: 9/5/2018

Comments Received: 0

Review Result

Pending

Attorney General Certification

Pending

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Logged in as
Charlotte Lenart

Agency **Department of Health Professions**

Board **Board of Counseling**

Chapter **Regulations Governing the Practice of Marriage and Family Therapy [18 VAC 115 - 50]**

Review 1672

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 7/5/2018

Short Title
Periodic review

Review Announcement
Pursuant to Executive Order 17 (2014) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, the Board of Counseling is conducting a periodic review and small business impact review of VAC citation:
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Public Comment Period

Begin Date: 8/6/2018 End Date: 9/5/2018

Comments Received: 0

Review Result

Pending

Attorney General Certification

Pending

Executive Director’s Report

	109 Counseling
Board Cash Balance as June 30, 2017	$ 826,278
YTD FY18 Revenue	1,506,590
Less: YTD FY18 Direct and Allocated Expenditures	1,238,693
Board Cash Balance as June 30, 2018	1,094,175

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending June 30, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	580,765.00	123,555.00	(457,210.00)	470.05%
4002406	License & Renewal Fee	875,075.00	846,410.00	(28,665.00)	103.39%
4002407	Dup. License Certificate Fee	1,465.00	825.00	(640.00)	177.58%
4002408	Board Endorsement - In	845.00	-	(845.00)	0.00%
4002409	Board Endorsement - Out	5,315.00	1,740.00	(3,575.00)	305.46%
4002421	Monetary Penalty & Late Fees	10,050.00	6,500.00	(3,550.00)	154.62%
4002430	Board Changes Fee	31,915.00	25,500.00	(6,415.00)	125.16%
4002432	Misc. Fee (Bad Check Fee)	210.00	140.00	(70.00)	150.00%
	Total Fee Revenue	1,505,640.00	1,004,670.00	(500,970.00)	149.86%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	950.00	-	(950.00)	0.00%
	Total Sales of Prop. & Commodities	950.00	-	(950.00)	0.00%
	Total Revenue	1,506,590.00	1,004,670.00	(501,920.00)	149.96%
5011110	Employer Retirement Contrib.	11,308.15	17,551.00	6,242.85	64.43%
5011120	Fed Old-Age Ins- Sal St Emp	10,764.99	9,953.00	(811.99)	108.16%
5011140	Group Insurance	1,420.75	1,705.00	284.25	83.33%
5011150	Medical/Hospitalization Ins.	4,205.50	20,796.00	16,590.50	20.22%
5011160	Retiree Medical/Hospitalizatn	1,279.75	1,536.00	256.25	83.32%
5011170	Long term Disability Ins	715.79	859.00	143.21	83.33%
	Total Employee Benefits	29,694.93	52,400.00	22,705.07	56.67%
5011200	Salaries				
5011230	Salaries, Classified	108,770.76	130,099.00	21,328.24	83.61%
5011250	Salaries, Overtime	31,816.34	-	(31,816.34)	0.00%
	Total Salaries	140,587.10	130,099.00	(10,488.10)	108.06%
5011300	Special Payments				
5011310	Bonuses and Incentives	750.00	750.00	-	100.00%
5011340	Specified Per Diem Payment	2,900.00	3,000.00	100.00	96.67%
5011380	Deferred Compnstn Match Pmts	480.00	1,440.00	960.00	33.33%
	Total Special Payments	4,130.00	5,190.00	1,060.00	79.58%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	3,322.79	-	(3,322.79)	0.00%
	Total Terminatn Personal Svce Costs	3,322.79	-	(3,322.79)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	177,734.82	187,689.00	9,954.18	94.70%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	10.68	295.00	284.32	3.62%
5012140	Postal Services	10,836.87	8,232.00	(2,604.87)	131.64%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending June 30, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012150	Printing Services	214.27	120.00	(94.27)	178.56%
5012160	Telecommunications Svcs (VITA)	344.73	900.00	555.27	38.30%
5012190	Inbound Freight Services	14.64	-	(14.64)	0.00%
	Total Communication Services	11,421.19	9,547.00	(1,874.19)	119.63%
5012200	Employee Development Services				
5012210	Organization Memberships	999.00	500.00	(499.00)	199.80%
5012260	Personnel Develpmnt Services	-	320.00	320.00	0.00%
	Total Employee Development Services	999.00	820.00	(179.00)	121.83%
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	15,757.15	9,280.00	(6,477.15)	169.80%
5012440	Management Services	109.27	134.00	24.73	81.54%
5012460	Public Infrmtnl & Relatn Svcs	152.00	5.00	(147.00)	3040.00%
5012470	Legal Services	195.00	475.00	280.00	41.05%
	Total Mgmnt and Informational Svcs	16,213.42	9,894.00	(6,319.42)	163.87%
5012500	Repair and Maintenance Svcs				
5012560	Mechanical Repair & Maint Srvc	-	34.00	34.00	0.00%
	Total Repair and Maintenance Svcs	-	34.00	34.00	0.00%
5012600	Support Services				
5012630	Clerical Services	131,216.60	110,551.00	(20,665.60)	118.69%
5012640	Food & Dietary Services	2,694.11	1,075.00	(1,619.11)	250.61%
5012650	Laundry and Linen Services	27.03	-	(27.03)	0.00%
5012660	Manual Labor Services	1,722.18	1,170.00	(552.18)	147.19%
5012670	Production Services	1,628.37	5,380.00	3,751.63	30.27%
5012680	Skilled Services	15,599.54	16,764.00	1,164.46	93.05%
	Total Support Services	152,887.83	134,940.00	(17,947.83)	113.30%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	7,278.62	4,979.00	(2,299.62)	146.19%
5012830	Travel, Public Carriers	792.17	-	(792.17)	0.00%
5012850	Travel, Subsistence & Lodging	3,210.40	1,950.00	(1,260.40)	164.64%
5012880	Trvl, Meal Reimb- Not Rprtble	1,418.00	988.00	(430.00)	143.52%
	Total Transportation Services	12,699.19	7,917.00	(4,782.19)	160.40%
	Total Contractual Svs	194,220.63	163,292.00	(30,928.63)	118.94%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	2,038.68	597.00	(1,441.68)	341.49%
5013130	Stationery and Forms	28.90	-	(28.90)	0.00%
	Total Administrative Supplies	2,067.58	597.00	(1,470.58)	346.33%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending June 30, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5013200	Energy Supplies				
5013230	Gasoline	30.90	-	(30.90)	0.00%
	Total Energy Supplies	30.90	-	(30.90)	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	0.35	-	(0.35)	0.00%
	Total Repair and Maint. Supplies	0.35	-	(0.35)	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	23.13	-	(23.13)	0.00%
5013630	Food Service Supplies	26.62	183.00	156.38	14.55%
	Total Residential Supplies	49.75	183.00	133.25	27.19%
	Total Supplies And Materials	2,148.58	780.00	(1,368.58)	275.46%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	46.00	46.00	0.00%
	Total Insurance-Fixed Assets	-	46.00	46.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	521.88	540.00	18.12	96.64%
5015350	Building Rentals	83.79	-	(83.79)	0.00%
5015360	Land Rentals	-	60.00	60.00	0.00%
5015390	Building Rentals - Non State	10,762.70	12,467.00	1,704.30	86.33%
	Total Operating Lease Payments	11,368.37	13,067.00	1,698.63	87.00%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	170.00	170.00	0.00%
5015540	Surety Bonds	-	11.00	11.00	0.00%
	Total Insurance-Operations	-	181.00	181.00	0.00%
	Total Continuous Charges	11,368.37	13,294.00	1,925.63	85.52%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	546.57	-	(546.57)	0.00%
	Total Computer Hrdware & Sftware	546.57	-	(546.57)	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	631.23	-	(631.23)	0.00%
	Total Office Equipment	631.23	42.00	(589.23)	1502.93%
5022700	Specific Use Equipment				
5022710	Household Equipment	9.83	-	(9.83)	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending June 30, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Specific Use Equipment	9.83	-	(9.83)	0.00%
	Total Equipment	1,187.63	119.00	(1,068.63)	998.01%
	Total Expenditures	386,660.03	365,174.00	(21,486.03)	105.88%
	Allocated Expenditures				
20100	**Behavioral Science Exec**	186,301.74	210,331.00	24,029.26	88.58%
30100	**Data Center**	228,202.62	202,724.21	(25,478.41)	112.57%
30200	**Human Resources**	25,420.38	26,206.41	786.03	97.00%
30300	**Finance**	78,011.72	92,875.42	14,863.70	84.00%
30400	**Director's Office**	41,469.99	49,291.90	7,821.91	84.13%
30500	**Enforcement**	184,561.98	154,388.50	(30,173.48)	119.54%
30600	**Administrative Proceedings**	41,339.39	39,835.66	(1,503.73)	103.77%
30700	**Impaired Practitioners**	237.37	294.83	57.46	80.51%
30800	**Attorney General**	12,008.05	12,008.58	0.54	100.00%
30900	**Board of Health Professions**	22,281.83	28,001.55	5,719.72	79.57%
31100	**Maintenance and Repairs**	-	673.47	673.47	0.00%
31300	**Emp. Recognition Program**	958.38	420.02	(538.36)	228.18%
31400	**Conference Center**	7,740.04	9,391.22	1,651.18	82.42%
31500	**Pgm Devlpmnt & Implmentn**	23,499.78	27,754.36	4,254.59	84.67%
	Total Allocated Expenditures	852,033.27	854,197.13	2,163.86	99.75%
	Net Revenue in Excess (Shortfall) of Expenditures	$ 267,896.70	$ (214,701.13)	$ (482,597.83)	124.78%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending June 30, 2018

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	June	Total
4002400	Fee Revenue													
4002401	Application Fee	18,465.00	21,470.00	20,750.00	21,485.00	16,990.00	18,010.00	51,640.00	77,175.00	108,475.00	72,310.00	84,285.00	69,710.00	**580,765.00**
4002406	License & Renewal Fee	19,555.00	3,120.00	2,470.00	765.00	920.00	5,530.00	11,680.00	1,765.00	1,895.00	115.00	282,970.00	544,290.00	**875,075.00**
4002407	Dup. License Certificate Fee	330.00	200.00	70.00	70.00	55.00	50.00	140.00	75.00	160.00	80.00	110.00	125.00	**1,465.00**
4002408	Board Endorsement - In	-	-	-	-	-	-	845.00	-	-	-	-	-	**845.00**
4002409	Board Endorsement - Out	605.00	420.00	360.00	240.00	270.00	210.00	420.00	660.00	720.00	690.00	390.00	330.00	**5,315.00**
4002421	Monetary Penalty & Late Fees	6,720.00	1,130.00	680.00	140.00	145.00	120.00	95.00	500.00	125.00	50.00	115.00	230.00	**10,050.00**
4002430	Board Changes Fee	2,135.00	3,005.00	2,620.00	2,580.00	2,435.00	1,860.00	3,360.00	2,490.00	3,300.00	2,640.00	3,205.00	2,285.00	**31,915.00**
4002432	Misc. Fee (Bad Check Fee)	35.00	-	-	-	-	-	-	70.00	-	-	70.00	35.00	**210.00**
	Total Fee Revenue	47,845.00	29,345.00	26,950.00	25,280.00	20,815.00	25,780.00	68,180.00	82,735.00	114,675.00	75,885.00	371,145.00	617,005.00	**1,505,640.00**
4003000	Sales of Prop. & Commodities													
4003020	Misc. Sales-Dishonored Payments	155.00	65.00	-	-	-	-	-	205.00	-	350.00	175.00	-	**950.00**
	Total Sales of Prop. & Commodities	155.00	65.00	-	-	-	-	-	205.00	-	350.00	175.00	-	**950.00**
	Total Revenue	48,000.00	29,410.00	26,950.00	25,280.00	20,815.00	25,780.00	68,180.00	82,940.00	114,675.00	76,235.00	371,320.00	617,005.00	**1,506,590.00**
5011000	Personal Services													
5011100	Employee Benefits													
5011110	Employer Retirement Contrib.	1,071.90	736.06	736.06	736.06	736.06	1,099.76	1,099.76	1,099.76	1,140.78	1,140.78	1,140.78	570.39	**11,308.15**
5011120	Fed Old-Age Ins- Sal St Emp	1,012.00	707.56	744.84	712.94	775.68	1,007.60	926.36	1,029.05	1,061.18	1,140.33	1,055.43	592.02	**10,764.99**
5011140	Group Insurance	140.55	96.52	96.52	96.52	96.52	134.66	134.66	134.66	140.04	140.04	140.04	70.02	**1,420.75**
5011150	Medical/Hospitalization Ins.	-	-	-	-	-	647.00	647.00	647.00	647.00	647.00	647.00	323.50	**4,205.50**
5011160	Retiree Medical/Hospitalizatn	126.60	86.94	86.94	86.94	86.94	121.30	121.30	121.30	126.14	126.14	126.14	63.07	**1,279.75**
5011170	Long term Disability Ins	70.83	48.62	48.62	48.62	48.62	67.84	67.84	67.84	70.56	70.56	70.56	35.28	**715.79**
	Total Employee Benefits	2,421.88	1,675.70	1,712.98	1,681.08	1,743.82	3,078.16	2,996.92	3,099.61	3,185.70	3,264.85	3,179.95	1,654.28	**29,694.93**
5011200	Salaries													
5011230	Salaries, Classified	10,837.28	7,367.92	7,367.92	7,367.92	7,367.92	10,279.92	10,279.92	10,485.21	10,690.50	10,690.50	10,690.50	5,345.25	**108,770.76**
5011250	Salaries, Overtime	2,379.40	1,869.35	2,356.48	1,939.49	2,759.73	3,002.94	1,937.03	3,072.09	3,286.71	4,321.05	3,211.68	1,680.39	**31,816.34**
	Total Salaries	13,216.68	9,237.27	9,724.40	9,307.41	10,127.65	13,282.86	12,216.95	13,557.30	13,977.21	15,011.55	13,902.18	7,025.64	**140,587.10**
5011310	Bonuses and Incentives	-	-	-	-	-	-	-	-	-	-	-	750.00	**750.00**
5011340	Specified Per Diem Payment	100.00	600.00	250.00	-	500.00	-	-	650.00	50.00	100.00	600.00	50.00	**2,900.00**
5011380	Deferred Compnstn Match Pmts	60.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	20.00	**480.00**
	Total Special Payments	160.00	640.00	290.00	40.00	540.00	40.00	40.00	690.00	90.00	140.00	640.00	820.00	**4,130.00**
5011600	Terminatn Personal Svce Costs													
5011660	Defined Contribution Match - Hy	375.51	257.88	257.88	257.88	257.88	287.00	287.00	287.00	301.36	301.36	301.36	150.68	**3,322.79**
	Total Terminatn Personal Svce Costs	375.51	257.88	257.88	257.88	257.88	287.00	287.00	287.00	301.36	301.36	301.36	150.68	**3,322.79**
	Total Personal Services	16,174.07	11,810.85	11,985.26	11,286.37	12,669.35	16,688.02	15,540.87	17,633.91	17,554.27	18,717.76	18,023.49	9,650.60	**177,734.82**
5012000	Contractual Svs													**-**
5012100	Communication Services													**-**
5012110	Express Services	-	-	-	-	10.68	-	-	-	-	-	-	-	**10.68**
5012140	Postal Services	4,237.32	2,242.72	422.39	773.06	207.76	111.07	122.61	406.64	212.56	745.72	552.44	802.58	**10,836.87**
5012150	Printing Services	-	-	127.80	-	-	-	-	-	-	57.57	28.90	-	**214.27**
5012160	Telecommunications Svcs (VITA)	50.02	52.02	-	-	24.78	-	24.78	49.56	49.56	24.78	29.31	39.92	**344.73**
5012190	Inbound Freight Services	-	-	-	-	-	-	-	-	4.50	-	1.15	8.99	**14.64**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending June 30, 2018

