
10:00 a.m Call to Order– Johnston Brendel, Ed.D., LPC, LMFT, Board Chair

- Roll Call/Welcome and Introductions
- Mission of the Board

Page 4

Approval of Minutes

- Board Meeting – August 21, 2020* Page 5
 - Informal Conferences – September 18, 2020 (For informational purposes only) Page 13
 - Advisory Board on Art Therapy – October 9, 2020 (For informational purposes only) Page 16
 - Informal Conferences – October 16, 2020 (For informational purposes only) Page 18
 - Public Hearing Minutes – October 23, 2020 (For informational purposes only) Page 19
-

Ordering of Agenda

Public Comment

The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Agency Director’s Report - David E. Brown, DC, Director, Department of Health Professions (DHP)

Chair Report – Dr. Brendel

Legislation and Regulatory Actions – Elaine Yeatts, DHP, Senior Policy Analyst, Regulatory Coordinator

- Report on Regulatory Actions Page 23
 - Response to Petition for Rulemaking* Page 24
-

Committee Reports

- Legislative/Regulatory Committee – Holly Tracy, LPC, LMFT, Regulatory Committee Chairperson
 - Board of Health Professions Report – Kevin Doyle, Ed.D., LPC, LSATP
-

Unfinished Business

- Update on Virginia Counselor’s Association Board Conversation and Supervisor Summit – Dr. Brendel
-

New Business

- Adoption of Guidance Document on Bylaws for Advisory Board on Art Therapy – Elaine Yeatts
Page 39
-

-
- Adoption of Notice of Intended Regulatory Action for Licensure of Art Therapists – Elaine Yeatts
Page 42
-

Presentation

- Virginia Licensed Professional Counselor Workforce: 2020 – Yetty Shobo, Ph.D, Deputy Director, Healthcare Workforce Data Center
Page 54
-

Staff Reports

- Executive Director’s Report – Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology, and Social Work
Page 85
 - Discipline Report – Jennifer Lang, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work
Page 93
 - Licensing Report – Charlotte Lenart, Deputy Executive Director of Licensing, Boards of Counseling, Psychology, and Social Work
Page 95
-

Board Counsel Report – James Rutkowski, Assistant Attorney General

Recommended Decisions -- Ms. Lang**

Next Meeting – January 22, 2021

Meeting Adjournment

*Indicates a Board Vote is required.

**Indicates these items will be discussed within closed session.

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

Virginia Board of Counseling

Instructions for Accessing November 6, 2020 Virtual Quarterly Board Meeting and Providing Public Comment

- **Access:** Perimeter Center building access is closed to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.
- **Public comment:** Comments will be received during the public comment period from those persons who have submitted an email to jaime.hoyle@dhp.virginia.gov **no later than 8 am on November 6, 2020** indicating that they wish to offer comment. Comment may be offered by these individuals when their names are announced by the Chairperson. Comments must be restricted to 3-5 minutes each.
- Public participation connections will be muted following the public comment periods.
- Please call from a location without background noise and ensure your line is muted.
- Dial (804) 938-6243 to report an interruption during the broadcast.
- FOIA Council *Electronic Meetings Public Comment* form for submitting feedback on this electronic meeting may be accessed at <http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.ht>

JOIN WEBEX MEETING

<https://virginia-dhp.my.webex.com/virginia-dhp.my/j.php?MTID=mb03184a6d9afe708fe0553145143bc3fm>

Meeting number (access code): 132 929 1769

Meeting password: 98Dw2JxSQTm (98392597 from phones and video systems)

JOIN BY PHONE +1-408-418-9388 United States Toll

Global call-in numbers <https://virginia-dhp.my.webex.com/virginia-dhp.my/globalcallin.php?MTID=m3d7497b1b028431dc6bc9277b1af6292>

JOIN BY VIDEO SYSTEM, APPLICATION OR SKYPE FOR BUSINESS Dial <sip:1329169647@webex.com>

You can also dial 173.243.2.68 and enter your meeting number.



Virginia Department of
Health Professions
Board of Counseling

MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

DRAFT
BOARD OF COUNSELING
FULL BOARD MEETING
Friday, August 21, 2020
DRAFT MINUTES

TIME AND PLACE: Consistent with Amendment 28 to HB29 (the Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the Freedom of Information Act, the Committee convened the meeting virtually to consider such regulatory and business matters as are presented on the agenda necessary for the committee to discharge its lawful purposes, duties, and responsibilities.

PRESIDING: Johnston Brendel, Ed.D., LPC, LMFT, Chairperson

BOARD MEMBERS PRESENT: Barry Alvarez, LMFT
Kevin Doyle, Ed.D., LPC, LSATP
Jane Engelken, LPC, LSATP
Danielle Hunt, LPC, Vice-Chairperson
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
Holly Tracy, LPC, LMFT
Tiffinee Yancey, Ph.D., LPC

ABSENT BOARD MEMBER: Natalie Harris, LPC, LMFT

STAFF PRESENT: Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Deputy Executive Director-Licensing
Sharniece Vaughan, Licensing Specialist

OTHERS PRESENT: Barbara Allison-Bryan, MD, Chief Deputy Director
David E. Brown, D.C., DHP Director
James Rutkowski, Assistant Attorney General
Elaine Yeatts, DHP Senior Policy Analyst

WELCOME & INTRODUCTIONS: Dr. Brendel welcomed Board members, staff and public. After completing a roll call of Board members and staff, Ms. Hoyle indicated that with 11 Board members present a quorum was established.

APPROVAL OF MINUTES: Upon a motion made by Ms. Hunt, and seconded by Ms. Stransky, the Board voted unanimously to approve the February 7, 2020 meeting minutes.

ADOPTION OF AGENDA: The Board adopted the agenda as written.

PUBLIC COMMENT: The Board reviewed and discussed public written comment from:

- Savannah Martin, LPC, LAC(SD) regarding military spouses;
- Nicole Kazuba, Licensed Resident in Counseling, regarding the ability to count telephonic hours toward face-to-face client contact hours;
- Pamela Ratliff, Ph.D, MSW, regarding internship hours for CSAC-A applicants; and
- Cyntina Hines, LPC, regarding the ability to count telephonic hours toward face-to-face client contact hours.

AGENCY REPORT:

Dr. Brown reported that the Agency responded to the pandemic by closing public access to the building, transitioning employees to work remotely, and holding most meetings electronically. Currently, approximately 75% of the Agency's employees telework. The Agency has continued to investigate complaints. In addition, the Agency has initiated waivers to increase efficiencies and the Governor issued Executive Order 57, which allows the Behavioral Sciences Boards to issue temporary licenses.

Dr. Brown reported that the Virginia Department of Health (VDH) is developing a state telehealth plan for additional flexibility required for reimbursement and the expanded use of telemedicine.

Dr. Brown provided an update on state-level workgroup activities related to adult and medical use of marijuana. He stated that the Joint Legislative Audit and Review Committee (JLARC) also has been tasked with the review of adult and medical use of marijuana.

CHAIRPERSON REPORT:

Dr. Brendel expressed his concerns about the limited number of Board staff. Dr. Brendel stated that the Board staffs' efficiency and productivity continues to impress him, and he knows that Board staff works more than 40 hours per week to provide service to the applicants and licensees. Dr. Brendel acknowledged that the Board has received approval to hire two part-time individuals to support current Board staff.

Dr. Brown discussed constraints to hiring full-time employees by the General Assembly and Governor. He is pleased that he has been able to direct two new full-time positions to the Behavioral Science Unit this year and to transition Charlotte Lenart to a Deputy Executive Director's role last year. Dr. Brown stated that Ms. Hoyle continues to be a great advocate and keeps management up-to-date on staffing needs. Dr. Brown appreciates the Board's concerns.

Dr. Brendel thanked Board members for their continued support in reviewing probable cause cases. He reported that the Board has reviewed 50 more cases than this time last year.

LEGISLATION AND REGULATORY REPORTS:

Ms. Yeatts provided an update on the changes to the chart in the agenda packet regarding current regulatory actions dated August 4,

2020.

- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Unprofessional conduct-conversion therapy (Action 5225); Proposed –Approved for publication and will be open for public comment from 8/31/2020 through 10/30/2020. A public hearing has been scheduled on 10/09/2020 for 9:45 a.m.
- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Periodic review (action 5230); Proposed - At Secretary's Office.
- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Resident license (action 5371); Proposed – Approved for publication on 9/14/2020 and public comment will open on 9/14/2020 through 11/13/2020. A public hearing has been scheduled on 10/09/2020 at 10:20 a.m.
- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Handling fee - returned check (action 5436); Fast-Track –Regulations to be effective 10/15/2020.
- 18VAC 115-40 Regulations Governing the Certification of Rehabilitation Providers - Periodic review (Action 5305); Proposed – Approved for publication on 9/14/2020 and public comment will open on 9/14/2020 through 11/13/2020. A public hearing has been scheduled for 10/09/2020 at 10:05 a.m.
- 18VAC 115-80 Regulations Governing the Registration of Qualified Mental Health Professionals - Registration of QMHP-Trainees (Action 5444); Fast-Track – Regulations to be effective 10/29/2020.

COMMITTEE REPORT:

Ms. Yeatts informed the Board that the Governor has appointed members to the Art Therapy Advisory Board, and will make the announcement soon. The Advisory Board's role is to provide guidance to the full Board on regulatory and disciplinary issues related to art therapists. This Advisory Board will need to meet prior to the next full Board meeting in order to provide the full Board with a draft of the proposed regulations for the licensure of art therapist and associate art therapist.

Regulatory Committee:

Consideration of any waiver of experience requirements for spouse of active duty military or veteran. The Board discussed the requirements for endorsement and the possibility of waiving the experience requirement in 18VAC115-20-45(B)(2)(b). This section

requires evidence of post-licensure clinical practice in counseling for at least 24 of the last 60 months immediately preceding licensure application for spouses of active military or spouses of veterans who left active-duty within the last year and who accompany the applicant's spouse to the Commonwealth, or an adjoining state, or the District of Columbia.

The Committee's recommendation is for the Board to consider additional pathways that the proposed periodic review of the regulations currently outline. Additional avenues would include:

- Verification from the credentials registry of the American Association of State Counseling Boards, of the Certified Clinical Mental Health Counselor (CCMHC) credential from the National Board of Certified Counselors (NBCC) or any other board-recognized entity.; or
- Evidence of an active license at the highest level of counselor licensure for independent practice for at least 10 years prior to the date of application; or
- Evidence of an active license at the highest level of counselor licensure for independent practice for at least three years prior to the date of application and one of the following:
 - (1) The National Certified Counselor (NCC) credential, in good standing, as issued by the National Board of Certified Counselors (NBCC); or
 - (2) A graduate-level degree from a program accredited in clinical mental health counseling by CACREP.

Ms. Engleken moved to accept the recommendations from the Regulatory Committee to allow a waiver for military spouses to include the additional pathways to licensure as outlined in the periodic review. The Board voted unanimously to accept the Regulatory Committee recommendations.

Petition for Rulemaking to amend section 18VAC115-60-50(5) of the Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners to waive the examination requirements for Licensed Clinical Social Workers (LCSW)

Ms. Hunt moved, which was properly seconded, to accept the recommendations from the Regulatory Committee.

The Board voted unanimously to accept the Regulatory Committee recommendations to deny the petitioner's request.

115-7: Supervision Experience Requirements for the Delivery of Clinical Services for Professional Counselor Licensure. Ms. Hunt moved, which was properly seconded, to retain Guidance Document 115-7 with the elimination of the phrase "submitted on a Board approved form". The Board voted unanimously to accept the changes to Guidance Document 115-7.

Review of Guidance Document 115-1.4: Guidance of Technology-Assisted Counseling and Technology-Assisted Supervision. Ms. Yeatts discussed the Committee's discussion on the need for consultation with an expert in this area before making recommendations for changes. At this time, the Committee did not make any recommendations for changes to the first part to the document. There are however, recommended changes to the guidance for technology-assistance supervision section of Guidance Document 115-1.4. Dr. Alvarez moved, which was properly seconded, to accept the recommendations presented.

Discussion on the need for additional waivers or changes to the Regulations in anticipation of future Emergency Orders.

The Board discussed their support for a waiver to allow a portion of the face-to-face hours be conducted via telephone or audio.

Dr. Brendel moved, which was properly seconded, to request that Dr. Brown request a waiver to allow licensed residents to count a maximum of 10%, or 200 of their hours, conducted via audio communication (that does not have a visual component) toward the 2,000 hours of face-to-face client contact, during the state of emergency. The motion passed unanimously. Ms. Yeatts pointed out that the waiver would not be effective until it goes through the appropriate channels and approved by the Governor.

Board of Health Professions Report:

Dr. Doyle spoke briefly about the recent Board of Health Professions meetings.

UNFINISHED BUSINESS:

2020 Supervisor Summit Training. Dr. Brendel informed the Board that he submitted two proposals to be included in this year's Virginia Counselors Association (VCA) virtual conference on November 12-14, 2020. VCA accepted the both the Supervisor Summit and Updates from the Board proposed presentations. Dr. Brendel asked for Board member volunteers to help develop and present these topics. Ms. Tracy, Ms. Yancey, Ms. Stransky and Dr. Alvarez volunteered to help with the supervisory summit. Dr. Tinsley, Ms. Tracy, Dr. Yancey and Ms. Hunt volunteer to help with the Updates from the Board presentation.

The Board took a break at 10:50 a.m. At 11:00 a.m., Ms. Hoyle took roll call and informed the Board that with 11 members present a quorum was reestablished.

The Board discussed the public comment regarding CSAC and CSAC-A internship hours. Staff will contact the letter-writer to see what the Board could offer in a waiver to help these individuals.

NEW BUSINESS:

Daniel Logdon, Director, National Center for Interstate Compacts, The Council of State Governments provided a presentation and answered Board questions on the Counseling Compact proposal. The Board provided feedback to Mr. Logdon on the proposed compact.

STAFF REPORTS:

Executive Director's Report – Jaime Hoyle

Ms. Hoyle reported that the Board has an excess of funds; however, due to the unknown expenditures related to the increasing number of disciplinary investigations and cases, staff is not recommending a one-time reduction in fees at this time.

Ms. Hoyle provided a personnel update. She shared that the Behavioral Sciences Boards recently hired two long-term contract employees as full-time employees. Sharniece Vaughan accepted a position with the Board of Social Work and Victoria Cunningham accepted a position with the Board of Counseling. In addition, the Board has hired one part-time employee to assist the Board and she is in the process of hiring a second part-time employee to be dedicated to the Board of Counseling. Ms. Hoyle stated that her goal as Executive Director is to keep advocating for additional staff and to push for technology improvements.

Discipline Report – Jennifer Lang, Deputy Executive Director

Ms. Lang reported that the Board closed 199 cases in past six months. Additionally, Ms. Lang informed the Board recently conducted the Informal Conference Committee virtually with no major issues. She also discussed the amount of cases pending and the need for Board members to continue to review probable cases.

Dr. Brendel thanked Ms. Lang for her work and thanked the Board members who serve on the Informal Conference Committee for their time and efforts

Licensing Report – Charlotte Lenart, Deputy Executive Director-Licensing

Ms. Lenart went over the report listed in the agenda packet. She informed the Board that the satisfaction survey results for the 4th quarter were incorrect as posted. The correct 4th quarter results were 93.3%. Board staff continues to work very hard to ensure they return emails and phone calls within 24 hours.

Ms. Lenart reported on the new supervisory registry that has a new look and feel. It now enables staff to identify specifically which type of resident/supervisee the Board has approved the supervisor to supervise.

Ms. Lenart reported that Board staff is now accepting all supplemental documentation via email or fax with the exception of the official transcript.

Ms. Lenart reminded the Board that as of August 24, 2020, all residents that the Board previously approved to begin their residency prior to August 24, 2016 must have completed their residency hours by August 24, 2020. Ms. Lenart reported that she has received numerous requests for extensions that she has granted.

Dr. Brendel stated that he continues to worry that staff is overworked. Ms Engelken also questioned how the Board could bring more attention to the current staffing situation. Ms. Allison-Bryan acknowledged and addressed the Board concerns. Ms. Hoyle indicated that she would continue to promote and advocate for the Board's needs, but she trusts the current process and management.

**BOARD COUNSEL
REPORT:**

**Board Counsel Report – James Rutkowski, Assistant Attorney
General**

Nothing to report.

**RECOMMENDED
DECISIONS:**

See Attachment A.

NEXT MEETING:

Next scheduled Quarterly Board Meeting is November 6, 2020 at 10:00 a.m.

ADJOURN:

The meeting adjourned at 1:37 p.m.

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

Jaime Hoyle, J.D
Executive Director

Attachment A

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

CLOSED MEETING:

Ms. Stransky moved that the Board of Counseling convene in closed session pursuant to §2.2-3711(A)(27) of the *Code of Virginia* in order to consider agency subordinate recommendations. She further moved that James

Rutkowski, Jaime Hoyle, Jennifer Lang, Charlotte Lenart, and Sharniece Vaughan attend the closed meeting because their presence in the meeting was deemed necessary and would aid the Board in its consideration of the matters. The motion was seconded by Mr. Alvarez and passed unanimously.

RECONVENE:

Ms. Stransky certified that pursuant to §2.2-3712 of the *Code of Virginia*, the Board of Counseling heard, discussed or considered only those public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as identified in the original motion.

DECISIONS:

Marquise Williams, QMHP-A, QMHP-C
Registration # 0732001627 and 0733001478
Case # 188712

Mr. Williams did not appear at the board meeting. The board considered the agency subordinate's recommendation to suspend Mr. Williams' registrations to practice as a QMHP-A and QMHP-C. Dr. Yancey made a motion, which Ms. Tracy seconded, to accept the recommended decision. Upon a roll call vote, the motion passed unanimously.

Martha Wiles, Resident in Counseling
License # 0704010498
Case # 193478

Ms. Wiles did not appear at the board meeting. The board considered the agency subordinate's recommendation to suspend Ms. Wiles' license to practice as a Resident in Counseling. Ms. Engelken made a motion, which Ms. Stransky seconded, to accept the recommended decision. Upon a roll call vote, the motion passed unanimously.

Tanisha Bailey, Resident in Counseling
License # 0704007202
Case # 193123

Ms. Bailey did not appear at the board meeting. The board considered the agency subordinate's recommendation to place certain terms and conditions on Ms. Bailey's license to practice as a Resident in Counseling. Ms. Engelken made a motion, which Dr. Yancey seconded, to accept the recommended decision. Upon a roll call vote, the motion passed 8-2 (M. Stransky; H. Tracy).

**VIRGINIA BOARD OF COUNSELING
SPECIAL CONFERENCE COMMITTEE (VIRTUAL)
INFORMAL CONFERENCES – SEPTEMBER 18, 2020**

CALL TO ORDER: A virtual meeting of a Special Conference Committee (“Committee”) of the Board of Counseling (“Board”) convened on September 18, 2020 at 11:00 a.m. via WebEx.

MEMBERS PRESENT: Danielle Hunt, LPC, Chairperson
Maria Stransky, LPC, CSAC, CSOTP

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Counseling
Christy Evans, Discipline and Compliance Case Manager, Board of Counseling
Emily Tatum, Adjudication Specialist, Administrative Proceedings Division

RESPONDENT: Kim Kirschnick, Applicant for Licensure as a Resident in Counseling
Case No.: 204099

DISCUSSION: Ms. Kirschnick appeared via video before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated August 11, 2020.

CLOSED MEETING: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee voted to 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 Kim Kirschnick, Applicant for Licensure as a Resident in Counseling. Additionally, she moved that Jennifer Lang and Christy Evans attend the closed meeting because their presence would aid the Committee in its deliberations.

RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of § 2.2-3712 of the *Code of Virginia*, the Committee reconvened in open session and announced its decision.

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee made certain findings of facts and conclusions of law and voted to deny Ms. Kirschnick’s application. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 11:25 a.m.

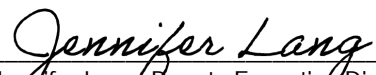
As provided by law this decision shall become a Final Order thirty (30) days after service of such Order on the respondent, unless the respondent makes a written request to the Board within such time for a formal hearing on the allegations made. If service of the Order is made by mail, three (3) additional days shall be added to that period. Upon such timely request for a formal hearing, the decision of the Special Conference Committee shall be vacated.



Danielle Hunt, LPC, Chairperson
Special Conference Committee of the Board of Counseling

09/28/2020

Date



Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

09/29/2020

Date

**VIRGINIA BOARD OF COUNSELING
SPECIAL CONFERENCE COMMITTEE (VIRTUAL)
INFORMAL CONFERENCES – SEPTEMBER 18, 2020**

CALL TO ORDER: A virtual meeting of a Special Conference Committee (“Committee”) of the Board of Counseling (“Board”) convened on September 18, 2020 at 12:34 p.m. via WebEx.

MEMBERS PRESENT: Danielle Hunt, LPC, Chairperson
Maria Stransky, LPC, CSAC, CSOTP

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Counseling
Christy Evans, Discipline and Compliance Case Manager, Board of Counseling
Emily Tatum, Adjudication Specialist, Administrative Proceedings Division

RESPONDENT: Kelley Olds, Applicant for Licensure as a Resident in Counseling
Case No.: 202748

DISCUSSION: Dr. Olds appeared via video before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated August 11, 2020.


CLOSED MEETING: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee voted to 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 Kelley Olds, Applicant for Licensure as a Resident in Counseling. Additionally, she moved that Jennifer Lang and Christy Evans attend the closed meeting because their presence would aid the Committee in its deliberations.

RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of § 2.2-3712 of the *Code of Virginia*, the Committee reconvened in open session and announced its decision.

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee made certain findings of facts and conclusions of law and voted to deny Dr. Olds’ application. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 1:06 p.m.

As provided by law this decision shall become a Final Order thirty (30) days after service of such Order on the respondent, unless the respondent makes a written request to the Board within such time for a formal hearing on the allegations made. If service of the Order is made by mail, three (3) additional days shall be added to that period. Upon such timely request for a formal hearing, the decision of the Special Conference Committee shall be vacated.



