BOARD OF COUNSELING
QUARTERLY BOARD MEETING
Friday, November 3, 2017 – 10:00 a.m.
Second Floor – Perimeter Center, Board Room 1

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

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

II. **Adoption of Agenda**

III. **Public Comment**

IV. **Approval of Minutes***
   A. Board meeting minutes from August 17, 2017 and August 18, 2017
   B. Regulatory Advisory Panel minutes from June 26, 2017

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

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

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

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

IX. **Unfinished Business**

X. **New Business**
   A. Regulatory/Legislative Report: Elaine Yeatts, Senior Policy Analyst
   B. Bylaw discussion
   C. Workforce Survey 2016 Results – Elizabeth Carter, Ph.D., Director, DHP Healthcare Workforce Data Center
   D. Licensure Portability
   E. Next Meeting
   F. Closed Session – Consideration of recommended decisions

1:00 p.m. **Adjournment**

* Requires Board Action

Approval of Minutes
Board Development Day
August 17, 2017

DRAFT

BOARD OF COUNSELING
DEVELOPMENT DAY MEETING
Thursday, August 17, 2017

TIME AND PLACE:	The meeting was called to order at 11:13 a.m. on Thursday, August 17, 2017, in Board Room 2 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.
PRESIDING:	Kevin Doyle, Ed.D., LPC, LSATP
BOARD MEMBERS PRESENT:	Barry Alvarez, LMFT Johnston Brendel, Ed.D., LPC, LMFT Natalie Harris, LPC, LMFT Danielle Hunt, LPC Bev-Freda L. Jackson, Ph.D., Citizen Member Vivian Sanchez-Jones, Citizen Member Maria Stransky, LPC, CSAC, CSOTP Terry R. Tinsley, Ph.D., LPC, LMFT, CSOTP, NCC Tiffinee Yancey, Ph.D., LPC
BOARD MEMBERS ABSENT:	Holly Tracy, LPC, LMFT Jane Engelken, LPC, LSATP
STAFF PRESENT:	Tracey Arrington-Edmonds, Licensing Specialist Christy Evans, Discipline Case Specialist Jaime Hoyle, JD, Executive Director Jennifer Lang, Deputy Executive Director Charlotte Lenart, Licensing Manager Elaine Yeatts, DHP Senior Policy Analyst
WELCOME:	Dr. Doyle welcomed the Board members, staff, and the general-public in attendance.
INTRODUCTIONS AND BOARD OVERVIEW:	Each Board member and staff provided a brief narrative of their professional credential(s) and personal life. The Executive Director informed the Board members that questions related to the licensure process, individual applicants and licensees should be directed to staff. Additionally, she reminded the Board that the gathering of three (3) or more Board members to discuss Board business constitutes a meeting and therefore requires public notice to stay in compliance with the Freedom of Information Act (FOIA). Also, email conversations of 3 or more Board members can constitute a meeting. The Deputy Executive Director provided information on the disciplinary process and what would be required of Board members.
PROPOSAL ON PORTABILITY:	AASCB/ACES/AMHCA/NBCC Proposal on Portability – Dr. Brendel informed the Board he attended the State Licensure Boards Meeting on August 10-11, 2017, in Greenville, NC with Ms. Lenart. One item of discussion was the portability of licensure from state to state. The Portability Task Force (comprised of representatives from the American Association of State Counseling Boards,

the Association for Counselor Education and Supervision, the American Mental Health Counselors Association and the National Board of Certified Counselors) proposed portability minimum standards that should be reviewed and considered by the Board. If the Board decides to accept the Portability Task Force proposal, the regulations would need to be amended.

LICENSURE PORTABILITY:

Dr. Angela McDonald, AASCB President discussed the endorsement process and the five key tenets which influenced the proposed uniformed licensure by endorsement process:

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

BOARD AND THE COUNSELING PROFESSION ISSUES:

The Counsel for Accreditation of Counseling & Related Educational Programs (CACREP) – Dr. Doyle informed the Board of the history of the CACREP proposal requirement for licensure and advised that the current comment period ended on July 14, 2017 and the Board will discuss the comments during the August 18, 2017 quarterly meeting.

Education Reviews – Ms. Denise Hall from Virginia Commonwealth University has requested that the Board offer guidance, or an educational only review, for potential applicants that do not meet the 60 semester hour or 90 quarter hour credit requirements and who may need additional coursework in the core coursework areas. Currently, the Board does not have authority to offer educational only reviews; however, legal counsel will research and inform the Board of its options.

Summits (Academic & Supervisor) – The Board discussed pasts summits and agreed that the Board should conduct an academic summit every 2 to 3 years and that a supervisor summit should be conducted every other year in the Spring.

Department of Medical Assistance Services (DMAS) & Department of Behavioral Health and Developmental Services (DBHDS) Presentation – Representatives from DMAS & DBHDS provided information and answered questions related to the Peer Recovery Specialist & Qualified Mental Health Professional (QMHP) requirements and their roles. DMAS provided clarification on reimbursement based on title and role.

Other Topics – The Board discussed supervisor requirements and standards of practice, and agreed that these topics should be added to the agenda for the August 18, 2017 quarterly meeting agenda under new business.

ADJOURN: The meeting adjourned at 4:26 p.m.

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

Jaime Hoyle, JD.
Executive Director

Approval of Minutes
Board Quarterly Meeting
August 18, 2017

DRAFT

BOARD OF COUNSELING
QUARTERLY BOARD MEETING
Friday, August 18, 2017

TIME AND PLACE:	The meeting was called to order at 11:58 a.m. on Friday, August 18, 2017, in Board Room 2 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.
PRESIDING:	Kevin Doyle, Ed.D., LPC, LSATP
BOARD MEMBERS PRESENT:	Barry Alvarez, LMFT Johnston Brendel, Ed.D., LPC, LMFT Jane Engelken, LPC, LSATP Natalie Harris, LPC, LMFT Danielle Hunt, LPC Bev-Freda L. Jackson, Ph.D., Citizen Member Vivian Sanchez-Jones, Citizen Member Maria Stransky, LPC, CSAC, CSOTP Terry R. Tinsley, Ph.D., LPC, LMFT, CSOTP, NCC Tiffinee Yancey, Ph.D., LPC
BOARD MEMBERS ABSENT:	Holly Tracy, LPC, LMFT
STAFF PRESENT:	Tracey Arrington-Edmonds, Licensing Specialist David E. Brown, D.C., DHP Director Christy Evans, Discipline Case Specialist Lisa Hahn, DHP Chief Deputy Director Jaime Hoyle, Esq., Executive Director Jennifer Lang, Deputy Executive Director Charlotte Lenart, Licensing Manager James Rutkowski, Assistant Attorney General Elaine Yeatts, DHP Senior Policy Analyst
WELCOME & INTRODUCTIONS:	Dr. Doyle welcomed the Board members, staff, and the general-public in attendance which consisted of Gerard Lawson, John Salay, Mike Carlin, Rick Gressard, Arnold Woodruff, Belle Childress, Cinda Caiella, Mira Signer, Katie Hellebush, and Becky Bowers-Lanier. He acknowledged and thanked the former Board members in attendance, Rick Gressard and Cinda Caiella, for their service to the Board.
ADOPTION OF AGENDA:	Recommendation to revise the agenda and move item C of the new business to after the approval of the minutes was adopted as requested.
PUBLIC COMMENT:	Mr. Salay supported the draft regulations for Qualified Mental Health Professionals (QMHPs) but suggested that the word "may" be changed to "must" in the QMHP experience requirements. Mr. Woodruff would like to know the status of his proposal to provide the MFT applicant with the approval to sit for the exam prior to applying for licensure.