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	June	Total
	Total Communication Services	4,287.34	2,294.74	550.19	773.06	243.22	111.07	147.39	456.20	266.62	828.07	611.80	851.49	**11,421.19**
5012200	Employee Development Services													
5012210	Organization Memberships	-	-	-	-	-	-	500.00	499.00	-	-	-	-	**999.00**
	Total Employee Development Services	-	-	-	-	-	-	500.00	499.00	-	-	-	-	**999.00**
5012400	Mgmnt and Informational Svcs													
5012420	Fiscal Services	5,984.20	7,664.13	556.54	246.37	9.72	115.00	8.47	601.76	36.96	532.15	-	1.85	**15,757.15**
5012440	Management Services	-	79.69	-	(1.40)	-	7.28	-	5.18	-	8.35	-	10.17	**109.27**
5012460	Public Infrmtnl & Relatn Svcs	-	14.00	10.00	12.00	12.00	20.00	8.00	6.00	6.00	26.00	26.00	12.00	**152.00**
5012470	Legal Services	-	-	-	195.00	-	-	-	-	-	-	-	-	**195.00**
	Total Mgmnt and Informational Svcs	5,984.20	7,757.82	566.54	451.97	21.72	142.28	16.47	612.94	42.96	566.50	26.00	24.02	**16,213.42**
5012600	Support Services													
5012630	Clerical Services	-	8,102.64	9,042.31	11,826.00	8,590.23	17,426.46	8,846.13	5,320.32	10,102.51	21,450.00	14,470.00	16,040.00	**131,216.60**
5012640	Food & Dietary Services	-	358.97	167.25	751.20	-	415.80	55.75	-	401.83	55.75	55.75	431.81	**2,694.11**
5012650	Laundry and Linen Services	-	-	-	-	-	-	-	27.03	-	-	-	-	**27.03**
5012660	Manual Labor Services	24.50	10.54	-	-	-	9.85	-	-	1,588.65	32.85	17.70	38.09	**1,722.18**
5012670	Production Services	143.14	148.38	-	-	68.00	121.65	421.80	7.90	210.50	196.69	122.66	187.65	**1,628.37**
5012680	Skilled Services	1,711.72	1,130.16	1,736.85	1,177.19	1,205.16	1,092.66	1,291.27	1,056.74	1,367.85	1,367.85	1,131.74	1,330.35	**15,599.54**
	Total Support Services	1,879.36	9,750.69	10,946.41	13,754.39	9,863.39	19,066.42	10,614.95	6,411.99	13,671.34	23,103.14	15,797.85	18,027.90	**152,887.83**
5012800	Transportation Services													
5012820	Travel, Personal Vehicle	933.04	1,231.57	712.08	89.54	1,289.35	70.62	-	1,332.68	21.80	144.97	1,313.45	139.52	**7,278.62**
5012830	Travel, Public Carriers	-	-	-	-	-	-	568.60	155.31	-	-	68.26	-	**792.17**
5012850	Travel, Subsistence & Lodging	206.20	618.60	113.10	-	526.85	-	-	996.06	-	10.00	634.22	105.37	**3,210.40**
5012880	Trvl, Meal Reimb- Not Rprtble	118.50	247.00	100.50	-	247.00	-	-	352.75	-	-	284.00	68.25	**1,418.00**
	Total Transportation Services	1,257.74	2,097.17	925.68	89.54	2,063.20	70.62	568.60	2,836.80	21.80	154.97	2,299.93	313.14	**12,699.19**
	Total Contractual Svs	13,408.64	21,900.42	12,988.82	15,068.96	12,191.53	19,390.39	11,847.41	10,816.93	14,002.72	24,652.68	18,735.58	19,216.55	**194,220.63**
5013000	Supplies And Materials													
5013100	Administrative Supplies													**-**
5013120	Office Supplies	-	177.40	457.02	20.78	111.65	152.22	49.95	136.26	283.97	194.87	223.17	231.39	**2,038.68**
5013130	Stationery and Forms	-	-	-	-	-	-	-	-	-	-	28.90	-	**28.90**
	Total Administrative Supplies	-	177.40	457.02	20.78	111.65	152.22	49.95	136.26	283.97	194.87	252.07	231.39	**2,067.58**
5013200	Energy Supplies													
5013230	Gasoline	-	-	-	-	-	-	-	-	-	-	30.90	-	**30.90**
	Total Energy Supplies	-	-	-	-	-	-	-	-	-	-	30.90	-	**30.90**
5013500	Repair and Maint. Supplies													
5013520	Custodial Repair & Maint Matrl	-	-	-	-	-	-	-	-	-	0.35	-	-	**0.35**
	Total Repair and Maint. Supplies	-	-	-	-	-	-	-	-	-	0.35	-	-	**0.35**
5013600	Residential Supplies													
5013620	Food and Dietary Supplies	23.13	-	-	-	-	-	-	-	-	-	-	-	**23.13**
5013630	Food Service Supplies	-	-	-	-	-	-	-	26.62	-	-	-	-	**26.62**
	Total Residential Supplies	23.13	-	-	-	-	-	-	26.62	-	-	-	-	**49.75**
	Total Supplies And Materials	23.13	177.40	457.02	20.78	111.65	152.22	49.95	162.88	283.97	195.22	282.97	231.39	**2,148.58**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending June 30, 2018

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	June	Total
5015000	Continuous Charges													
5015300	Operating Lease Payments													
5015340	Equipment Rentals	-	44.08	44.08	44.08	46.55	44.08	44.08	41.87	41.87	87.45	41.87	41.87	**521.88**
5015350	Building Rentals	-	15.39	-	-	22.80	-	-	22.80	-	22.80	-	-	**83.79**
5015390	Building Rentals - Non State	834.96	977.38	854.70	834.96	930.62	834.96	834.96	898.01	835.42	944.94	1,036.85	944.94	**10,762.70**
	Total Operating Lease Payments	834.96	1,036.85	898.78	879.04	999.97	879.04	879.04	962.68	877.29	1,055.19	1,078.72	986.81	**11,368.37**
	Total Continuous Charges	834.96	1,036.85	898.78	879.04	999.97	879.04	879.04	962.68	877.29	1,055.19	1,078.72	986.81	**11,368.37**
5022000	Equipment													
5022170	Other Computer Equipment	-	-	-	-	-	336.84	-	-	209.73	-	-	-	**546.57**
	Total Computer Hrdware & Sftware	-	-	-	-	-	336.84	-	-	209.73	-	-	-	**546.57**
5022620	Office Furniture	-	-	-	-	-	-	-	-	631.23	-	-	-	**631.23**
	Total Office Equipment	-	-	-	-	-	-	-	-	631.23	-	-	-	**631.23**
5022710	Household Equipment	-	-	-	-	-	-	-	-	-	9.83	-	-	**9.83**
	Total Specific Use Equipment	-	-	-	-	-	-	-	-	-	9.83	-	-	**9.83**
	Total Equipment	-	-	-	-	-	336.84	-	-	840.96	9.83	-	-	**1,187.63**
	Total Expenditures	30,440.80	34,925.52	26,329.88	27,255.15	25,972.50	37,446.51	28,317.27	29,576.40	33,559.21	44,630.68	38,120.76	30,085.35	**386,660.03**
	Allocated Expenditures													
20100	Behavioral Science Exec	22,305.95	15,832.41	14,729.59	14,739.28	15,174.98	14,752.47	15,578.08	15,027.76	15,211.84	15,534.69	17,006.83	10,407.87	**186,301.74**
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-	-	-	-	-	-	-	-	-	-	**-**
20400	Nursing / Nurse Aid	-	-	-	-	-	-	-	-	-	-	-	-	**-**
20600	Funeral\LTCA\PT	-	-	-	-	-	-	-	-	-	-	-	-	**-**
30100	Data Center	24,508.00	9,277.59	23,409.03	21,009.15	8,109.22	29,084.76	19,894.14	19,758.72	37,420.77	10,818.48	22,129.29	2,783.46	**228,202.62**
30200	Human Resources	71.94	91.21	75.56	82.03	11,587.85	202.88	93.04	101.02	119.23	199.74	162.55	12,633.35	**25,420.38**
30300	Finance	12,378.73	6,447.20	6,462.21	3,407.84	8,273.68	6,971.13	4,742.29	10,461.14	3,844.15	801.50	7,976.30	6,245.55	**78,011.72**
30400	Director's Office	4,002.08	3,177.73	3,006.38	3,023.04	2,948.57	3,371.08	3,496.15	3,406.53	3,829.78	4,367.64	4,502.07	2,338.95	**41,469.99**
30500	Enforcement	20,773.14	15,876.58	15,039.15	15,515.61	14,707.09	16,070.19	16,588.82	15,562.15	15,584.98	14,721.96	15,339.59	8,782.70	**184,561.98**
30600	Administrative Proceedings	5,577.84	4,567.57	2,332.88	779.12	-	4,754.03	2,512.59	5,857.61	2,549.31	7,079.72	3,309.43	2,019.29	**41,339.39**
30700	Impaired Practitioners	28.94	21.56	19.80	19.95	19.51	20.61	19.96	21.14	19.98	25.00	20.92	-	**237.37**
30800	Attorney General	-	-	3,002.01	3,002.01	-	-	3,002.01	-	-	3,002.01	-	-	**12,008.05**
30900	Board of Health Professions	2,321.24	1,651.04	1,521.55	1,640.41	1,693.66	1,652.07	1,886.11	2,051.89	2,129.99	1,533.06	2,713.53	1,487.29	**22,281.83**
31000	SRTA	-	-	-	-	-	-	-	-	-	-	-	-	**-**
31100	Maintenance and Repairs	-	-	-	-	-	-	-	-	-	-	-	-	**-**
31300	Emp. Recognition Program	-	-	-	-	-	-	113.80	-	6.50	97.94	33.48	706.66	**958.38**
31400	Conference Center	9.60	18.22	14,116.05	(1,667.15)	(4,913.37)	76.06	8.53	(9.47)	14.32	40.42	27.38	19.46	**7,740.04**
31500	Pgm Devlpmnt & Implmentn	1,811.11	1,594.37	1,508.73	1,525.99	1,759.12	1,754.46	1,667.11	1,731.05	2,948.24	2,217.60	3,297.48	1,684.50	**23,499.78**
98700	Cash Transfers	-	-	-	-	-	-	-	-	-	-	-	-	**-**
	Total Allocated Expenditures	93,788.56	58,555.49	85,222.93	63,077.30	59,360.30	78,709.74	69,602.64	73,969.53	83,679.08	60,439.77	76,518.85	49,109.08	**852,033.27**
	Net Revenue in Excess (Shortfall) of Expenditures	$ (76,229.36)	$ (64,071.01)	$ (84,602.81)	$ (65,052.45)	$ (64,517.80)	$ (90,376.25)	$ (29,739.91)	$ (20,605.93)	$ (2,563.29)	$ (28,835.45)	$ 256,680.39	$ 537,810.57	**267,896.70**

Deputy Executive Director's Report

Virginia Department of Health Professions

AGENCY REPORTS

CASES RECEIVED, OPEN, & CLOSED REPORT
SUMMARY BY BOARD
FISCAL YEAR 2018, QUARTER ENDING JUNE 30

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 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Number of Cases Received	24	21	32	26	27	17	40	35	28	37	31	45
Number of Cases Open	91	108	117	116	98	69	58	56	61	72	84	102
Number of Cases Closed	31	11	25	27	44	43	60	42	26	29	23	33

PSYCHOLOGY	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Number of Cases Received	19	18	19	14	18	26	13	22	23	23	28	26
Number of Cases Open	78	84	74	68	76	87	49	34	46	44	52	57
Number of Cases Closed	8	12	32	20	9	17	52	38	16	24	19	24

SOCIAL WORK	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Number of Cases Received	22	31	19	15	19	12	28	21	14	27	15	34
Number of Cases Open	95	126	120	127	78	70	54	39	39	48	52	71
Number of Cases Closed	27	8	27	8	62	17	46	39	15	19	11	18

Virginia Department of Health Professions

AGENCY REPORTS

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

FISCAL YEAR 2018, QUARTER ENDING JUNE 30

*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 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Counseling	284.1	193.5	415.6	323.7	375.5	292.8	247.9	106.1	251.5	128.2	153.7	185.0
Psychology	216.0	287.0	437.0	287.3	380.0	291.7	357.7	252.7	119.5	183.3	118.8	175.2
Social Work	199.4	132.5	342.0	226.0	469.7	407.6	366.2	228.8	292.7	123.6	277.5	237.2
Agency Totals	200.1	190.8	201.6	188.5	202.7	207.7	222.8	194.1	255.7	186.5	196.4	201.1

Virginia Department of Health Professions

AGENCY REPORTS

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

FISCAL YEAR 2018, QUARTER ENDING JUNE 30

*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 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Counseling	64.3%	72.7%	36.0%	55.6%	45.5%	78.6%	84.7%	97.5%	76.9%	97.0%	91.3%	84.8%
Psychology	75.0%	50.0%	37.5%	50.0%	44.4%	50.0%	44.2%	81.6%	92.9%	85.2%	100.0%	90.5%
Social Work	65.5%	87.5%	46.2%	75.0%	30.7%	62.5%	41.3%	92.3%	73.3%	100.0%	81.8%	66.7%
Agency Totals	84.4%	85.8%	84.8%	85.6%	82.0%	85.1%	81.7%	86.7%	82.2%	86.7%	87.6%	80.6%

Virginia Department of Health Professions
Board of Counseling

Discipline Reports

04/06/2018 - 10/04/2018

OPEN CASES AT BOARD LEVEL (as of 10/04/2018)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	67	37	62	***166***
Scheduled for Informal Conferences	5	1	0	***6***
Scheduled for Formal Hearings	1	3	0	***4***
Consent Orders (offered and pending)	1	0	0	***1***
Cases with APD for processing (IFC, FH, Consent Order)	7	3	4	***14***
TOTAL OPEN CASES	81	44	66	***191***

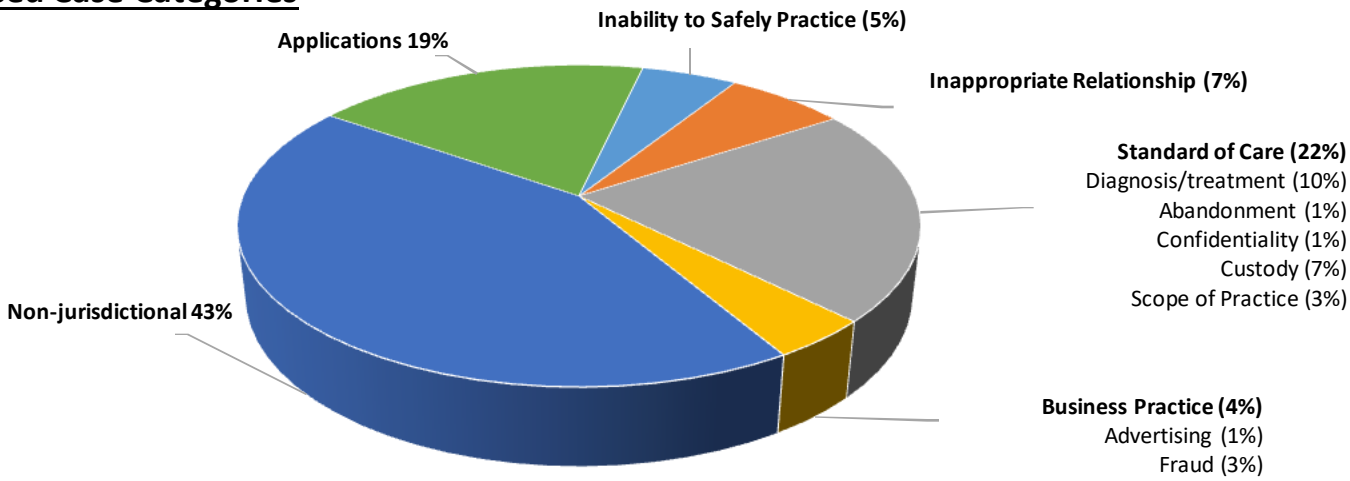
NEW CASES RECEIVED AND ACTIVE INVESTIGATIONS				
	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	78	35	52	***165***
Open Investigations in Enforcement	56	23	26	***105***