Danielle Hunt, LPC, Chairperson
Special Conference Committee of the Board of Counseling

09/28/2020

Date



Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

09/29/2020

Date

**VIRGINIA BOARD OF COUNSELING
SPECIAL CONFERENCE COMMITTEE (VIRTUAL)
INFORMAL CONFERENCES – SEPTEMBER 18, 2020**

CALL TO ORDER: A virtual meeting of a Special Conference Committee ("Committee") of the Board of Counseling ("Board") convened on September 18, 2020 at 1:30 p.m. via WebEx.

MEMBERS PRESENT: Terry Tinsley, Ph.D., LPC, LMFT, CSOTP, Chairperson
Bev-Freda Jackson, Ph.D.,

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Counseling
Christy Evans, Discipline and Compliance Case Manager, Board of Counseling
Emily Tatum, Adjudication Specialist, Administrative Proceedings Division

RESPONDENT: Angela Porter, Applicant for Licensure as a Resident in Counseling
Case No.: 199668

DISCUSSION: Dr. Porter appeared via video before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated February 27, 2020 and an Amended Notice dated August 25, 2020.


CLOSED MEETING: Upon a motion by Dr. Jackson, and duly seconded by Dr. Tinsley, the Committee voted to 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 Angela Porter, Applicant for Licensure as a Resident in Counseling. Additionally, she moved that Jennifer Lang and Christy Evans attend the closed meeting because their presence would aid the Committee in its deliberations.

RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of § 2.2-3712 of the *Code of Virginia*, the Committee reconvened in open session and announced its decision.


DECISION: Upon a motion by Dr. Jackson, and duly seconded by Dr. Tinsley, the Committee made certain findings of facts and conclusions of law and voted to deny Dr. Porter's application. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 1:50 p.m.

As provided by law this decision shall become a Final Order thirty (30) days after service of such Order on the respondent, unless the respondent makes a written request to the Board within such time for a formal hearing on the allegations made. If service of the Order is made by mail, three (3) additional days shall be added to that period. Upon such timely request for a formal hearing, the decision of the Special Conference Committee shall be vacated.


Terry Tinsley, Ph.D., LPC, LMFT, CSOTP, Chairperson
Special Conference Committee of the Board of Counseling

Date 9/18/20


Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

Date 09/23/2020

**VIRGINIA BOARD OF COUNSELING
DRAFT MINUTES
ADVISORY BOARD – ART THERAPY
Friday, October 9, 2020**

TIME AND PLACE: The meeting was called to order at 10:00 a.m. on Friday, October 9, 2020, in Board Room 3 at the Department of Health Professions (DHP), 9960 Mayland Drive, Henrico, Virginia.

ADVISORY BOARD MEMBERS PRESENT: Brenda Bonuccelli, LCSW
Gretchen Graves, ATR-BC, CDATA
Elizabeth Anne Mills, LPC, ATR-BC
Lelia Saadeh, LPC, ATR-BC
Holly Zajur, Citizen Member

STAFF PRESENT: Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Deputy Executive Director-Licensing
Jared McDonough, Administrative Assistance
Sharniece Vaughn, Licensing Specialist

OTHERS PRESENT: Elaine Yeatts, DHP Senior Policy Analyst/Regulatory Compliance Manager

WELCOME & INTRODUCTIONS: Ms. Hoyle welcomed Board members, staff, and public. After completing introductions, Ms. Hoyle indicated that with 5 members of the Advisory Board present a quorum was established.

MISSION STATEMENT: Ms. Hoyle read the mission statement of the Department of Health Professions, which was also the mission statement of the Advisory Board.

ADOPTION OF BYLAWS: Ms. Yeatts informed the Advisory Board of their role, responsibilities and structure to ensure the protection of the public.

Ms. Yeatts discussed and answered questions related to the statutory provision of section § 54.1-3516 of the Code of Virginia.

Ms. Yeatts reviewed the full Board of Counseling Bylaws, which is the operational framework for the Board. Ms. Yeatts discussed the proposed Bylaws prepared by staff.

Ms. Graves moved, which was properly seconded, to recommend to the full Board to approve the adoption of the Bylaws for the Art Therapy Advisory Board as drafted with changes to allow the Bylaws to be gender neutral. Upon a roll call vote, the motion passed unanimously.

ELECTION OF OFFICERS: Ms. Mills moved, which was properly seconded, to nominate Ms. Graves as Chair for the Board of Counseling Art Therapy Advisory Board. Upon a roll call vote, the motion passed unanimously.

Ms. Mills moved, which was properly seconded, to nominate Ms. Saadeh as Vice-Chair for the Board of Counseling Art Therapy Advisory Board. Upon a roll call vote, the motion passed unanimously.

PUBLIC COMMENT: There were no public comments.

NEW BUSINESS: Ms. Yeatts briefly discussed the Administrative Procedure Act (APA) process for initiating, adopting and amending Regulations.

Ms. Yeatts gave an overview of the each section of the Board of Counseling Regulations and answered general questions about the requirements.

Ms. Graves moved, which was properly seconded, to recommend to the full Board to adopt a Notice of Intended Regulatory Action (NOIRA) to be begin process of developing licensure of art therapists. Upon a roll call vote, the motion passed unanimously.

NEXT SCHEDULED MEETING: Ms. Hoyle will poll the Board members to schedule the next Board meeting.

ADJOURNMENT: The meeting adjourned at 12:09 p.m.

Gretchen Graves, ATR-BC
Chair

Date

Jaime Hoyle, JD
Executive Director

Date

**VIRGINIA BOARD OF COUNSELING
SPECIAL CONFERENCE COMMITTEE (VIRTUAL)
INFORMAL CONFERENCES – OCTOBER 16, 2020**

CALL TO ORDER: A virtual meeting of a Special Conference Committee (“Committee”) of the Board of Counseling (“Board”) convened on October 16, 2020 at 10:04 a.m. via WebEx.

MEMBERS PRESENT: Danielle Hunt, LPC, Chairperson
Maria Stransky, LPC, CSAC, CSOTP

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Counseling
Christy Evans, Discipline and Compliance Case Manager, Board of Counseling
Emily Tatum, Administrative Proceedings Division

RESPONDENT: **Marshall M. Bedford, Applicant for Licensure as a Resident in Counseling**
Case No.: 195871
Witness(es): Dr. Kelly Doolan, LPC, LMFT

DISCUSSION: Ms. Bedford appeared via video before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated August 20, 2019 and Amended Notices dated October 22, 2019 and June 12, 2020.

CLOSED MEETING: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee voted to 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 Marshall M. Bedford, Applicant for Licensure as a Resident in Counseling . Additionally, she moved that Jennifer Lang and Christy Evans attend the closed meeting because their presence would aid the Committee in its deliberations.

RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of § 2.2-3712 of the *Code of Virginia*, the Committee reconvened in open session and announced its decision.

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee made certain findings of facts and conclusions of law and voted to approve Ms. Bedford's application for licensure as a Resident in Counseling. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 10:25 a.m.


As provided by law this decision shall become a Final Order thirty (30) days after service of such Order on the respondent, unless the respondent makes a written request to the Board within such time for a formal hearing on the allegations made. If service of the Order is made by mail, three (3) additional days shall be added to that period. Upon such timely request for a formal hearing, the decision of the Special Conference Committee shall be vacated.



Danielle Hunt, LPC, Chairperson
Special Conference Committee of the Board of Counseling

10/20/2020

Date



Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

10/21/2020

Date

VIRGINIA BOARD OF COUNSELING
PUBLIC HEARING
DRAFT
Friday, October 23, 2020

- TIME AND PLACE:** Consistent with Amendment 28 to HB29 (the Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the Freedom of Information Act, the Committee convened the meeting virtually to consider such regulatory and business matters as are presented on the agenda necessary for the committee to discharge its lawful purposes, duties, and responsibilities.
- PRESIDING:** Holly Tracy, LPC, LMFT, Chairperson
- BOARD STAFF PRESENT:** Jaime Hoyle, JD, Executive Director
Charlotte Lenart, Deputy Executive Director-Licensing
Jared McDonough, Administrative Assistant
Sharniece Vaughan, Licensing Specialist
- OTHER STAFF PRESENT:** Elaine Yeatts, DHP Senior Policy Analyst
- PURPOSE OF HEARING:** To receive public comment on the Board's proposed regulatory change to amend its regulations to specify in regulations that the standard of practice requiring persons license, certified or registered by the Board to " *Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare*" precludes the provision of conversion therapy and to define what conversion therapy is and is not.
- CALL TO ORDER:** Ms. Tracy called the virtual hearing to order at 9:45 a.m.
- VIRTUAL PUBLIC ATTENDEES:** Adam Trimmer, Born Perfect Virginia Ambassador
Dr. MurielAzia-Evans, LPC
Ari Loach, LPC
Calvin Bartella
Lindsay Goodrich Komline
- PUBLIC COMMENT:** Adam Trimmer stated that he is a survivor of conversion therapy and he appreciates and supports the Board's efforts on the regulatory changes on conversion therapy.
- Dr. Azia-Evans, LPC, advocated that there is no scientific evidence that conversion therapy is helpful, and it has shown to be harmful and unethical. Expressed support for the Board's intended regulations.

Ari Loach, LPC, comments echoed Dr. Azia-Evans comments and supported the intended regulatory changes.

ADJOURNMENT:

Ms. Tracy adjourned the Public Hearing at 9:52 a.m.

Holly Tracy, LPC, LMFT
Chairperson

Date

Jaime Hoyle, JD
Executive Director

Date

DRAFT

VIRGINIA BOARD OF COUNSELING
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STAFF PRESENT: Jaime Hoyle, JD, Executive Director
Charlotte Lenart, Deputy Executive Director-Licensing
Jared McDonough, Administrative Assistant
Sharniece Vaughan, Licensing Specialist

PURPOSE OF HEARING: To receive public comment on the Board's amendments resulting from the periodic review of the Regulations Governing Certified Rehabilitation Providers.

CALL TO ORDER: Ms. Tracy called the virtual hearing to order at 10:05 a.m.

VIRTUAL PUBLIC ATTENDEES: Lori Cowan, LPC, LMFT, CRP

PUBLIC COMMENT: No public comments

ADJOURNMENT: Ms. Tracy adjourned the Public Hearing at 10:09 a.m.

Holly Tracy, LPC, LMFT
Chairperson

Date

Jaime Hoyle, JD
Executive Director

Date

VIRGINIA BOARD OF COUNSELING
PUBLIC HEARING
DRAFT
Friday, October 23, 2020

TIME AND PLACE: Consistent with Amendment 28 to HB29 (the Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the Freedom of Information Act, the Committee convened the meeting virtually to consider such regulatory and business matters as are presented on the agenda necessary for the committee to discharge its lawful purposes, duties, and responsibilities.

PRESIDING: Holly Tracy, LPC, LMFT, Chairperson

STAFF PRESENT: Jaime Hoyle, JD, Executive Director
Charlotte Lenart, Deputy Executive Director-Licensing
Jared McDonough, Administrative Assistant
Sharniece Vaughan, Licensing Specialist

PURPOSE OF HEARING: To receive public comment on the Board's amendments to the emergency regulations for the issuance of temporary licenses to residents in counseling, marriage and family therapy and substance abuse treatment.

CALL TO ORDER: Ms. Tracy called the virtual hearing to order at 10:20 a.m.

VIRTUAL PUBLIC ATTENDEES: No public attendees.

PUBLIC COMMENT: No public comments.

ADJOURNMENT: Ms. Tracy adjourned the Public Hearing at 10:23 a.m.

Holly Tracy, LPC, LMFT
Chairperson

Date

Jaime Hoyle, JD
Executive Director

Date

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 30, 2020

Board of Counseling	
Chapter	Action / Stage Information
[18 VAC 115 - 20] Regulations Governing the Practice of Professional Counseling	<u>Unprofessional conduct - conversion therapy</u> [Action 5225] Proposed - Register Date: 8/31/20 Public hearing: 10/23/20 Comment closes: 10/30/20
[18 VAC 115 - 20] Regulations Governing the Practice of Professional Counseling	<u>Periodic review</u> [Action 5230] Proposed - At Secretary's Office for 197 days
[18 VAC 115 - 20] Regulations Governing the Practice of Professional Counseling	<u>Resident license</u> [Action 5371] Proposed - Register Date: 9/14/20 Public hearing: 10/23/20 Comment closes: 11/13/20
[18 VAC 115 - 20] Regulations Governing the Practice of Professional Counseling	<u>Handling fee - returned check</u> [Action 5436] Fast-Track - Register Date: 8/31/20 Effective: 10/15/20
[18 VAC 115 - 40] Regulations Governing the Certification of Rehabilitation Providers	<u>Periodic review</u> [Action 5305] Proposed - Register Date: 9/14/20 Public hearing: 10/23/20 Comment closes: 11/13/20
[18 VAC 115 - 80] Regulations Governing the Registration of Qualified Mental Health Professionals	<u>Registration of QMHP-trainees</u> [Action 5444] Fast-Track - Register Date: 9/14/20 Effective: 10/29/20

Agenda Item: Response to Petitions for Rulemaking

Included in your agenda package are:

A copy of the petition received from Sharon Watson

Copy of notice for comment from Townhall

Copy of comments received

Copy of applicable law and regulation

Action on petition:

To initiate rulemaking by adoption of a Notice of Intended Regulatory Action or 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. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

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

Petitioner's full name (Last, First, Middle initial, Suffix,)

Watson, Sharon Haz [Sharon Watson, LPC, LMFT, LSATP, NCC, ACS]

Street Address

4931 Portalis Way

Area Code and Telephone Number

703-350-5002

City

Anacortes

State

WA

Zip Code

98221

Email Address (optional)

sharonhazwatson@hotmail.com

Fax (optional)

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.

REGULATIONS GOVERNING THE CERTIFICATION OF SUBSTANCE ABUSE COUNSELORS AND SUBSTANCE ABUSE COUNSELING ASSISTANTS: 18 VAC 115-30-10 et seq.

Sections to amend (see proposed amendments in the following section):

Part V

18VAC115-30-140 Standards of practice

B. Persons certified by the board shall:

And...

18VAC115-30-150. Grounds for disciplinary action, denial of initial certification, or denial of renewal of certification. ...based upon the following conduct:

And...

CSAC and CSAC-A Certification Process Handbook

- **A CSAC cannot practice independently, therefore must be clinically supervised or directed by:**
 - **A licensed substance abuse treatment practitioner (LSATP),**
 - **A mental health professional licensed by the Department of Health Professions,**

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

Petition Summary: To amend the CSAC regulations to state that a Certified Substance Abuse Counselor may not engage in independent or autonomous private practice regardless of supervision status unless that supervision is board approved while in an LPC, LMFT, or LSATP residency and that practicing independently may be grounds for disciplinary action.

Specifically, I am requesting the following amendments to the CSAC regulations:

For section: **B. Persons certified by the board shall:** request adding the following:

"not engage in independent or autonomous private practice regardless of supervision status unless that supervision is board approved while in an LPC, LMFT, or LSATP residency."

For section: **Grounds for disciplinary action...based upon the following conduct:** request adding the following:

"engaging in independent or autonomous private practice regardless of supervision status when not in an approved licensure residency with board approved supervision."

For the section in the CSAC Certification Handbook: **A CSAC cannot practice independently, therefore must be clinically supervised or directed...:** request changing to the following:

"a CSAC cannot practice independently (i.e. have a private practice) unless he/she is in an approved licensure residency (LPC, LMFT, LSATP) with board approved supervision."

Rationale for the petition:

First, and most importantly, the CSAC regulations do not state that a CSAC shall "not engage in independent or autonomous practice". That information can only be found in the Code of Virginia and in Guidance Document 115-11, and the likelihood for either of these being read is limited when individuals tend to read the regulations or the handbook for CSAC information. Therefore, this information should be clarified (see below) and appear in the CSAC regulations themselves so the information is more readily available.

Second, there is a lack of clarity in the interpretation when combining two statements in the Code of Virginia: 1. section § 54.1-3507.1.A states CSACs shall "not engage in independent or autonomous practice" and 2. section 54.1-3507.1.B which states "Such counselor shall also be clinically supervised or directed by a licensed substance abuse treatment practitioner, or any other mental health professional licensed by the Department, or in an exempt setting as described in § 54.1-3501, another person with substantially equivalent education, training, and experience, or such counselor shall be in compliance with the supervision requirements of a licensed facility." Then, in the CSAC and CSAC-A Certification Process Handbook it states that "A CSAC cannot practice independently, therefore must be clinically supervised or directed..."

Based on this lack of clarity, a CSAC could interpret this to mean s/he can't have a private practice but can if s/he is under supervision from a LSATP or other licensed Mental Health professional because a non-exempt setting includes a private practice.

If the intent of the law/regulation is to allow only licensed individuals to practice independently then the CSAC law/regulation as it is written is confusing because of how it can be interpreted. I believe the intent of the law is that someone certified at the bachelor's level is not allowed to have a private practice and cannot take direct client payments even under supervision, and that the information that states a CSAC can practice while under supervision is meant for those CSACs who are employed in a non-exempt setting.

If, however, the intent of the law/regulation is to allow a CSAC to have a private practice if under supervision there is a significant lack of explanation: How much supervision? Does the supervisor need to be named on client paperwork and in advertising? Can the CSAC bill and take direct payment from clients? Who monitors? etc.

If a CSAC is allowed to have a private practice under supervision, it presents another issue: why would it be acceptable for a CASC with a bachelor's degree to practice independently with undefined and possibly nominal supervision, when a licensure resident, who has a master's degree, can only have a private practice when under supervision that is clearly defined, who is not allowed to take direct payment from clients, and may have to pay out of pocket for 200 required hours of supervision at a minimum of 1 hour for every 40 hours of work?

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 other legal authority for promulgation of a regulation, please provide that Code reference.

Statutory Authority: §§ 54.1-2400 and Chapter 35 of Title 54.1 of the *Code of Virginia*

Signature: *Sharon Watson*

Date: July 5, 2020

Virginia.gov Agencies | Governor


VIRGINIA
 REGULATORY TOWN HALL

Secretariat Health and Human Resources

Agency Department of Health Professions

Board Board of Counseling

[Edit Petition](#)

Petition 327

Petition Information

Petition Title	Clarity on independent practice by certified substance abuse counselors
Date Filed	7/9/2020 Transmittal Sheet
Petitioner	Sharon Watson
Petitioner's Request	To amend regulations to specify that CSACs cannot engage in independent or autonomous practice regardless of supervision and that such practice may be grounds for disciplinary action.
Agency's Plan	<p>In accordance with Virginia law, the petition will be filed with the Register of Regulations and published on August 3, 2020 with comment requested until September 2, 2020. It will also be placed on the Virginia Regulatory Townhall and available for comments to be posted electronically.</p> <p>At its first meeting following the close of comment, which is scheduled for November 6, 2020, the Board will consider the request to amend regulations and all comment received in support or opposition. The petitioner will be informed of the board's response and any action it approves.</p>
Comment Period	Ended 9/2/2020 17 comments
Agency Decision	Pending

Contact Information

Name / Title:	Jaime Hoyle / Executive Director
Address:	9960 Mayland Drive Suite 300 Richmond, 23233
Email Address:	jaimе.һoуlе@dһp.virginia.gov
Telephone:	(804)367-4406 FAX: (804)527-4435 TDD: (-)



Commenter: John Savides CSAC, NCAC II

8/6/20 11:28 am

Clarity on Independent Practice by CSAC's

I would recommend the following change/addition: "CSAC's may practice in public or private agency settings only under the supervision of a Virginia licensed LPC, LCSW, clinical psychologist, psychiatrist, or addictionologist."

CommentID: 84203

Commenter: Cynthia Hites

8/9/20 2:52 am

Support petition

I agree and support this petition. More oversight is needed and this is an incremental step in the right direction.

CommentID: 84206

Commenter: Sharon Watson, LPC, LMFT, LSATP, NCC, ACS

8/14/20 6:18 pm

To clarify my petition

I am the petitioner and I would like to clarify my petition. Virginia law states that a CSAC shall "not engage in independent or autonomous practice." However, the law also states "Such counselor shall also be clinically supervised or directed by a licensed substance abuse treatment practitioner, or any other mental health professional licensed by the Department..." A CSAC may misinterpret this to mean a CSAC is to "not engage in independent or autonomous practice" but can if "under appropriate supervision or direction" and are "clinically supervised or directed." I made this petition because the current CSAC regulations do not clearly state that a CSAC shall "not engage in independent or autonomous practice" and because it appears there are CSACs currently practicing independently in Virginia. I have also asked to add "regardless of supervision status except if supervision is for the purpose of seeking licensure in Virginia."

The previous comment suggesting CSACs be allowed to practice independently under supervision undermines the entire distinction between certification and licensure. Licensure residents must undergo rigorous requirements: graduate degree; supervision (which must be from an LPC or LMFT who has had 20 hours of Clinical Supervision Training); 3,400 work hours; 200 hours (1-4 hours per 40 hours of work); and are not allowed to take direct payment from clients. So, to suggest that a CSAC be allowed to practice under supervision that is not defined in any way seems inappropriate. Also, why would it be acceptable for a CSAC to "be supervised by a...LCSW, clinical psychologist, psychiatrist, or addictionologist" when that is not allowed for LPC or LMFT residents? LCSWs are regulated under a different Board and the term addictionologist is misleading because no substance abuse national certification allows CSACs to practice independently in Virginia.

The issue of independent practice and practicing under supervision for CSACs is mixing apples and oranges. This petition is not about whether or not a CSAC is capable of working with clients even if under supervision, it's about knowing and following Virginia law as it's currently written. It's also important to know the limitations of practice for both CSACs and LSATPs so I recommend reading the Board of Counseling Guidance Document 115-11 from January of this year.