APPROVAL OF MINUTES:	A motion was made by Dr. Brendel and seconded by Ms. Sanchez-Jones to approve the minutes of the May 19, 2017 Board meeting. The motion passed unanimously to approve the minutes.
DHP DIRECTOR'S REPORT:	Ms. Hahn requested that the Board consider a request from Delegate Kathleen Murphy to add two hours of continuing education in suicide prevention.
CHAIRMAN REPORT:	No report but would like to thank the staff and would welcome any counseling related information or assistance that can be provided to Charlottesville, VA area residents. Staff will research if any information or links can be added to the Board of Counseling web page.
EXECUTIVE DIRECTOR'S REPORT:	Executive Director, Ms. Hoyle, welcomed the new Board members, thanked the chair and organizers of the Board Development Day, staff, DMAS and DBHDS for working together on the development of the proposed emergency regulations for QMHPs and Peer Recovery Specialists. Ms. Hoyle informed the Board of recent board outreach and upcoming schedule for presentations. The Board's operating budget report as of June 30, 2017 was provided in the agenda packet.
DEPUTY EXECUTIVE DIRECTOR'S DISCIPLINE REPORT:	Ms. Lang reported that the current disciplinary process would be used for Peer Recovery Specialists and QMHP. The current received, open and closed report as of June 30, 2017 was provided in the agenda packet.
LICENSING MANAGER'S REPORT:	Mrs. Lenart reported as of the end of fiscal year 2017 the Board of Counseling regulated 7,808 licensees. The current status of each credential as of June 30, 2017 was provided in the agenda packet.
BOARD COUNSEL REPORT:	No report but would like for the Board to adopt an expert witness standard using either the Virginia medical malpractice standard or the traditional Virginia standard. After discussion of the different standards, Dr. Brendel made a motion to accept the traditional Virginia standard. The motion was seconded by Ms. Engelken and passed unanimously.
BOARD OF HEALTH PROFESSIONS REPORT:	No report but would like for the regulatory committee to discussed the Joint Guidance Document on Assessment Titles and Signatures at their next scheduled meeting.
REGULATORY COMMITTEE REPORT:	Dr. Brendel would like to thank everyone that was involved in the development of the proposed Peer Recovery Specialist and QMHP emergency regulations. The latest drafts were provided in the agenda packet with the regulatory committee draft minutes of July 21, 2017. The next Regulatory Committee meeting is scheduled for November 2, 2017 at 1:00 p.m.

LEGISLATIVE REPORT:

Ms. Yeatts provided a chart of current regulatory actions as of August 18, 2017 that listed:

- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling acceptance of doctoral practicum/internship hours towards residency requirements (action 4829) -NOIRA *Register date 9/4/17 and the comment period ends 10/4/17*
- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling requirement for CACREP accreditation for educational programs (action 4259) -proposed *Register date 5/15/17 and the comment period ended 7/14/17*
- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling exemption from CE requirement for new licensees (action 4856) –fast-track DPB review in progress [stage 7979]
- 18VAC 115-30 Regulations Governing the Certification of Substance Abuse Counselors updating and clarifying regulations (Action 4691) –proposed –at Attorney General's Office [stage 8021].

ELECTION OF OFFICERS

Dr. Brendel moved that Dr. Doyle be re-elected as Chairperson. The motion was seconded by Dr. Tinsley and passed unanimously. There were two nominations for vice chairman, Jane Engelken and Danielle Hunt. The Board voted to unanimously elect Ms. Engelken as vice chairman.

UNFINISHED BUSINESS:

None.

NEW BUSINESS:

The 2017 session of the Virginia Assembly passed legislation authorizing the Board of Counseling to register peer recovery specialists and qualified mental health professionals. This legislation also required the Board of Counseling to promulgate regulations to implement the provisions of this legislation within 280 days. To accomplish this task, DHP and Board of Counseling staff coordinated throughout the year with staff from the Department of Medical Assistance Services (DMAS) and the Department of Behavioral Health and Developmental Services to develop the draft emergency regulations.

<u>Adoption of Emergency Regulations for the Registration of Peer Recovery Specialist as required by House Bill 2095 (2017)</u>

A motion was made by Ms. Hunt to accept the emergency regulations (see attachment A) and move forward with the Notice on Intended Regulatory Action (NOIRA) to replace the emergency regulations. Dr. Brendel seconded the motion and it passed unanimously.

<u>Adoption of Emergency Regulations for the Registration of Qualified Mental Health Professionals (QMHP) as required by House Bill 2095 (2017).</u>

Minor changes were made to the draft regulations. Dr. Brendel made a motion to approve the regulations that would include revised definitions of 'collaborative mental health services' & 'Qualified mental health professional or

QMHP' as written in section 18VAC115-80-10 (see attachment B). Ms. Engelken seconded the motion to accept the change and it passed unanimously.

Dr. Brendel moved that the supervised experience to be obtained in the registration requirements should be changed to within a five-year period immediately preceding application for registration and as specified in subsection C of section (18VAC115-80-40). Dr. Tinsley seconded this motion to accept the change and it passed unanimously.

Dr. Brendel moved that the supervised experience to be obtained in the registration requirements should be changed to within a five-year period immediately preceding application for registration and as specified in subsection C of section (18VAC115-80-50). Ms. Engelken seconded the motion to accept the change and it passed unanimously.

Ms. Engelken made a motion to change the wording in the grandfathering section of the Regulations to state the employer would attest that the person met the qualifications for a QMHP-A or a QMHP-C during the time of employment instead of at the time of employment. Dr. Brendel seconded the motion and it passed unanimously.

Ms. Hunt made a motion to accept all of the revised changes to the draft emergency regulations. Dr. Brendel seconded the motion and it passed unanimously.

Ms. Hunt made a motion to adopt the revised draft changes to the emergency regulations and to move forward with the NOIRA. Dr. Jackson seconded the motion and it passed unanimously.

<u>Adoption of Final Regulations requiring CACREP accreditation for Licensed Professional Counselors (LPC)</u>

Dr. Brendel made a motion to accept the revised changes to section 18VAC115-20-49 of the LPC regulations degree program requirements (see attachment C). Dr. Tinsley seconded the motion and it passed unanimously.

Mr. Alvarez made a motion to publish the revised draft for thirty days of public comment. Dr. Tinsley seconded the motion and it passed with 10 in favor. Dr. Brendel voted against.

NEXT MEETING: The next Quarterly Board Meeting is scheduled for November 3, 2017 at 10:00 a.m.

ADJOURN: The meeting adjourned at 3:27 p.m.

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

Jaime Hoyle, Esq.
Executive Director

ATTACHMENT A

Project 5240 - Emergency/NOIRA

BOARD OF COUNSELING

Initial regulations for registration

CHAPTER 70

REGISTRATION OF PEER RECOVERY SPECIALISTS

Part I. General Provisions.

18VAC115-70.10. Definitions.

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

"Board" shall mean the Virginia Board of Counseling.

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

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

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

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

of DBHDS, a provider licensed by the DBHDS, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.

18VAC115-70-20. Fees required by the board.

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

Registration	$30
Renewal of registration	$30
Late renewal	$20
Reinstatement of a lapsed registration	$60
Duplicate certificate of registration	$10
Returned check	$35
Reinstatement following revocation or suspension	$500

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

18VAC115-70-30. Current name and address.

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

Part II. Requirements for registration and renewal.

18VAC115-70-40. Requirements for registration as a peer recovery specialist.

A. An applicant for registration shall submit a completed application and a fee as prescribed in 18VAC115-70-20 on forms provided by the board.

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

18VAC115-70-50. Annual renewal of registration.

All registrants shall renew their registration on or before June 30 of each year. Along with the renewal form, the registrant shall submit the renewal fee as prescribed in 18VAC115-70-20.

18VAC115-70-60. Continued competency requirements for renewal of peer recovery specialist registration.

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

1. Peer recovery specialists shall complete continuing competency activities that focus on increasing knowledge or skills in one or more of the following areas:

a. Current body of mental health/substance abuse knowledge;

b. Promoting services, supports, and strategies for the recovery process;

c. Crisis intervention;

d. Values for role of recovery support specialist;

e. Basic principles related to health and wellness;

f. Stage appropriate pathways in recovery support;

g. Ethics and boundaries;

h. Cultural sensitivity and practice;

i. Trauma and impact on recovery;

j. Community resources; or

k. Delivering peer services within agencies and organizations.

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

1. Federal, state, or local governmental agencies, public school systems, or licensed health facilities.

2. The American Association for Marriage and Family Therapy and its state affiliates.

3. The American Association of State Counseling Boards.

4. The American Counseling Association and its state and local affiliates.

5. The American Psychological Association and its state affiliates.

6. The Commission on Rehabilitation Counselor Certification.

7. NAADAC, the Association for Addiction Professionals and its state and local affiliates.

8. National Association of Social Workers.

9. National Board for Certified Counselors.

10. A national behavioral health organization or certification body recognized by the board.

11. Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.

12. An agency or organization approved by DBHDS.

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

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

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

F. All registrants shall maintain original documentation of official transcripts showing credit hours earned or certificates of participation for a period of three years following renewal.

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

1. Official transcripts showing credit hours earned; or

2. Certificates of participation.

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

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

18VAC115-70-70. Standards of practice.