UPCOMING CONFERENCES AND HEARINGS			
	Counseling	Psychology	Social Work
Informal Conferences	10/19/2018 11/30/2018 01/25/2019 03/01/2019	12/04/2018 02/05/2019 04/16/2019	11/16/2018 02/01/2019 04/05/2019
Formal Hearings	Following scheduled board meetings, as necessary		

Virginia Department of
Health Professions
Board of Counseling

CASES CLOSED (04/06/2018 - 10/04/2018)	
Closed – no violation	45
Closed – undetermined	11
Closed – violation	8
Credentials/Reinstatement – Denied	6
Credentials/Reinstatement – Approved	4
TOTAL CASES CLOSED	74

Closed Case Categories



AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	173
Avg. time in Enforcement (investigations)	65.41
Avg. time in APD (IFC/FH preparation)	122
Avg. time in Board (includes hearings, reviews, etc).	87.29
Avg. time with board member (probable cause review)	28

Licensing Manager’s Report

Virginia Department of

Health Professions

Current Count of Licenses

Quarterly Breakdown

Quarter 4 - Fiscal Year 2018

*Current licenses by board and occupation as of the last day of the quarter

Quarter Date Ranges	
Quarter 1	July 01 - September 30
Quarter 2	October 1 - December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

Board	Occupation	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	CURRENT Q4 2018
Audiology & Speech Pathology	Audiologist	517	519	497	507	517	523	494	503	524	475	504	512
	Continuing Education Provider	14	14	14	15	15	15	15	15	15	15	15	15
	School Speech Pathologist	506	513	475	484	507	514	475	479	493	423	432	436
	Speech Pathologist	3,907	3,946	3,734	3,796	3,912	4,004	3,871	3,974	4,110	3,857	4,040	4,122
	Total	4,944	4,992	4,720	4,802	4,951	5,056	4,855	4,971	5,142	4,770	4,991	5,085
Counseling	Certified Substance Abuse Counselor	1,617	1,679	1,691	1,734	1,662	1,712	1,745	1,784	1,776	1,837	1,870	1,911
	Licensed Marriage and Family Therapist	825	845	856	870	836	856	872	885	854	864	876	889
	Licensed Professional Counselor	4,188	4,333	4,435	4,567	4,512	4,653	4,803	4,932	4,915	5,062	5,218	5,394
	Marriage & Family Therapist Resident	-	-	-	-	131	131	140	148	166	205	225	239
	Registration of Supervision	-	-	-	37,125	5,491	5,632	5,747	5,831	6,220	6,660	7,095	7,445
	Registered Peer Recovery Specialist	-	-	-	-	-	-	-	-	-	-	-	86
	Rehabilitation Provider	286	288	259	266	270	273	250	252	258	260	235	237
	Qualified Mental Health Prof - Adult	-	-	-	-	-	-	-	-	-	-	-	2,220
	Qualified Mental Health Prof - Child	-	-	-	-	-	-	-	-	-	-	-	1,897
	Substance Abuse Counseling Assistant	163	169	179	192	164	174	188	218	203	217	232	252
	Substance Abuse Trainee	-	-	-	-	-	-	-	1,563	1,609	1,654	1,691	1,748
	Substance Abuse Treatment Practitioner	170	176	177	179	170	171	176	177	171	185	208	223
	Substance Abuse Treatment Residents	-	-	-	-	1	1	1	1	3	4	4	5
	Trainee for Qualified Mental Health Prof	-	-	-	-	-	-	-	-	-	-	-	185
	Total	7,249	7,490	7,597	7,808	13,237	13,603	13,922	15,791	16,175	16,948	17,654	22,731

Virginia Department of
Health Professions

Current Count of Licenses

Quarterly Breakdown

Quarter 4 - Fiscal Year 2018

*Current licenses by board and occupation as of the last day of the quarter

Quarter Date Ranges	
Quarter 1	July 01 - September 30
Quarter 2	October 1 - December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

Board	Occupation	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	CURRENT Q4 2018
Audiology & Speech Pathology	Audiologist	517	519	497	507	517	523	494	503	524	475	504	512
	Continuing Education Provider	14	14	14	15	15	15	15	15	15	15	15	15
	School Speech Pathologist	506	513	475	484	507	514	475	479	493	423	432	436
	Speech Pathologist	3,907	3,946	3,734	3,796	3,912	4,004	3,871	3,974	4,110	3,857	4,040	4,122
	Total	4,944	4,992	4,720	4,802	4,951	5,056	4,855	4,971	5,142	4,770	4,991	5,085
Counseling	Certified Substance Abuse Counselor	1,617	1,679	1,691	1,734	1,662	1,712	1,745	1,784	1,776	1,837	1,870	1,911
	Licensed Marriage and Family Therapist	825	845	856	870	836	856	872	885	854	864	876	889
	Licensed Professional Counselor	4,188	4,333	4,435	4,567	4,512	4,653	4,803	4,932	4,915	5,062	5,218	5,394
	Marriage & Family Therapist Resident	-	-	-	-	131	131	140	148	166	205	225	239
	Registration of Supervision	-	-	-	37,125	5,491	5,632	5,747	5,831	6,220	6,660	7,095	7,445
	Registered Peer Recovery Specialist	-	-	-	-	-	-	-	-	-	-	-	86
	Rehabilitation Provider	286	288	259	266	270	273	250	252	258	260	235	237
	Qualified Mental Health Prof - Adult	-	-	-	-	-	-	-	-	-	-	-	2,220
	Qualified Mental Health Prof - Child	-	-	-	-	-	-	-	-	-	-	-	1,897
	Substance Abuse Counseling Assistant	163	169	179	192	164	174	188	218	203	217	232	252
	Substance Abuse Trainee	-	-	-	-	-	-	-	1,563	1,609	1,654	1,691	1,748
	Substance Abuse Treatment Practitioner	170	176	177	179	170	171	176	177	171	185	208	223
	Substance Abuse Treatment Residents	-	-	-	-	1	1	1	1	3	4	4	5
	Trainee for Qualified Mental Health Prof	-	-	-	-	-	-	-	-	-	-	-	185
	Total	7,249	7,490	7,597	7,808	13,237	13,603	13,922	15,791	16,175	16,948	17,654	22,731

Virginia Department of

Health Professions

New License Count

Quarterly Summary

Quarter 4 - Fiscal Year 2018

Licenses issued by board and occupation during the quarter

Quarter Date Ranges	
Quarter 1	July 01 - September 30
Quarter 2	October 1 - December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	CURRENT Q4 2018
Audiology/Speech Pathology	167	42	71	150	156	69	62	159	165	61	86	181
Counseling	94	200	123	175	254	427	443	384	734	434	2,256	3,798
Dentistry	302	190	138	364	237	138	145	401	268	103	130	335
Funeral Directing	45	35	41	37	40	33	37	41	52	25	42	43
Long Term Care Administrator	77	74	61	85	79	69	66	99	80	78	78	91
Medicine	1,768	1,139	1,184	2,406	1,719	897	1,237	2,335	1,656	939	1,391	2,495
Nurse Aide	1,716	1,327	1,099	2,016	1,625	1,273	1,111	1,576	1,520	1,689	1,656	2,560
Nursing	3,418	2,281	2,610	2,842	4,344	2,586	3,293	3,350	4,369	2,353	3,152	3,146
Optometry	24	28	17	34	26	15	16	51	25	17	20	53
Pharmacy	1,140	878	847	1,135	1,357	742	1,207	1,060	1,367	841	1,045	923
Physical Therapy	442	146	154	444	431	182	176	406	459	164	196	392
Psychology	90	80	93	95	107	112	99	88	245	105	118	109
Social Work	171	125	131	207	277	353	352	343	388	335	360	360
Veterinary Medicine	128	61	77	246	106	62	79	244	95	76	92	328
AGENCY TOTAL	9,582	6,606	6,646	10,236	10,758	6,958	8,323	10,537	11,423	7,220	10,622	14,814

Virginia Department of
Health Professions

New License Count

Quarterly Breakdown

Quarter 4 - Fiscal Year 2018

Licenses issued by board and occupation during the quarter

Quarter Date Ranges	
Quarter 1	July 01 - September 30
Quarter 2	October 1 - December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

Board	Occupation	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	CURRENT Q4 2018
Audiology & Speech Pathology	Audiologist	12	0	10	11	7	6	7	10	21	4	8	10
	Continuing Education Provider	0	0	0	1	0	0	0	0	0	0	0	0
	Provisional Speech-Language Pathologist	0	0	0	0	0	0	0	0	1	2	18	120
	School Speech Pathologist	31	6	7	8	23	5	4	3	12	4	2	2
	Speech Pathologist	124	36	54	130	126	58	51	146	131	51	58	49
	Total	167	42	71	150	156	69	62	159	165	61	86	181
Counseling	Certified Substance Abuse Counselor	1	43	0	30	7	33	24	32	57	48	31	39
	Licensed Marriage and Family Therapist	4	16	10	10	11	17	15	10	15	10	11	10
	Licensed Professional Counselor	77	131	103	124	113	128	142	112	119	137	152	173
	Marriage and Family Therapist Resident	-	-	-	-	3	5	10	10	22	10	23	18
	Registration of Supervision	-	-	-	-	91	182	189	131	440	154	503	510
	Qualified Mental Health Prof - Adult	-	-	-	-	-	-	-	-	-	-	676	1,544
	Qualified Mental Health Prof - Child	-	-	-	-	-	-	-	-	-	-	671	1,227
	Registered Peer Recovery Specialist	-	-	-	-	-	-	-	-	-	-	57	29
	Rehabilitation Provider	0	1	1	1	2	1	0	0	2	0	2	2
	Substance Abuse Counseling Assistant	12	4	8	10	12	10	11	28	14	12	10	18
	Substance Abuse Trainee	-	-	-	-	-	-	-	61	63	48	52	73
	Substance Abuse Treatment Practitioner	0	5	1	0	12	0	48	0	1	14	23	14
	Substance Abuse Trreatment Resident	-	-	-	-	3	51	4	0	1	1	45	1
	Trainee for Qualified Mental Health Prof												140
	Total	94	200	123	175	254	427	443	384	734	434	2,256	3,798

CACREP

October 12, 2018

The Honorable Ralph Northam
Office of the Governor
1111 East Broad Street
Richmond, VA 23219

Dear Governor Northam,

I write 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. This proposal also has the support of the primary professional counseling associations in the United States (e.g., the American Counseling Association, the American Mental Health Counselors Association, the Association for Counselor Education and Supervision, the National Board for Certified Counselors, and the American Association of State Counseling Boards). They all support it for various reasons but primarily due to the high curriculum standards that CACREP has brought to the counseling profession. Consistent with the position of all who support this action, our University contends that training in a CACREP-accredited program provides the rigorous framework necessary for excellent preparation for those who seek to become Licensed Professional Counselors. Given the nature of the work in which LPC's engage it is, frankly, hard for me to imagine a sound rationale for why this would not be the accepted standard. I base my conclusion on 32 years of experience as a counselor educator in CACREP-accredited programs (University of Virginia, Penn State University, and William & Mary). That is, I probably have more or as much experience teaching in CACREP-accredited programs that the vast majority of counselor educators in the Commonwealth.

During my time as a counselor educator, I have observed directly the quality impact that CACREP has had on our profession. For example, it was not uncommon in the late 1980's for programs to consist of 36 credit hours with very minimal internship hours required and few clinical practice requirements. The profession was, in my opinion, struggling to survive and certainly lacked in quality preparation. Students were graduating from master's level training programs with weak skills and then applying those skills to complex client situations. Clearly, an unacceptable situation.

Over the past thirty plus years, CACREP has been the primary accreditation body addressing the issue of quality within counselor education. The work of CACREP and their related standards have been invaluable to instilling a level of rigor within counselor preparation programs that is worthy of the work in which LPC's engage. For example, students now engage in extensive clinical practice experiences in which they receive regular supervision and are exposed to a variety of student and client concerns. The coursework CACREP students are exposed to provides a solid foundation for this clinical work.

In short, CACREP provides a rigorous process for accreditation. It is this training that I think has rightly elevated the respect that professional counselors experience within our society and provided professional counselors with access to insurance (e.g. TRICARE), certifications (e.g., NCC), and licensure (LPC). Because our program is recognized for its long commitment and adherence to CACREP standards, our students are in high demand by prospective employers. Our employment rate is, in fact, essentially 100% for all those seeking employment upon graduation. Prospective students are aware of this outcome and the connection between our preparation program and the CACREP standards. Evidence of this is found in the fact that our accreditation and reputation are the primary reasons students provide for enrolling in our program. We are not a program of convenience but one of excellence and that excellence is inextricably linked to CACREP. I suspect it is also one of the reasons that 15 counseling programs in the Commonwealth are either accredited by CACREP or pursuing CACREP accreditation.

Clearly, in a time when mental health concerns are on the rise and the severity of those concerns is growing, it is difficult to imagine a sound rationale for not recognizing preparation in a CACREP accreditation program as the academic standard for licensure eligibility. I have heard a few, and they are a relative few, voices around the state claim that "CACREP is expensive," or "CACREP limits creativity within programs," or "the standards are excessive." Frankly, such claims are simply bogus. I contend, again I've taught in CACREP programs for 32 years, any lack of creativity is the fault of the faculty member. I have never felt restricted as to how I approach my courses relative to that factor. The standards are indeed rigorous and comprehensive, would we feel comfortable explaining to consumers that rigor or requiring too much coursework were factors in not endorsing CACREP for licensure. I certainly know that if my son or daughter were to be in need of counseling, I would advocate strongly to them that they make sure that their counselor graduated from a CACREP-accredited program. As someone who knows the standards well, it would assure me that the counselor had a comprehensive and rigorous preparation program. Finally, what do the counselor educators who teach in CACREP-accredited programs tend to say about their experience? Do they advocate strongly for not moving in the direction the board is considering? I know I personally have not encountered those voices. In fact, I suspect that the few voices against this are from those who are employed in non-accredited programs or connected to those who teach in non-accredited programs.

The most commonly accepted accreditation standard for excellence in the counseling profession is CACREP. Why would Virginia settle for anything less? Our citizens, our children and our parents, deserve licensed professional counselors who have been trained in such a program.