CommentID: 84213

Commenter: Sandra K Molle LPC CDBT BCN, Integrative Counseling Services 8/18/20 8:02 am

In Favor

I agree with the petitioner, Sharon Watson, that there should be better clarification and regulatory oversight regarding the supervision of those certified substance abuse counselors who are not licensed, nor working toward licensure, to practice independently.

CommentID: 84214

Commenter: Caltrin Allingham, LPC 8/18/20 3:08 pm

Fully Support

I fully support the petition. Well defined regulations and regulatory oversight regarding supervision and practice of certified substance abuse counselors (CSAC) who are not licensed, nor working toward licensure, to practice independently is absolutely necessary. The law is vague and has the potential to put clients' welfare in harm's way by CSAC's practicing independently, by misinterpreting "unless under supervision". The law clearly states that residents in counseling may not practice independently until they are fully licensed. The regulations need to be just as clear with CSACs.

CommentID: 84215

Commenter: Jack Childers, LPC 8/19/20 6:37 pm

I support this petition

Protecting the public from harm during the provision of counseling services is of top priority. Independent practice should be limited to clinicians who have completed a licensure process. Absolute clarity on this is essential. Thank you.

CommentID: 84218

Commenter: Tracy Bushkoff, Ed.D., LPC, NCC, ACS 8/20/20 8:49 pm

In support of petition

Residents in Counseling have to work arduously toward licensure and allowing independent CSACs to work and receive payment does not seem equitable to Master's level Clinical Mental Health master's students working toward their many hours. Thank you for your consideration.

CommentID: 84222

Commenter: D. COOPER 8/21/20 9:39 pm

Clarity on independent practice by certified substance abuse counselors

I have never heard of a person with an CSAC practicing Independently during my 28 years as an addiction professional in Virginia; every addiction professional with the CSAC that I know or have known always worked under the supervision of a Certified Clinical Supervisor or licensed professional, such as myself. I think that if you find a CSAC practicing independently when VA. Code states otherwise - that you as a certified or licensed professional should fulfill your ethical duty and report it for investigation instead of trying to restrict CSAC supervision to just those with the LPC, LCSW and LMFT! It appalls me when someone wants to restrict and/or advocate for "only" their credentials being able to provide a service related to the treatment of individuals with addictive disorders, while leaving out the LSATP. Why is the LSATP not mentioned in this petition, when we are the ones with the specialty training and allowed to supervise CSACs folks in private and public settings for certification? We completed those 60 hours graduate school and everything else for licensure, too whereas LPC's have one course requirement on SUD and LCSW's have no formal training.

While, addiction professionals with the CSAC only should be supervised when practicing in public and private settings, I am not in support of this petition to restrict CSAC supervision to practice only under LPC, LCSW and LMFT's because they should NOT have a monopoly - when Virginia has LSATP's with specialization in SUD and Co-occurring disorders that are the current approved providers of supervision for certification. I think the petition should readcan only practice in public and private entities under the supervision of an LSATP, a Certified Clinical Supervisor with an CSAC and/or a national SUD credential or an LPC with an SUD credential.

CommentID: 84224

Commenter: Rebecca Hernandez-Hamilton

8/22/20 1:25 pm

In support of petition

I am in support of the petition. The regulation could be misinterpreted and therefore needs to be clarified, for the benefit of both the CSAC and the clients they will be serving.

CommentID: 84225

Commenter: Michelle M. May, LPC, LLC

8/26/20 4:48 pm

In support of the petition

It does not seem fair nor in the best interest of clients to have CSACs work independently and receive payment when Residents cannot do the same.

CommentID: 84238

Commenter: Melat Johnson

8/28/20 9:18 pm

In support of this petition

In support of this petition

CommentID: 84243

Commenter: Sharon Driscoll, LPC

8/28/20 9:40 pm

In support of this petition

I agree that CSAC's should not be allowed to practice independently as they do not have the same level of education, training, and supervision as licensed mental health professionals.

CommentID: 84244

Commenter: Linda G. Ritchie, Ph.D.

8/28/20 10:30 pm

Support this Petition

It needs to be clearly stated that CSAC's are not allowed to practice independently. Why would the rules be so vastly different for them compared to other mental health practitioners? It is not in the best interest of the people who are seeking the services of a CSAC to allow for a lack of training and competence in the field. The public deserves better and the law should be clear.

CommentID: 84245

Commenter: Megan MacCutcheon, LPC

8/30/20 7:49 pm

In support

I support this petition. Issues around substance abuse can be very complicated and clinicians working with addicts need to be qualified, experienced, well-supervised, and held to the same standards as Residences in Counseling in order to uphold integrity and excellence in the field. There are already enough grey-areas in regulations and clarity is warranted here in order to prevent misinterpretation and an ultimate disservice to the public.

CommentID: 84248

Commenter: Salma Abugideiri LPC LLC

8/31/20 11:53 am

In support of petition

I support this petition

CommentID: 84249

Commenter: Bruce Wyman EdM LPC

9/1/20 10:27 pm

In support of Petition

I fully support the Petition and suggestions to bring more clarity to the regulation to protect the public by preventing "certified" and not fully qualified counselors to practice independently.

CommentID: 84342

Commenter: Sharon Watson, LPC, LMFT, LSATP, NCC, ACS

9/2/20 8:40 pm

Further clarification/answers to previous comment

One previous comment shows a misunderstanding of my goal for this petition and I am writing this to be sure the Board of Counseling does not misunderstand my goal as well.

I am attempting to differentiate between a CSAC working within a group practice, addictions program, or substance abuse treatment program/company under clinical supervision (from a licensed clinician: LPC, LMFT, LSATP) and a CSAC who is working in their own private practice (i.e. their own rented space, billing and accepting payment independently, without a supervisor on-site). My petition is an attempt to not change the first, but to confirm that the latter is not allowed under Virginia law and to confirm that it states so in the CSAC regulations, which currently do not. **And also, that the latter not be allowed even if the CSAC is under ANY supervision from ANY licensed supervisor.**

I did not suggest LCSWs be allowed to supervise CSACs because they are currently not allowed to supervise any licensure candidate.

I understand that pre-certification supervision of a supervisee can be by a LSATP or LPC/LMFT with specific SA qualifications, but my petition is to address supervision AFTER certification and to clarify that a CSAC cannot have a private practice EVEN IF under supervision, regardless of who provides it. And the regulations are not clear on that.

I believe the use of the term "Certified Clinical Supervisor" is confusing because there is no "Certification" in Virginia to supervise. Also, suggesting that a CSAC be supervised by someone with a national certification is confusing as well, since Virginia does not recognize pre-certification supervision from a nationally certified SA counselor as acceptable supervision.

Additionally, my petition's intent is not to advocate for "only" LPCs and LMFTs to supervise CSACs working within a practice. That is a misunderstanding. I was comparing the requirements for supervision of LPC/LMFT residents to CSACs (already certified) and did not mention LSATPs because LSATPs are not allowed to supervise LPC/LMFT residents. CSACs should be supervised by licensed individuals (including LSATPs).

But again, my petition is specifically meant to add what is stated in Virginia law to the CSAC regulations and the CSAC Handbook: that a CSAC shall "not engage in independent or autonomous practice" and to add the following "regardless of supervision status." Since Virginia law and the regulations do not state "regardless of supervision status" it is conceivable a CSAC could misinterpret the law and believe they are allowed to have a private practice if under off-site supervision. My petition is an attempt to close the gap of possible misinterpretation.

CommentID: 84413

CODE OF VIRGINIA

§ 54.1-3507.1. Scope of practice, supervision, and qualifications of certified substance abuse counselors.

A. A certified substance abuse counselor shall be (i) qualified to perform, under appropriate supervision or direction, the substance abuse treatment functions of screening, intake, orientation, the administration of substance abuse assessment instruments, recovery and relapse prevention planning, substance abuse treatment, case management, substance abuse or dependence crisis intervention, client education, referral activities, record keeping, and consultation with other professionals; (ii) qualified to be responsible for client care of persons with a primary diagnosis of substance abuse or dependence; and (iii) qualified to supervise, direct and instruct certified substance abuse counseling assistants. **Certified substance abuse counselors shall not engage in independent or autonomous practice.**

B. Such counselor shall also be clinically supervised or directed by a licensed substance abuse treatment practitioner, or any other mental health professional licensed by the Department, or, in an exempt setting as described in § 54.1-3501, another person with substantially equivalent education, training, and experience, or such counselor shall be in compliance with the supervision requirements of a licensed facility.

C. Pursuant to regulations adopted by the Board, an applicant for certification as a substance abuse counselor shall submit evidence satisfactory to the Board that the applicant has (i) completed a specified number of hours of didactic substance abuse education courses in a program or programs recognized or approved by the Board and received a bachelor's degree from an institution of higher education accredited by an accrediting agency recognized by the Board; and (ii) accumulated a specified number of hours of experience involving the practice of substance abuse treatment while supervised by a licensed substance abuse treatment practitioner, or by any other mental health professional licensed by the Department, or by a certified substance abuse counselor who shall submit evidence satisfactory to the Board of clinical supervision qualifications pursuant to regulations adopted by the Board, such number of hours being greater than the number of hours required of a certified substance abuse counseling assistant. The applicant shall also pass an examination as required by the Board.

2001, c. 460.

§ 54.1-3507.2. Scope of practice, supervision, and qualifications of certified substance abuse counseling assistants.

A. A certified substance abuse counseling assistant shall be qualified to perform, under appropriate supervision or direction, the substance abuse treatment functions of orientation, implementation of substance abuse treatment plans, case management, substance abuse or

Part V
Standards of Practice; Disciplinary Actions; Reinstatement

18VAC115-30-140. Standards of practice.

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

B. Persons certified by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare.
2. Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes.
3. Practice only within the competency area for which they are qualified by training or experience.
4. Report to the board known or suspected violations of the laws and regulations governing the practice of certified substance abuse counselors or certified substance abuse counseling assistants.
5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals based on the best interest of clients.
6. Stay abreast of new developments, concepts, and practices that are necessary to providing appropriate services.
7. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making arrangements for the continuation of treatment for clients when necessary, following termination of a counseling relationship.
8. Not willfully or negligently breach the confidentiality between a practitioner and a client. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

C. In regard to client records, persons certified by the board shall:

1. Disclose counseling records to others only in accordance with applicable law.
 2. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.
 3. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from the client or the client's legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third-party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations.
 4. Maintain timely, accurate, legible, and complete written or electronic records for each client, to include counseling dates and identifying information to substantiate the substance abuse counseling plan, client progress, and termination.
 5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship with the following exceptions:
 - a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years);
 - b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or
 - c. Records that have been transferred to another mental health service provider or given to the client or the client's legally authorized representative.
- D. In regard to dual relationships, persons certified by the board shall:
1. Not engage in dual relationships with clients, former clients, supervisees, and supervisors that are harmful to the client's or supervisee's well-being or that would impair the substance abuse counselor's, substance abuse counseling assistant's, or supervisor's objectivity and professional judgment or increase the risk of client or supervisee exploitation. This prohibition includes such activities as counseling close friends, former sexual partners, employees, or relatives or engaging in business relationships with clients.
 2. Not engage in sexual intimacies or romantic relationships with current clients or supervisees. For at least five years after cessation or termination of professional services, certified substance abuse counselors and certified substance abuse counseling assistants shall not engage in sexual intimacies or romantic relationships with a client or those included in collateral therapeutic services. Because sexual or romantic relationships are potentially

exploitative, certified substance abuse counselors and certified substance abuse counseling assistants shall bear the burden of demonstrating that there has been no exploitation. A client's consent to, initiation of, or participation in sexual behavior or involvement with a certified substance abuse counselor or certified substance abuse counseling assistants does not change the nature of the conduct nor lift the regulatory prohibition.

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

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

18VAC115-30-150. Grounds for disciplinary action, denial of initial certification, or denial of renewal of certification.

In accordance with subdivision 7 of § 54.1-2400 and § 54.1-2401 of the Code of Virginia, the board may revoke, suspend, restrict, impose a monetary penalty, or decline to issue or renew a certificate based upon the following conduct:

1. Conviction of a felony or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of substance abuse counseling, or any provision of this chapter;
2. Procuring a certificate, including submission of an application or supervisory forms, by fraud or misrepresentation;
3. Conducting one's practice in such a manner so as to make it a danger to the health and welfare of one's clients or to the public; or if one is unable to practice substance abuse counseling with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition;
4. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of substance abuse counseling or any regulation in this chapter;

5. Performance of functions outside the board-certified area of competency in accordance with regulations set forth in this chapter and §§ 54.1-3507.1 and 54.1-3507.2 of the Code of Virginia;
6. Performance of an act likely to deceive, defraud, or harm the public;
7. Intentional or negligent conduct that causes or is likely to cause injury to a client;
8. Failure to cooperate with an employee of the Department of Health Professions in the conduct of an investigation;
9. Failure to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia or elder abuse or neglect as required in § 63.2-1606 of the Code of Virginia; or
10. Action taken against a health or mental health license, certification, registration, or application in Virginia or another jurisdiction.

Agenda Item: Adoption of Bylaws for Advisory Board on Art Therapy

Included in the agenda package:

A copy of the DRAFT Bylaws as recommended by the Advisory Board

Action:

Adoption of a guidance document (115-1.3) for Bylaws for the Advisory Board

BYLAWS

**THE ADVISORY BOARD ON ART THERAPY
VIRGINIA BOARD OF COUNSELING**

Article I - Members of the Advisory Board

The appointments and limitations of service of the members shall be in accordance with Section 54.1-3029.1 of the Code of Virginia.

Article II - Officers

Section 1. Titles of Officers - The officers of the advisory board shall consist of a chair and a vice-chair elected by the advisory board.

Section 2. Terms of Office - The chair and the vice-chair shall serve for a one-year term and may not serve for more than two consecutive terms in each office. The election of officers shall take place at the first meeting after July 1, and officers shall assume their duties immediately thereafter.

Section 3. Duties of Officers.

a. Chair

- (1) The chair shall preside at all meetings when present, make such suggestions as the chair may deem calculated to promote and facilitate its work, and discharge all other duties pertaining by law or by resolution of the advisory board. The chair shall preserve order and conduct all proceedings according to and by parliamentary rules and demand conformity thereto on the part of the members.
- (2) The chair shall appoint members of all committees as needed.
- (3) The chair shall act as liaison between the advisory board and the Board of Counseling on matters pertaining to certification, discipline, legislation and regulation of art therapy.

b. Vice-Chair

The vice-chair shall preside at meetings in the absence of the chair and shall take over the other duties of the chair as may be made necessary by the absence of the chair.

Article III - Meetings

Section 1. There shall be at least one meeting each year in order to elect the chair and vice-chair and to conduct such business as may be deemed necessary by the advisory board.

Section 2. Quorum - Three members shall constitute a quorum for transacting business.

Section 3. Order of the Agenda - The order of the agenda may be changed at any meeting by a majority vote.

Article IV - Amendments

Amendments to these bylaws may be proposed by presenting the amendments in writing to all advisory board members prior to any scheduled advisory board meeting. If the proposed amendment receives a majority vote of the members present at that regular meeting, it shall be presented for consideration and vote to the Board of Counseling at its next regular meeting.

**Agenda Item: Adoption of a Notice of Intended Regulatory Action (NOIRA)
for Licensure of Art Therapists**

Included in the agenda package:

Copy of legislation passed in the 2020 General Assembly

A copy of the agenda background document for a NOIRA

Staff note:

The newly constituted Advisory Board on Art Therapy met on Oct. 9th to become oriented about the duties and responsibilities of advisory boards. The Advisory Board recommends adoption of a NOIRA for a new chapter of regulations.

Action:

Motion to adopt a Notice of Intended Regulatory Action for Chapter 90,
Regulations Governing the Licensure of Art Therapists

VIRGINIA ACTS OF ASSEMBLY -- 2020 SESSION

CHAPTER 301

An Act to amend and reenact §§ 54.1-3500 and 54.1-3503 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 35 of Title 54.1 an article numbered 3, consisting of sections numbered 54.1-3516 and 54.1-3517, relating to Board of Counseling; licensure of art therapists and art therapy associates.

[S 713]

Approved March 11, 2020

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3500 and 54.1-3503 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Chapter 35 of Title 54.1 an article numbered 3, consisting of sections numbered 54.1-3516 and 54.1-3517, as follows:

§ 54.1-3500. Definitions.

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

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

"Art therapist" means a person who has (i) completed a master's or doctoral degree program in art therapy, or an equivalent course of study, from an accredited educational institution; (ii) satisfied the requirements for licensure set forth in regulations adopted by the Board; and (iii) been issued a license for the independent practice of art therapy by the Board.

"Art therapy" means the integrated use of psychotherapeutic principles, visual art media, and the creative process in the assessment, treatment, and remediation of psychosocial, emotional, cognitive, physical, and developmental disorders in children, adolescents, adults, families, or groups.

"Art therapy associate" means a person who has (i) completed a master's or doctoral degree program in art therapy, or an equivalent course of study from an accredited educational institution; (ii) satisfied the requirements for licensure set forth in regulations adopted by the Board; and (iii) been issued a license to practice art therapy under an approved clinical supervisor in accordance with regulations of the Board.

"Board" means the Board of Counseling.

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

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

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

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

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

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

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

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

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

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

"Qualified mental health professional" includes qualified mental health professionals-adult and qualified mental health professionals-child.

"Qualified mental health professional-adult" means a qualified mental health professional who provides collaborative mental health services for adults. A qualified mental health professional-adult shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or the Department of Corrections, or as a provider licensed by the Department of Behavioral Health and Developmental Services.

"Qualified mental health professional-child" means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative mental health services for children and adolescents up to 22 years of age. A qualified mental health professional-child shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or the Department of Corrections, or as a provider licensed by the Department of Behavioral Health and Developmental Services.

"Qualified mental health professional-trainee" means a person who is receiving supervised training to qualify as a qualified mental health professional and is registered with the Board.

"Referral activities" means the evaluation of data to identify problems and to determine advisability of referral to other specialists.

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

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

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

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

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

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

§ 54.1-3503. Board of Counseling.

The Board of Counseling shall regulate the practice of counseling, substance abuse treatment, *art therapy*, and marriage and family therapy.

The Board shall consist of 12 members to be appointed by the Governor, subject to confirmation by the General Assembly. Ten members shall be professionals licensed in the Commonwealth, who shall represent the various specialties recognized in the profession, and two shall be *nonlegislative* citizen members. Of the 10 professional members, six shall be professional counselors, three shall be licensed marriage and family therapists who have passed the examination for licensure as a marriage and family therapist, and one shall be a licensed substance abuse treatment practitioner.

The terms of the members of the Board shall be four years.

Article 3.

Art Therapists.

§ 54.1-3516. Art therapist and art therapy associate; licensure.

A. No person shall engage in the practice of art therapy or hold himself out or otherwise represent himself as an art therapist or art therapy associate unless he is licensed by the Board. Nothing in this chapter shall prohibit a person licensed, certified, or registered by a health regulatory board from using the modalities of art media if such modalities are within his scope of practice.

B. The Board shall adopt regulations governing the practice of art therapy, upon consultation with the Advisory Board on Art Therapy established in § 54.1-3517. Such regulations shall (i) set forth the requirements for licensure as an art therapist or art therapy associate, (ii) provide for appropriate application and renewal fees, and (iii) include requirements for licensure renewal and continuing

education.

C. In the adoption of regulations for licensure, the Board shall consider requirements for registration as a Registered Art Therapist (ATR) and certification as a Board Certified Art Therapist (ATR-BC) with the Art Therapy Credentials Board and successful completion of the Registered Art Therapist Board Certified Art Therapist examination.

D. A license issued for an art therapy associate shall be valid for a period of five years. At the end of the five-year period, an art therapy associate who has not met the requirements for licensure as an art therapist may submit an application for extension of licensure as an art therapy associate to the Board. Such application shall include (i) a plan for completing the requirements to obtain licensure as an art therapist, (ii) documentation of compliance with the continuing education requirements, (iii) documentation of compliance with requirements related to supervision, and (iv) a letter of recommendation from the clinical supervisor of record. An extension of a license as an art therapy associate pursuant to this subsection shall be valid for a period of two years and shall not be renewable.

§ 54.1-3517. Advisory Board on Art Therapy; membership; terms.

A. The Advisory Board on Art Therapy (the Advisory Board) is hereby established to assist the Board in formulating regulations related to the practice of art therapy. The Advisory Board shall also assist in such other matters relating to the practice of art therapy as the Board may require.

B. The Advisory Board shall have a total membership of five nonlegislative citizen members to be appointed by the Governor as follows: three members shall be licensed art therapists, one member shall be a licensed health care provider other than an art therapist, and one member shall be a citizen at large.

C. After the initial staggering of terms, members shall be appointed for a term of four years. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired terms. All members may be reappointed. However, no member shall serve more than two consecutive four-year terms. The remainder of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining the member's eligibility for reappointment. Vacancies shall be filled in the same manner as the original appointments.

2. That the initial appointments of nonlegislative citizen members of the Advisory Board on Art Therapy, as created by this act, to be appointed by the Governor shall be staggered as follows: one member, who shall be a Board Certified Art Therapist (ATR-BC), shall be appointed for a term of one year; one member, who shall be a Board Certified Art Therapist (ATR-BC), shall be appointed for a term of two years; one member, who shall be a licensed health care provider other than an art therapist, shall be appointed for a term of three years; and two members, one of whom shall be a Board Certified Art Therapist (ATR-BC) and one of whom shall be a citizen at large representing the Commonwealth, shall be appointed for a term of four years.



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) Chapter citation(s)	18VAC115-90
VAC Chapter title(s)	Regulations Governing the Licensure of Art Therapists
Action title	New regulations
Date this document prepared	10/16/20

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1VAC7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

Brief Summary

Provide a brief summary (preferably no more than 2 or 3 paragraphs) of the subject matter, intent, and goals of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation).

Chapter 301 of the 2020 General Assembly requires the Board to promulgate regulations governing the practice of art therapy. The Code specifies the credential that will be considered as qualification for licensure as an art therapist and as an art therapy associate. The Board will adopt additional requirements similar to other licensed professions for a fee structure, renewal or reinstatement, continuing competency, supervision of persons in training, and standards of practice.