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

B. Persons registered by the board shall:

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

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

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

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

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

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

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

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

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

2. Disclose client records to others only in accordance with applicable law.

3. 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.

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

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

1. Not engage in dual relationships with clients or former clients that are harmful to the client's well-being, or which would impair the practitioner's objectivity and professional judgment, or increase

the risk of client exploitation. This prohibition includes, but is not limited to, such activities as providing services to close friends, former sexual partners, employees, or relatives; or engaging in business relationships with clients.

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

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

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

18VAC115-70-80. Grounds for revocation, suspension, restriction, or denial of registration.

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

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

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

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

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

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

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

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

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

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

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

18VAC115-70-90. Late renewal and reinstatement.

A. A person whose registration has expired may renew it within one year after its expiration date by paying the late renewal fee and the registration fee as prescribed in 18VAC115-70-20 for the year in which the registration was not renewed and by providing documentation of completion of continuing education as prescribed in 18VAC115-70-60.

B. A person who fails to renew registration after one year or more shall:

1. Apply for reinstatement;

2. Pay the reinstatement fee for a lapsed registration;

3. Submit evidence of current certification as a peer recovery specialist as prescribed by DBHDS in 12VAC35-250-30.

C. A person whose registration has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-70-20. Any person whose registration has been revoked by the board may, three years subsequent to such board action, submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-70-20. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in this subsection.

ATTACHMENT B

Project 5242 - Emergency/NOIRA

BOARD OF COUNSELING

Initial regulations for registration

CHAPTER 80

REGISTRATION OF QUALIFIED MENTAL HEALTH PROFESSIONALS

Part I. General Provisions.

18VAC115-80-10. Definitions.

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

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

"Board" shall mean the Virginia Board of Counseling.

"Collaborative mental health services" means those rehabilitative supportive services that are provided by a qualified mental health professional, as set forth in a service plan under the direction of and in collaboration with either a mental health professional licensed in Virginia or a person under supervision, that has been approved by and is a pre-requisite for licensure by the Boards of Counseling, Psychology, or Social Work.

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

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

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

"Qualified mental health professional or QMHP" means a person who by education and experience is professionally qualified and registered by the board to provide collaborative mental health services for adults or children. A QMHP shall not engage in independent or autonomous practice. A QMHP shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the DBHDS.

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

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

"Registrant" means a QMHP registered with the board.

18VAC115-80-20. Fees required by the board.

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

Registration	$50
Renewal of registration	$30
Late renewal	$20
Reinstatement of a lapsed registration	$75
Duplicate certificate of registration	$10

Returned check	$35
Reinstatement following revocation or suspension	$500

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

18VAC115-80-30. Current name and address.

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

Part II. Requirements for registration.

18VAC115-80-40. Requirements for registration as a QMHP-A.

A. An applicant for registration shall submit a completed application and a fee as prescribed in 18VAC115-80-20 on forms provided by the board.

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

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

2. A master's or bachelor's degree in human services or a related field from an accredited college with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

3. A bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits or 22 quarter hours in a human services field and with no less than 3,000 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

4. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; or

5. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.

C. Experience required for registration.

1. In order to be registered as a QMHP-A, an applicant who does not have a master's degree as set forth in subsection B 1 of this section shall provide documentation of experience in providing direct services to individuals as part of a population of adults with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP-A and under the supervision of a licensed mental health professional or a person under supervision approved by a board as a pre-requisite for licensure under the Boards of Counseling, Psychology, or Social Work.

2. Supervision shall consist of face-to-face training in the services of a QMHP-A until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either on-site or immediately available for consultation with the person being trained.

3. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted towards completion of the required hours of experience.

4. A person receiving supervised training in order to qualify as a QMHP-A may register with the board.

18VAC115-80-50. Requirements for registration as a QMHP-C.

A. An applicant for registration shall submit a completed application and a fee as prescribed in 18VAC115-80-20 on forms provided by the board.

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

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

2. A master's or bachelor's degree in a human services field or in special education from an accredited college with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

3. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; or

4. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.

C. Experience required for registration.

1. In order to be registered as a QMHP-C, an applicant who does not have a master's degree as set forth in subsection B 1 of this section shall provide documentation of 1,500 hours of experience in providing direct services to individuals as part of a population of children or adolescents with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP-C and under the

supervision of a licensed mental health professional or a person under supervision approved by a board as a pre-requisite for licensure under the Boards of Counseling, Psychology, or Social Work.

2. Supervision shall consist of face-to-face training in the services of a QMHP-C until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either on-site or immediately available for consultation with the person being trained.

3. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted towards completion of the required hours of experience.

4. A person receiving supervised training in order to qualify as a QMHP-C may register with the board.

18VAC115-80-60. Registration of QMHPs with prior experience.

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

Part III. Renewal of registration.

18VAC115-80-70. Annual renewal of registration.

All registrants shall renew their registration on or before June 30 of each year. Along with the renewal form, the registrant shall submit the renewal fee as prescribed in 18VAC115-80-20.

18VAC115-80-80. Continued competency requirements for renewal of registration.

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

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

C. The following organizations, associations, or institutions are approved by the board to provide continuing education provided the hours are directly related to the provision of mental health services:

1. Federal, state, or local governmental agencies, public school systems, or licensed health facilities; and

2. Entities approved for continuing education by a health regulatory board within the Department of Health Professions.

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

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

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

G. All registrants shall maintain original documentation of official transcripts showing credit hours earned or certificates of participation for a period of three years following renewal.

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

1. Official transcripts showing credit hours earned; or

2. Certificates of participation.

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

Part IV. Standards of practice; disciplinary action; reinstatement.

18VAC115-80-90. Standards of practice.

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

B. Persons registered by the board shall:

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

2. Practice only within the competency area for which they are qualified by training or experience and shall not provide clinical mental health services for which a license is required pursuant to Code of Virginia, Title 54.1, Chapters 35, 36, and 37.

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

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

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

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

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

2. Disclose client records to others only in accordance with applicable law.

3. 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.

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

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

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

2. Not engage in sexual intimacies or romantic relationships with current clients. For at least five (5) years after cessation or termination of professional services, practitioners shall not engage in sexual intimacies or romantic relationships with a client or those included in collateral therapeutic services. Because sexual or romantic relationships are potentially exploitative, the practitioner shall bear the burden of demonstrating that there has been no exploitation. A client's consent to, initiation

of or participation in sexual behavior or involvement with a practitioner does not change the nature of the conduct nor lift the regulatory prohibition.

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

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

18VAC115-80-100. Grounds for revocation, suspension, restriction, or denial of registration.

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

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

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

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

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

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

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

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

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

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

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

18VAC115-80-110. Late renewal and reinstatement.

A. A person whose registration has expired may renew it within one year after its expiration date by paying the late renewal fee and the registration fee as prescribed in 18VAC115-80-20 for the year in which the registration was not renewed and by providing documentation of completion of continuing education as prescribed in 18VAC115-80-80.

B. A person who fails to renew registration after one year or more shall:

1. Apply for reinstatement;

2. Pay the reinstatement fee for a lapsed registration;

3. Submit evidence of completion of 20 hours of continuing education consistent with requirements of 18VAC115-80-80.

C. A person whose registration has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-80-20. Any person whose registration has been revoked by the board may, three years subsequent to such board action, submit a new application and fee for

reinstatement of registration as prescribed in 18VAC115-80-20. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in this subsection.

ATTACHMENT C

Project 4181 - Proposed

BOARD OF COUNSELING

Requirement for CACREP accreditation for educational programs

18VAC115-20-49. Degree program requirements.

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

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

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

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

B. After (date of seven years from the effective date of the regulation), only programs that are approved by CACREP or CORE [or any other accrediting body acceptable to the board] are recognized as meeting the requirements of subsection A of this section.

[C. An applicant who did not graduate from an accredited counseling program as specified in subsection B may qualify for licensure by examination by providing documentation of the Certified Clinical Mental Health Counselor credential from the National Board for Certified Counselors or another national credential or certification recognized by the Board.]

Approval of Minutes
Regulatory Advisory Panel
June 26, 2017

DRAFT

BOARD OF COUNSELING
REGULATORY ADVISORY PANEL MEETING
Monday, June 26, 2017

TIME AND PLACE: The meeting was called to order at 12:06 p.m. on Monday, June 26, 2017, in Board Room 3 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.