Sincerely,

Spencer Niles
Dean and Professor
School of Education
William & Mary

President
National Career Development Association

Past-President of Chi Sigma Iota

Past-Editor, *Journal of Counseling & Development*

Virginia Department of Health Professions – Healthcare Workforce Report

Virginia's Licensed Professional Counselor Workforce: 2018

Healthcare Workforce Data Center

July 2018

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Get a copy of this report from: ***https://www.dhp.virginia.gov/hwdc/findings.htm***

4,693 Licensed Professional Counselors voluntarily participated in this survey. *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Counseling express our sincerest appreciation for your ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

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Executive Director

Jaime H. Hoyle, JD

Contents

The Licensed Professional Counselor Workforce: At a Glance:

The Workforce

Licensees:	5,397
Virginia's Workforce:	4,683
FTEs:	4,050

Survey Response Rate

All Licensees:	87%
Renewing Practitioners:	96%

Demographics

Female:	80%
Diversity Index:	34%
Median Age:	49

Background

Rural Childhood:	30%
HS Degree in VA:	47%
Prof. Degree in VA:	65%

Education

Masters:	86%
Ph.D.:	14%

Finances

Median Income:	$60k-$70k
Health Benefits:	64%
Under 40 w/ Ed debt:	69%

Current Employment

Employed in Prof.:	93%
Hold 1 Full-time Job:	53%
Satisfied?:	96%

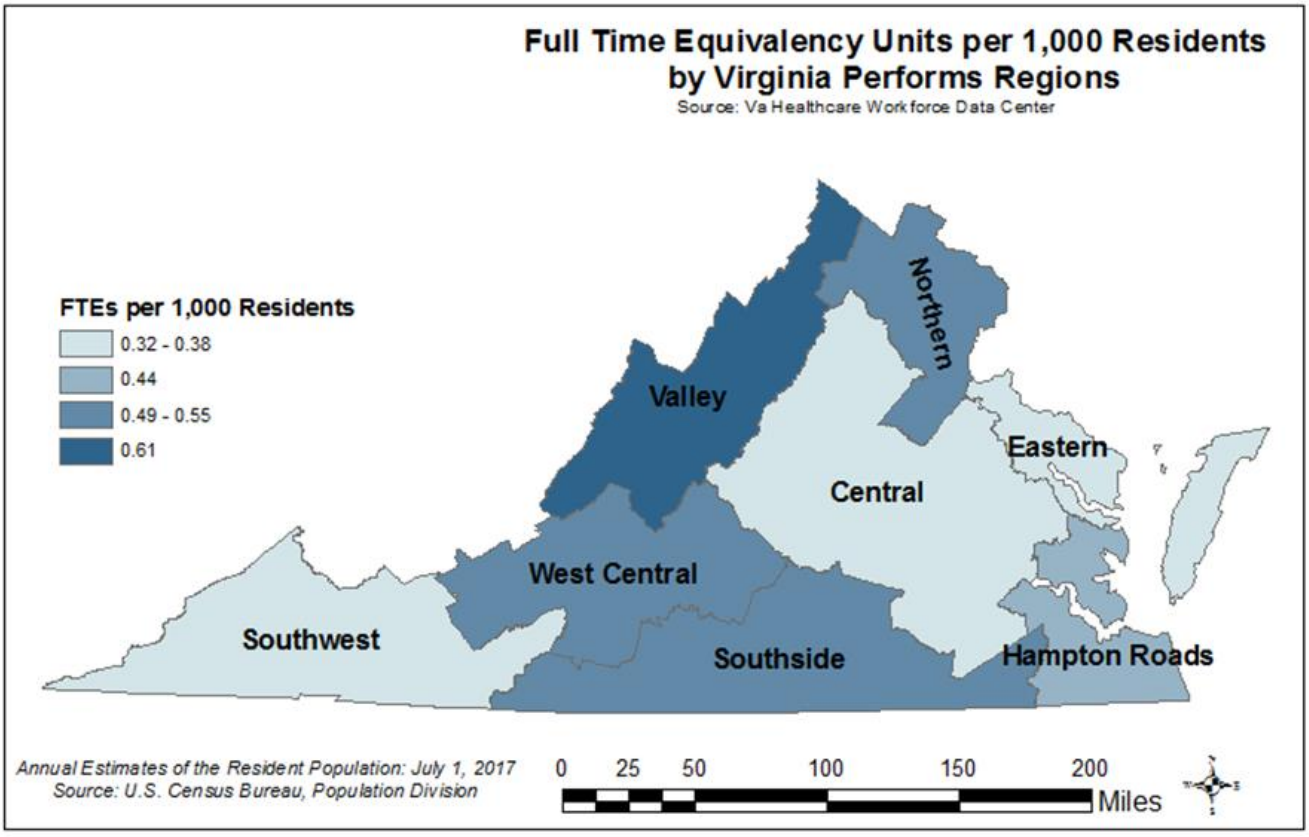
Job Turnover

Switched Jobs:	8%
Employed over 2 yrs:	67%

Time Allocation

Patient Care:	60%-69%
Administration:	10%-19%
Patient Care Role:	60%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Results in Brief

The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the LPC survey during the license renewal process, which takes place every June. Survey respondents represent 87% of the 5,397 LPCs who are licensed in the state and 96% of renewing practitioners. Between July 2017 and June 2018, an estimated 4,683 LPCs participated in Virginia's workforce, which is defined as those who worked at least a portion of the period in the state or who live in the state and intend to return to work as an LPC at some point in the future. This workforce provided 4,050 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

80% of all LPCs are female, including 85% of those under the age of 40. In a random encounter between two LPCs, there is a 34% chance that they would be of different races or ethnicities, a measure known as the diversity index. For LPCs under age 40, however, this value was 38%. 30% of all LPCs grew up in a rural area of Virginia, but just 20% of these LPCs work in non-Metro areas of the state. Overall, 9% of Virginia's LPCs currently work in non-Metro areas of the state.

86% of the state's LPC workforce have a Master's degree as their highest professional degree, while the remainder have a doctorate. In addition, 54% have a primary specialty in mental health. 43% of all LPCs currently carry educational debt. The median debt burden for those with debt is between $50,000 and $60,000. Meanwhile, LPCs' median annual income is between $60,000 and $70,000. 96% of LPCs are satisfied with their current employment situation, including 70% who indicate they are "very satisfied". 93% of LPCs are currently employed in the profession and only 1% of Virginia's LPCs experienced involuntary unemployment in the past year. Three quarters of all LPCs work in the private sector, including 56% who work at a for-profit institution. Meanwhile, private solo practices are the most common establishment type, employing 19% of the state's LPC workforce. 24% of all LPCs expect to retire by age 65 and 24% of the current workforce expect to retire in the next ten years. Over the next two years, 15% of LPCs plan on increasing patient care activities, and 12% plan on pursuing additional educational opportunities.

Summary of Trends

There are more LPCs in Virginia now. The number of licensed professional counselors (LPC) in Virginia has increased by 44% over the past five years. Similarly, the number of licensed counselors in the state workforce has increased by 40% and the full time equivalency units produced by this workforce has increased by 35% over the same period.

The LPC workforce has become slightly more racially/ethnically diverse and younger over the years. The diversity index has increased from 25% to 34%. The median age has also declined from 53 in 2013 to 49 in 2018. The percent under age 40 has increased significantly from 19% to 28% between 2013 and 2018. Not surprisingly, the percent over age 55 has declined from 45% to 37% in the same period. Gender diversity is, however, declining. The percent female has inched up by 1% every year from 76% in 2013 to 80% in 2018.

The educational attainment of Virginia's LPCs has declined over the years. Compared to 2013 when 17% reported a doctorate degree and 83% reported a Master's degree, only 14% reported a doctorate degree in 2018; 86% now report a Master's degree. Surprisingly, this decline in educational attainment is accompanied by an increase in the proportion carrying education debt. Forty-three percent now have educational debt compared to 32% in 2013. Meanwhile, median income increased for the first time in 5 years from $50,000-$60,000 to $60,000-$70,000.

The geographical distribution of LPCs around the state remains unchanged; most work in Northern Virginia. Further, the establishment distribution of Virginia's LPCs has changed very little over the years. Most (37%) still work in private solo or group practice over the past four years. More changes are recorded in the sector of work of LPCs. Fewer work in the public sector and more work in the private sector. Only 22% of LPCs work in state or local government now compared to 27% in 2013. Meanwhile, 56% now work in the for-profit compared to 52% in 2013.

Virginia's LPCs are planning to stay in the workforce longer now than they did in 2013. Compared to 2013 when 27% reported that they planned to leave the workforce within a decade, only 24% now plan to leave in a decade. Half of the workforce plan to retire by 25 years compared to 2013 when half planned to retire by 20 years.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	4,618	86%
New Licensees	574	11%
Non-Renewals	205	4%
All Licensees	**5,397**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 96% of renewing LPCs submitted a survey. These represent 87% of LPCs who held a license at some point during the survey time period.

Definitions

1. **The Survey Period:** The survey was conducted in June 2018.
2. **Target Population:** All LPCs who held a Virginia license at some point between July 2017 and June 2018.
3. **Survey Population:** The survey was available to LPCs who renewed their licenses online. It was not available to those who did not renew, including LPCs newly licensed in 2018.

Response Rates	
Completed Surveys	4,693
Response Rate, all licensees	87%
Response Rate, Renewals	96%

Source: Va. Healthcare Workforce Data Center

Response Rates			
Statistic	**Non Respondents**	**Respondent**	**Response Rate**
By Age			
Under 35	150	511	77%
35 to 39	91	616	87%
40 to 44	71	566	89%
45 to 49	84	601	88%
50 to 54	48	521	92%
55 to 59	56	502	90%
60 to 64	52	492	90%
65 and Over	152	884	85%
Total	**704**	**4,693**	**87%**
New Licenses			
Issued in Past Year	352	222	39%
Metro Status			
Non-Metro	49	336	87%
Metro	525	3,766	88%
Not in Virginia	130	590	82%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LPCs

Number:	5,397
New:	11%
Not Renewed:	4%

Response Rates

All Licensees:	87%
Renewing Practitioners:	96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LPC Workforce:	4,683
FTEs:	4,050

Utilization Ratios

Licensees in VA Workforce:	87%
Licensees per FTE:	1.33
Workers per FTE:	1.16

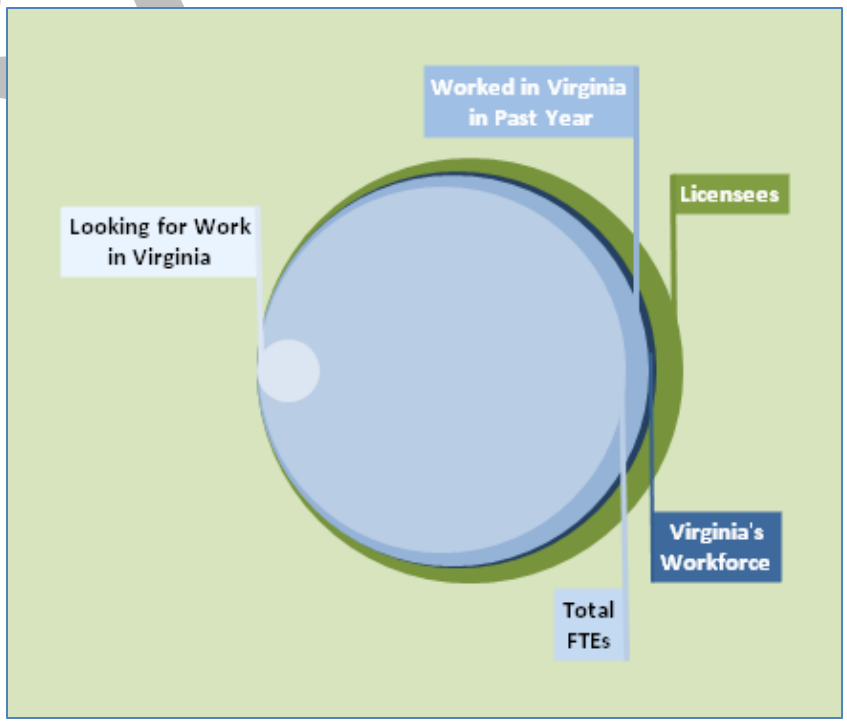
Source: Va. Healthcare Workforce Data Center

Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey timeframe or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's LPC Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	4,589	98%
Looking for Work in Virginia	94	2%
Virginia's Workforce	**4,683**	**100%**
Total FTEs	**4,050**	
Licensees	**5,397**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	82	15%	470	85%	553	14%
35 to 39	84	15%	490	85%	574	14%
40 to 44	74	15%	415	85%	489	12%
45 to 49	85	16%	443	84%	527	13%
50 to 54	82	19%	351	81%	434	11%
55 to 59	88	21%	324	79%	412	10%
60 to 64	115	29%	286	71%	401	10%
65 +	225	33%	467	67%	693	17%
Total	**836**	**20%**	**3,247**	**80%**	**4,082**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	80%
% Under 40 Female:	85%

Age

Median Age:	49
% Under 40:	28%
% 55+:	37%

Diversity

Diversity Index:	34%
Under 40 Div. Index:	38%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	LPCs		LPCs under 40	
	%	#	%	#	%
White	62%	3,278	80%	869	77%
Black	19%	524	13%	179	16%
Asian	7%	50	1%	12	1%
Other Race	0%	30	1%	6	1%
Two or more races	3%	69	2%	25	2%
Hispanic	9%	140	3%	37	3%
Total	**100%**	**4,091**	**100%**	**1,128**	**100%**

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2017.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LPCs, there is a 34% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index).

28% of all LPCs are under the age of 40, and 85% of these professionals are female. In addition, the diversity index among LPCs who are under the age of 40 is 38%.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	15%
Rural Childhood:	30%

Virginia Background

HS in Virginia:	47%
Prof. Ed. in VA:	65%
HS or Prof. Ed. in VA:	73%

Location Choice

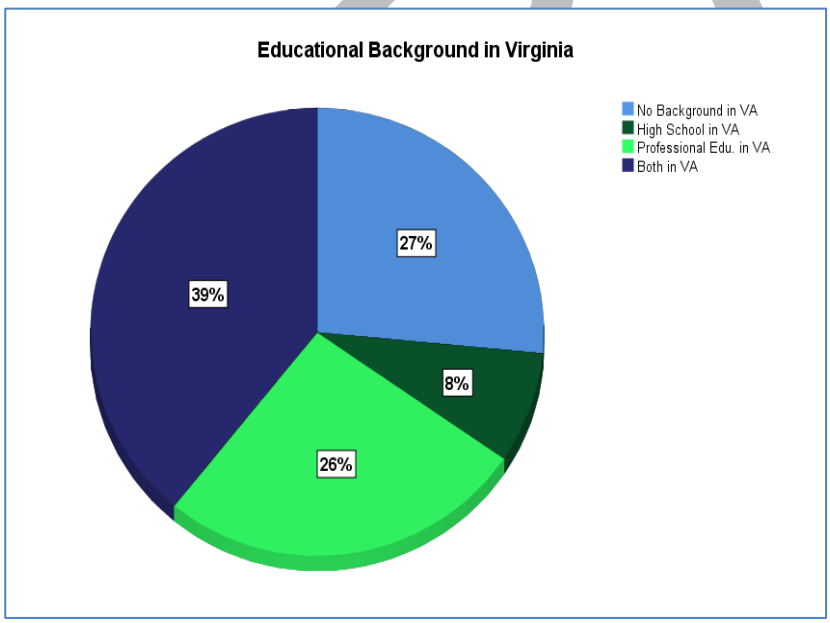
% Rural to Non-Metro:	20%
% Urban/Suburban to Non-Metro:	4%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 million+	21%	61%	17%
2	Metro, 250,000 to 1 million	39%	47%	15%
3	Metro, 250,000 or less	38%	51%	11%
	Non-Metro Counties			
4	Urban pop 20,000+, Metro adj	60%	27%	13%
6	Urban pop, 2,500-19,999, Metro adj	60%	31%	9%
7	Urban pop, 2,500-19,999, nonadj	84%	8%	9%
8	Rural, Metro adj	70%	26%	4%
9	Rural, nonadj	46%	50%	4%
	Overall	**30%**	**55%**	**15%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

30% of LPCs grew up in self-described rural areas, and 20% of these professionals currently work in non-metro counties. Overall, 9% of all LPCs in the state currently work in non-metro counties.

Top Ten States for Licensed Professional Counselor Recruitment

Rank	All LPCs			
	High School	#	Init. Prof Degree	#
1	Virginia	1,914	Virginia	2,650
2	New York	256	Maryland	134
3	Pennsylvania	215	Washington, D.C.	116
4	Maryland	173	North Carolina	88
5	Outside U.S./Canada	149	Florida	77
6	North Carolina	118	Pennsylvania	73
7	New Jersey	111	Ohio	72
8	Florida	111	New York	64
9	Ohio	103	Massachusetts	58
10	California	68	Texas	57

Source: Va. Healthcare Workforce Data Center

47% of licensed LPCs received their high school degree in Virginia, and 65% received their initial professional degree in the state.

Among LPCs who received their initial license in the past five years, 47% received their high school degree in Virginia, while 62% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Init. Prof Degree	#
1	Virginia	912	Virginia	1,195
2	New York	115	Maryland	60
3	Maryland	93	Florida	56
4	Outside U.S./Canada	83	Minnesota	54
5	Pennsylvania	80	Washington, D.C.	50
6	North Carolina	65	North Carolina	43
7	Florida	63	New York	36
8	Ohio	47	Ohio	36
9	New Jersey	45	Pennsylvania	34
10	California	31	Massachusetts	28

Source: Va. Healthcare Workforce Data Center

13% of Virginia's licensees did not participate in the state's LPC workforce during the past year. 81% of these professionals worked at some point in the past year, including 69% who worked in a job related to behavioral sciences.