Acronyms and Definitions

Define all acronyms or technical definitions used in this form.

N/A

Mandate and Impetus

Identify the mandate for this regulatory change and any other impetus that specifically prompted its initiation (e.g., new or modified mandate, petition for rulemaking, periodic review, or board decision). For purposes of executive branch review, "mandate" has the same meaning as defined in Executive Order 14 (as amended, July 16, 2018), "a directive from the General Assembly, the federal government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part."

Chapter 301 of the 2020 Acts of the Assembly mandates that the Board promulgate regulations for the licensure of art therapists: *The Board shall adopt regulations governing the practice of art therapy, upon consultation with the Advisory Board on Art Therapy established in § 54.1-3517.* To do so, the Board will adopt a new chapter, 18VAC115-90-10 et seq., Regulations Governing the Practice of Art Therapy.

Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

Regulations are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Section 54.1-2400, which provides the Board of Counseling the authority to promulgate regulations to administer the regulatory system:

§ 54.1-2400 -General powers and duties of health regulatory boards

The general powers and duties of health regulatory boards shall be:

- 1. To establish the qualifications for registration, certification, licensure, permit, or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.*
- 2. To examine or cause to be examined applicants for certification, licensure, or registration. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.*
- 3. To register, certify, license, or issue a multistate licensure privilege to qualified applicants as practitioners of the particular profession or professions regulated by such board.*
- 4. To establish schedules for renewals of registration, certification, licensure, permit, and the issuance of a multistate licensure privilege.*
- 5. To levy and collect fees for application processing, examination, registration, certification, permitting, or licensure or the issuance of a multistate licensure privilege and renewal that are*

sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions, and the health regulatory boards.

6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) of this title. ...

Regulations on licensure of art therapists are promulgated in accordance with:

§ 54.1-3500. Definitions.

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

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

"Art therapist" means a person who has (i) completed a master's or doctoral degree program in art therapy, or an equivalent course of study, from an accredited educational institution; (ii) satisfied the requirements for licensure set forth in regulations adopted by the Board; and (iii) been issued a license for the independent practice of art therapy by the Board.

"Art therapy" means the integrated use of psychotherapeutic principles, visual art media, and the creative process in the assessment, treatment, and remediation of psychosocial, emotional, cognitive, physical, and developmental disorders in children, adolescents, adults, families, or groups.

"Art therapy associate" means a person who has (i) completed a master's or doctoral degree program in art therapy, or an equivalent course of study from an accredited educational institution; (ii) satisfied the requirements for licensure set forth in regulations adopted by the Board; and (iii) been issued a license to practice art therapy under an approved clinical supervisor in accordance with regulations of the Board.

"Board" means the Board of Counseling.

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

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

"Counseling" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using

treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health.

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

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

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

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

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

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

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

"Qualified mental health professional" includes qualified mental health professionals-adult and qualified mental health professionals-child.

"Qualified mental health professional-adult" means a qualified mental health professional who provides collaborative mental health services for adults. A qualified mental health professional-adult shall provide such services as an employee or independent contractor of the Department of

Behavioral Health and Developmental Services or the Department of Corrections, or as a provider licensed by the Department of Behavioral Health and Developmental Services.

"Qualified mental health professional-child" means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative mental health services for children and adolescents up to 22 years of age. A qualified mental health professional-child shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or the Department of Corrections, or as a provider licensed by the Department of Behavioral Health and Developmental Services.

"Qualified mental health professional-trainee" means a person who is receiving supervised training to qualify as a qualified mental health professional and is registered with the Board.

"Referral activities" means the evaluation of data to identify problems and to determine advisability of referral to other specialists.

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

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

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

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

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

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

§ 54.1-3503. Board of Counseling.

The Board of Counseling shall regulate the practice of counseling, substance abuse treatment, *art therapy*, and marriage and family therapy.

Article 3. Art Therapists.

§ 54.1-3516. Art therapist and art therapy associate; licensure.

A. No person shall engage in the practice of art therapy or hold himself out or otherwise represent himself as an art therapist or art therapy associate unless he is licensed by the Board. Nothing in this chapter shall prohibit a person licensed, certified, or registered by a health regulatory board from using the modalities of art media if such modalities are within his scope of practice.

B. The Board shall adopt regulations governing the practice of art therapy, upon consultation with the Advisory Board on Art Therapy established in § 54.1-3517. Such regulations shall (i) set forth the requirements for licensure as an art therapist or art therapy associate, (ii) provide for appropriate application and renewal fees, and (iii) include requirements for licensure renewal and continuing education.

C. In the adoption of regulations for licensure, the Board shall consider requirements for registration as a Registered Art Therapist (ATR) and certification as a Board Certified Art Therapist (ATR-BC) with the Art Therapy Credentials Board and successful completion of the Registered Art Therapist Board Certified Art Therapist examination.

D. A license issued for an art therapy associate shall be valid for a period of five years. At the end of the five-year period, an art therapy associate who has not met the requirements for licensure as an art therapist may submit an application for extension of licensure as an art therapy associate to the Board. Such application shall include (i) a plan for completing the requirements to obtain licensure as an art therapist, (ii) documentation of compliance with the continuing education requirements, (iii) documentation of compliance with requirements related to supervision, and (iv) a letter of recommendation from the clinical supervisor of record. An extension of a license as an art therapy associate pursuant to this subsection shall be valid for a period of two years and shall not be renewable.

2020, c. 301.

§ 54.1-3517. Advisory Board on Art Therapy; membership; terms.

A. The Advisory Board on Art Therapy (the Advisory Board) is hereby established to assist the Board in formulating regulations related to the practice of art therapy. The Advisory Board shall also assist in such other matters relating to the practice of art therapy as the Board may require.

B. The Advisory Board shall have a total membership of five nonlegislative citizen members to be appointed by the Governor as follows: three members shall be licensed art therapists, one member shall be a licensed health care provider other than an art therapist, and one member shall be a citizen at large.

C. After the initial staggering of terms, members shall be appointed for a term of four years. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired terms. All members may be reappointed. However, no member shall serve more than two consecutive four-year terms. The remainder of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining the member's eligibility for reappointment. Vacancies shall be filled in the same manner as the original appointments.

Purpose

Describe the specific reasons why the agency has determined that this regulation is essential to protect the health, safety, or welfare of citizens. In addition, explain any potential issues that may need to be addressed as the regulation is developed.

The Board will promulgate regulations to establish qualifications for education, examination, and experience that will ensure minimal competency for issuance or renewal of licensure as art therapists to protect the health and safety of clients or patients who receive their services. Amendments are also necessary to ensure there are standards for confidentiality, patient records, dual relationships, and informed consent to protect public health and safety.

Substance

Briefly identify and explain the new substantive provisions that are being considered, the substantive changes to existing sections that are being considered, or both.

Chapter 301 of the 2020 General Assembly requires the Board to promulgate regulations governing the practice of art therapy. The Board will adopt requirements similar to other licensed professions for a fee structure, renewal or reinstatement, continuing competency, supervision of persons in training, and standards of practice.

Subsection B of § 54.1-3516 of the Code mandates that the Board “adopt regulations governing the practice of art therapy, upon consultation with the Advisory Board on Art Therapy established in § 54.1-3517. Such regulations shall (i) set forth the requirements for licensure as an art therapist or art therapy associate, (ii) provide for appropriate application and renewal fees, and (iii) include requirements for licensure renewal and continuing education.”

Subsection C of § 54.1-3516 of the Code requires that the Board consider requirements for registration as a Registered Art Therapist (ATR) and certification as a Board Certified Art Therapist (ATR-BC) with the Art Therapy Credentials Board and successful completion of the Registered Art Therapist Board Certified Art Therapist examination.” While not mandated to do so, the Advisory Board concurred that the credentials cited in the Code are the best measure of minimal competency for the profession. There will also be regulations for the issuance of an art therapy associate with the specific requirements set forth in subsection D of § 54.1-3516 of the Code.

Alternatives to Regulation

Describe any viable alternatives to the regulatory change that were considered, and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the regulatory change. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulatory change.

There are no viable alternatives because the Code of Virginia requires the Board to adopt regulations. The Board can only enforce licensing and renewal qualifications, fees, and standards of practice that are set forth in regulation. There is no alternative to regulation.

Periodic Review and Small Business Impact Review Announcement

This NOIRA is not being used to announce a periodic review or a small business impact review.

Public Participation

Indicate how the public should contact the agency to submit comments on this regulation, and whether a public hearing will be held, by completing the text below. In addition, as required by § 2.2-4007.02 of the Code of Virginia describe any other means that will be used to identify and notify interested parties and seek their input, such as regulatory advisory panels or general notices.

The Board of Counseling is providing an opportunity for comments on this regulatory proposal, including but not limited to (i) the costs and benefits of the regulatory proposal, (ii) any alternative approaches, and (iii) the potential impacts of the regulation.

Anyone wishing to submit written comments for the public comment file may do so through the Public Comment Forums feature of the Virginia Regulatory Town Hall web site at: <https://townhall.virginia.gov>. Comments may also be submitted by mail, email or fax to Elaine Yeatts, 9960 Mayland Drive, Suite 300, Richmond, VA 23233; phone (804) 367-4688; fax (804) 527-4434; Elaine.yeatts@dhp.virginia.gov. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

A public hearing will be held following the publication of this stage, and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (<https://townhall.virginia.gov>) and on the Commonwealth Calendar website (<https://commonwealthcalendar.virginia.gov/>). Both oral and written comments may be submitted at that time.

DRAFT

Virginia's Licensed Professional Counselor Workforce: 2020

Healthcare Workforce Data Center

July 2020

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

Nearly 6,000 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!

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Contents

Results in Brief	2
Summary of Trends	2
Survey Response Rates	3
The Workforce	4
Demographics	5
Background	6
Education	8
Specialties	9
Current Employment Situation	10
Employment Quality	11
2020 Labor Market	12
Work Site Distribution	13
Establishment Type	14
Time Allocation	16
Patient Workload	17
Patient Allocation	18
Retirement & Future Plans	19
Full-Time Equivalency Units	21
Maps	22
Virginia Performs Regions	22
Area Health Education Center Regions	23
Workforce Investment Areas	24
Health Services Areas	25
Planning Districts.....	26
Appendices	27
Appendix A: Weights	27

The Licensed Professional Counselor Workforce: At a Glance:

The Workforce

Licensees ¹ :	6,565
Virginia's Workforce:	5,812
FTEs:	4,904

Background

Rural Childhood:	30%
HS Degree in VA:	49%
Prof. Degree in VA:	65%

Current Employment

Employed in Prof.:	94%
Hold 1 Full-Time Job:	54%
Satisfied?:	96%

Survey Response Rate

All Licensees:	84%
Renewing Practitioners:	97%

Education

Master's:	88%
Doctorate:	12%

Job Turnover

Switched Jobs:	7%
Employed Over 2 Yrs.:	64%

Demographics

Female:	82%
Diversity Index:	40%
Median Age:	47

Finances

Median Income: \$60k-\$70k	
Health Insurance:	62%
Under 40 w/ Ed. Debt:	67%

Time Allocation

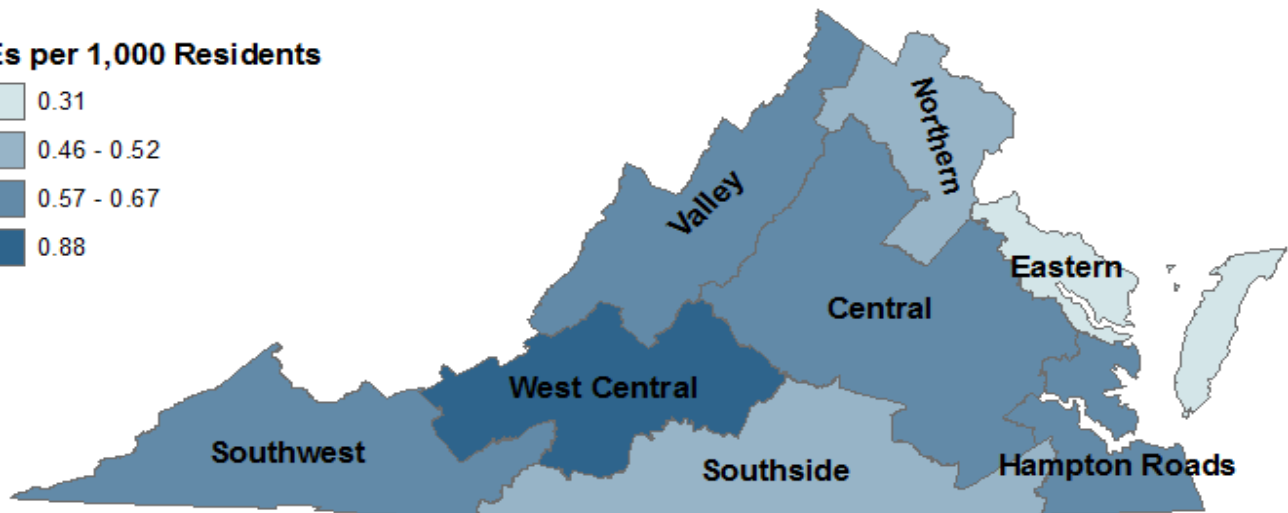
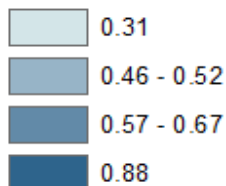
Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	61%

Source: Va. Healthcare Workforce Data Center

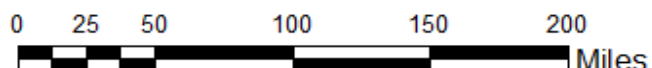
Full-Time Equivalency Units Provided by Licensed Professional Counselors per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division



¹ Excludes 330 temporary licenses which were issued between April and June as a result of procedural changes that were implemented by the DHP due to the coronavirus pandemic. All of these temporary licenses will expire in September 2020.

This report contains the results of the 2020 Licensed Professional Counselor (LPC) Workforce Survey. Nearly 6,000 LPCs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LPCs. These survey respondents represent 84% of the 6,895 LPCs who are licensed in the state and 97% of renewing practitioners.

The HWDC estimates that 5,812 LPCs participated in Virginia's workforce during the survey period, which is defined as those LPCs who worked at least a portion of the year in the state or who live in the state and intend to work as a LPC at some point in the future. Over the past year, Virginia's LPC workforce provided 4,904 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours per year.

More than 80% of all LPCs are female, including 86% of those LPCs who are under the age of 40. In a random encounter between two LPCs, there is a 40% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's LPC workforce less diverse than the state's overall population, which has a diversity index of 57%. Nearly one-third of all LPCs grew up in rural areas, and 21% of these professionals currently work in non-metro areas of Virginia. In total, 9% of all LPCs work in non-metro areas of the state.

More than 90% of all LPCs are currently employed in the profession, 54% hold one full-time job, and 44% work between 40 and 49 hours per week. Meanwhile, 2% of LPCs have experienced involuntary unemployment at some point over the past year, and 3% have experienced underemployment. Three out of every four LPCs are employed in the private sector, including 58% who work in the for-profit sector. With respect to establishment types, more than one-third of all LPCs are employed at either group or solo private practices. The median annual income of Virginia's LPC workforce is between \$60,000 and \$70,000. Nearly all LPCs are satisfied with their current work situation, including 70% of LPCs who indicate that they are "very satisfied".

Summary of Trends

In this section, all statistics for the current year are compared to the 2015 LPC workforce. The number of licensed LPCs in Virginia has increased by 62% (6,895 vs. 4,252). At the same time, the size of Virginia's LPC workforce has increased by 55% (5,812 vs. 3,740), and the number of FTEs provided by this workforce has increased by 54% (4,904 vs. 3,185). Virginia's renewing LPCs are more likely to respond to this survey (97% vs. 90%).

Virginia's LPCs are more likely to be female (82% vs. 78%), although this trend is reversed among those LPCs who are under the age of 40 (86% vs. 88%). In addition, the median age of the state's LPC workforce has fallen (47 vs. 53). Virginia's LPC workforce is also becoming increasingly diverse (40% vs. 27%) at a rate that is considerably faster than the state's overall population (57% vs. 55%). LPCs are slightly more likely to have grown up in rural areas (30% vs. 29%), although this group of LPCs is no more likely to work in non-metro areas of the state (21%). In total, the percentage of LPCs who work in non-metro areas of Virginia has not changed (9%).

LPCs are more likely to be employed in the profession (94% vs. 93%), hold one full-time job (54% vs. 52%), and work between 40 and 49 hours per week (44% vs. 43%). However, the rate of involuntary unemployment, which had remained steady at 1% since 2015, increased to 2% in 2020. LPCs are more likely to work at a new location (22% vs. 17%) and less likely to be employed at their primary work location for more than two years (64% vs. 72%). LPCs are more likely to work in the for-profit sector (58% vs. 54%) instead of working for state or local governments (21% vs. 24%).

Virginia's LPCs are more likely to hold a Master's degree (88% vs. 84%) instead of a Doctorate (12% vs. 16%) as their highest professional degree. At the same time, LPCs are more likely to carry education debt (49% vs. 37%), and the median debt burden among those LPCs with education debt has increased as well (\$80-\$90k vs. \$40k-\$50k). The median annual income of Virginia's LPCs has increased (\$60k-\$70k vs. \$50k-\$60k). In addition, LPCs who earn their income in the form of either an hourly wage or a salary are more likely to receive at least one employer-sponsored benefit (75% vs. 73%). LPCs indicate that they are slightly more satisfied with their current work situation (96% vs. 95%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	5,616	81%
New Licensees	731	11%
Temporary Licensees ¹	330	5%
Non-Renewals	218	3%
All Licensees	6,895	100%
All Licensees Without Temporary	6,565	95%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Nearly all renewing LPCs submitted a survey. These represent 84% of the 6,895 LPCs who held a license at some point during the survey period.

Definitions

- 1. The Survey Period:** The survey was conducted in June 2020.
- 2. Target Population:** All LPCs who held a Virginia license at some point between July 2019 and June 2020.
- 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 2020.

Response Rates

Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 35	228	731	76%
35 to 39	190	859	82%
40 to 44	143	796	85%
45 to 49	100	694	87%
50 to 54	96	653	87%
55 to 59	83	558	87%
60 to 64	77	518	87%
65 and Over	165	1,004	86%
Total	1,082	5,813	84%
New Licenses			
Issued in Past Year	703	358	34%
Metro Status			
Non-Metro	59	438	88%
Metro	608	4,599	88%
Not in Virginia	415	775	65%

Source: Va. Healthcare Workforce Data Center

Response Rates

Completed Surveys	5,813
Response Rate, All Licensees	84%
Response Rate, Renewals	97%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LPCs

Number:	6,895
New:	11%
Not Renewed:	3%

Response Rates

All Licensees:	84%
Renewing Practitioners:	97%

Source: Va. Healthcare Workforce Data Center

¹ These 330 temporary licenses were issued between April and June as a result of procedural changes that were implemented by the DHP due to the coronavirus pandemic. All of these temporary licenses will expire in September 2020.

At a Glance:

Workforce

Virginia's LPC Workforce: 5,812
 FTEs: 4,904

Utilization Ratios

Licensees in VA Workforce: 84%
 Licensees per FTE: 1.41
 Workers per FTE: 1.19

Source: Va. Healthcare Workforce Data Center

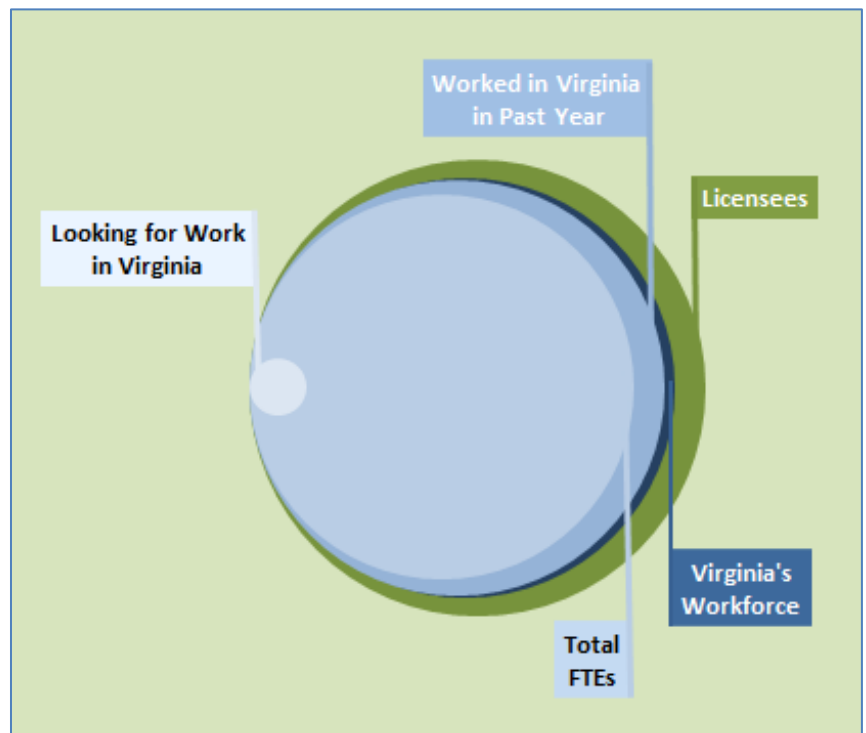
Virginia's LPC Workforce		
Status	#	%
Worked in Virginia in Past Year	5,705	98%
Looking for Work in Virginia	107	2%
Virginia's Workforce	5,812	100%
Total FTEs	4,904	
Licensees	6,895	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year 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.