PRESIDING: Kevin Doyle, Ed.D., LPC, LSATP, Chair, Board of Counseling

PANEL MEMBERS PRESENT:
Danielle Hunt, LPC, Board of Counseling
Holly Tracy, LPC, LMFT, Board of Counseling
Cleopatra Booker, Ph.D., Licensing Director, DBHDS
Brian Campbell, Senior Program Advisor, DMAS
Michael Carlin, Access Point Public Affairs
Jennifer Faison, Executive Director, VACSB
Jennifer Fidura, Executive Director, VNPP
Stacy Gill, Behavioral Health Community Services Director, DBHDS
Cynthia Miller, Ph.D., LPC, Program Director of Counseling and Psychology, Master of Arts in Clinical Mental Health Counseling, South University.
John Salay, LCSW, Board of Social Work, Vice-Chair
Becky Sterling, Peer Recovery Services Director, DBHDS
Angie Vardell, MS, Division of Integrated Care, DMAS
Ruth Anne Walker, Administrative and Regulatory Coordinator, Division of Quality Management and Development, DBHDS
James Werth, Jr., Ph.D., ABPP, Board of Psychology, Vice-Chair
Oketa Winn, LPC, Behavioral Health Advisor, DMAS
Arnold Woodruff, LMFT, Executive Director, VAMFT

PANEL MEMBERS ABSENT: Patricia Schneeman, LSATP, CSAC, Clinical Director, Phoenix House

STAFF PRESENT:
David Brown, DC, DHP Director
Jaime Hoyle, J.D., Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Licensing Manager
James Rutkowski, Assistant Attorney General
Elaine Yeatts, DHP Senior Policy Analyst

WELCOME & INTRODUCTIONS: Dr. Doyle welcomed the Panel members, staff and the general-public.

ADOPTION OF AGENDA: The agenda was adopted as presented.

PUBLIC COMMENT: No public comment.

PURPOSE OF PANEL: The General Assembly passed legislation during the 2017 session to require the Board of Counseling to register Peer Recovery Specialists and Qualified Mental Health Professionals (QMHP).The Board of Counseling voted during the May

19, 2017 meeting to form a Regulatory Advisory Panel (RAP) to assist the Board in drafting the emergency regulations, and to ensure stakeholder issues and concerns were addressed.

REGULATIONS REVIEW: The Panel discussed the Emergency Regulations for the Registration of Qualified Mental Health Professionals (QMHP) and Peer Recovery Specialist as required by House Bill 2095 (2017). Dr. Doyle stated that the Board of Counseling Regulatory Committee will meet on July 21, 2017 and will take into consideration the Panel's comments when developing the Emergency Regulations.

ADJOURNMENT: The meeting adjourned at 2:56 p.m.

_____ _____

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

Jaime Hoyle, J.D.
Executive Director

Executive Director’s Report

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

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MEMORANDUM

TO: Members, Board of Counseling

FROM: David E. Brown, D.C.

DATE: August 11, 2017

SUBJECT: Revenue, Expenditures, & Cash Balance Analysis

Virginia law requires that an analysis of revenues and expenditures of each regulatory board be conducted at least biennially. If revenues and expenditures for a given board are more than 10% apart, the Board is required by law to adjust fees so that the fees are sufficient, but not excessive, to cover expenses. The action by the Board can be a fee increase, a fee decrease, or it can maintain the current fees.

The Board of Counseling ended the 2014 - 2016 biennium (July 1, 2014, through June 30, 2016) with a cash balance of $674,099. Current projections indicate that expenditures for the 2016 - 2018 biennium (July 1, 2016, through June 30, 2018) will exceed revenue by approximately $278,603. When combined with the Board's $674,099 cash balance as of June 30, 2016, the Board of Counseling projected cash balance on June 30, 2018, is $395,496.

We recommend no action to change license fees be taken at this time. Please note that these projections are based on internal agency assumptions and are, therefore, subject to change based on actions by other state agencies, the Governor and\or the General Assembly.

We are grateful for continued support and cooperation as we work together to manage the fiscal affairs of the Board and the Department.

Please do not hesitate to call me if you have questions.

CC: Jaime Hoyle, Chief Deputy Director
Lisa R. Hahn, Chief Deputy Director
Charles E. Giles, Budget Manager
Elaine Yeatts, Senior Policy Analyst

Virginia Department of Health Professions
Cash Balance
As of September 30, 2017

	109 Counseling
Board Cash Balance as June 30, 2017	$ 826,278
YTD FY18 Revenue	104,360
Less: YTD FY18 Direct and Allocated Expenditures	329,263
Board Cash Balance as September 30, 2017	$ 601,375

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	60,685.00	123,555.00	62,870.00	49.12%
4002406	License & Renewal Fee	25,145.00	846,410.00	821,265.00	2.97%
4002407	Dup. License Certificate Fee	600.00	825.00	225.00	72.73%
4002409	Board Endorsement - Out	1,385.00	1,740.00	355.00	79.60%
4002421	Monetary Penalty & Late Fees	8,530.00	6,500.00	(2,030.00)	131.23%
4002430	Board Changes Fee	7,760.00	-	(7,760.00)	0.00%
4002432	Misc. Fee (Bad Check Fee)	35.00	140.00	105.00	25.00%
	Total Fee Revenue	104,140.00	979,170.00	875,030.00	10.64%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	220.00	-	(220.00)	0.00%
	Total Sales of Prop. & Commodities	220.00	-	(220.00)	0.00%
	Total Revenue	104,360.00	979,170.00	874,810.00	10.66%
5011110	Employer Retirement Contrib.	2,544.02	17,551.00	15,006.98	14.50%
5011120	Fed Old-Age Ins- Sal St Emp	2,464.40	9,953.00	7,488.60	24.76%
5011140	Group Insurance	333.59	1,705.00	1,371.41	19.57%
5011150	Medical/Hospitalization Ins.	-	20,796.00	20,796.00	0.00%
5011160	Retiree Medical/Hospitalizatn	300.48	1,536.00	1,235.52	19.56%
5011170	Long term Disability Ins	168.07	859.00	690.93	19.57%
	Total Employee Benefits	5,810.56	52,400.00	46,589.44	11.09%
5011200	Salaries				
5011230	Salaries, Classified	25,573.12	130,099.00	104,525.88	19.66%
5011250	Salaries, Overtime	6,605.23	-	(6,605.23)	0.00%
	Total Salaries	32,178.35	130,099.00	97,920.65	24.73%
5011300	Special Payments				
5011340	Specified Per Diem Payment	950.00	3,000.00	2,050.00	31.67%
5011380	Deferred Compnstn Match Pmts	140.00	1,440.00	1,300.00	9.72%
	Total Special Payments	1,090.00	4,440.00	3,350.00	24.55%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	891.27	-	(891.27)	0.00%
	Total Terminatn Personal Svce Costs	891.27	-	(891.27)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	39,970.18	186,939.00	146,968.82	21.38%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	295.00	295.00	0.00%
5012140	Postal Services	6,902.43	8,232.00	1,329.57	83.85%
5012150	Printing Services	127.80	120.00	(7.80)	106.50%
5012160	Telecommunications Svcs (VITA)	102.04	900.00	797.96	11.34%
	Total Communication Services	7,132.27	9,547.00	2,414.73	74.71%
5012200	Employee Development Services				
5012210	Organization Memberships	-	500.00	500.00	0.00%
5012260	Personnel Develpmnt Services	-	320.00	320.00	0.00%
	Total Employee Development Services	-	820.00	820.00	0.00%
5012300	Health Services				