At a Glance:

Not in VA Workforce

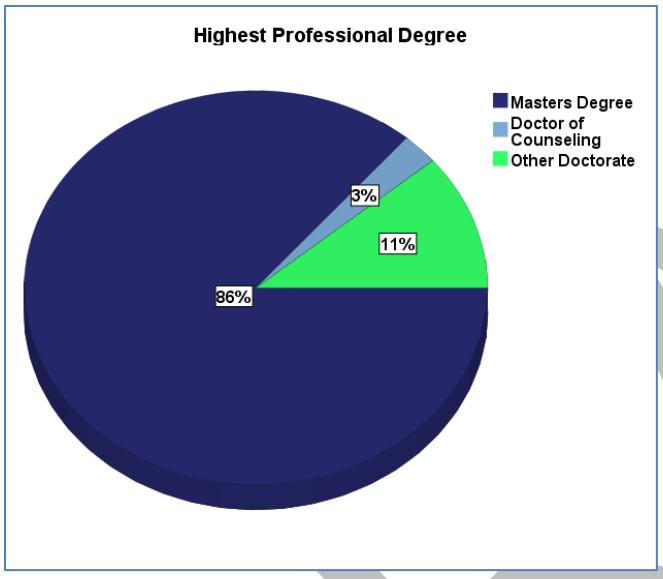
Total:	714
% of Licensees:	13%
Federal/Military:	10%
Va. Border State/DC:	20%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
Bachelor's Degree	5	0%
Master's Degree	3,452	86%
Doctor of Psychology	103	3%
Other Doctorate	447	11%
Total	**4,007**	**100%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

86% of LPCs hold a Master's degree as their highest professional degree. 43% of LPCs carry educational debt, including 69% of those under the age of 40. The median debt burden among LPCs with educational debt is between $50,000 and $60,000.

At a Glance:

Education

Master's Degree: 86%
Doctorate: 14%

Educational Debt

Carry debt: 43%
Under age 40 w/ debt: 69%
Median debt: $50k-$60k

Source: Va. Healthcare Workforce Data Center

Educational Debt				
Amount Carried	All LPCs		LPCs under 40	
	#	%	#	%
None	2,069	57%	318	31%
Less than $10,000	172	5%	52	5%
$10,000-$19,999	126	3%	51	5%
$20,000-$29,999	113	3%	48	5%
$30,000-$39,999	119	3%	55	5%
$40,000-$49,999	105	3%	51	5%
$50,000-$59,999	94	3%	53	5%
$60,000-$69,999	102	3%	43	4%
$70,000-$79,999	98	3%	66	7%
$80,000-$89,999	83	2%	50	5%
$90,000-$99,999	63	2%	26	3%
$100,000-$109,999	92	3%	38	4%
$110,000-$119,999	63	2%	33	3%
$120,000-$129,999	63	2%	35	3%
$130,000-$139,999	26	1%	12	1%
$140,000-$149,999	32	1%	12	1%
$150,000 or More	199	5%	68	7%
Total	**3,619**	**100%**	**1,011**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Primary Specialty

Mental Health:	54%
Child:	9%
Substance Abuse:	7%

Secondary Specialty

Mental Health:	15%
Substance Abuse:	14%
Family:	11%

Source: Va. Healthcare Workforce Data Center

54% of all LPCs have a primary specialty in mental health. Another 9% have a primary specialty in children, while 7% have a primary specialty in substance abuse.

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Mental Health	2,174	54%	550	15%
Child	345	9%	338	9%
Substance Abuse	274	7%	506	14%
Behavioral Disorders	217	5%	383	11%
Family	169	4%	401	11%
Marriage	121	3%	273	8%
School/Educational	88	2%	132	4%
Sex Offender Treatment	36	1%	41	1%
Rehabilitation	27	1%	31	1%
Vocational/Work Environment	19	0%	33	1%
Health/Medical	16	0%	25	1%
Forensic	16	0%	38	1%
Neurology/Neuropsychology	5	0%	10	0%
Industrial-Organizational	4	0%	9	0%
Gerontologic	3	0%	14	0%
Public Health	1	0%	8	0%
Experimental or Research	0	0%	2	0%
Social	0	0%	21	1%
Other Specialty Area	155	4%	289	8%
General Practice (Non-Specialty)	320	8%	473	13%
Total	**3,989**	**100%**	**3,579**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession:	93%
Involuntarily Unemployed:	< 1%

Positions Held

1 Full-time:	53%
2 or More Positions:	26%

Weekly Hours:

40 to 49:	43%
60 or more:	6%
Less than 30:	19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	2	0%
Employed in a behavioral sciences-related capacity	3,777	93%
Employed, NOT in a behavioral sciences-related capacity	104	3%
Not working, reason unknown	0	0%
Involuntarily unemployed	7	0%
Voluntarily unemployed	85	2%
Retired	70	2%
Total	**4,046**	**100%**

Source: Va. Healthcare Workforce Data Center

93% of LPCs are currently employed in their profession. 53% of LPCs hold one full-time job, and 43% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 hours	163	4%
1 to 9 hours	114	3%
10 to 19 hours	265	7%
20 to 29 hours	366	9%
30 to 39 hours	625	16%
40 to 49 hours	1,726	43%
50 to 59 hours	489	12%
60 to 69 hours	185	5%
70 to 79 hours	34	1%
80 or more hours	16	0%
Total	**3,981**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	163	4%
One Part-Time Position	676	17%
Two Part-Time Positions	190	5%
One Full-Time Position	2,118	53%
One Full-Time Position & One Part-Time Position	717	18%
Two Full-Time Positions	30	1%
More than Two Positions	94	2%
Total	**3,987**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	41	1%
Less than $20,000	237	7%
$20,000-$29,999	167	5%
$30,000-$39,999	244	8%
$40,000-$49,999	358	11%
$50,000-$59,999	555	17%
$60,000-$69,999	545	17%
$70,000-$79,999	408	13%
$80,000-$89,999	282	9%
$90,000-$99,999	126	4%
$100,000-$109,999	121	4%
$110,000 or More	172	5%
Total	**3,257**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $60k-$70k

Benefits

(Salary & Wage Employees only)

Health Insurance: 64%

Retirement: 58%

Satisfaction

Satisfied: 96%

Very Satisfied: 71%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	2810	71%
Somewhat Satisfied	977	25%
Somewhat Dissatisfied	112	3%
Very Dissatisfied	34	1%
Total	**3,933**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical LPC earned between $60,000 and $70,000 per year. Among LPCs who received either an hourly wage or salary as compensation at the primary work location, 64% received health insurance and 58% also had access to some form of a retirement plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	1,838	49%	69%
Health Insurance	1,760	47%	64%
Paid Sick Leave	1,676	44%	63%
Dental Insurance	1,613	43%	59%
Retirement	1,587	42%	58%
Group Life Insurance	1,269	34%	47%
Signing/Retention Bonus	102	3%	4%
Received At Least One Benefit	**2,105**	**56%**	**75%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the past year did you . . .?	#	%
Experience Involuntary Unemployment?	32	1%
Experience Voluntary Unemployment?	199	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	112	2%
Work two or more positions at the same time?	1,194	25%
Switch employers or practices?	361	8%
Experienced at least one	**1,599**	**34%**

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's LPCs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 3.4% during the past 12 months.[1]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	70	2%	49	4%
Less than 6 Months	197	5%	114	10%
6 Months to 1 Year	361	9%	137	13%
1 to 2 Years	636	16%	198	18%
3 to 5 Years	887	23%	282	26%
6 to 10 Years	719	19%	159	14%
More than 10 Years	988	26%	157	14%
Subtotal	**3,858**	**100%**	**1,096**	**100%**
Did not have location	104		3,520	
Item Missing	721		67	
Total	**4,683**		**4,683**	

Source: Va. Healthcare Workforce Data Center

57% of LPCs are salaried employees, while 21% receive income from their own business/practice.

At a Glance:

Unemployment Experience

Involuntarily Unemployed:	1%
Underemployed:	2%

Turnover & Tenure

Switched Jobs:	8%
New Location:	21%
Over 2 years:	67%
Over 2 yrs, 2nd location:	54%

Employment Type

Salary/Commission:	57%
Business/Practice Income:	21%
Hourly Wage:	13%

Source: Va. Healthcare Workforce Data Center

67% of LPCs have worked at their primary location for more than two years, while 8% have switched jobs during the past 12 months.

Employment Type		
Primary Work Site	#	%
Salary/ Commission	1,810	57%
Business/ Practice Income	650	21%
Hourly Wage	422	13%
By Contract	242	8%
Unpaid	26	1%
Subtotal	**3,150**	**100%**
Did not have location	104	
Item Missing	1,429	

Source: Va. Healthcare Workforce Data Center

[1] As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 2.8% in April 2018 to 3.9% in July 2017. The rate for June 2018, the last month used in this calculation, is preliminary.

At a Glance:

Concentration

Top Region:	29%
Top 3 Regions:	69%
Lowest Region:	1%

Locations

2 or more (Past Year):	29%
2 or more (Now*):	27%

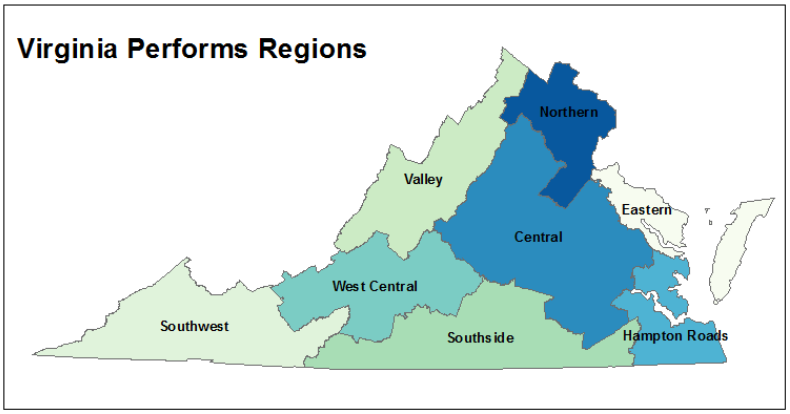
Source: Va. Healthcare Workforce Data Center

29% of LPCs work in Northern Virginia, the most of any region in the state. Another 20% work in both Hampton Roads and Central Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	776	20%	220	19%
Eastern	46	1%	14	1%
Hampton Roads	779	20%	231	20%
Northern	1,122	29%	320	28%
Southside	143	4%	39	3%
Southwest	142	4%	49	4%
Valley	295	8%	63	6%
West Central	524	14%	142	12%
Virginia Border State/DC	25	1%	22	2%
Other US State	15	0%	38	3%
Outside of the US	0	0%	2	0%
Total	**3,868**	**100%**	**1,142**	**100%**
Item Missing	711		22	

Source: Va. Healthcare Workforce Data Center



Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	93	2%	153	4%
1	2,699	68%	2,742	69%
2	559	14%	536	14%
3	528	13%	477	12%
4	44	1%	26	1%
5	12	0%	8	0%
6 or More	17	0%	9	0%
Total	**3,952**	**100%**	**3,952**	**100%**

*At the time of survey completion, June 2018.

Source: Va. Healthcare Workforce Data Center

27% of all LPCs currently have multiple work locations, while 29% have had multiple work locations during the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	2,059	56%	729	72%
Non-Profit	684	19%	168	17%
State/Local Government	818	22%	96	10%
Veterans Administration	9	0%	2	0%
U.S. Military	49	1%	10	1%
Other Federal Government	41	1%	6	1%
Total	**3,660**	**100%**	**1,011**	**100%**
Did not have location	104		3520	
Item Missing	919		152	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

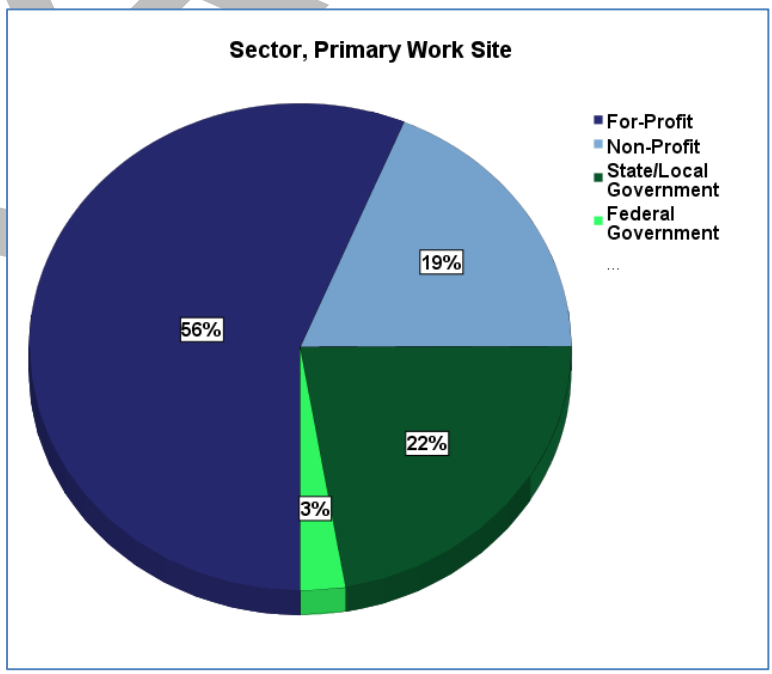
For Profit: 55%
Federal: 3%

Top Establishments

Private Practice, Solo: 18%
Private Practice, Group: 18%
Comm. Services Board: 16%

Source: Va. Healthcare Workforce Data Center

75% of LPCs work in the private sector, including 56% who work at for-profit establishments. Another 22% of LPCs work for state or local governments.



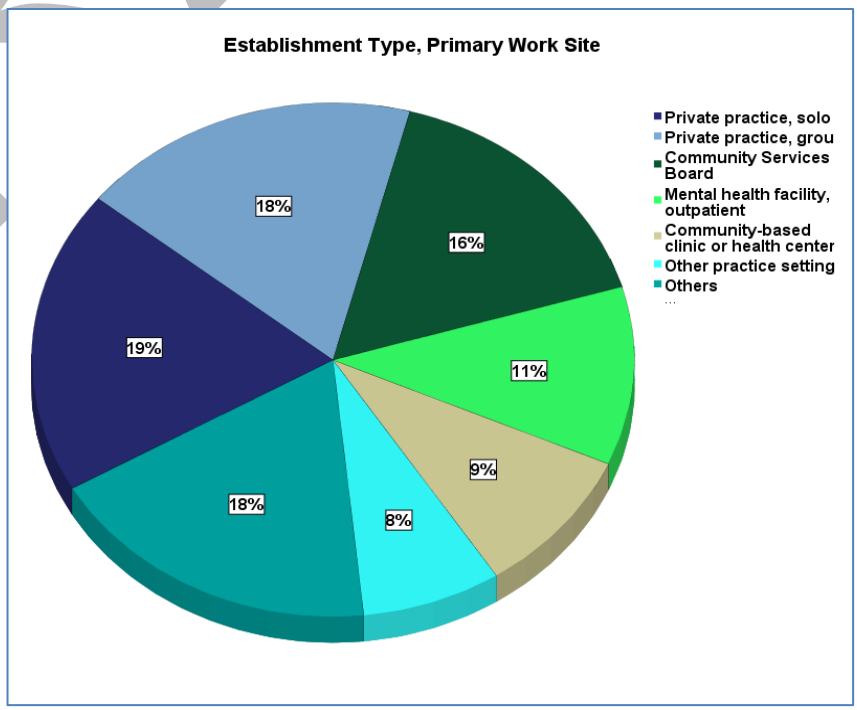
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private practice, solo	655	19%	207	21%
Private practice, group	628	18%	229	23%
Community Services Board	558	16%	55	6%
Mental health facility, outpatient	385	11%	121	12%
Community-based clinic or health center	317	9%	100	10%
School (providing care to clients)	166	5%	21	2%
Academic institution (teaching health professions students)	118	3%	64	6%
Residential mental health/substance abuse facility	68	2%	21	2%
Corrections/Jail	67	2%	15	2%
Hospital, psychiatric	54	2%	24	2%
Hospital, general	52	2%	20	2%
Administrative or regulatory	48	1%	8	1%
Residential intellectual/ development disability facility	14	0%	0	0%
Other practice setting	297	9%	100	10%
Total	**3,427**	**100%**	**985**	**100%**
Did Not Have a Location	104		3,520	

Source: Va. Healthcare Workforce Data Center

37% of all LPCs work at either a solo or group private practice, while another 16% works at a community services board.