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	111	14%	685	86%	796	16%
35 to 39	107	13%	701	87%	808	16%
40 to 44	109	15%	603	85%	712	14%
45 to 49	88	15%	485	85%	573	11%
50 to 54	115	21%	440	79%	555	11%
55 to 59	79	18%	370	82%	449	9%
60 to 64	111	27%	307	73%	418	8%
65 and Over	205	29%	512	72%	717	14%
Total	924	18%	4,103	82%	5,028	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	LPCs		LPCs Under 40	
	%	#	%	#	%
White	61%	3,818	76%	1,135	71%
Black	19%	786	16%	284	18%
Hispanic	10%	211	4%	91	6%
Asian	7%	69	1%	20	1%
Two or More Races	3%	108	2%	49	3%
Other Race	0%	41	1%	17	1%
Total	100%	5,033	100%	1,596	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2019.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 82%
% Under 40 Female: 86%

Age

Median Age: 47
% Under 40: 32%
% 55 and Over: 32%

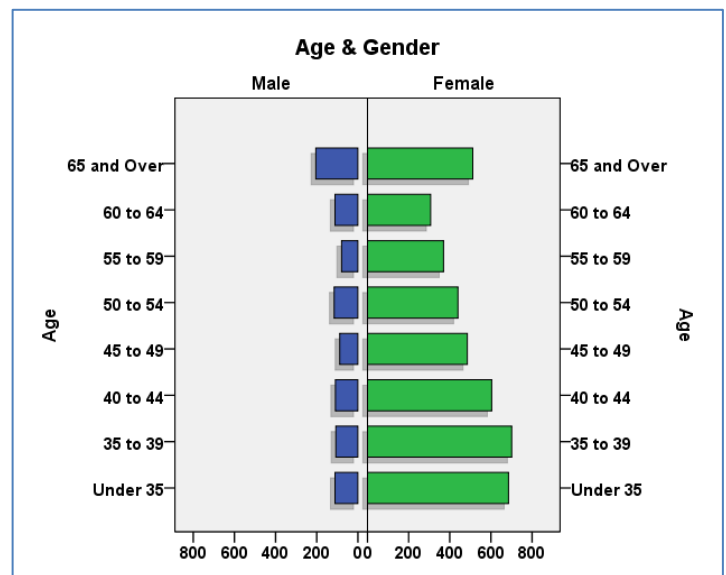
Diversity

Diversity Index: 40%
Under 40 Div. Index: 46%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LPCs, there is a 40% chance that they would be of different races or ethnicities, a measure known as the diversity index.

Nearly one-third of all LPCs are under the age of 40, and 86% of these professionals are female. In addition, the diversity index among this group of LPCs is 46%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 14%
Rural Childhood: 30%

Virginia Background

HS in Virginia: 49%
Prof. Edu. in VA: 65%
HS or Prof. Edu. in VA: 74%

Location Choice

% Rural to Non-Metro: 21%
% Urban/Suburban to Non-Metro: 4%

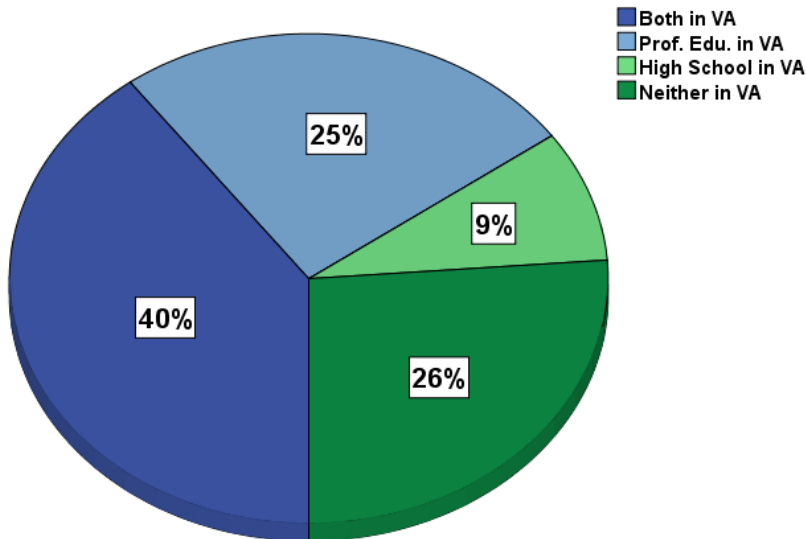
Source: Va. Healthcare Workforce Data Center

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%	62%	17%
2	Metro, 250,000 to 1 Million	40%	50%	11%
3	Metro, 250,000 or Less	41%	51%	8%
Non-Metro Counties				
4	Urban Pop., 20,000+, Metro Adjacent	64%	23%	13%
6	Urban Pop., 2,500-19,999, Metro Adjacent	59%	33%	8%
7	Urban Pop., 2,500-19,999, Non-Adjacent	91%	9%	1%
8	Rural, Metro Adjacent	74%	22%	4%
9	Rural, Non-Adjacent	50%	37%	13%
Overall		30%	56%	14%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly one-third of all LPCs grew up in self-described rural areas, and 21% of these professionals currently work in non-metro counties. In total, 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	2,415	Virginia	3,238
2	New York	298	Maryland	164
3	Pennsylvania	240	Washington, D.C.	152
4	Maryland	204	North Carolina	116
5	North Carolina	179	New York	104
6	Outside U.S./Canada	173	Florida	103
7	New Jersey	137	Pennsylvania	100
8	Florida	134	Minnesota	98
9	Ohio	134	Ohio	80
10	California	83	Massachusetts	68

Source: Va. Healthcare Workforce Data Center

Nearly half of all LPCs received their high school degree in Virginia, while 65% obtained their initial professional degree in the state.

Among LPCs who received their initial license in the past five years, 50% received their high school degree in Virginia, while 63% obtained their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof Degree	#
1	Virginia	1,136	Virginia	1,442
2	New York	131	Minnesota	78
3	Pennsylvania	94	Maryland	72
4	North Carolina	89	Washington, D.C.	70
5	Maryland	87	New York	68
6	Outside U.S./Canada	85	Florida	62
7	Florida	66	North Carolina	55
8	Ohio	63	Pennsylvania	44
9	New Jersey	62	Kentucky	35
10	Texas	39	Colorado	29

Source: Va. Healthcare Workforce Data Center

Among all LPCs who are licensed in Virginia, 16% did not participate in the state's LPC workforce during the past year. More than four out of every five of these professionals worked at some point in the past year, including 74% who worked in a job related to the behavioral sciences.

At a Glance:

Not in VA Workforce

Total:	1,082
% of Licensees:	16%
Federal/Military:	6%
VA Border State/D.C.:	23%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
Bachelor's Degree	1	0%
Master's Degree	4,364	88%
Doctor of Psychology	90	2%
Other Doctorate	482	10%
Total	4,937	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

Master's: 88%

Doctorate: 12%

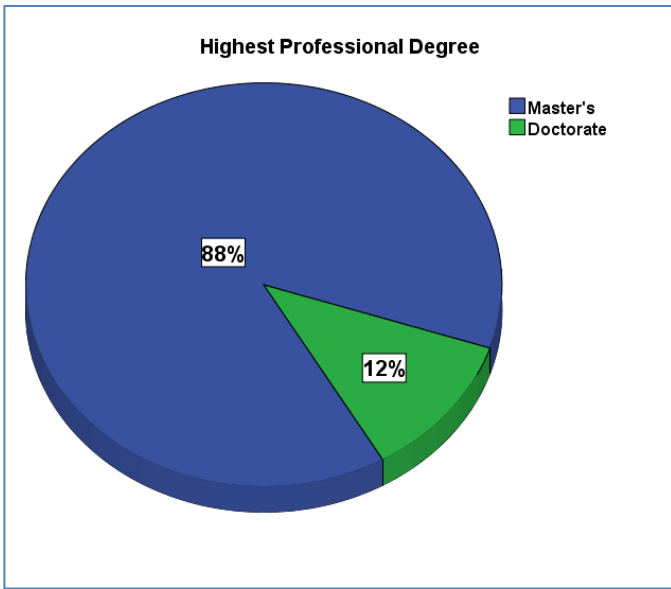
Education Debt

Carry Debt: 49%

Under Age 40 w/ Debt: 67%

Median Debt: \$80k-\$90k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly half of LPCs carry education debt, including 67% of those LPCs who are under the age of 40. For those LPCs with education debt, the median debt amount is between \$80,000 and \$90,000.

Education Debt				
Amount Carried	All LPCs		LPCs Under 40	
	#	%	#	%
None	2,266	51%	462	33%
Less than \$10,000	167	4%	42	3%
\$10,000-\$29,999	264	6%	96	7%
\$30,000-\$49,999	283	6%	113	8%
\$50,000-\$69,999	249	6%	116	8%
\$70,000-\$89,999	226	5%	127	9%
\$90,000-\$109,999	294	7%	141	10%
\$110,000-\$129,999	193	4%	110	8%
\$130,000-\$149,999	120	3%	56	4%
\$150,000 or More	378	9%	129	9%
Total	4,440	100%	1,392	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Primary Specialty

Mental Health: 60%
 Child: 8%
 Substance Abuse: 6%

Secondary Specialty

Mental Health: 15%
 Substance Abuse: 14%
 Behavioral Disorders: 12%

Source: Va. Healthcare Workforce Data Center

Three out of every five LPCs have a primary specialty in mental health, while another 8% of LPCs have a primary specialty in children's health.

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Mental Health	2,901	60%	667	15%
Child	405	8%	408	9%
Substance Abuse	298	6%	627	14%
Behavioral Disorders	237	5%	529	12%
Family	162	3%	378	9%
Marriage	105	2%	292	7%
School/Educational	75	2%	160	4%
Forensic	38	1%	39	1%
Sex Offender Treatment	33	1%	49	1%
Vocational/Work Environment	16	0%	34	1%
Health/Medical	13	0%	43	1%
Rehabilitation	11	0%	33	1%
Public Health	6	0%	13	0%
Neurology/Neuropsychology	5	0%	12	0%
Gerontologic	4	0%	8	0%
Social	3	0%	36	1%
Industrial/Organizational	3	0%	3	0%
Experimental or Research	0	0%	2	0%
General Practice (Non-Specialty)	364	7%	641	15%
Other Specialty Area	192	4%	364	8%
Total	4,870	100%	4,335	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 94%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 54%
 2 or More Positions: 26%

Weekly Hours:

40 to 49: 44%
 60 or More: 6%
 Less than 30: 19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	3	< 1%
Employed in a Behavioral Sciences-Related Capacity	4,656	94%
Employed, NOT in a Behavioral Sciences-Related Capacity	126	3%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	18	< 1%
Voluntarily Unemployed	84	2%
Retired	74	2%
Total	4,961	100%

Source: Va. Healthcare Workforce Data Center

More than 90% of LPCs are currently employed in the profession, 54% hold one full-time job, and 44% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	176	4%
1 to 9 Hours	155	3%
10 to 19 Hours	331	7%
20 to 29 Hours	450	9%
30 to 39 Hours	744	15%
40 to 49 Hours	2,154	44%
50 to 59 Hours	580	12%
60 to 69 Hours	234	5%
70 to 79 Hours	37	1%
80 or More Hours	21	0%
Total	4,882	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	176	4%
One Part-Time Position	792	16%
Two Part-Time Positions	221	5%
One Full-Time Position	2,627	54%
One Full-Time Position & One Part-Time Position	915	19%
Two Full-Time Positions	34	1%
More than Two Positions	121	2%
Total	4,886	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	37	1%
Less than \$20,000	270	7%
\$20,000-\$29,999	191	5%
\$30,000-\$39,999	229	6%
\$40,000-\$49,999	434	11%
\$50,000-\$59,999	624	16%
\$60,000-\$69,999	647	16%
\$70,000-\$79,999	576	14%
\$80,000-\$89,999	369	9%
\$90,000-\$99,999	206	5%
\$100,000 or More	413	10%
Total	3,997	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$60k-\$70k

Benefits
(Salary/Wage Employees Only)
Health Insurance: 62%
Retirement: 57%

Satisfaction
Satisfied: 96%
Very Satisfied: 70%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	3,326	70%
Somewhat Satisfied	1,271	27%
Somewhat Dissatisfied	139	3%
Very Dissatisfied	39	1%
Total	4,775	100%

Source: Va. Healthcare Workforce Data Center

The typical LPC earns between \$60,000 and \$70,000 per year. Among LPCs who receive either an hourly wage or salary as compensation at their primary work location, 62% have access to health insurance and 57% have access to a retirement plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,287	49%	68%
Health Insurance	2,107	45%	62%
Paid Sick Leave	2,100	45%	62%
Dental Insurance	2,016	43%	60%
Retirement	1,954	42%	57%
Group Life Insurance	1,519	33%	46%
Signing/Retention Bonus	154	3%	5%
At Least One Benefit	2,618	56%	75%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Work Two or More Positions at the Same Time?	1,530	26%
Switch Employers or Practices?	413	7%
Experience Voluntary Unemployment?	217	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	156	3%
Experience Involuntary Unemployment?	143	2%
Experience At Least One	2,049	35%

Source: Va. Healthcare Workforce Data Center

Only 2% of Virginia's LPCs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 4.4% during the past 12 months.²

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	87	2%	55	4%
Less than 6 Months	204	4%	153	11%
6 Months to 1 Year	512	11%	199	14%
1 to 2 Years	928	19%	255	19%
3 to 5 Years	1,158	24%	348	25%
6 to 10 Years	830	17%	191	14%
More than 10 Years	1,041	22%	176	13%
Subtotal	4,759	100%	1,377	100%
Did Not Have Location	122		4,377	
Item Missing	931		58	
Total	5,812		5,812	

Source: Va. Healthcare Workforce Data Center

Nearly 60% of all LPCs are salaried employees, while 21% receive income from their own business/practice.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 2%
Underemployed: 3%

Turnover & Tenure

Switched Jobs: 7%
New Location: 22%
Over 2 Years: 64%
Over 2 Yrs., 2nd Location: 52%

Employment Type

Salary/Commission: 58%
Business/Practice Income: 21%

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of all LPCs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	2,180	58%
Business/Practice Income	803	21%
Hourly Wage	484	13%
By Contract	286	8%
Unpaid	22	1%
Subtotal	3,775	100%
Did Not Have Location	122	
Item Missing	1,916	

Source: Va. Healthcare Workforce Data Center

² As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.4% and a high of 10.8%. At the time of publication, the unemployment rate for June 2020 was still preliminary.

At a Glance:

Concentration

Top Region:	29%
Top 3 Regions:	70%
Lowest Region:	1%

Locations

2 or More (Past Year):	29%
2 or More (Now*):	27%

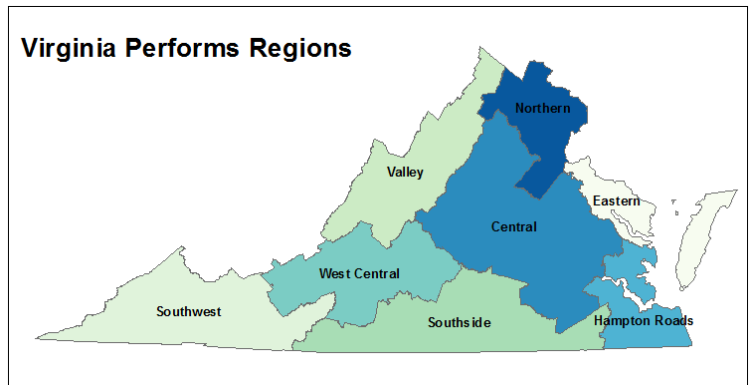
Source: Va. Healthcare Workforce Data Center

Seven out of every ten LPCs in the state work in Northern Virginia, Hampton Roads, and Central Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Northern	1,369	29%	369	26%
Hampton Roads	973	20%	287	20%
Central	963	20%	287	20%
West Central	625	13%	172	12%
Valley	335	7%	86	6%
Southwest	204	4%	48	3%
Southside	174	4%	50	4%
Eastern	48	1%	24	2%
Virginia Border State/D.C.	28	1%	28	2%
Other U.S. State	30	1%	49	3%
Outside of the U.S.	0	0%	1	0%
Total	4,749	100%	1,401	100%
Item Missing	942		34	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than one-quarter of all LPCs currently have multiple work locations, while 29% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	107	2%	170	4%
1	3,319	68%	3,362	69%
2	713	15%	724	15%
3	662	14%	572	12%
4	28	1%	12	0%
5	10	0%	8	0%
6 or More	19	0%	9	0%
Total	4,858	100%	4,858	100%

*At the time of survey completion, June 2020.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	2,583	58%	931	74%
Non-Profit	792	18%	190	15%
State/Local Government	960	21%	129	10%
Veterans Administration	9	0%	1	0%
U.S. Military	94	2%	8	1%
Other Federal Government	37	1%	3	0%
Total	4,475	100%	1,262	100%
Did Not Have Location	122		4,377	
Item Missing	1,214		172	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

For-Profit:	58%
Federal:	3%

Top Establishments

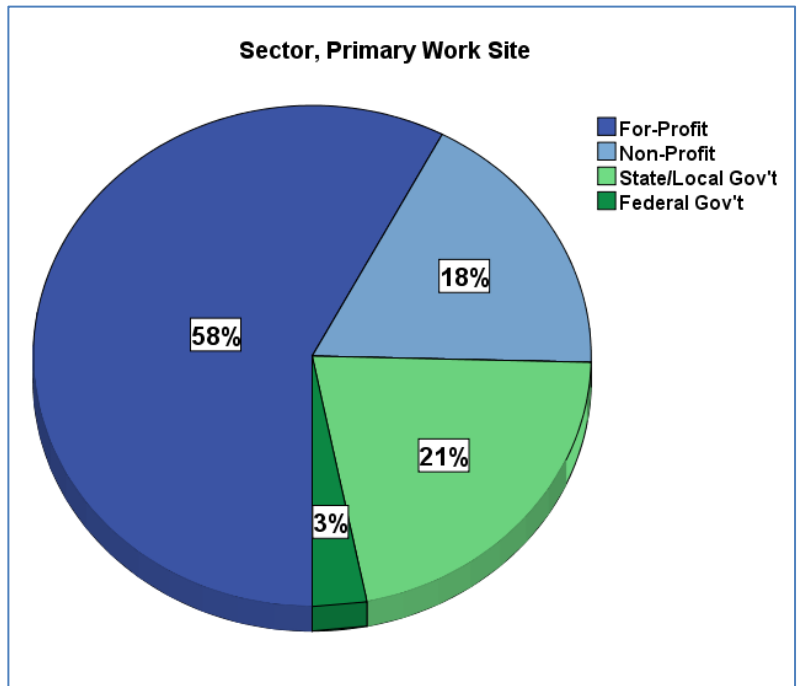
Private Practice, Group:	19%
Private Practice, Solo:	18%
Comm. Services Board:	16%

Payment Method

Cash/Self-Pay:	66%
Private Insurance:	55%

Source: Va. Healthcare Workforce Data Center

Three-fourths of all LPCs work in the private sector, including 58% who work at for-profit establishments. Another 21% of LPCs work for state or local governments.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Group	793	19%	290	24%
Private Practice, Solo	763	18%	255	21%
Community Services Board	658	16%	72	6%
Mental Health Facility, Outpatient	534	13%	145	12%
Community-Based Clinic or Health Center	376	9%	131	11%
School (Providing Care to Clients)	229	5%	43	4%
Academic Institution (Teaching Health Professions Students)	120	3%	68	6%
Residential Mental Health/Substance Abuse Facility	110	3%	17	1%
Corrections/Jail	88	2%	19	2%
Hospital, Psychiatric	66	2%	23	2%
Hospital, General	54	1%	16	1%
Administrative or Regulatory	46	1%	8	1%
Rehabilitation Facility	23	1%	4	0%
Other Practice Setting	359	9%	107	9%
Total	4,219	100%	1,198	100%
Did Not Have a Location	122		4,377	

Source: Va. Healthcare Workforce Data Center

Group and solo private practices employ more than one-third of all LPCs in Virginia. Another 16% of LPCs work at Community Services Boards.

Two-thirds of all LPCs work at establishments that accept cash/self-pay as a form of payment for services rendered. This makes cash/self-pay the most commonly accepted form of payment among Virginia's LPC workforce.