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
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	14,204.87	9,280.00	(4,924.87)	153.07%
5012440	Management Services	79.69	134.00	54.31	59.47%
5012460	Public Infrmtnl & Relatn Svcs	24.00	5.00	(19.00)	480.00%
5012470	Legal Services	-	475.00	475.00	0.00%
	Total Mgmnt and Informational Svcs	14,308.56	9,894.00	(4,414.56)	144.62%
5012500	Repair and Maintenance Svcs				
5012560	Mechanical Repair & Maint Srvc	-	34.00	34.00	0.00%
	Total Repair and Maintenance Svcs	-	34.00	34.00	0.00%
5012600	Support Services				
5012630	Clerical Services	17,144.95	110,551.00	93,406.05	15.51%
5012640	Food & Dietary Services	526.22	1,075.00	548.78	48.95%
5012660	Manual Labor Services	35.04	1,170.00	1,134.96	2.99%
5012670	Production Services	291.52	5,380.00	5,088.48	5.42%
5012680	Skilled Services	4,578.73	16,764.00	12,185.27	27.31%
	Total Support Services	22,576.46	134,940.00	112,363.54	16.73%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	2,876.69	4,979.00	2,102.31	57.78%
5012850	Travel, Subsistence & Lodging	937.90	1,950.00	1,012.10	48.10%
5012880	Trvl, Meal Reimb- Not Rprtble	466.00	988.00	522.00	47.17%
	Total Transportation Services	4,280.59	7,917.00	3,636.41	54.07%
	Total Contractual Svs	48,297.88	163,292.00	114,994.12	29.58%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	634.42	597.00	(37.42)	106.27%
	Total Administrative Supplies	634.42	597.00	(37.42)	106.27%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	23.13	-	(23.13)	0.00%
5013630	Food Service Supplies	-	183.00	183.00	0.00%
	Total Residential Supplies	23.13	183.00	159.87	12.64%
	Total Supplies And Materials	657.55	780.00	122.45	84.30%
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	88.16	540.00	451.84	16.33%
5015350	Building Rentals	15.39	-	(15.39)	0.00%
5015360	Land Rentals	-	60.00	60.00	0.00%
5015390	Building Rentals - Non State	2,667.04	12,467.00	9,799.96	21.39%
	Total Operating Lease Payments	2,770.59	13,067.00	10,296.41	21.20%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	170.00	170.00	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5015540	Surety Bonds	-	11.00	11.00	0.00%
	Total Insurance-Operations	-	181.00	181.00	0.00%
	Total Continuous Charges	2,770.59	13,294.00	10,523.41	20.84%
5022000	Equipment				
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	-	119.00	119.00	0.00%
	Total Expenditures	91,696.20	364,424.00	272,727.80	25.16%
	Allocated Expenditures				
20100	Behavioral Science Exec	52,867.95	209,101.00	156,233.05	25.28%
30100	Data Center	57,194.62	189,719.95	132,525.33	30.15%
30200	Human Resources	238.71	23,918.90	23,680.19	1.00%
30300	Finance	25,288.14	62,332.85	37,044.71	40.57%
30400	Director's Office	10,186.19	31,483.39	21,297.20	32.35%
30500	Enforcement	51,688.87	155,911.19	104,222.32	33.15%
30600	Administrative Proceedings	12,478.29	39,821.92	27,343.62	31.34%
30700	Impaired Practitioners	70.30	294.83	224.53	23.84%
30800	Attorney General	3,002.01	3,456.45	454.44	86.85%
30900	Board of Health Professions	5,493.82	17,894.26	12,400.43	30.70%
31100	Maintenance and Repairs	-	673.47	673.47	0.00%
31300	Emp. Recognition Program	-	384.59	384.59	0.00%
31400	Conference Center	14,143.87	9,390.45	(4,753.42)	150.62%
31500	Pgm Devlpmnt & Implmentn	4,914.22	17,565.47	12,651.26	27.98%
	Total Allocated Expenditures	237,566.99	761,948.70	524,381.71	31.18%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (224,903.19)	$ (147,202.70)	$ 77,700.49	152.78%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	July	August	September	Total
4002400	Fee Revenue				
4002401	Application Fee	18,465.00	21,470.00	20,750.00	60,685.00
4002406	License & Renewal Fee	19,555.00	3,120.00	2,470.00	25,145.00
4002407	Dup. License Certificate Fee	330.00	200.00	70.00	600.00
4002409	Board Endorsement - Out	605.00	420.00	360.00	1,385.00
4002421	Monetary Penalty & Late Fees	6,720.00	1,130.00	680.00	8,530.00
4002430	Board Changes Fee	2,135.00	3,005.00	2,620.00	7,760.00
4002432	Misc. Fee (Bad Check Fee)	35.00	-	-	35.00
	Total Fee Revenue	47,845.00	29,345.00	26,950.00	104,140.00
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	155.00	65.00	-	220.00
	Total Sales of Prop. & Commodities	155.00	65.00	-	220.00
	Total Revenue	48,000.00	29,410.00	26,950.00	104,360.00
5011000	Personal Services				
5011100	Employee Benefits				
5011110	Employer Retirement Contrib.	1,071.90	736.06	736.06	2,544.02
5011120	Fed Old-Age Ins- Sal St Emp	1,012.00	707.56	744.84	2,464.40
5011140	Group Insurance	140.55	96.52	96.52	333.59
5011160	Retiree Medical/Hospitalizatn	126.60	86.94	86.94	300.48
5011170	Long term Disability Ins	70.83	48.62	48.62	168.07
	Total Employee Benefits	2,421.88	1,675.70	1,712.98	5,810.56
5011200	Salaries				
5011230	Salaries, Classified	10,837.28	7,367.92	7,367.92	25,573.12
5011250	Salaries, Overtime	2,379.40	1,869.35	2,356.48	6,605.23
	Total Salaries	13,216.68	9,237.27	9,724.40	32,178.35
5011340	Specified Per Diem Payment	100.00	600.00	250.00	950.00
5011380	Deferred Compnstn Match Pmts	60.00	40.00	40.00	140.00
	Total Special Payments	160.00	640.00	290.00	1,090.00
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	375.51	257.88	257.88	891.27
	Total Terminatn Personal Svce Costs	375.51	257.88	257.88	891.27
	Total Personal Services	16,174.07	11,810.85	11,985.26	39,970.18
5012000	Contractual Svs				-
5012100	Communication Services				-
5012140	Postal Services	4,237.32	2,242.72	422.39	6,902.43
5012150	Printing Services	-	-	127.80	127.80
5012160	Telecommunications Svcs (VITA)	50.02	52.02	-	102.04
	Total Communication Services	4,287.34	2,294.74	550.19	7,132.27
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	5,984.20	7,664.13	556.54	14,204.87
5012440	Management Services	-	79.69	-	79.69

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	July	August	September	Total
5012460	Public Infrmtnl & Relatn Svcs	-	14.00	10.00	24.00
	Total Mgmnt and Informational Svcs	5,984.20	7,757.82	566.54	14,308.56
5012600	Support Services				
5012630	Clerical Services	-	8,102.64	9,042.31	17,144.95
5012640	Food & Dietary Services	-	358.97	167.25	526.22
5012660	Manual Labor Services	24.50	10.54	-	35.04
5012670	Production Services	143.14	148.38	-	291.52
5012680	Skilled Services	1,711.72	1,130.16	1,736.85	4,578.73
	Total Support Services	1,879.36	9,750.69	10,946.41	22,576.46
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	933.04	1,231.57	712.08	2,876.69
5012850	Travel, Subsistence & Lodging	206.20	618.60	113.10	937.90
5012880	Trvl, Meal Reimb- Not Rprtble	118.50	247.00	100.50	466.00
	Total Transportation Services	1,257.74	2,097.17	925.68	4,280.59
	Total Contractual Svs	13,408.64	21,900.42	12,988.82	48,297.88
5013000	Supplies And Materials				
5013100	Administrative Supplies				-
5013120	Office Supplies	-	177.40	457.02	634.42
	Total Administrative Supplies	-	177.40	457.02	634.42
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	23.13	-	-	23.13
	Total Residential Supplies	23.13	-	-	23.13
	Total Supplies And Materials	23.13	177.40	457.02	657.55
5015000	Continuous Charges				
5015300	Operating Lease Payments				
5015340	Equipment Rentals	-	44.08	44.08	88.16
5015350	Building Rentals	-	15.39	-	15.39
5015390	Building Rentals - Non State	834.96	977.38	854.70	2,667.04
	Total Operating Lease Payments	834.96	1,036.85	898.78	2,770.59
	Total Continuous Charges	834.96	1,036.85	898.78	2,770.59
	Total Expenditures	30,440.80	34,925.52	26,329.88	91,696.20
	Allocated Expenditures				
20100	Behavioral Science Exec	22,305.95	15,832.41	14,729.59	52,867.95
30100	Data Center	24,508.00	9,277.59	23,409.03	57,194.62
30200	Human Resources	71.94	91.21	75.56	238.71
30300	Finance	12,378.73	6,447.20	6,462.21	25,288.14
30400	Director's Office	4,002.08	3,177.73	3,006.38	10,186.19