Among those LPCs who also have a secondary work location, 44% work at either a solo or group private practice, while 12% work at an outpatient mental health facility.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

Patient Care:	60%-69%
Administration:	10%-19%

Roles

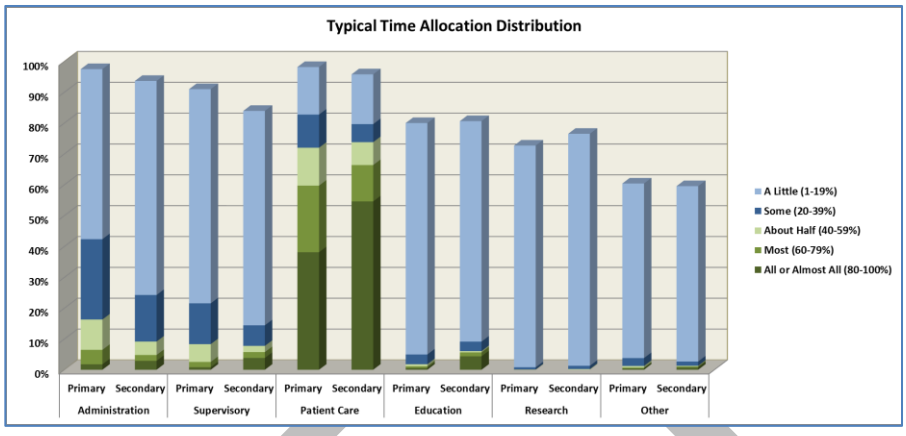
Patient Care:	60%
Administrative:	6%
Supervisory:	3%

Patient Care LPCs

Median Admin Time:	10%-19%
Ave. Admin Time:	10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



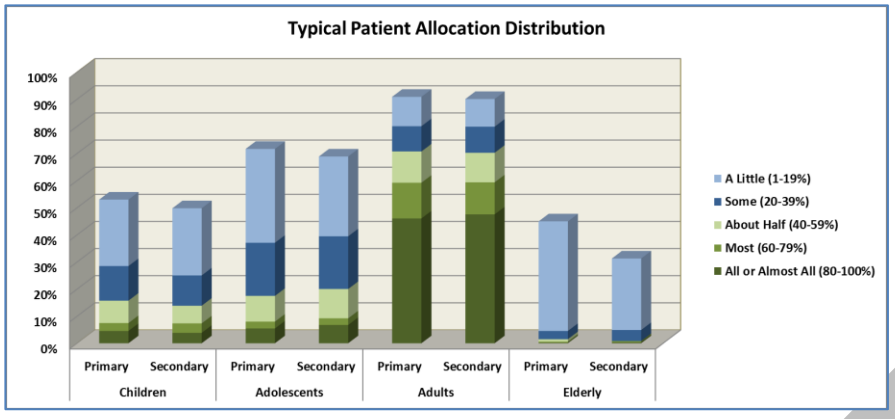
Source: Va. Healthcare Workforce Data Center

The typical LPC spends approximately two-thirds of her time treating patients. In fact, 60% of all LPCs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation												
Time Spent	**Admin.**		**Supervisory**		**Patient Care**		**Education**		**Research**		**Other**	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	2%	3%	1%	4%	38%	55%	1%	4%	0%	0%	0%	1%
Most (60-79%)	5%	2%	2%	2%	22%	12%	1%	1%	0%	0%	0%	0%
About Half (40-59%)	10%	4%	6%	2%	12%	7%	1%	0%	0%	0%	1%	0%
Some (20-39%)	26%	15%	13%	7%	11%	6%	3%	3%	1%	1%	3%	1%
A Little (1-19%)	55%	69%	69%	70%	15%	16%	75%	71%	72%	75%	57%	57%
None (0%)	3%	6%	9%	16%	2%	4%	20%	19%	27%	24%	40%	40%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Approximately three-quarters of all patients seen by a typical LPC at her primary work location are adults. In addition, 59% of LPCs serve an adult patient care role, meaning that at least 60% of their patients are adults.

At a Glance:
(Primary Locations)

Typical Patient Allocation

Children:	1%-9%
Adolescents:	10%-19%
Adults:	70%-79%
Elderly:	None

Roles

Children:	7%
Adolescents:	8%
Adults:	59%
Elderly:	1%

Source: Va. Healthcare Workforce Data Center

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	5%	4%	5%	7%	46%	48%	0%	0%
Most (60-79%)	3%	3%	3%	2%	13%	12%	0%	0%
About Half (40-59%)	8%	7%	9%	11%	12%	11%	1%	0%
Some (20-39%)	13%	11%	20%	19%	9%	10%	3%	4%
A Little (1-19%)	25%	25%	35%	29%	11%	10%	40%	26%
None (0%)	47%	50%	28%	31%	9%	10%	55%	69%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Patients Per Week

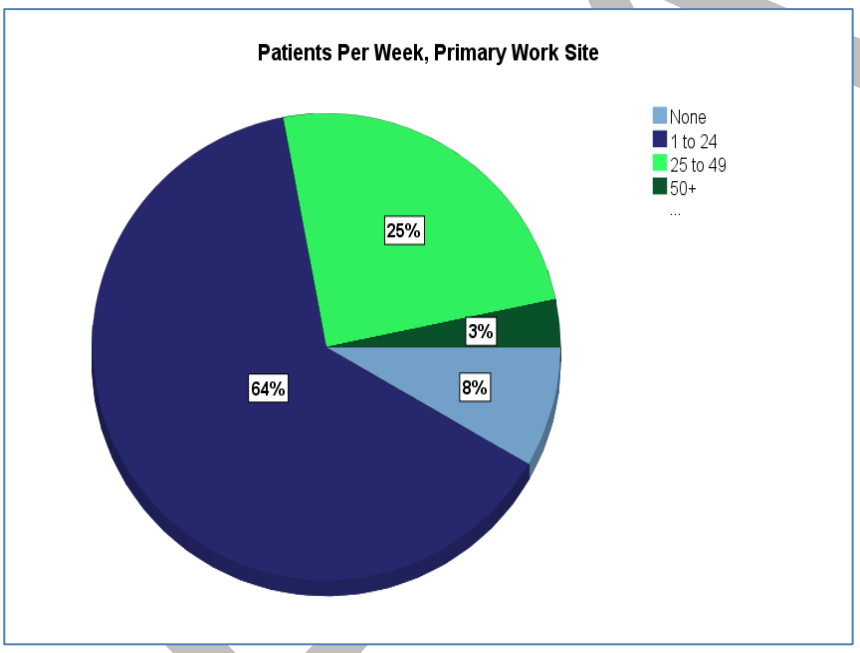
Primary Location: 1-24

Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	303	8%	143	14%
1 to 24	2,312	64%	768	78%
25 to 49	896	25%	57	6%
50 to 74	68	2%	14	1%
75 or More	50	1%	8	1%
Total	3,629	100%	990	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

64% of all LPCs treat between 1 and 24 patients per week at their primary work location. Among those LPCs who also have a secondary work location, 78% treat between 1 and 24 patients per week.

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LPCs		LPCs over 50	
	#	%	#	%
Under age 50	37	1%	0	0%
50 to 54	66	2%	4	0%
55 to 59	215	6%	46	3%
60 to 64	498	15%	165	10%
65 to 69	1,070	31%	466	29%
70 to 74	701	20%	411	25%
75 to 79	284	8%	199	12%
80 or over	125	4%	80	5%
I do not intend to retire	431	13%	243	15%
Total	**3,428**	**100%**	**1,614**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LPCs

Under 65: 24%
Under 60: 9%

LPCs 50 and over

Under 65: 13%
Under 60: 3%

Time until Retirement

Within 2 years: 6%
Within 10 years: 24%
Half the workforce: By 2043

Source: Va. Healthcare Workforce Data Center

9% of LPCs expect to retire no later than the age of 60, while 24% expect to retire by the age of 65. Among those LPCs who are ages 50 or over, 13% expect to retire by the age of 65.

Within the next two years, only 2% of Virginia's LPCs plan on leaving the state to practice elsewhere, while 1% plan on leaving the profession entirely. Meanwhile, 15% plan on increasing patient care hours, and 12% expect to pursue additional educational opportunities.

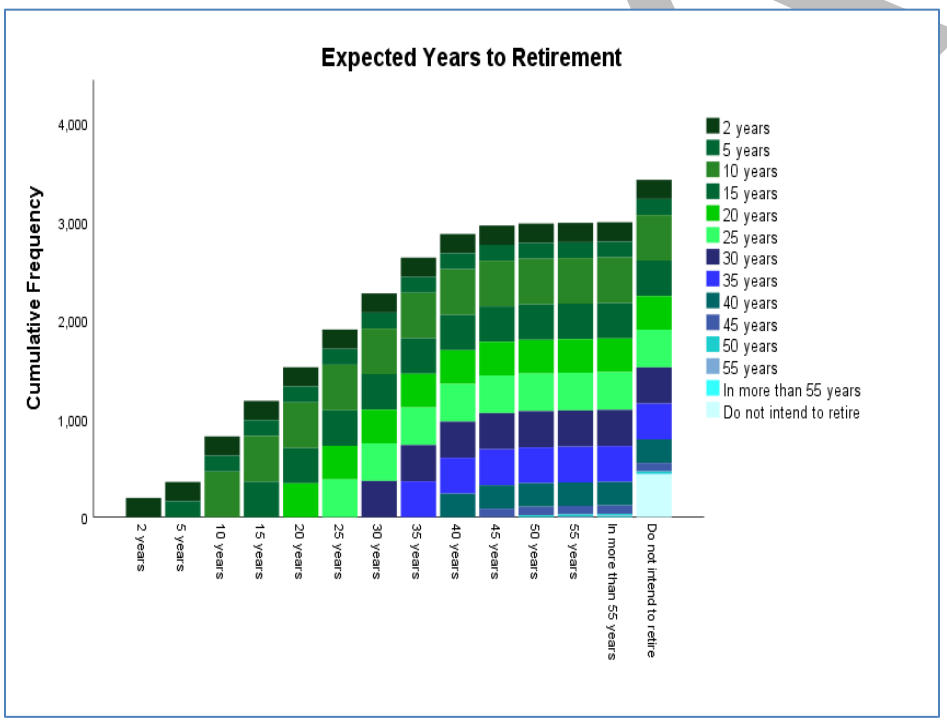
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	55	1%
Leave Virginia	111	2%
Decrease Patient Care Hours	398	8%
Decrease Teaching Hours	32	1%
Increase Participation		
Increase Patient Care Hours	683	15%
Increase Teaching Hours	340	7%
Pursue Additional Education	562	12%
Return to Virginia's Workforce	42	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LPCs. 6% of LPCs expect to retire in the next two years, while 24% plan on retiring in the next ten years. More than half of the current LPC workforce expects to retire by 2043.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	196	6%	6%
5 years	162	5%	10%
10 years	463	14%	24%
15 years	361	11%	34%
20 years	342	10%	44%
25 years	383	11%	56%
30 years	368	11%	66%
35 years	364	11%	77%
40 years	239	7%	84%
45 years	86	3%	86%
50 years	20	1%	87%
55 years	8	0%	87%
In more than 55 years	6	0%	87%
Do not intend to retire	431	13%	100%
Total	3,428	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach over 10% of the current workforce every five years by 2028. Retirements will peak at 14% of the current workforce around the same time period before declining to under 10% of the current workforce again around 2058.

At a Glance:

FTEs

Total:	4,050
FTEs/1,000 Residents[2]:	0.478
Average:	0.88

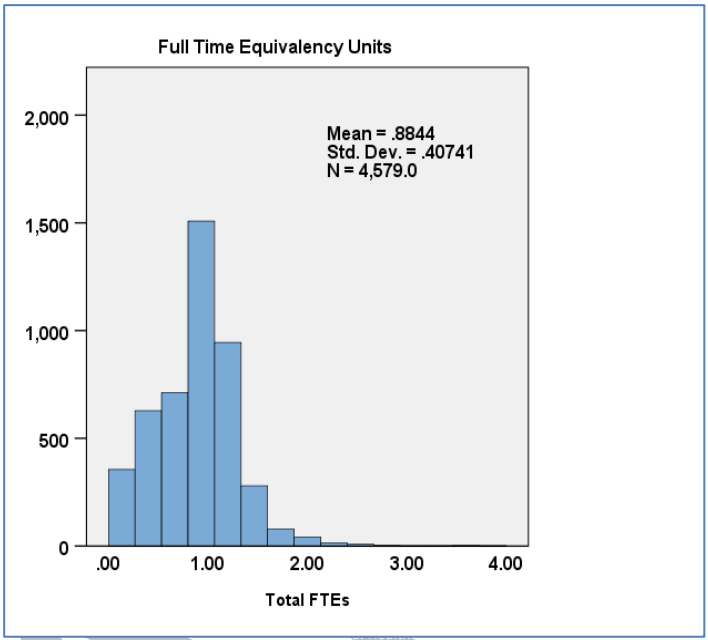
Age & Gender Effect

Age, Partial Eta[3]:	Medium
Gender, Partial Eta[3]:	Small

Partial Eta[3] Explained:
Partial Eta[3] is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

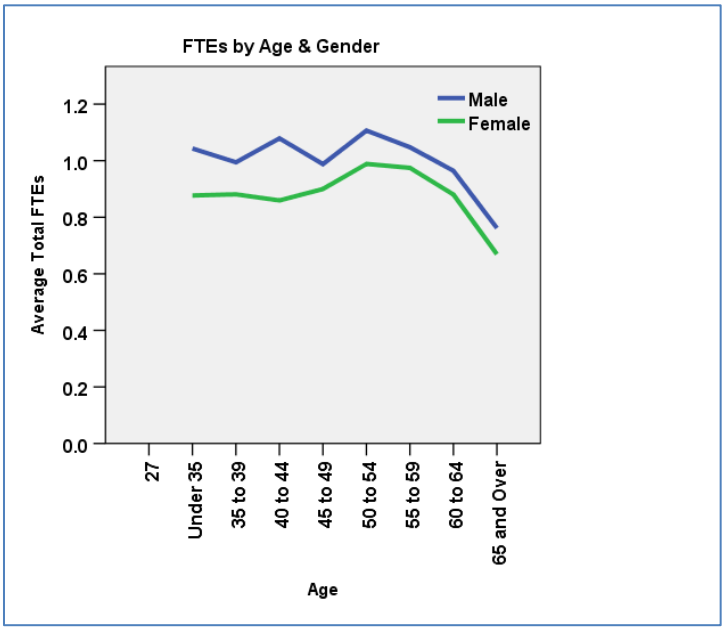


Source: Va. Healthcare Workforce Data Center

The typical (median) LPC provided 0.97 FTEs, or approximately 38 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists.[3]

Full-Time Equivalency Units		
Age	**Average Age**	**Median Age**
Under 35	0.88	0.94
35 to 39	0.90	0.97
40 to 44	0.91	0.99
45 to 49	0.93	1.05
50 to 54	1.02	1.06
55 to 59	0.99	1.01
60 to 64	0.92	1.03
65 and Over	0.66	0.53
Gender		
Male	0.96	1.01
Female	0.87	0.93