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	3,826	66%
Private Insurance	3,174	55%
Medicaid	2,316	40%
Medicare	503	9%

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 70%-79%
Administration: 10%-19%

Roles

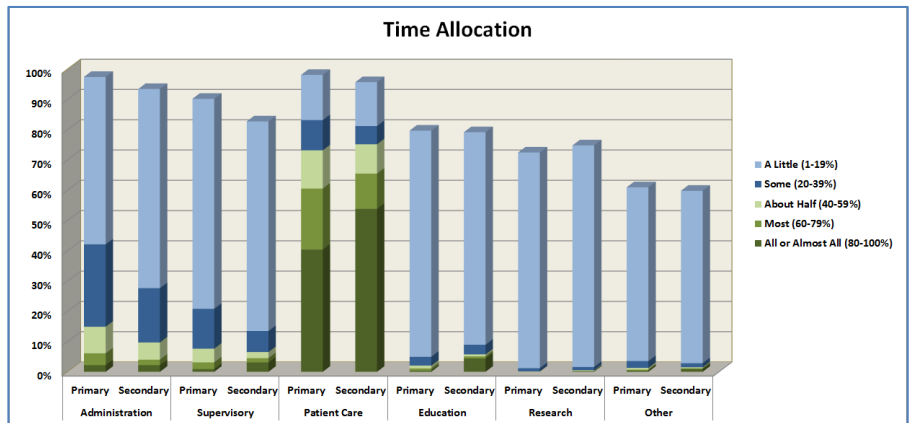
Patient Care: 61%
Administration: 6%
Supervisory: 3%

Patient Care LPCs

Median Admin. Time: 10%-19%
Avg. Admin. Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

In general, LPCs spend approximately 75% of their time treating patients. In fact, 61% 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		
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	
All or Almost All (80-100%)	2%	2%	1%	3%	40%	54%	0%	4%	0%	0%	0%	1%	
Most (60-79%)	4%	2%	2%	1%	20%	12%	1%	1%	0%	0%	0%	0%	
About Half (40-59%)	9%	6%	5%	2%	13%	10%	1%	1%	0%	0%	1%	0%	
Some (20-39%)	27%	18%	13%	7%	10%	6%	3%	3%	1%	1%	2%	1%	
A Little (1-19%)	55%	66%	69%	69%	15%	15%	75%	70%	71%	73%	57%	57%	
None (0%)	3%	7%	10%	17%	2%	4%	20%	21%	28%	25%	39%	40%	

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	357	8%	155	13%
1 to 24	2,775	63%	957	78%
25 to 49	1,183	27%	100	8%
50 to 74	68	2%	10	1%
75 or More	47	1%	10	1%
Total	4,430	100%	1,233	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

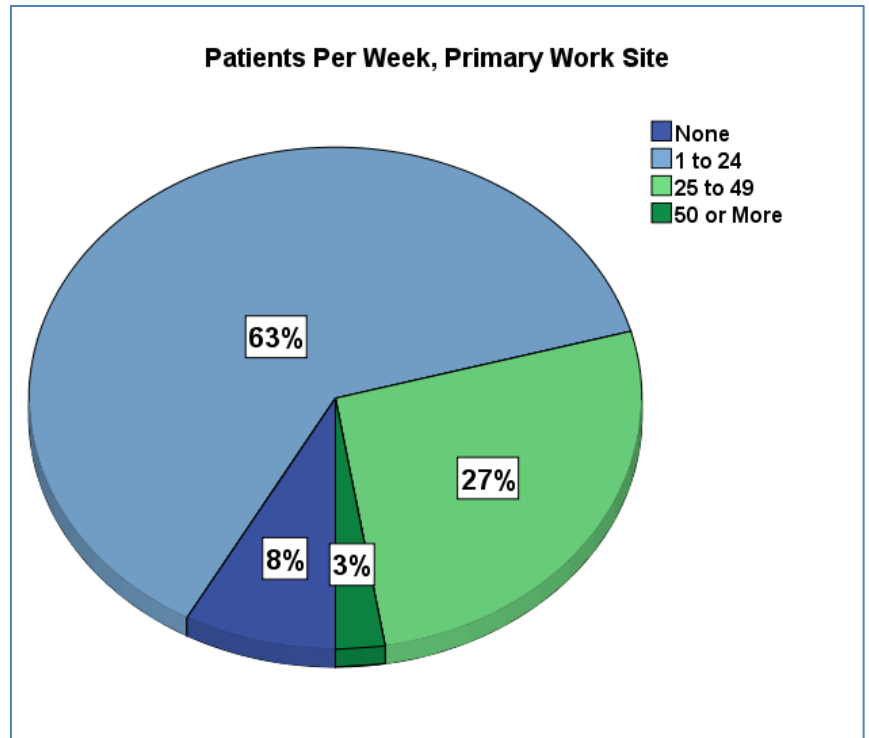
Patients Per Week

Primary Location: 1-24

Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds 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.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Patient Allocation

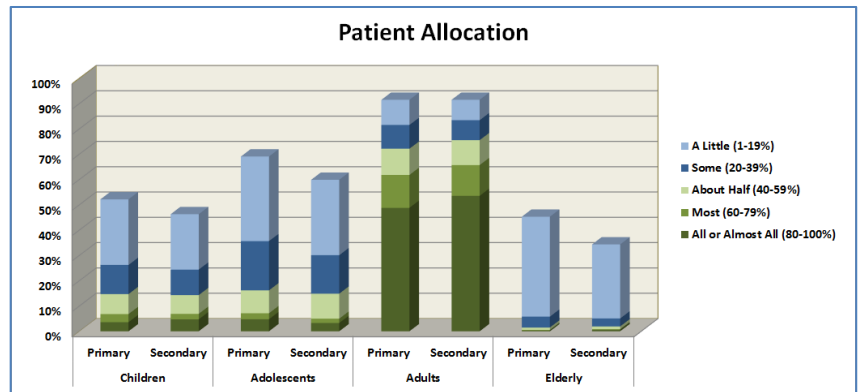
Children: 1%-9%
 Adolescents: 1%-9%
 Adults: 70%-79%
 Elderly: None

Roles

Children: 7%
 Adolescents: 7%
 Adults: 62%
 Elderly: 1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

In general, approximately 75% of all patients seen by LPCs at their primary work location are adults. In addition, 62% of LPCs serve an adult patient care role, meaning that at least 60% of their patients are adults.

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	4%	5%	5%	3%	49%	54%	0%	1%
Most (60-79%)	3%	2%	2%	2%	13%	12%	0%	0%
About Half (40-59%)	8%	7%	9%	10%	10%	10%	1%	1%
Some (20-39%)	12%	10%	19%	15%	9%	8%	4%	3%
A Little (1-19%)	26%	22%	33%	30%	10%	8%	39%	29%
None (0%)	48%	54%	31%	40%	9%	9%	55%	66%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LPCs		LPCs 50 and Over	
	#	%	#	%
Under Age 50	45	1%	-	-
50 to 54	75	2%	3	0%
55 to 59	262	6%	47	3%
60 to 64	696	16%	185	10%
65 to 69	1,321	31%	545	30%
70 to 74	860	20%	485	26%
75 to 79	370	9%	226	12%
80 or Over	129	3%	88	5%
I Do Not Intend to Retire	516	12%	256	14%
Total	4,275	100%	1,835	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LPCs

Under 65: 25%

Under 60: 9%

LPCs 50 and Over

Under 65: 13%

Under 60: 3%

Time Until Retirement

Within 2 Years: 5%

Within 10 Years: 20%

Half the Workforce: By 2045

Source: Va. Healthcare Workforce Data Center

One-fourth of all LPCs expect to retire before the age of 65. Among those LPCs who are age 50 or over, 13% expect to retire by the age of 65.

Within the next two years, 15% of LPCs expect to increase their patient care hours, and 12% expect to pursue additional educational opportunities.

Future Plans

Two-Year Plans:	#	%
Decrease Participation		
Decrease Patient Care Hours	453	8%
Leave Virginia	135	2%
Leave Profession	58	1%
Decrease Teaching Hours	38	1%
Increase Participation		
Increase Patient Care Hours	885	15%
Pursue Additional Education	702	12%
Increase Teaching Hours	407	7%
Return to Virginia's Workforce	42	1%

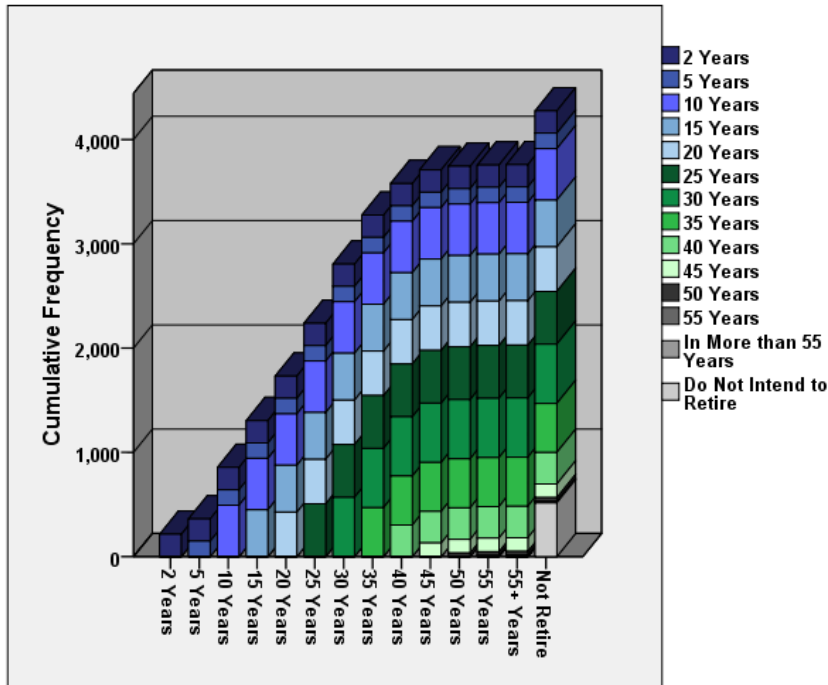
Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LPCs. Only 5% of LPCs expect to retire in the next two years, while 20% expect to retire in the next ten years. Half of the current workforce expect to retire by 2045.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	214	5%	5%
5 Years	148	3%	8%
10 Years	494	12%	20%
15 Years	449	11%	31%
20 Years	426	10%	40%
25 Years	506	12%	52%
30 Years	568	13%	66%
35 Years	470	11%	77%
40 Years	303	7%	84%
45 Years	131	3%	87%
50 Years	34	1%	88%
55 Years	12	0%	88%
In More than 55 Years	3	0%	88%
Do Not Intend to Retire	516	12%	100%
Total	4,275	100%	

Source: Va. Healthcare Workforce Data Center

Expected Years to Retirement



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2030. Retirement will peak at 13% of the current workforce around 2050 before declining to under 10% of the current workforce again around 2060.

At a Glance:

FTEs

Total: 4,904
 FTEs/1,000 Residents³: 0.575
 Average: 0.86

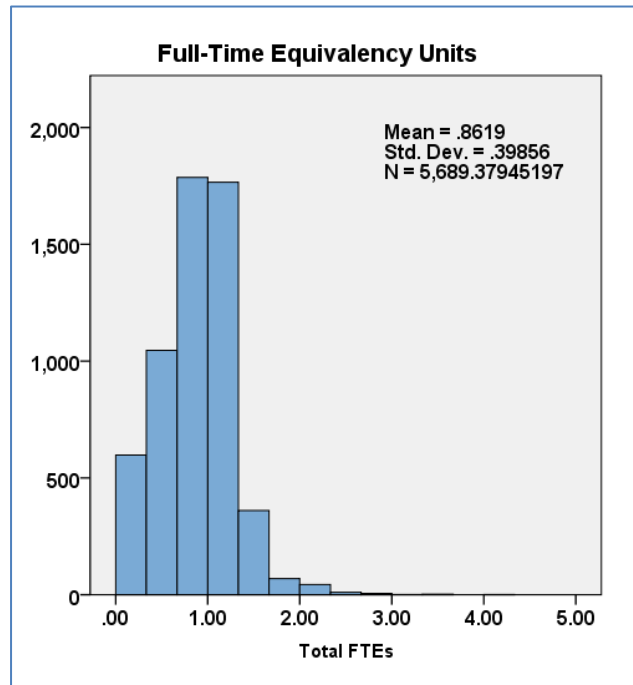
Age & Gender Effect

Age, Partial Eta²: Medium
 Gender, Partial Eta²: Small

Partial Eta² Explained:
 Partial Eta² is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

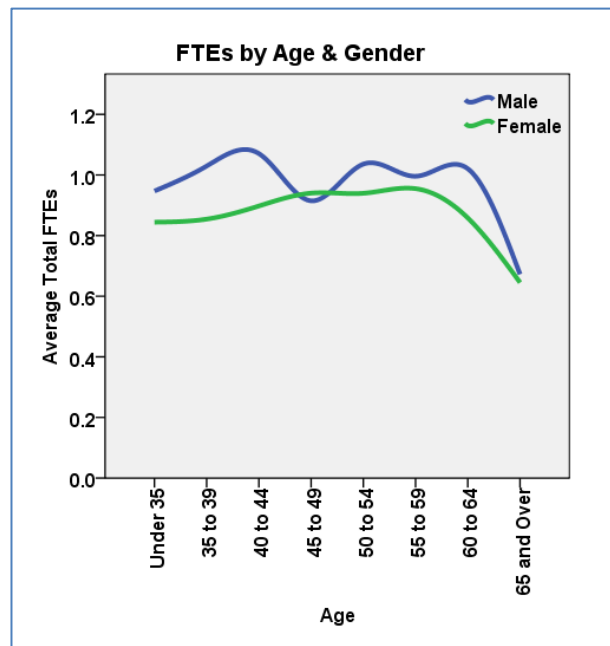


Source: Va. Healthcare Workforce Data Center

The typical (median) LPC provided 0.87 FTEs over the past year, or approximately 35 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.⁴

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 35	0.86	0.86
35 to 39	0.87	0.91
40 to 44	0.90	0.90
45 to 49	0.92	0.92
50 to 54	0.94	0.96
55 to 59	0.97	1.03
60 to 64	0.90	0.87
65 and Over	0.65	0.63
Gender		
Male	0.93	1.01
Female	0.86	0.91

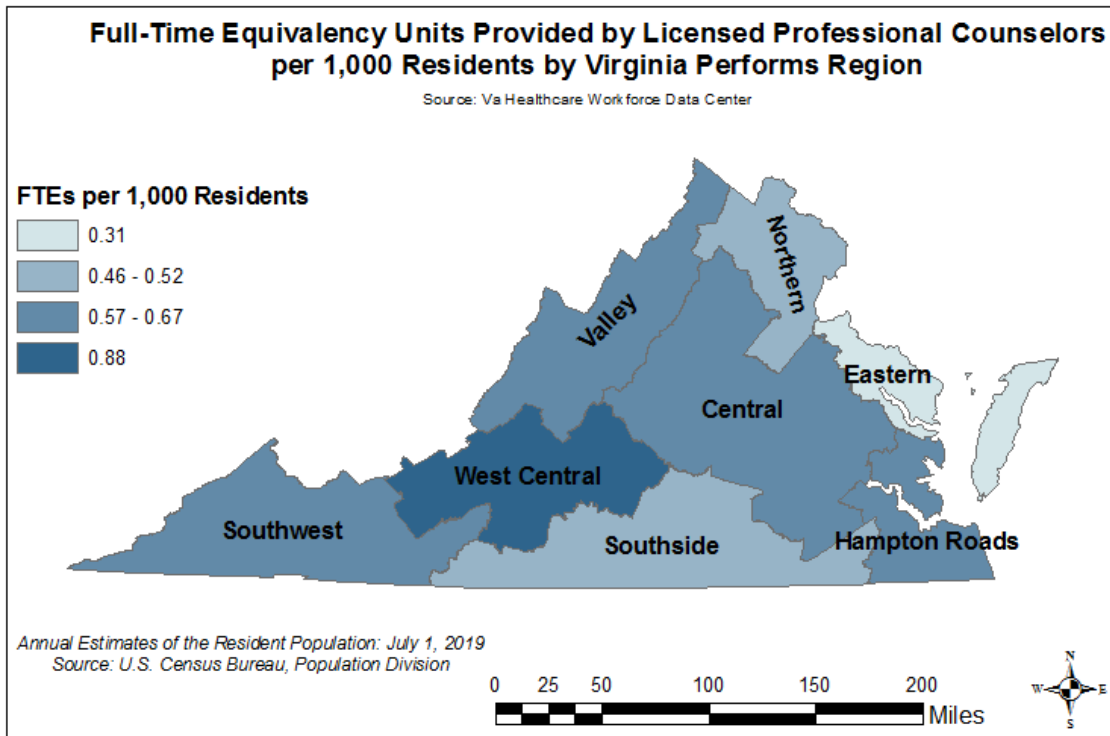
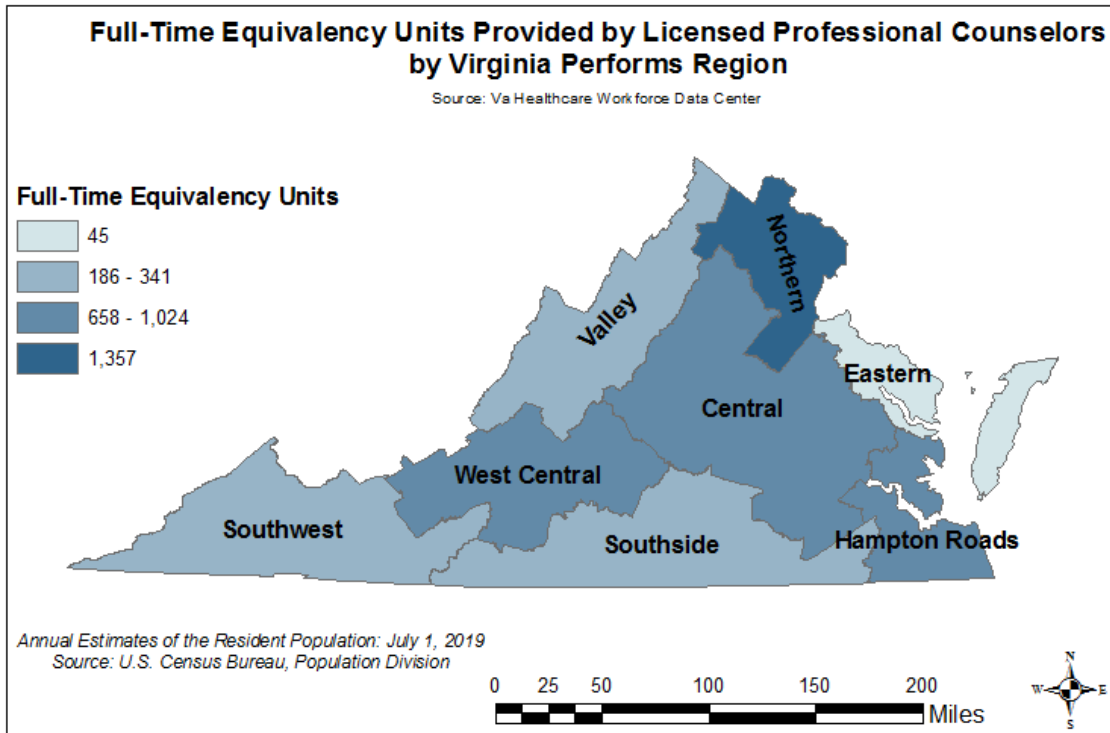
Source: Va. Healthcare Workforce Data Center

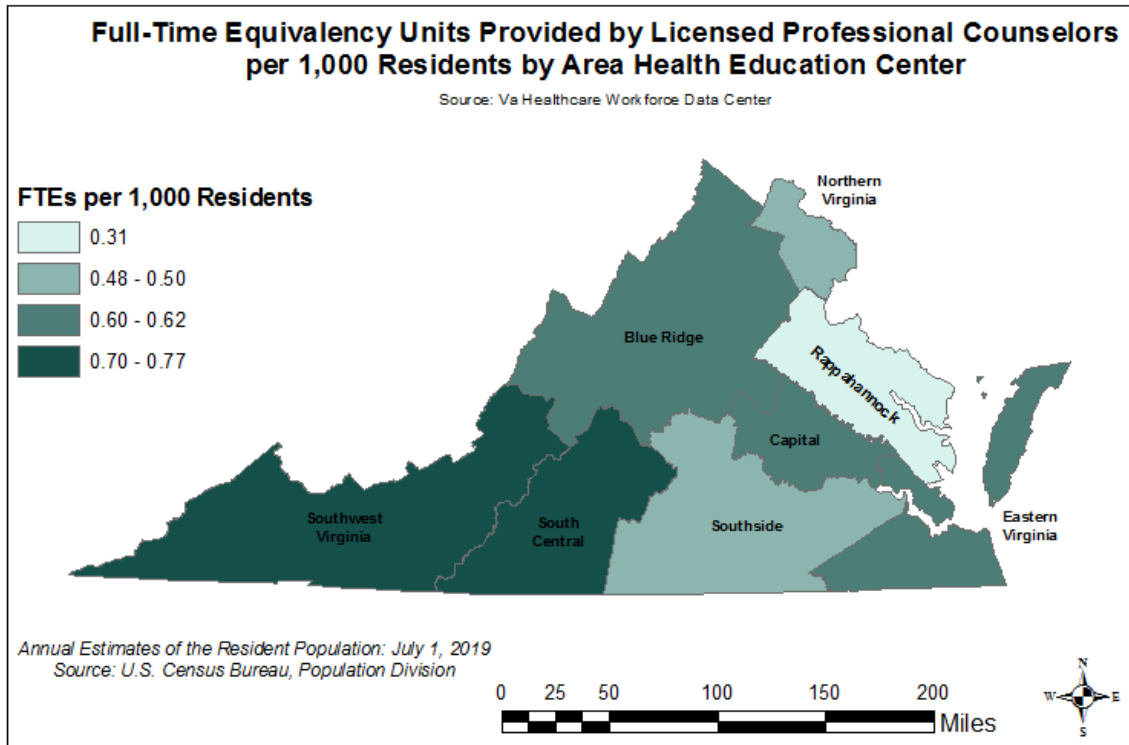
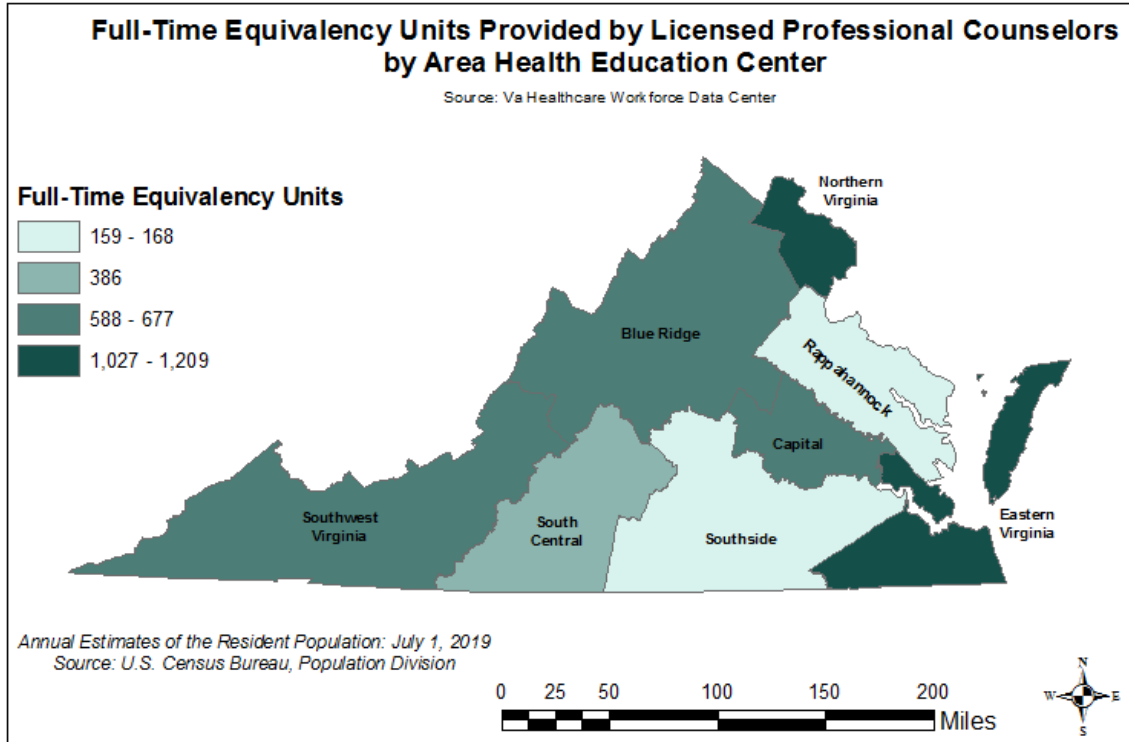