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	July	August	September	Total
30500	Enforcement	20,773.14	15,876.58	15,039.15	51,688.87
30600	Administrative Proceedings	5,577.84	4,567.57	2,332.88	12,478.29
30700	Impaired Practitioners	28.94	21.56	19.80	70.30
30800	Attorney General	-	-	3,002.01	3,002.01
30900	Board of Health Professions	2,321.24	1,651.04	1,521.55	5,493.82
31400	Conference Center	9.60	18.22	14,116.05	14,143.87
31500	Pgm Devlpmnt & Implmentn	1,811.11	1,594.37	1,508.73	4,914.22
	Total Allocated Expenditures	93,788.56	58,555.49	85,222.93	237,566.99
	Net Revenue in Excess (Shortfall) of Expenditures	$ (76,229.36)	$ (64,071.01)	$ (84,602.81)	$ (224,903.19)

Deputy Executive Director’s Report

BEHAVIORAL SCIENCE BOARDS

COUNSELING, PSYCHOLOGY, AND SOCIAL WORK

Discipline Reports

August 11, 2017 - October 5, 2017

CASES RECEIVED and ACTIVE INVESTIGATIONS

	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	28	14	8	*50*
Open Investigations in Enforcement	28	25	21	*74*

CASES CLOSED

Closure Category	Counseling	Psychology	Social Work	BSU Total
Closed – no violation	11	13	7	*31*
Closed – undetermined	1	0	0	*1*
Closed – violation	4	1	2	*7*
Credentials/Reinstatement – Denied	0	0	2	*2*
Credentials/Reinstatement – Approved	1	0	0	*1*
TOTAL CASES CLOSED	17	14	11	*42*

OPEN CASES AT BOARD LEVEL (as of October 5, 2017)

Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	27	13	10	*50*
Scheduled for Informal Conferences	5	0	1	*6*
Scheduled for Formal Hearings	0	2	1	*3*
Consent Orders offered	3	1	1	*5*
Cases with APD for processing (IFC, FH, Consent Order)	10	4	7	*21*
TOTAL OPEN CASES	45	20	20	*85*

BEHAVIORAL SCIENCE BOARDS

COUNSELING, PSYCHOLOGY, AND SOCIAL WORK

Discipline Reports

August 11, 2017 - October 5, 2017

HEARINGS HELD and CONSENT ORDERS ENTERED

Board Action	Counseling	Psychology	Social Work	BSU Total
Consent Orders Entered	0	1	2	*3*
Informal Conferences Held Agency Subordinate	5	0	0	*5*
Informal Conferences Held Special Conference Committee	3	0	2	*5*
Formal Hearings Held	1	0	0	*1*
Summary Suspension Hearings Held	0	1	0	*1*

UPCOMING HEARINGS (2017 - 2018)

Hearing/Conference Type	Counseling	Psychology	Social Work
Informal Conferences	December 8, 2017 February 23, 2018 June 1, 2018 July 27, 2018	November 14, 2017 February 27, 2018 June 5, 2018 July 24, 2018	November 17, 2017 March 2, 2018 June 8, 2018 July 20, 2018
Formal Hearings	---	February 6, 2018	October 27, 2017

Licensing Manager’s Report

Virginia Department of Health Professions

COUNT OF CURRENT LICENSES *

FISCAL YEAR 2018, QUARTER ENDING SEPTEMBER 30th, 2017

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

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

Board	Occupation	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	CURRENT Q1 2018
Audiology/Speech Pathology	Audiologist	513	491	501	517	519	497	507	517	523	494	503	**524**
	Continuing Education Provider	12	13	14	14	14	14	15	15	15	15	15	**15**
	School Speech Pathologist	334	431	475	506	513	475	484	507	514	475	479	**493**
	Speech Pathologist	3,815	3,718	3,850	3,907	3,946	3,734	3,796	3,912	4,004	3,871	3,974	**4,110**
Total		**4,674**	**4,653**	**4,840**	**4,944**	**4,992**	**4,720**	**4,802**	**4,951**	**5,056**	**4,855**	**4,971**	**5,142**
Counseling	Certified Substance Abuse Counselor	1,669	1,679	1,558	1,617	1,679	1,691	1,734	1,662	1,712	1,745	1,784	**1,776**
	Licensed Marriage and Family Therapist	828	832	808	825	845	856	870	836	856	872	885	**854**
	Licensed Professional Counselor	4,036	4,123	4,072	4,188	4,333	4,435	4,567	4,512	4,653	4,803	4,932	**4,915**
	Marriage & Family Therapist Resident	-	-	-	-	-	-	-	131	131	140	148	**166**
	Registration of Supervision	-	-	-	-	-	-	37,125	5,491	5,632	5,747	5,831	**6,220**
	Rehabilitation Provider	313	280	285	286	288	259	266	270	273	250	252	**258**
	Substance Abuse Counseling Assistant	157	162	152	163	169	179	192	164	174	188	218	**203**
	Substance Abuse Trainee	-	-	-	-	-	-	-	-	-	-	1,563	**1,609**
	Substance Abuse Treatment Practitioner	180	180	167	170	176	177	179	170	171	176	177	**171**
	Substance Abuse Treatment Residents	-	-	-	-	-	-	-	1	1	1	1	**3**
Total		**7,183**	**7,256**	**7,042**	**7,249**	**7,490**	**7,597**	**7,808**	**13,237**	**13,603**	**13,922**	**15,791**	**16,175**
Dentistry	Conscious/Moderate Sedation	199	178	189	198	206	210	212	221	227	233	224	**232**
	Cosmetic Procedure Certification	32	31	32	33	34	32	36	37	39	36	37	**39**
	Deep Sedation/General Anesthesia	50	44	51	56	59	63	51	54	58	61	50	**54**
	Dental Assistant II	4	6	10	10	10	12	11	11	11	15	16	**19**
	Dental Full Time Faculty	10	11	12	14	14	15	16	12	12	12	13	**13**
	Dental Hygienist	5,596	5,293	5,575	5,643	5,687	5,722	5,719	5,815	5,860	5,906	5,789	**5,889**
	Dental Hygienist Faculty	0	0	0	1	1	1	1	1	1	1	2	**1**
	Dental Hygienist Restricted Volunteer	1	1	1	1	1	1	1	16	0	0	1	**1**
	Dental Hygienist Temporary Permit	0	0	0	0	0	0	0	0	0	0	0	**0**
	Dental Hygienist Volunteer Registration	-	1	0	1	0	0	1	0	0	0	1	**2**
	Dental Restricted Volunteer	14	14	13	14	14	16	20	0	17	17	18	**15**
	Dental Teacher	0	0	0	0	0	0	0	0	0	0	0	**0**
	Dental Temporary Permit	0	0	0	0	0	0	0	0	0	0	0	**0**
	Dentist	7,097	6,713	7,052	7,152	7,212	7,292	7,147	7,249	7,321	7,404	7,171	**7,321**
	Dentist-Volunteer Registration	0	7	6	9	3	9	7	5	0	2	9	**11**
	Enteral Conscious/Moderate Sedation	164	150	152	163	175	180	166	174	176	178	169	**171**

Virginia Department of Health Professions

NEW LICENSES ISSUED BY QUARTER*
FISCAL YEAR 2016, QUARTER ENDING 12/31/2016

FISCAL YEAR 2018, QUARTER ENDING SEPTEMBER 30th, 2017

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

*Shows the number of initial licenses granted for each licensing board by occupation.
** New Occupation