Source: Va. Healthcare Workforce Data Center

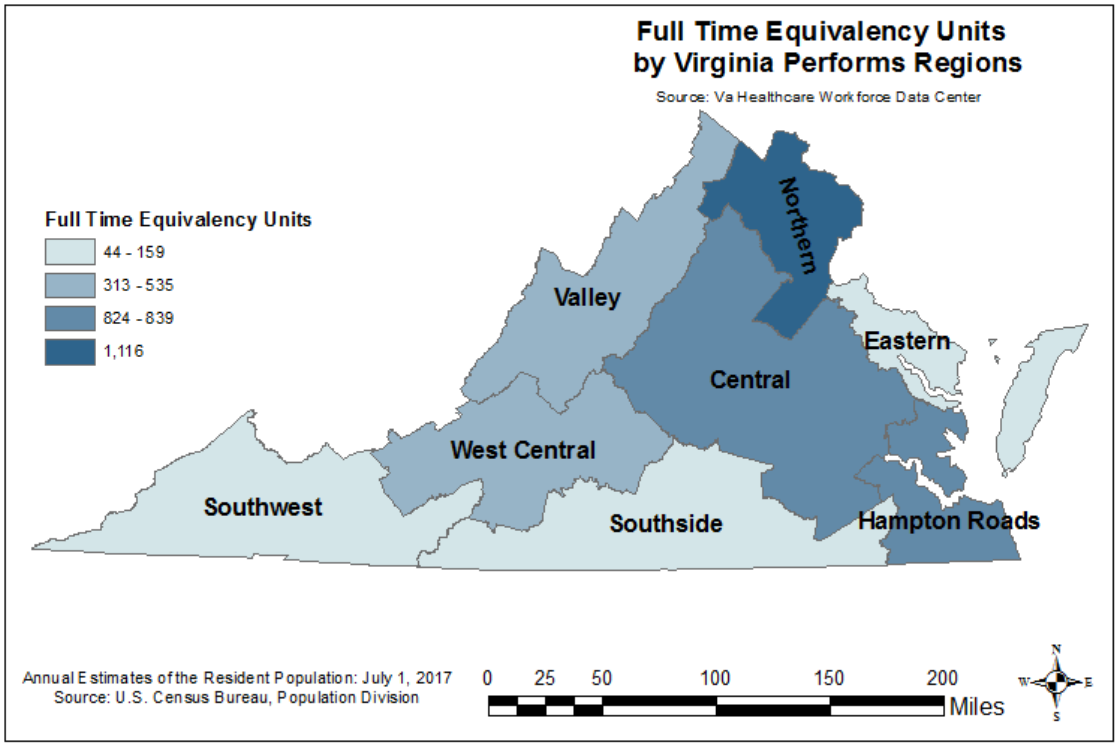


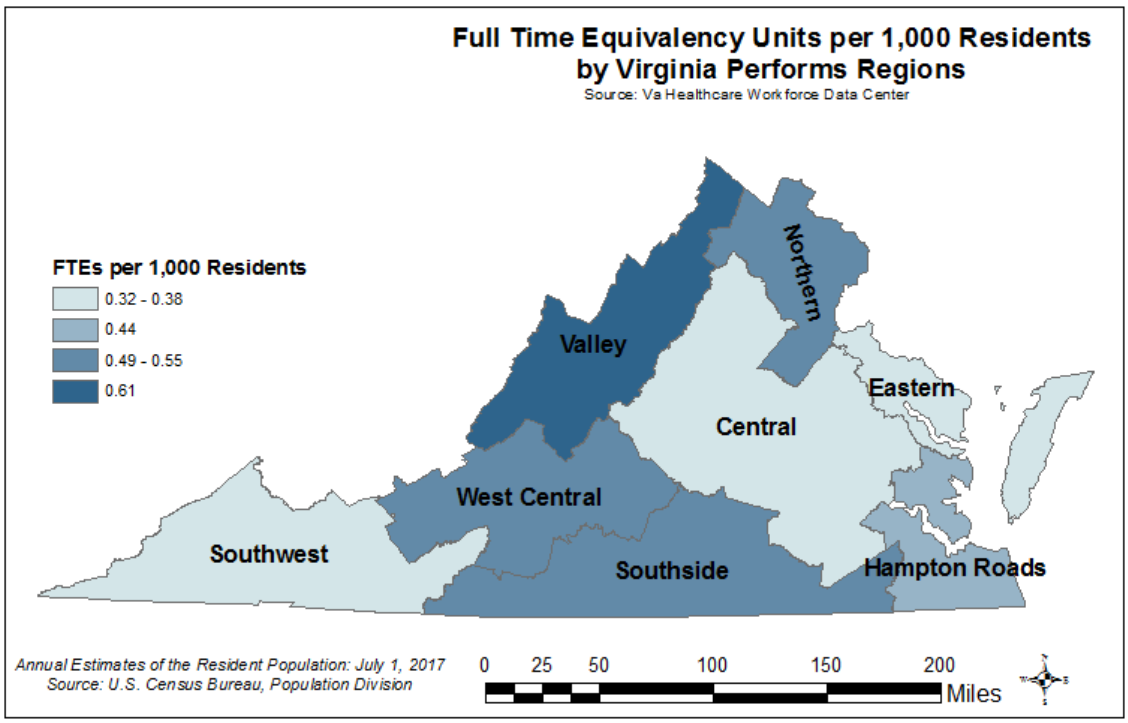
Source: Va. Healthcare Workforce Data Center

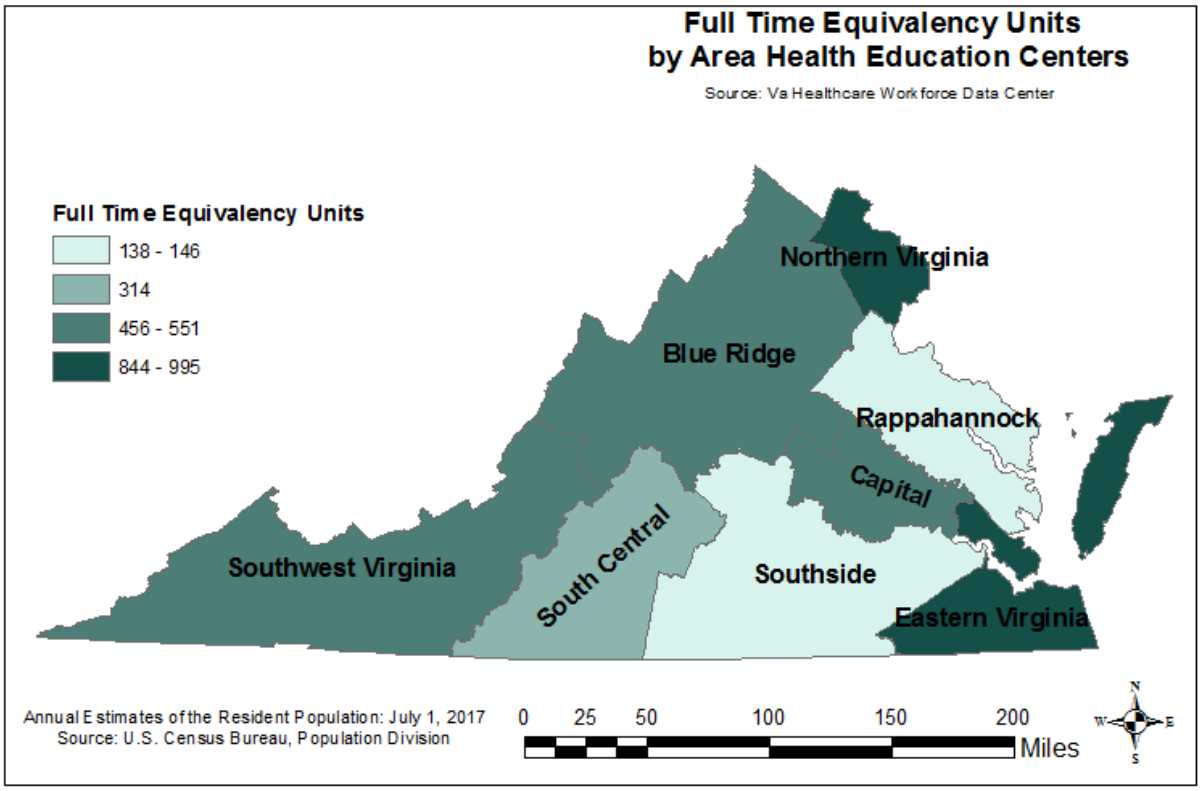
[2] Number of residents in 2017 was used as the denominator.
[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test is significant)