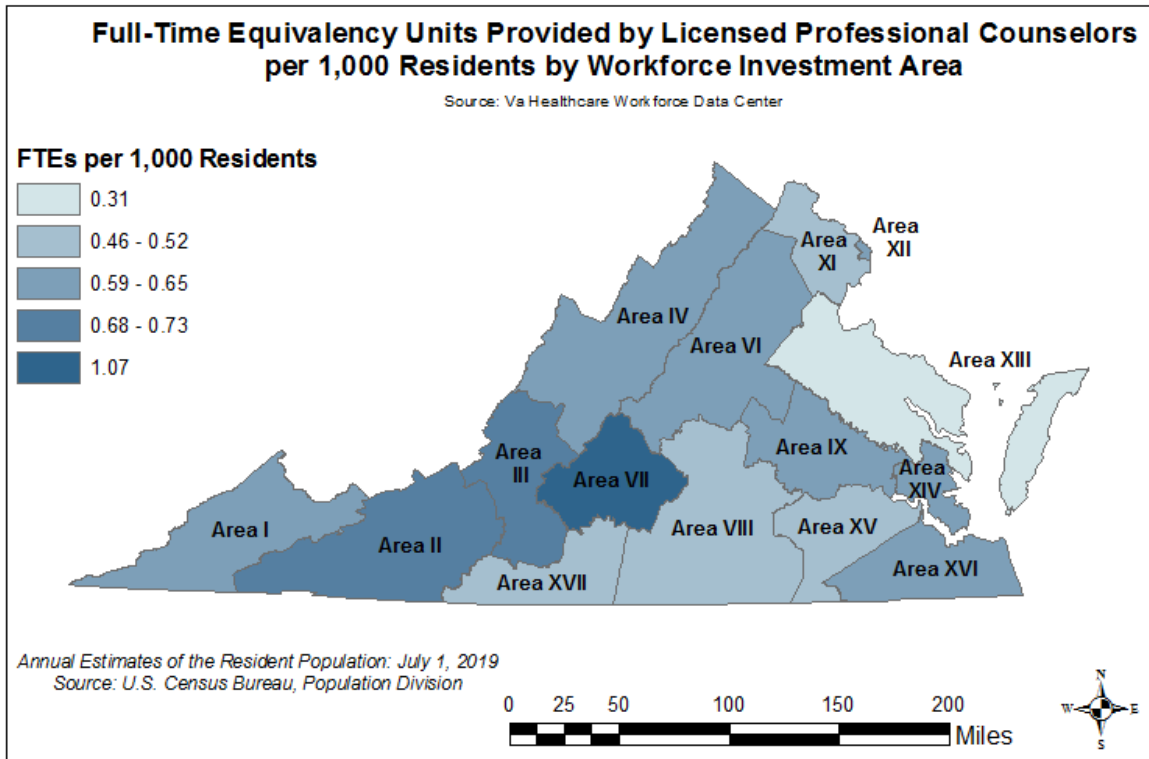
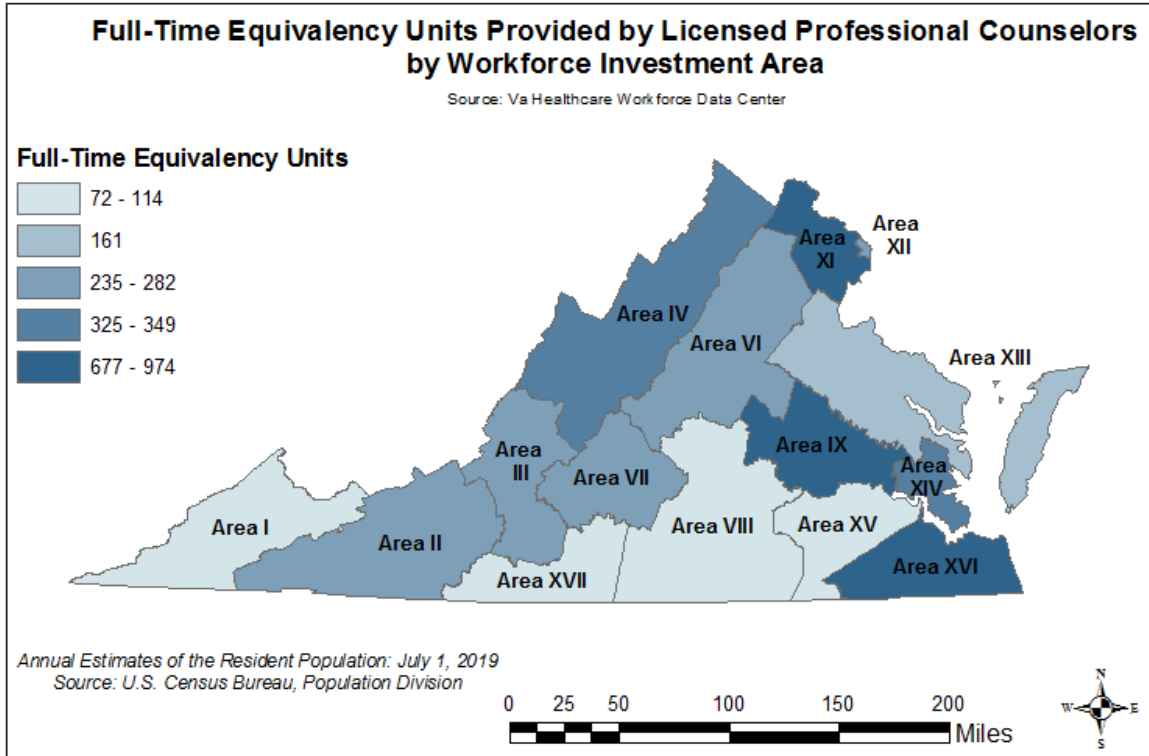
Source: Va. Healthcare Workforce Data Center

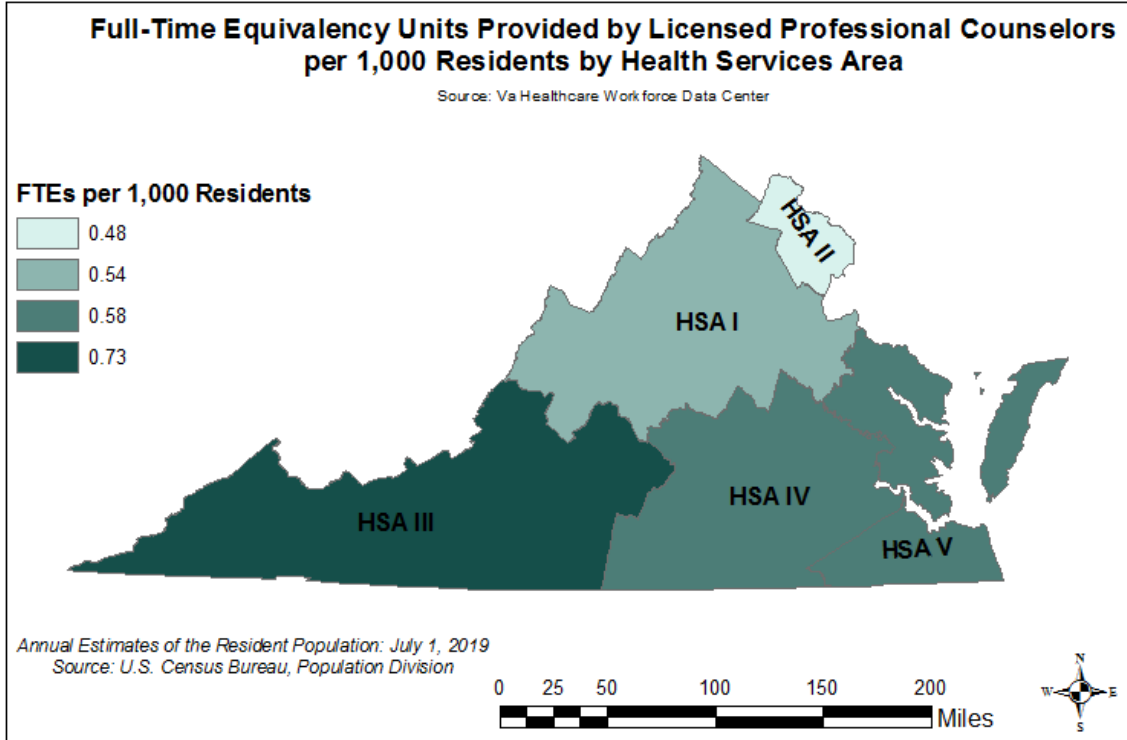
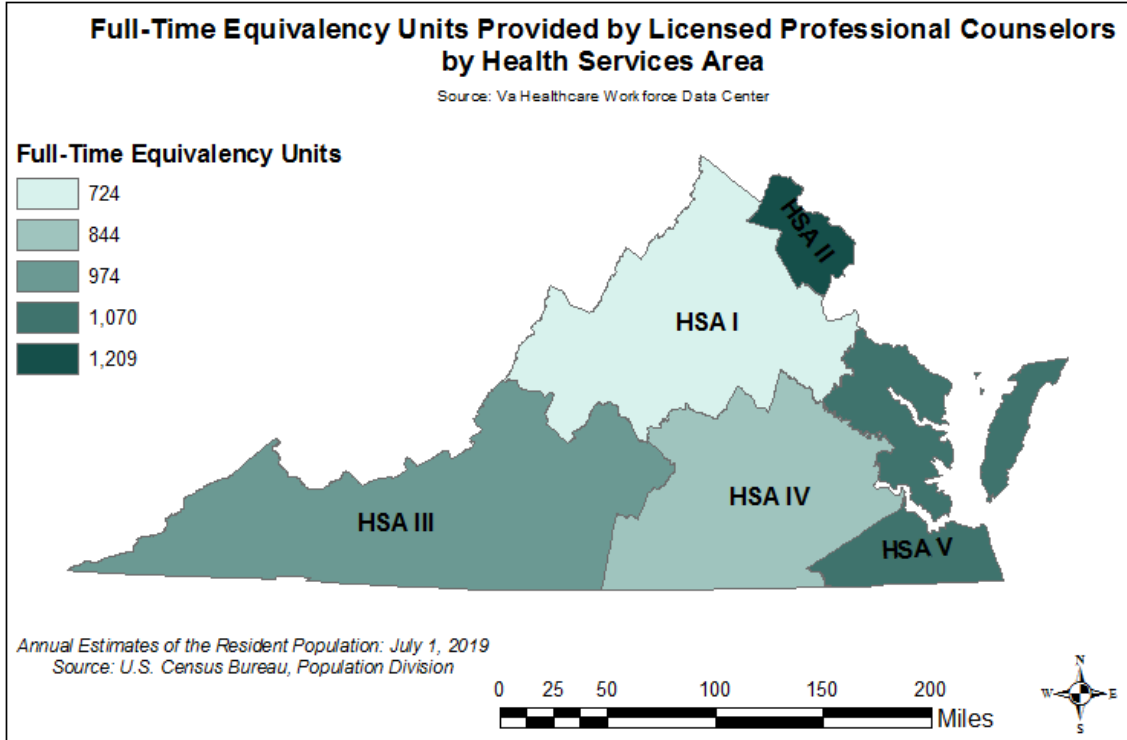
³ Number of residents in 2019 was used as the denominator.

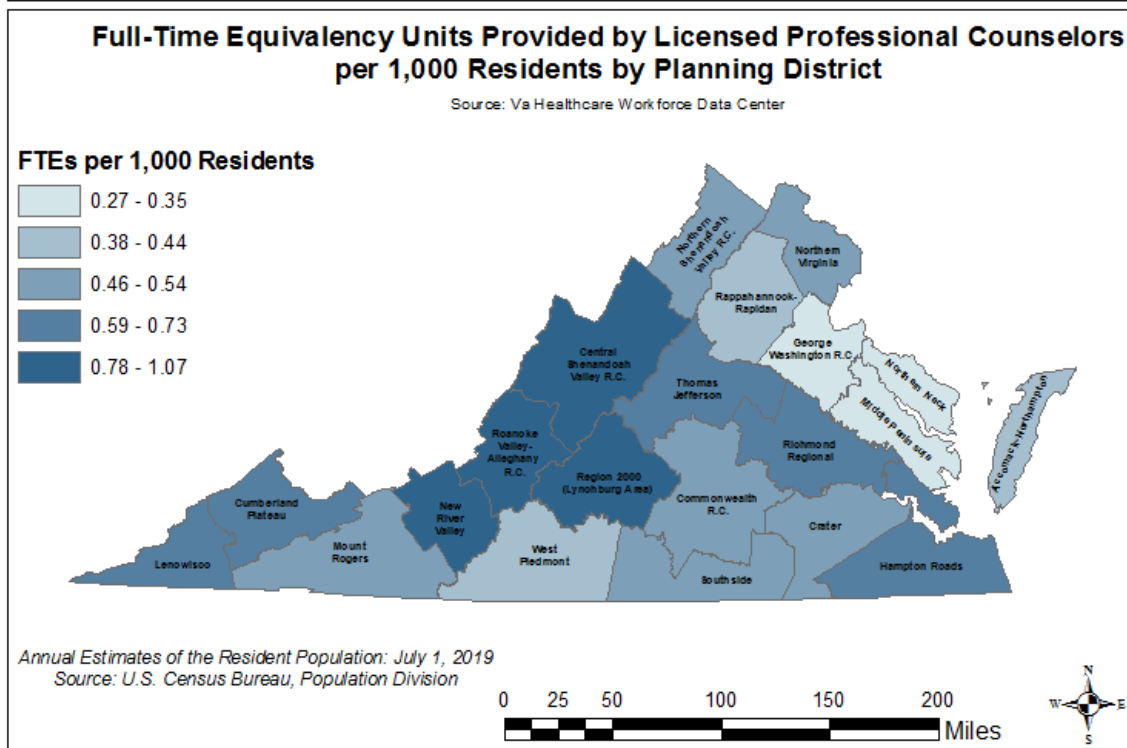
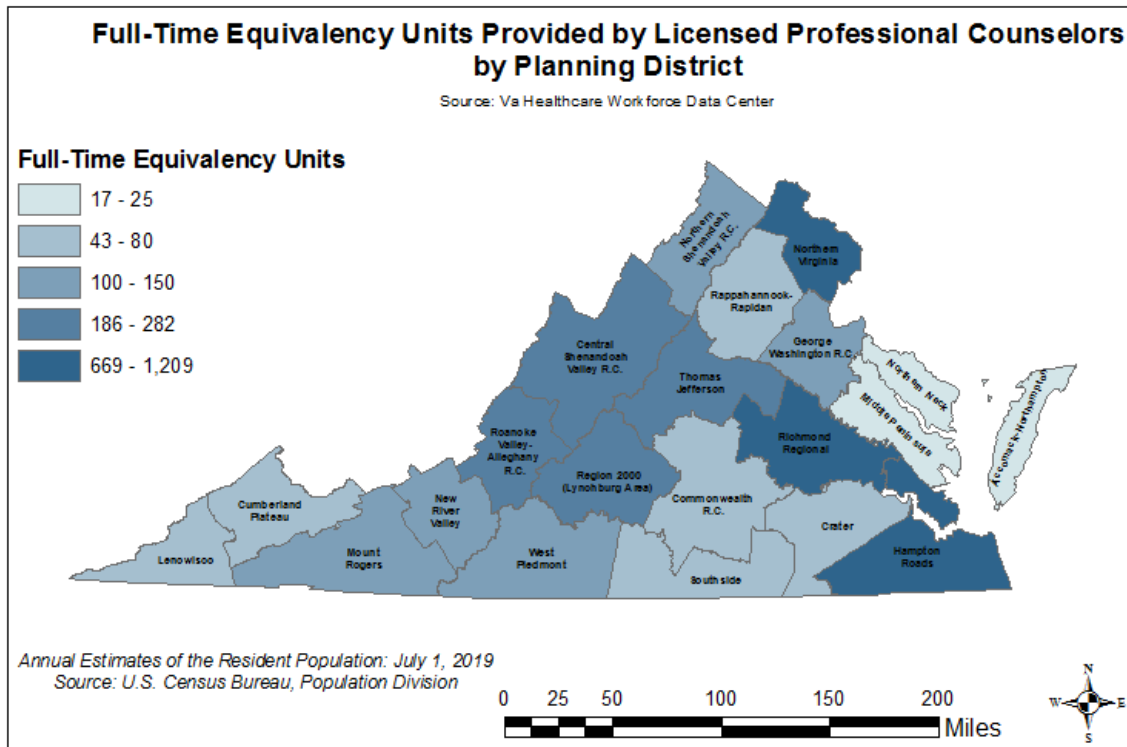
⁴ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	3,747	88.12%	1.135	1.095	1.255
Metro, 250,000 to 1 Million	684	89.33%	1.119	1.080	1.238
Metro, 250,000 or Less	776	88.40%	1.131	1.091	1.251
Urban Pop., 20,000+, Metro Adj.	68	94.12%	1.063	1.025	1.175
Urban Pop., 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban Pop., 2,500-19,999, Metro Adj.	184	90.76%	1.102	1.063	1.219
Urban Pop., 2,500-19,999, Non-Adj.	127	88.19%	1.134	1.094	1.254
Rural, Metro Adj.	84	82.14%	1.217	1.174	1.346
Rural, Non-Adj.	34	76.47%	1.308	1.261	1.446
Virginia Border State/D.C.	658	67.78%	1.475	1.423	1.632
Other U.S. State	532	61.84%	1.617	1.560	1.788

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 35	959	76.23%	1.312	1.175	1.788
35 to 39	1,049	81.89%	1.221	1.094	1.665
40 to 44	939	84.77%	1.180	1.057	1.608
45 to 49	794	87.41%	1.144	1.025	1.560
50 to 54	749	87.18%	1.147	1.027	1.564
55 to 59	641	87.05%	1.149	1.029	1.566
60 to 64	595	87.06%	1.149	1.029	1.566
65 and Over	1,169	85.89%	1.164	1.043	1.587

Source: Va. Healthcare Workforce Data Center

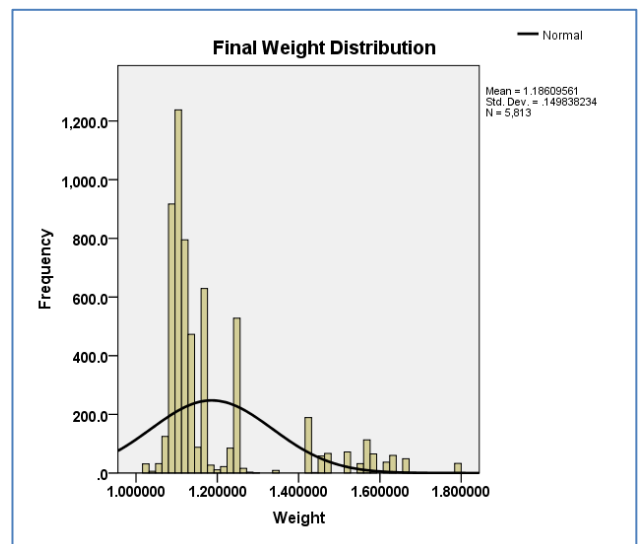
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.843075



Source: Va. Healthcare Workforce Data Center

Virginia Department of Health Professions
Cash Balance
As of September 30, 2020

	<u>109 Counseling</u>
Board Cash Balance as June 30, 2020	\$ 2,083,660
YTD FY21 Revenue	163,605
Less: YTD FY21 Direct and Allocated Expenditures	<u>442,006</u>
Board Cash Balance as September 30, 2020	<u><u>\$ 1,805,259</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10900 - Counseling
For the Period Beginning July 1, 2020 and Ending September 30, 2020