Board	Occupation	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	CURRENT Q1 2018
Audiology/Speech Pathology	Audiologist	9	5	12	12	0	10	11	7	6	7	10	21
	Continuing Education Provider	0	1	1	0	0	0	1	0	0	0	0	1
	School Speech Pathologist	107	115	39	31	6	7	8	23	5	4	3	12
	Speech Pathologist	84	114	117	124	36	54	130	126	58	51	146	131
	Total	**200**	**235**	**169**	**167**	**42**	**71**	**150**	**156**	**69**	**62**	**159**	**165**
Counseling	Certified Substance Abuse Counselor	39	2	33	1	43	0	30	7	33	24	32	57
	Licensed Marriage and Family Therapist	8	2	14	4	16	10	10	11	17	15	10	15
	Licensed Professional Counselor	72	80	108	77	131	103	124	113	128	142	112	119
	Marriage and Family Therapist Resident	-	-	-	-	-	-	-	3	5	10	10	22
	Registration of Supervision	-	-	-	-	-	-	-	91	182	189	131	440
	Rehabilitation Provider	0	2	0	0	1	1	1	2	1	0	0	2
	Substance Abuse Counseling Assistant	5	5	18	12	4	8	10	12	10	11	28	14
	Substance Abuse Trainee	-	-	-	-	-	-	-	-	-	-	61	63
	Substance Abuse Treatment Practitioner	1	0	1	0	5	1	0	12	0	48	0	1
	Substance Abuse Trreatment Resident	-	-	-	-	-	-	-	3	51	4	0	1
	Total	**125**	**91**	**174**	**94**	**200**	**123**	**175**	**254**	**427**	**443**	**384**	**734**
Dentistry	Conscious/Moderate Sedation	7	9	4	13	7	2	6	9	6	5	4	8
	Cosmetic Procedure Certification	1	0	1	1	0	1	4	1	1	0	1	1
	Deep Sedation/General Anesthesia	2	2	4	7	3	2	1	3	4	2	1	4
	Dental Assistant II	-	2	4	0	0	1	0	0	0	3	4	3
	Dental Full Time Faculty	1	1	1	2	0	0	1	0	0	0	0	1
	Dental Hygienist	29	23	135	87	38	31	157	86	42	33	153	86
	Dental Hygienist Faculty	-	-	-	-	-	-	-	-	-	-	1	0
	Dental Hygienist Restricted Volunteer	0	0	0	0	0	0	0	2	0	0	0	0
	Dental Hygienist Temporary Permit	0	0	0	0	0	0	0	0	0	0	0	0
	Dental Hygienist-Volunteer Registration	0	5	0	3	0	1	1	0	0	0	3	3
	Dental Restricted Volunteer	0	0	2	1	0	1	3	0	1	0	0	1
	Dental Teacher	0	0	0	0	0	0	0	0	0	0	0	0
	Dental Temporary Permit	0	0	0	0	0	0	0	0	0	0	0	0
	Dentist	75	66	147	115	53	70	150	94	68	81	177	125
	Dentist Restricted Permit	0	0	0	0	0	0	0	0	0	0	0	0
	Dentist-Volunteer Registration	11	12	2	8	13	14	7	9	2	14	14	13
	Enteral Conscious/Moderate Sedation	1	15	0	12	11	4	5	7	2	0	2	2
	Mobile Dental Facility	0	4	1	1	1	0	2	2	1	0	2	0
	Oral/Maxillofacial Surgeon Registration	2	1	5	6	2	3	1	4	3	2	4	7

Virginia Department of Health Professions

APPLICANT SATISFACTION SURVEY RESULTS
APPROVAL RATE

FISCAL YEAR 2018, QUARTER ENDING SEPTEMBER 30th, 2017

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

*Applicant Satisfaction Surveys are sent to all initial applicants. The survey includes seven categories for which applicants rate their satisfaction on a scale from one to four, one and two being degrees of satisfaction, three and four being degrees of disatisfaction. This report calculates the percentage of total responses falling into the approval range. An "n/a" is used if no response was received for that board during the specified timeframe.
** As of FY2018, the questions of the survey were rewritten and a question was added, in order to better provide feedback of services to the boards.

Board	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	CURRENT Q1 2018
Audiology/Speech Pathology	83.3%	100.0%	86.7%	76.7%	100.0%	N/A	100.0%	100.0%	83.3%	33.3%	97.8%	**100.0%**
Counseling	91.1%	83.9%	80.8%	79.6%	83.3%	100.0%	77.3%	100.0%	81.7%	88.7%	94.0%	**92.0%**
Dentistry	91.7%	100.0%	93.3%	96.4%	83.3%	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	**96.8%**
Funeral Directing	100.0%	100.0%	97.0%	88.9%	100.0%	N/A	N/A	100.0%	100.0%	88.9%	100.0%	**100.0%**
Long Term Care Administrator	100.0%	100.0%	96.3%	100.0%	100.0%	N/A	100.0%	100.0%	100.0%	N/A	100.0%	**100.0%**
Medicine	81.2%	84.8%	89.6%	80.8%	80.6%	89.2%	84.8%	86.2%	85.2%	86.3%	88.3%	**88.4%**
Nurse Aide	97.3%	88.9%	98.9%	100.0%	98.2%	100.0%	92.9%	90.5%	100.0%	96.8%	88.9%	**100.0%**
Nursing	94.9%	98.1%	97.2%	92.4%	86.7%	82.5%	73.3%	71.5%	74.3%	76.6%	86.7%	**83.2%**
Optometry	100.0%	N/A	66.7%	100.0%	N/A	N/A	N/A	100.0%	100.0%	N/A	100.0%	**100.0%**
Pharmacy	98.3%	100.0%	99.5%	96.3%	98.9%	N/A	99.1%	98.2%	100.0%	97.7%	98.4%	**97.2%**
Physical Therapy	97.3%	100.0%	100.0%	96.9%	89.7%	N/A	100.0%	97.5%	100.0%	100.0%	98.9%	**97.3%**
Psychology	76.8%	90.0%	84.9%	83.3%	93.2%	100.0%	100.0%	64.3%	91.7%	94.7%	94.9%	**98.1%**
Social Work	92.0%	90.7%	92.6%	90.7%	94.4%	N/A	100.0%	97.2%	100.0%	91.2%	91.7%	**91.1%**
Veterinary Medicine	100.0%	N/A	91.7%	100.0%	N/A	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	**87.3%**
AGENCY	***92.5%***	***95.1%***	***93.9%***	***90.6%***	***88.1%***	***85.0%***	***84.6%***	***80.4%***	***86.0%***	***85.2%***	***90.1%***	***89.3%***

Regulatory/Legislative Report

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 16, 2017

Chapter		Action / Stage Information
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Acceptance of doctoral practicum/internship hours towards residency requirements [Action 4829] NOIRA - *Register Date: 9/4/17* *Comment ended: 10/4/17* *Board to adopt proposed regulations*
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Requirement for CACREP accreditation for educational programs [Action 4259] Proposed - *At Secretary's Office*
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Exemption from CE requirement for new licensees [Action 4856] Fast-Track - *Register Date: 11/13/17* *Effective: 12/28/17*
[18 VAC 115 - 30]	Regulations Governing the Certification of Substance Abuse Counselors	Updating and clarifying regulations [Action 4691] Proposed - *DPB Review in progress* [Stage 8021]
[18 VAC 115 - 70]	Regulations Governing the Registration of Peer Recovery Specialists [under development]	Initial regulations for registration [Action 4890] Emergency/NOIRA - *At Secretary's Office* [Stage 8033]
[18 VAC 115 - 80]	Regulations Governing the Registration of Qualified Mental Health Professionals [under development]	Initial regulations for registration [Action 4891] Emergency/NOIRA - *At Secretary's Office* [Stage 8034]

Agenda Item: Response to Petition for Rulemaking

Included in your agenda package are:

A copy of the petition received from Dominique Adkins

A copy of comment on the NOIRA

A DRAFT copy of regulation 18VAC115-20-52

Board action:

To amend 18VAC115-20-52 as drafted or as further amended

COMMONWEALTH OF VIRGINIA
Board of Counseling

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

BHP MAR 10 2017

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

Petition for Rule-making

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

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

Petitioner's full name (Last, First, Middle initial, Suffix,) Adkins, Dominique, P		
Street Address 7759 Legere Ct	**Area Code and Telephone Number** 516-448-3515	
City McLean	**State** VA	**Zip Code** 22102
Email Address (optional) Dominique.Adkins14@gmail.com	**Fax (optional)** 703-360-0899	

Respond to the following questions:

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

18VAC115-20-52. Residency requirements.
I would like to add a new rule listed in section 2.

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

I would like to propose doctoral practicum and internship hours/supervision in a CACREP accredited Counseling program be accepted towards residency hours without preregistration of supervision up to 900 direct/indirect hours and up to 100 supervision hours if the professor or supervisor has an active LPC license and if the applicant can provide logs and verification of their supervisor's license when submitting for licensure. Based on the acceptance of hours in a master's program, a doctoral level program is post grad and provides more extensive clinical work, experience, and supervision. Doctoral Level Counseling Programs that adhere to the following CACREP guidelines are stricter than the Master's level program and are carefully overseen by licensed professors and supervisors with NCC and ACS credentials. Additionally, within the Master's level internship course, students are not obligated to register their supervisors and those hours are counted in access of 600 hours up to 900 hours. With the increase of CACREP accredited doctoral counseling and counseling education programs in Virginia, this new rule would address the students' unique clinical experience and acknowledge their commitment to the counseling profession and community. Below I have included the CACREP guidelines for Doctoral level practicum and internship to provide a better understanding of the standards used in CACREP accredited doctoral programs.