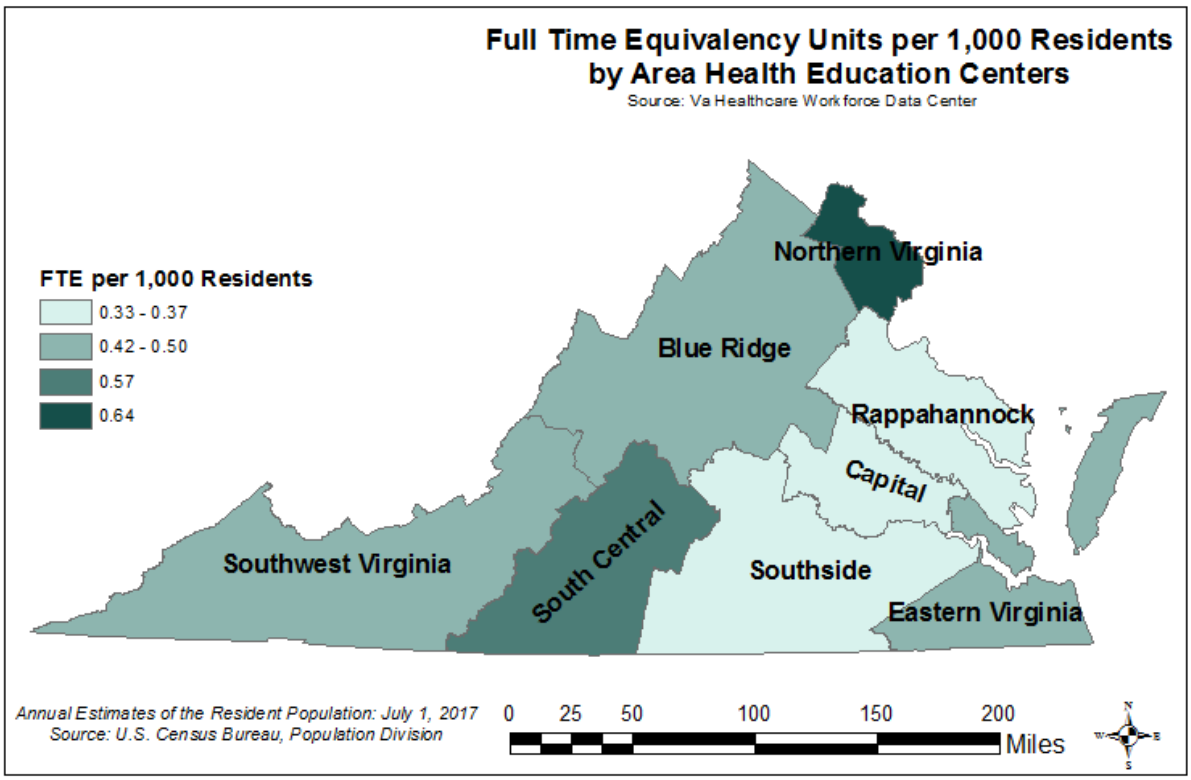
Maps

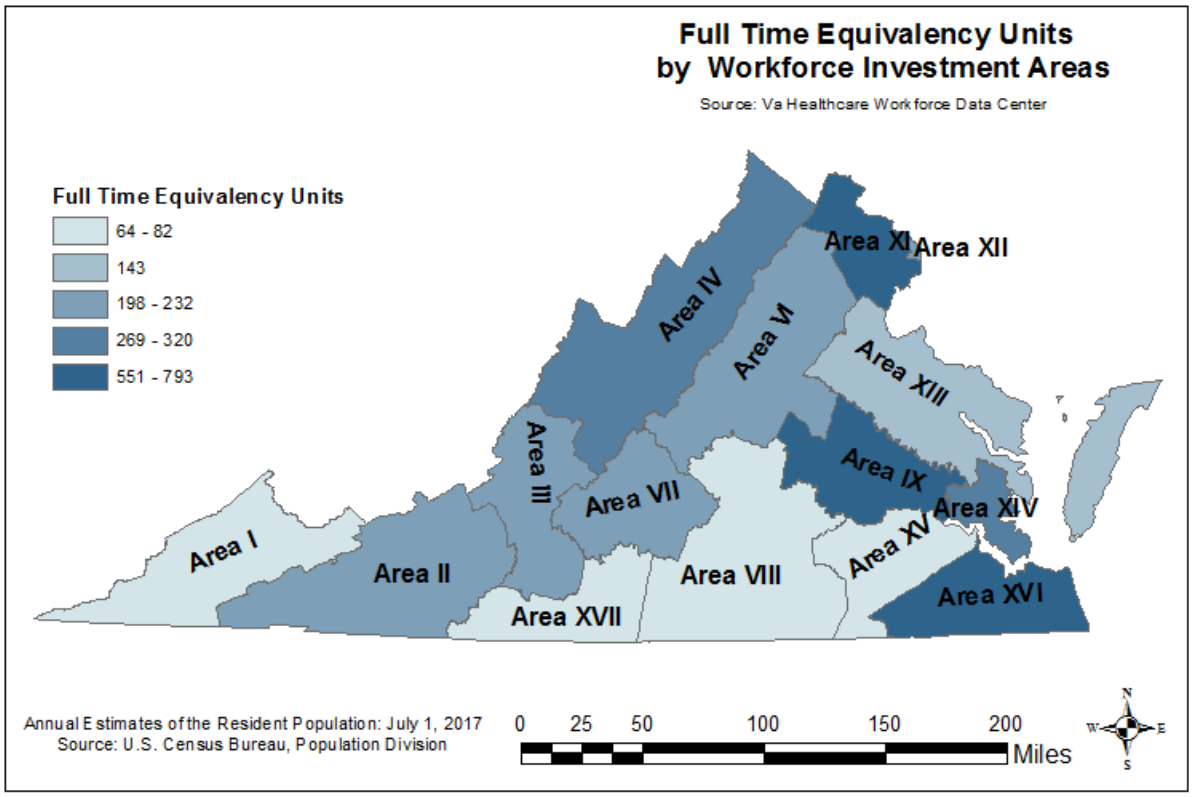
Virginia Performs Regions

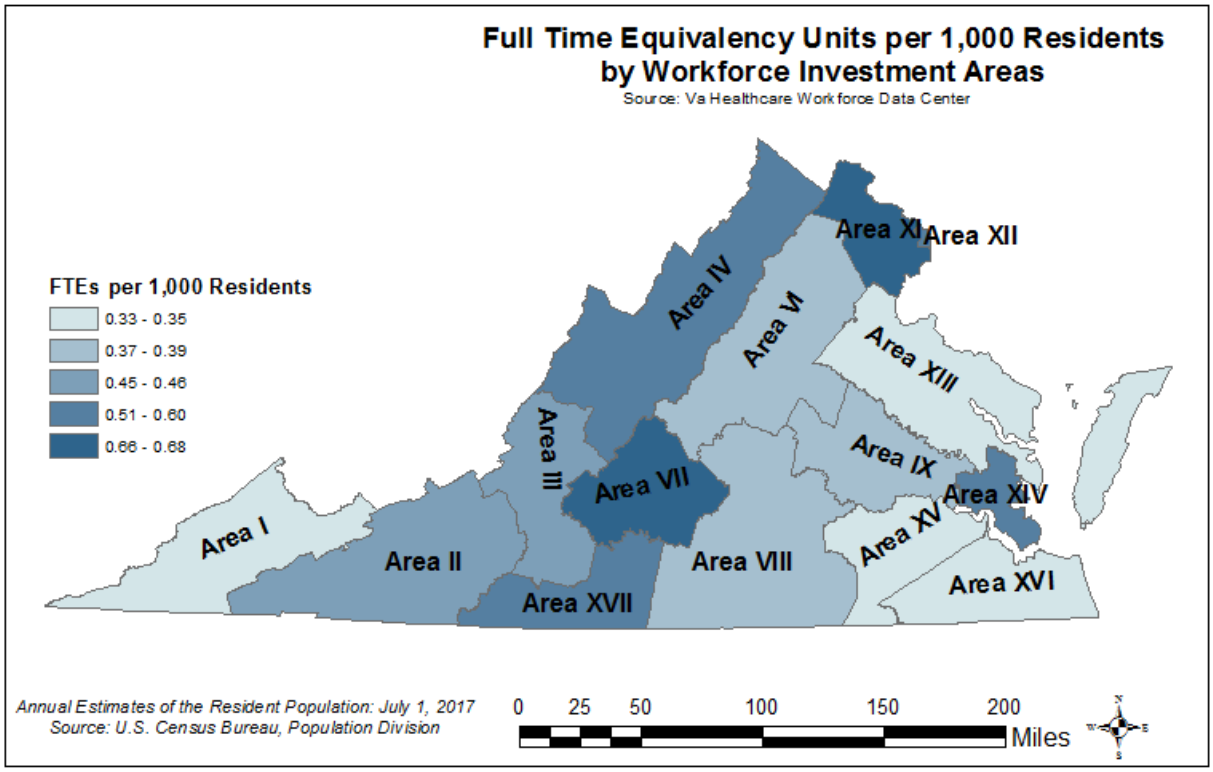




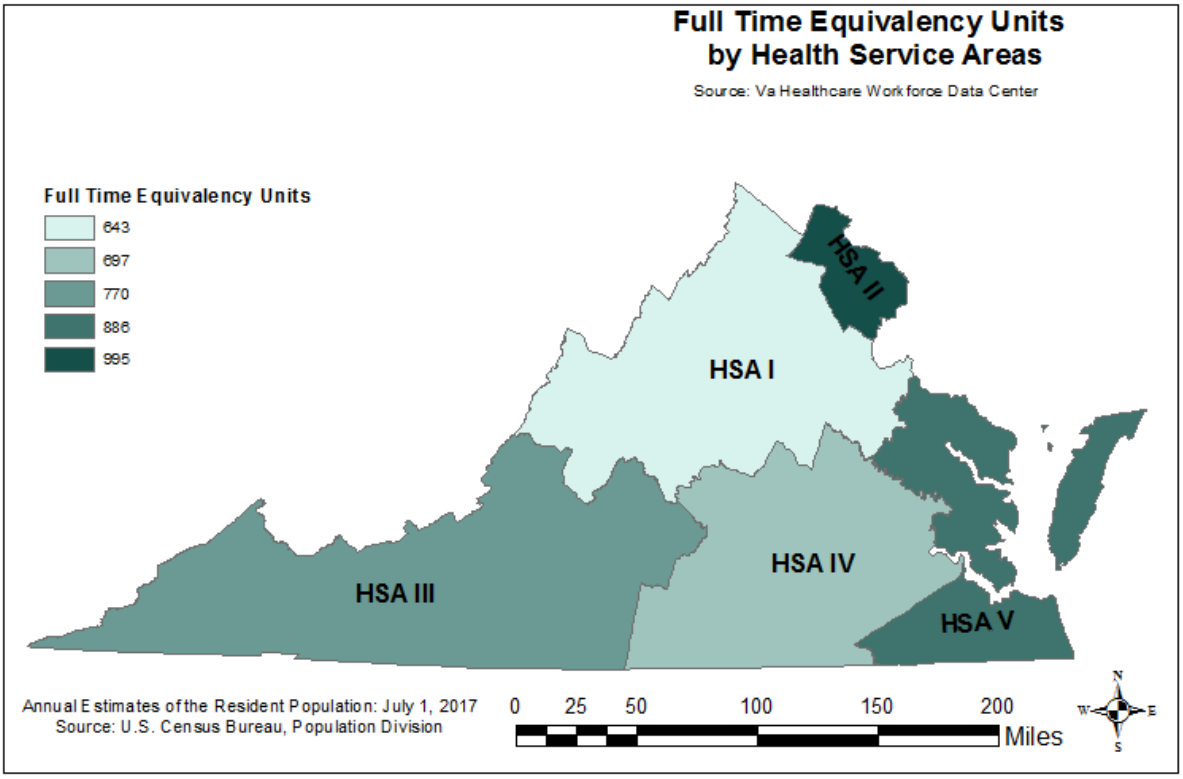

Full Time Equivalency Units
by Area Health Education Centers
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
138 - 146
314
456 - 551
844 - 995
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

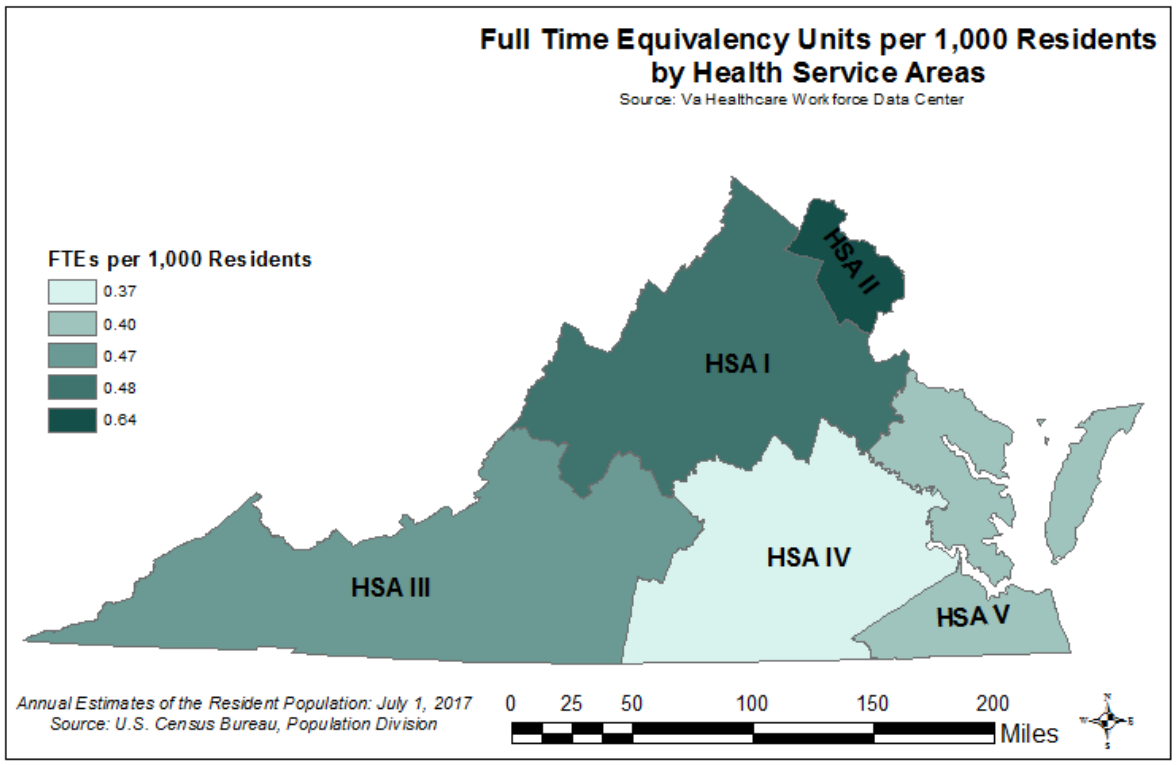

Full Time Equivalency Units per 1,000 Residents
by Area Health Education Centers
Source: Va Healthcare Workforce Data Center
FTE per 1,000 Residents
0.33 - 0.37
0.42 - 0.50
0.57
0.64
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

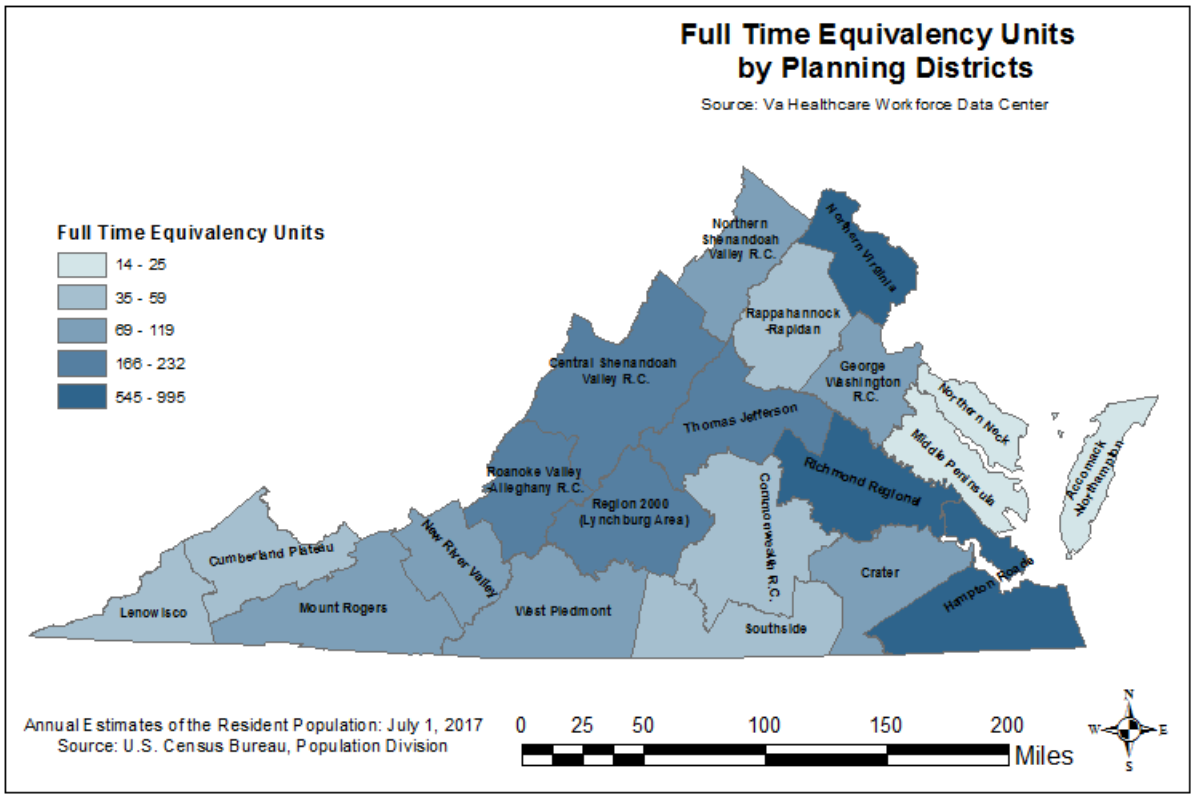

Full Time Equivalency Units
by Workforce Investment Areas
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
64 - 82
143
198 - 232
269 - 320
551 - 793
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

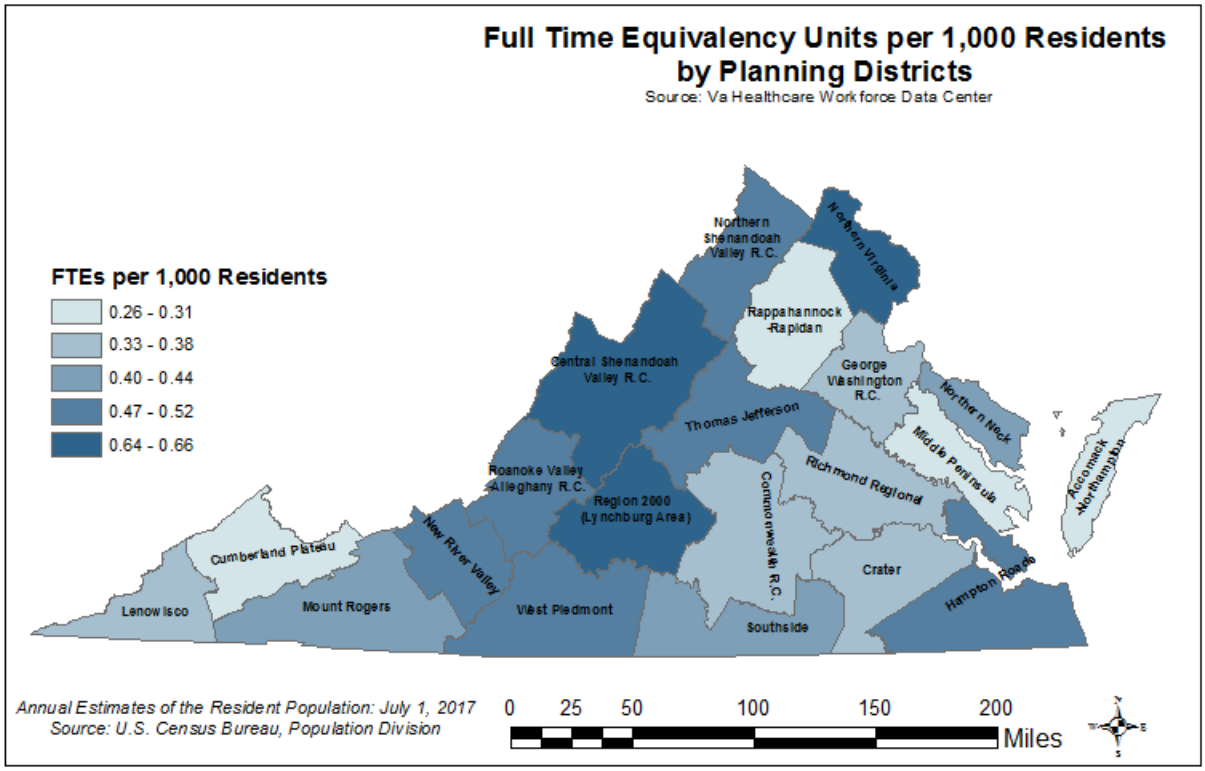

Full Time Equivalency Units per 1,000 Residents
by Workforce Investment Areas
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.33 - 0.35
0.37 - 0.39
0.45 - 0.46
0.51 - 0.60
0.66 - 0.68
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Health Services Areas






Full Time Equivalency Units
by Planning Districts
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
14 - 25
35 - 59
69 - 119
166 - 232
545 - 995
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Region 2000 (Lynchburg Area)
Richmond Regional
Commonwealth R.C.
Crater
Hampton Roads
Cumberland Plateau
New River Valley
Lenowisco
Mount Rogers
West Piedmont
Southside
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units per 1,000 Residents
by Planning Districts
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.26 - 0.31
0.33 - 0.38
0.40 - 0.44
0.47 - 0.52
0.64 - 0.66
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Region 2000 (Lynchburg Area)
Richmond Regional
Commonwealth R.C.
Crater
Hampton Roads
Cumberland Plateau
New River Valley
Lenowisco
Mount Rogers
West Piedmont
Southside
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	3,061	87.49%	1.14301718	1.08548902	1.28567575
Metro, 250,000 to 1 million	569	90.51%	1.10485437	1.04924695	1.24274989
Metro, 250,000 or less	661	86.69%	1.15357766	1.09551799	1.29755427
Urban pop 20,000+, Metro adj	57	85.96%	1.16326531	1.10471806	1.30845102
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	151	87.42%	1.14393939	1.08636483	1.28671307
Urban pop, 2,500-19,999, nonadj	92	85.87%	1.16455696	1.10594471	1.30990389
Rural, Metro adj	63	90.48%	1.10526316	1.04963517	1.24320969
Rural, nonadj	22	86.36%	1.15789474	1.09961779	1.30241016
Virginia border state/DC	403	84.37%	1.18529412	1.12563816	1.33322922
Other US State	317	78.86%	1.268	1.20418145	1.42625753

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 35	661	77.31%	1.293542074	1.242749889	1.426257526
35 to 39	707	87.13%	1.147727273	1.102660647	1.265482347
40 to 44	637	88.85%	1.125441696	1.081250135	1.240910304
45 to 49	685	87.74%	1.139767055	1.095012995	1.256705423
50 to 54	569	91.56%	1.092130518	1.049246953	1.20418145
55 to 59	558	89.96%	1.111553785	1.067907546	1.225597514
60 to 64	544	90.44%	1.105691057	1.062275024	1.219133279
65 and Over	1036	85.33%	1.171945701	1.125928115	1.29218555

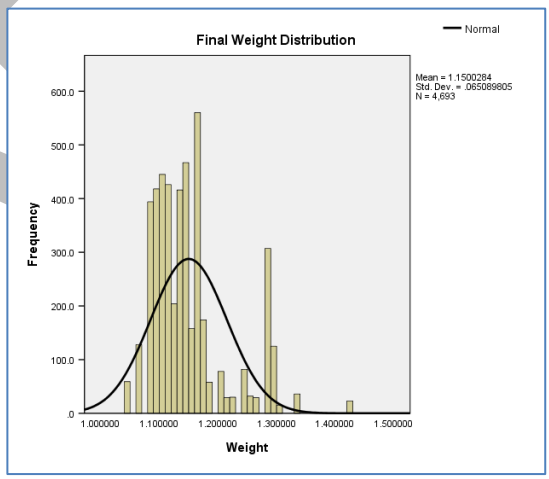
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: 0.869557



Source: Va. Healthcare Workforce Data Center