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
4002400 Fee Revenue					
4002401 Application Fee		118,075.00	294,600.00	176,525.00	40.08%
4002406 License & Renewal Fee		41,895.00	1,533,075.00	1,491,180.00	2.73%
4002407 Dup. License Certificate Fee		1,080.00	825.00	(255.00)	130.91%
4002409 Board Endorsement - Out		1,905.00	1,740.00	(165.00)	109.48%
4002421 Monetary Penalty & Late Fees		225.00	13,960.00	13,735.00	1.61%
4002430 Board Changes Fee		360.00	-	(360.00)	0.00%
4002432 Misc. Fee (Bad Check Fee)		35.00	140.00	105.00	25.00%
Total Fee Revenue		163,575.00	1,844,340.00	1,680,765.00	8.87%
4003000 Sales of Prop. & Commodities					
4003020 Misc. Sales-Dishonored Payments		30.00	-	(30.00)	0.00%
Total Sales of Prop. & Commodities		30.00	-	(30.00)	0.00%
Total Revenue		163,605.00	1,844,340.00	1,680,735.00	8.87%
5011110 Employer Retirement Contrib.					
5011110 Employer Retirement Contrib.		5,576.87	22,136.52	16,559.65	25.19%
5011120 Fed Old-Age Ins- Sal St Emp		3,929.81	13,241.23	9,311.42	29.68%
5011140 Group Insurance		599.06	2,051.38	1,452.32	29.20%
5011150 Medical/Hospitalization Ins.		6,870.00	38,112.00	31,242.00	18.03%
5011160 Retiree Medical/Hospitalizatn		504.57	1,714.59	1,210.02	29.43%
5011170 Long term Disability Ins		273.98	933.84	659.86	29.34%
Total Employee Benefits		17,754.29	78,189.56	60,435.27	22.71%
5011200 Salaries					
5011230 Salaries, Classified		44,824.95	153,088.00	108,263.05	29.28%
5011250 Salaries, Overtime		7,826.01	-	(7,826.01)	0.00%
Total Salaries		52,650.96	153,088.00	100,437.04	34.39%
5011300 Special Payments					
5011340 Specified Per Diem Payment		500.00	-	(500.00)	0.00%
5011380 Deferred Compnstn Match Pmts		84.00	1,728.00	1,644.00	4.86%
Total Special Payments		584.00	1,728.00	1,144.00	33.80%
5011400 Wages					
5011410 Wages, General		-	20,000.00	20,000.00	0.00%
Total Wages		-	20,000.00	20,000.00	0.00%
5011600 Terminatn Personal Svce Costs					
5011660 Defined Contribution Match - Hy		856.49	-	(856.49)	0.00%
Total Terminatn Personal Svce Costs		856.49	-	(856.49)	0.00%
5011930 Turnover/Vacancy Benefits					
Total Personal Services		71,845.74	253,005.56	181,159.82	28.40%
5012000 Contractual Svs					
5012100 Communication Services					
5012110 Express Services		-	295.00	295.00	0.00%
5012140 Postal Services		2,465.71	8,232.00	5,766.29	29.95%
5012150 Printing Services		-	120.00	120.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10900 - Counseling
For the Period Beginning July 1, 2020 and Ending September 30, 2020

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
5012160	Telecommunications Svcs (VITA)	189.76	900.00	710.24	21.08%
5012190	Inbound Freight Services	1.31	-	(1.31)	0.00%
	Total Communication Services	2,656.78	9,547.00	6,890.22	27.83%
5012200	Employee Development Services				
5012210	Organization Memberships	900.00	1,400.00	500.00	64.29%
	Total Employee Development Services	900.00	1,400.00	500.00	64.29%
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	14,640.88	9,280.00	(5,360.88)	157.77%
5012440	Management Services	233.04	134.00	(99.04)	173.91%
5012460	Public Infrmtnl & Relatn Svcs	92.00	5.00	(87.00)	1840.00%
5012470	Legal Services	-	475.00	475.00	0.00%
	Total Mgmnt and Informational Svcs	14,965.92	9,894.00	(5,071.92)	151.26%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	126.14	-	(126.14)	0.00%
5012530	Equipment Repair & Maint Srvc	4.72	-	(4.72)	0.00%
5012560	Mechanical Repair & Maint Srvc	-	34.00	34.00	0.00%
	Total Repair and Maintenance Svcs	130.86	34.00	(96.86)	384.88%
5012600	Support Services				
5012630	Clerical Services	12,495.52	110,551.00	98,055.48	11.30%
5012640	Food & Dietary Services	219.09	1,075.00	855.91	20.38%
5012660	Manual Labor Services	154.17	1,170.00	1,015.83	13.18%
5012670	Production Services	302.46	5,380.00	5,077.54	5.62%
5012680	Skilled Services	5,939.82	16,764.00	10,824.18	35.43%
	Total Support Services	19,111.06	134,940.00	115,828.94	14.16%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	73.60	4,979.00	4,905.40	1.48%
5012850	Travel, Subsistence & Lodging	-	1,950.00	1,950.00	0.00%
5012880	Trvl, Meal Reimb- Not Rprtble	-	988.00	988.00	0.00%
	Total Transportation Services	73.60	7,917.00	7,843.40	0.93%
	Total Contractual Svcs	37,838.22	163,872.00	126,033.78	23.09%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013110	Apparel Supplies	19.07	-	(19.07)	0.00%
5013120	Office Supplies	662.65	597.00	(65.65)	111.00%
	Total Administrative Supplies	681.72	597.00	(84.72)	114.19%
5013500	Repair and Maint. Supplies				
5013510	Building Repair & Maint Materl	9.88	-	(9.88)	0.00%
5013520	Custodial Repair & Maint Matr'l	1.36	-	(1.36)	0.00%
	Total Repair and Maint. Supplies	11.24	-	(11.24)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10900 - Counseling
For the Period Beginning July 1, 2020 and Ending September 30, 2020

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
5013600	Residential Supplies				
5013630	Food Service Supplies	-	183.00	183.00	0.00%
	Total Residential Supplies	-	183.00	183.00	0.00%
	Total Supplies And Materials	692.96	780.00	87.04	88.84%
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	153.14	540.00	386.86	28.36%
5015360	Land Rentals	-	60.00	60.00	0.00%
5015390	Building Rentals - Non State	3,047.03	11,275.00	8,227.97	27.02%
	Total Operating Lease Payments	3,200.17	11,875.00	8,674.83	26.95%
5015400	Service Charges				
5015470	Private Vendor Service Charges:	9.48	-	(9.48)	0.00%
	Total Service Charges	9.48	-	(9.48)	0.00%
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	3,209.65	12,102.00	8,892.35	26.52%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	2,085.29	-	(2,085.29)	0.00%
	Total Computer Hrdware & Sftware	2,085.29	-	(2,085.29)	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%
	Total Office Equipment	-	42.00	42.00	0.00%
	Total Equipment	2,085.29	119.00	(1,966.29)	1752.34%
	Total Expenditures	115,671.86	429,878.56	314,206.70	26.91%
	Allocated Expenditures				
20100	Behavioral Science Exec	63,271.77	230,164.99	166,893.22	27.49%
30100	Data Center	55,335.18	289,189.12	233,853.94	19.13%
30200	Human Resources	312.99	18,464.91	18,151.92	1.70%
30300	Finance	40,228.88	159,731.02	119,502.14	25.19%
30400	Director's Office	14,229.58	57,392.70	43,163.12	24.79%
30500	Enforcement	111,134.12	413,776.77	302,642.66	26.86%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2020 and Ending September 30, 2020

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over) Budget	% of Budget
30600	Administrative Proceedings	21,324.33	69,905.67	48,581.34	30.50%
30700	Impaired Practitioners	555.64	246.30	(309.34)	225.60%
30800	Attorney General	1,258.57	1,522.95	264.38	82.64%
30900	Board of Health Professions	12,638.74	43,200.63	30,561.88	29.26%
31100	Maintenance and Repairs	394.47	2,464.19	2,069.72	16.01%
31300	Emp. Recognition Program	6.34	1,240.91	1,234.57	0.51%
31400	Conference Center	144.99	357.03	212.05	40.61%
31500	Pgm Devlpmnt & Implmentn	5,498.29	25,731.66	20,233.37	21.37%
Total Allocated Expenditures		<u>326,333.89</u>	<u>1,313,388.86</u>	<u>987,054.97</u>	<u>24.85%</u>
Net Revenue in Excess (Shortfall) of Expenditures		<u>\$ (278,400.75)</u>	<u>\$ 101,072.58</u>	<u>\$ 379,473.33</u>	<u>275.45%</u>

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2020 and Ending September 30, 2020

Account Number	Account Description	July	August	September	Total
4002400	Fee Revenue				
4002401	Application Fee	41,775.00	42,620.00	33,680.00	118,075.00
4002406	License & Renewal Fee	31,655.00	6,635.00	3,605.00	41,895.00
4002407	Dup. License Certificate Fee	500.00	310.00	270.00	1,080.00
4002409	Board Endorsement - Out	655.00	540.00	710.00	1,905.00
4002421	Monetary Penalty & Late Fees	70.00	135.00	20.00	225.00
4002430	Board Changes Fee	30.00	180.00	150.00	360.00
4002432	Misc. Fee (Bad Check Fee)	-	-	35.00	35.00
	Total Fee Revenue	74,685.00	50,420.00	38,470.00	163,575.00
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	-	-	30.00	30.00
	Total Sales of Prop. & Commodities	-	-	30.00	30.00
	Total Revenue	74,685.00	50,420.00	38,500.00	163,605.00
5011000	Personal Services				
5011100	Employee Benefits				
5011110	Employer Retirement Contrib.	2,249.15	1,663.86	1,663.86	5,576.87
5011120	Fed Old-Age Ins- Sal St Emp	1,527.66	1,212.20	1,189.95	3,929.81
5011140	Group Insurance	244.58	177.24	177.24	599.06
5011150	Medical/Hospitalization Ins.	2,748.00	2,061.00	2,061.00	6,870.00
5011160	Retiree Medical/Hospitalizatn	208.29	148.14	148.14	504.57
5011170	Long term Disability Ins	112.58	80.70	80.70	273.98
	Total Employee Benefits	7,090.26	5,343.14	5,320.89	17,754.29
5011200	Salaries				
5011230	Salaries, Classified	18,368.79	13,228.08	13,228.08	44,824.95
5011250	Salaries, Overtime	2,118.12	2,999.27	2,708.62	7,826.01
	Total Salaries	20,486.91	16,227.35	15,936.70	52,650.96
5011340	Specified Per Diem Payment	-	-	500.00	500.00
5011380	Deferred Compnstrn Match Pmts	36.00	24.00	24.00	84.00
	Total Special Payments	36.00	24.00	524.00	584.00
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	358.65	248.92	248.92	856.49
	Total Terminatn Personal Svce Costs	358.65	248.92	248.92	856.49
	Total Personal Services	27,971.82	21,843.41	22,030.51	71,845.74
5012000	Contractual Svcs				-
5012100	Communication Services				-
5012140	Postal Services	1,313.22	790.82	361.67	2,465.71
5012160	Telecommunications Svcs (VITA)	62.41	64.08	63.27	189.76
5012190	Inbound Freight Services	0.52	-	0.79	1.31
	Total Communication Services	1,376.15	854.90	425.73	2,656.78

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2020 and Ending September 30, 2020

Account Number	Account Description	July	August	September	Total
5012200	Employee Development Services				
5012210	Organization Memberships	-	-	900.00	900.00
	Total Employee Development Services	-	-	900.00	900.00
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	13,897.45	598.97	144.46	14,640.88
5012440	Management Services	156.60	-	76.44	233.04
5012460	Public Infrmtnl & Relatn Svcs	92.00	-	-	92.00
	Total Mgmnt and Informational Svcs	14,146.05	598.97	220.90	14,965.92
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	-	63.07	63.07	126.14
5012530	Equipment Repair & Maint Srvc	-	4.72	-	4.72
	Total Repair and Maintenance Svcs	-	67.79	63.07	130.86
5012600	Support Services				
5012630	Clerical Services	11,032.48	1,463.04	-	12,495.52
5012640	Food & Dietary Services	85.05	55.12	78.92	219.09
5012660	Manual Labor Services	10.00	144.17	-	154.17
5012670	Production Services	90.09	151.97	60.40	302.46
5012680	Skilled Services	2,122.65	1,903.35	1,913.82	5,939.82
	Total Support Services	13,340.27	3,717.65	2,053.14	19,111.06
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	-	-	73.60	73.60
	Total Transportation Services	-	-	73.60	73.60
	Total Contractual Svcs	28,862.47	5,239.31	3,736.44	37,838.22
5013000	Supplies And Materials				
5013100	Administrative Supplies				-
5013110	Apparel Supplies	9.94	-	9.13	19.07
5013120	Office Supplies	228.28	217.54	216.83	662.65
	Total Administrative Supplies	238.22	217.54	225.96	681.72
5013500	Repair and Maint. Supplies				
5013510	Building Repair & Maint Materl	-	9.88	-	9.88
5013520	Custodial Repair & Maint Matr	-	1.36	-	1.36
	Total Repair and Maint. Supplies	-	11.24	-	11.24
	Total Supplies And Materials	238.22	228.78	225.96	692.96
5015000	Continuous Charges				
5015300	Operating Lease Payments				
5015340	Equipment Rentals	55.74	48.70	48.70	153.14
5015390	Building Rentals - Non State	1,017.55	1,035.69	993.79	3,047.03

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2020 and Ending September 30, 2020

Account Number	Account Description	July	August	September	Total
	Total Operating Lease Payments	1,073.29	1,084.39	1,042.49	3,200.17
5015400	Service Charges				
5015470	Private Vendor Service Charges:	9.48	-	-	9.48
	Total Service Charges	9.48	-	-	9.48
	Total Continuous Charges	1,082.77	1,084.39	1,042.49	3,209.65
5022000	Equipment				
5022170	Other Computer Equipment	-	-	2,085.29	2,085.29
	Total Computer Hardware & Software	-	-	2,085.29	2,085.29
	Total Equipment	-	-	2,085.29	2,085.29
	Total Expenditures	58,155.28	28,395.89	29,120.69	115,671.86
	Allocated Expenditures				
20100	Behavioral Science Exec	26,920.61	18,119.38	18,231.79	63,271.77
20200	Opt/Vet-Med/ASLP Executive Dir	-	-	-	-
20400	Nursing / Nurse Aid	-	-	-	-
20600	Funeral/LTCA/PT	-	-	-	-
30100	Data Center	22,025.55	15,899.77	17,409.86	55,335.18
30200	Human Resources	95.06	98.59	119.34	312.99
30300	Finance	15,997.14	11,749.75	12,482.00	40,228.88
30400	Director's Office	5,859.39	4,163.95	4,206.24	14,229.58
30500	Enforcement	45,714.92	32,052.29	33,366.91	111,134.12
30600	Administrative Proceedings	11,614.02	7,892.78	1,817.53	21,324.33
30700	Impaired Practitioners	71.77	480.06	3.81	555.64
30800	Attorney General	1,258.57	-	-	1,258.57
30900	Board of Health Professions	4,710.69	2,811.61	5,116.44	12,638.74
31000	SRTA	-	-	-	-
31100	Maintenance and Repairs	-	-	394.47	394.47
31300	Emp. Recognition Program	-	6.34	-	6.34
31400	Conference Center	3.47	16.60	124.92	144.99
31500	Pgm Devlpmnt & Implmntn	2,270.42	1,447.50	1,780.37	5,498.29
98700	Cash Transfers	-	-	-	-
	Total Allocated Expenditures	136,541.61	94,738.61	95,053.68	326,333.89
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (120,011.89)	\$ (72,714.50)	\$ (85,674.37)	\$ (278,400.75)

Discipline Reports

07/31/2020 - 10/22/2020

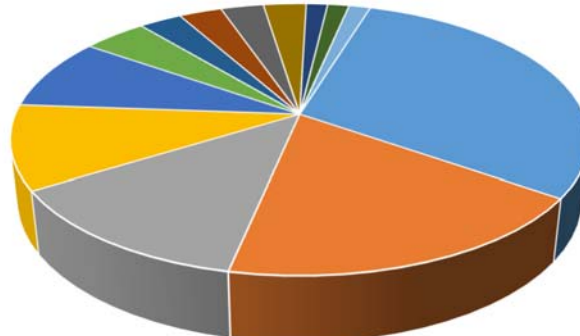
NEW CASES RECEIVED IN BOARD 07/31/2020 - 10/22/2020				
	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	73	37	27	<i>137</i>

OPEN CASES (as of 10/22/2020)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	59	59	5	
Scheduled for Informal Conferences	21	2	5	
Scheduled for Formal Hearings	6	1	0	
Other (pending CCA, PHCO, hold, etc.)	22	9	7	
Cases with APD for processing (IFC, FH, Consent Order)	5	2	14	
TOTAL CASES AT BOARD LEVEL	113	73	31	<i>217</i>
OPEN INVESTIGATIONS	73	24	14	<i>111</i>
TOTAL OPEN CASES	186	97	45	<i>328</i>

UPCOMING CONFERENCES AND HEARINGS	
Informal Conferences	November 16, 2020 (Agency Subordinate) 2021 dates TBD
Formal Hearings	Following scheduled board meetings, as necessary

CASES CLOSED (07/31/2020 - 10/22/2020)	
Closed – no violation	44
Closed – undetermined	6
Closed – violation	7
Credentials/Reinstatement – Denied	8
Credentials/Reinstatement – Approved	5
TOTAL CASES CLOSED	70

Closed Case Categories



- No jurisdiction (21)
- Applications (13)
- Diagnosis and Treatment (9)
- Inappropriate Relationship (7)
3 Violations
- Inability to Safely Practice (6)
- Criminal Activity (3)
2 Violations
- Abuse/Abandonment/Neglect (2)
- Continuing Education (2)
2 Violations
- Fraud, patient care (2)
- Business Practice Issues (2)
- Records Release (1)
- Scope of Practice (1)
- Unlicensed Activity (1)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	162
Avg. time in Enforcement (investigations)	95
Avg. time in APD (IFC/FH preparation)	82
Avg. time in Board (includes hearings, reviews, etc).	61
Avg. time with board member (probable cause review)	21

LICENSING REPORT

As of October 29, 2020

Total as of October 29, 2020

There were 34,475 licensees, certificate holders and registrants as of October 29, 2020.

Current Licenses	
Certified Substance Abuse Counselor	1888
Substance Abuse Trainee	1956
Substance Abuse Counseling Assistant	252
Licensed Marriage and Family Therapist	917
Marriage & Family Therapist Resident	235
Licensed Professional Counselor	6733
Resident in Counseling	4210
Substance Abuse Treatment Practitioner	309
Substance Abuse Treatment Residents	10
Rehabilitation Provider	195
Qualified Mental Health Prof-Adult	7280
Qualified Mental Health Prof-Child	5814
Trainee for Qualified Mental Health Prof	4377
Registered Peer Recovery Specialist	299
Total	34,475



August

There were 553 licenses issued for the month of **August**. The number of licenses, certification and registration issued are listed in the below chart. During this month, the Board received 609 applications.

Licenses, Certifications, Registrations Issued August 2020	
Certified Substance Abuse Counselor	16
Substance Abuse Trainee	21
Substance Abuse Counseling Assistant	4
Licensed Marriage and Family Therapist (of which 20 are temporary licenses)	27
Marriage & Family Therapist Resident	3
Pre-Education Review for LMFT	0
Licensed Professional Counselor (of which 103 are temporary licenses)	197
Resident in Counseling	61
Pre-Education Review for LPC	4
Substance Abuse Treatment Practitioner	4
Substance Abuse Treatment Residents	1
Pre-Education Review for LSATP	0
Rehabilitation Provider	0
Qualified Mental Health Prof-Adult	59
Qualified Mental Health Prof-Child	32
Trainee for Qualified Mental Health Prof	120
Registered Peer Recovery Specialist	4
Total	553



SEPTEMBER 2020

There were 447 licenses issued for the month of **September**. The number of licenses, certification and registration issued are listed in the below chart. During this month, the Board received 506 applications.

Licenses, Certifications, Registrations issued September 2020	
Certified Substance Abuse Counselor	10
Substance Abuse Trainee	13
Substance Abuse Counseling Assistant	3
Licensed Marriage and Family Therapist (of which one is a temporary license)	5
Marriage & Family Therapist Resident	2
Licensed Professional Counselor (of which 3 where temporary licenses)	84
Resident in Counseling	65
Pre-Education Review for LPC	10
Substance Abuse Treatment Practitioner	4
Substance Abuse Treatment Residents	0
Rehabilitation Provider	1
Qualified Mental Health Prof-Adult	69
Qualified Mental Health Prof-Child	31
Trainee for Qualified Mental Health Prof	142
Registered Peer Recovery Specialist	8
Total	447

October 2020

There were 415 licenses issued from **October 1st through October 29th**. The number of licenses, certification and registration issued are listed in the below chart. During this month, the Board received 507 applications.

Licenses, Certifications, Registrations issued October 2020	
Certified Substance Abuse Counselor	6
Substance Abuse Trainee	10
Substance Abuse Counseling Assistant	5
Licensed Marriage and Family Therapist	5
Marriage & Family Therapist Resident	6
Licensed Professional Counselor	73
Resident in Counseling	77
Pre-Education Review for LPC	1
Substance Abuse Treatment Practitioner	2
Substance Abuse Treatment Residents	0
Rehabilitation Provider	0
Qualified Mental Health Prof-Adult	64
Qualified Mental Health Prof-Child	32
Trainee for Qualified Mental Health Prof	130
Registered Peer Recovery Specialist	4
Total	415



Additional Information:

• **Staffing and Building Information:**

- The Department of Health Professions reception areas remain closed for walk-in services.
- Board staff continues to work primarily from home, which has caused a slight delay in the processing of applications, but the Board is still well within the 30-day process guidelines established by the Agency.

• **Renewals:**

- During the 2021 renewal, all licensees and registrants will be required to attest to completing the required CE hours for both 2020 and 2021.
- CSAC and CSAC-A's will be required to complete continuing education in order to renew in 2021.
- Residents will be required to renew and complete continuing education each year. Resident licenses expire one year from the month the license was issued. For example, those who previously approved for residency were issued a license on 1/1/2020, therefore their license will expire on 1/31/2020. If an applicant was approved as a resident on June 1, 2020, their expiration date would be June 30, 2021.

• **Temporary Counseling and Marriage and Family Licenses:**

- Pursuant to Governor Northam's Executive Order No. 57 (effective April 17, 2020 and amended on June 10, 2020) Professional Counselors and Marriage and Family Therapist *with an active license issued by another state may be issued a temporary license by endorsement as a health care practitioner of the same type for which such license is issued in another state upon submission of an application and information requested by the applicable licensing board and the board's verification that the applicant's license issued by another state is active in good standing and there are no current reports in the United States Department of Health and Human Services National Practitioner Data Bank. Such temporary license shall expire **September 8, 2020**. During such time the practitioner may seek a full Virginia license or transition patients to Virginia-licensed practitioners.*
- *Health care practitioners with an active license issued by another state may provide **continuity of care** to their current patients who are Virginia residents through telehealth services for the **duration of Amended Executive Order 51**. Establishment of a relationship with a new patient requires a Virginia license.*
- The Board issued 685 temporary licenses.
(549 LPC temporary licenses and 136 LMFT temporary licenses)