C. DOCTORAL LEVEL PRACTICUM AND INTERNSHIP

PRACTICUM

1. Doctoral students participate in a supervised doctoral-level counseling practicum of a minimum of 100 hours, of which 40 hours must be providing direct counseling services. The nature of doctoral-level practicum experience is to be determined in consultation with counselor education program faculty and/or a doctoral committee.

2. During the doctoral student's practicum, supervision is provided by a counselor education program faculty member or an individual with a graduate degree (preferably doctoral) in counseling or a related mental health profession with specialized expertise to advance the student's knowledge and skills.

3. Individuals serving as practicum supervisors have (1) relevant certifications and/or licenses, (2) knowledge of the program's expectations, requirements, and evaluation procedures for students, and (3) relevant training in counseling supervision.

4. Doctoral students participate in an average of one hour per week of individual and/or triadic supervision throughout the practicum. When individual/triadic supervision is provided by the counselor education program faculty, practicum courses should not exceed a 1:6 faculty:student ratio

5. Group supervision is provided on a regular schedule with other students throughout the practicum and must be performed by a counselor education program faculty member. Group supervision of practicum students should not exceed a 1:12 faculty:student ratio.

6. Doctoral students are covered by individual professional counseling liability insurance policies while enrolled in practicum.

INTERNSHIP

7. Doctoral students are required to complete internships that total a minimum of 600 clock hours. The 600 hours must include supervised experiences in at least three of the five doctoral core areas (counseling, teaching, supervision, research and scholarship, leadership and advocacy). Doctoral students are covered by individual professional counseling liability insurance policies while enrolled in a counseling or supervision internship.

8. During internships, the student receives an average of one hour per week of individual and/or triadic supervision, performed by a supervisor with a doctorate in counselor education or an individual with a graduate degree and specialized expertise to advance the student's knowledge and skills.

9. Group supervision is provided on a regular schedule with other students throughout the internship and must be performed by a counselor education program faculty member.

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

54.1-2400.1

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

1. To establish the **qualifications** for registration, certification, licensure 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.

Signature: Dominique Adkins **Date:** 3/1/17

Virginia.gov Agencies | Governor

Logged in as
Elaine J. Yeatts

Department of Health Professions

Board of Counseling

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

Action	**Acceptance of doctoral practicum/internship hours towards residency requirements**
Stage	**NOIRA**
Comment Period	Ends 10/4/2017

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

Back to List of Comments

Commenter: Dr. Austin 9/5/17 9:55 am

Support this

I support this petition and would like it to go in effect as soon as possible. Previous doctoral students weren't able to have the quick turn around of an approval of a supervisor as they are now. This results in lost hours and lost supervision. Additionally if master's students hours are able to count without registration then it seems appropriate for the same to be extended in a doctoral program.

Commenter: Kathy Holmes 9/25/17 2:36 pm

Support

I support this petition.

Commenter: Wounded Warriors 9/25/17 2:59 pm

I believe in this change

I support this petition. It seems ridiculous the same standards are not extended to doctoral level cacrep accredited programs that they are for for master's level students.

Project 5171 - NOIRA

BOARD OF COUNSELING

Acceptance of doctoral practicum/internship hours towards residency requirements

18VAC115-20-52. Residency requirements.

A. Registration. Applicants who render counseling services shall:

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

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

3. Pay the registration fee.

B. Residency requirements.

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

a. Assessment and diagnosis using psychotherapy techniques;

b. Appraisal, evaluation, and diagnostic procedures;

c. Treatment planning and implementation;

d. Case management and recordkeeping;

e. Professional counselor identity and function; and

f. Professional ethics and standards of practice.

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

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

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

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

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

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

~~7.~~8. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.

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

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

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

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

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

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

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

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

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

D. Supervisory responsibilities.

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

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

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

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

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

Bylaw Discussion

VIRGINIA BOARD OF COUNSELING
BYLAWS

ARTICLE I: AUTHORIZATION

A. Statutory Authority

The Virginia Board of Counseling ("Board") is established and operates pursuant to §§ 54.1-2400 and 54.1-3500, et seq., of the *Code of Virginia*. Regulations promulgated by the Virginia Board of Counseling may be found in 18VAC115-20-10 et seq., Regulations Governing the Practice of Professional Counseling; 18 VAC 115-30-10 et seq., "Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants"; 18VAC115-40-10 et seq., "Regulations Governing the Certification of Rehabilitation Providers"; 18VAC115-50-10 et seq., "Regulations Governing the Practice of Marriage and Family Therapy"; and 18 VAC 115-60-10 et seq., "Regulations Governing the Practice of Substance Abuse Treatment Practitioners".

B. Duties

The Virginia Board of Counseling is charged with promulgating and enforcing regulations governing the licensure and practice of professional counselors, marriage and family therapists, and substance abuse treatment practitioners, and the certification and practice of substance abuse counselors and rehabilitation providers in the Commonwealth of Virginia. This includes, but is not limited to: setting fees; creating requirements for and issuing licenses or certificates; setting standards of practice; and implementing a system of disciplinary action.

C. Mission

To ensure the delivery of safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public.

ARTICLE II: THE BOARD

A. Membership

1. The Board shall consist of twelve (12) members, appointed by the Governor as follows:
    - *a.* Ten (10) professionals licensed in Virginia, who shall represent the various specialties recognized in the profession. The licensed professionals shall be
        - *i.* Six (6) professional counselors
        - *ii.* Three (3) licensed marriage and family therapists who have passed the examination for licensure as a marriage and family therapist, and
        - *iii.* One (1) licensed substance abuse treatment practitioner

b. Two (2) shall be citizen members.

2. The terms of the members of the Board shall be four (4) years.

3. Members of the Board of Counseling holding a voting office in any related professional association or one that takes a policy position on the regulations of the Board shall abstain from voting on issues where there may be a conflict of interest present.

B. Officers

1. The Chairperson or designee shall preserve order and conduct all proceedings according to parliamentary rules, the Virginia Freedom of Information Act, and the Administrative Process Act. Roberts Rules of Order will guide parliamentary procedure for the meetings. Except where specifically provided otherwise by the law or as otherwise ordered by the Board, the Chairperson shall appoint all committees, and shall sign as Chairperson to the certificates authorized to be signed by the Chairperson.

2. The Vice-Chairperson shall act as Chairperson in the absence of the Chairperson and assume the duties of Chairperson in the event of an unexpired term.

3. In the absences of the Chairperson and Vice-Chairperson, the Chairperson shall appoint another board member to preside at the meeting and/or formal administrative hearing.

4. The Executive Director shall be the custodian of all Board records. He/she shall preserve a correct list of all applicants and licensees, shall manage the correspondence of the Board, and shall perform all such other duties as naturally pertain to this position.

C. Duties of Members

1. Each member shall participate in all matters before the Board.

2. Members shall attend all regular and special meetings of the Board unless prevented by illness or similar unavoidable cause. In the event of two (2) consecutive unexcused absences at any meeting of the Board or its committees, the Chairperson shall make a recommendation to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

3. The Governor may remove any Board member for cause, and the Governor shall be sole judge of the sufficiency of the cause for removal pursuant to § 2.2-108.

D. Election of Officers

1. All officers shall be elected for a term of two (2) years and may serve no more than two (2) consecutive terms.

2. The election of officers shall occur at the first scheduled Board meeting following July 1 of each odd year, and elected officers shall assume their duties at the end of the meeting.
    a. Officers shall be elected at a meeting of the Board with a quorum present.

    b. The Chairperson shall ask for nominations from the floor by office.

    c. Voting shall be by voice unless otherwise decided by a vote of the members present. The results shall be recorded in the minutes.

    d. A simple majority shall prevail with the current Chairperson casting a vote only to break a tie.

    e. Special elections to fill an unexpired term shall be held in the event of a vacancy of an officer at the subsequent Board meeting following the occurrence of an office being vacated.

    f. The election shall occur in the following order: Chairperson, Vice-Chairperson

E. Meetings

1. The full Board shall meet quarterly, unless a meeting is not required to conduct Board business.

2. Order of Business at Meetings:
    a. Adoption of Agenda

    b. Period of Public Comment

    c. Approval of Minutes of preceding regular Board meeting and any called meeting since the last regular meeting of the Board.

    d. Reports of Officers and staff

    e. Reports of Committees

    f. Election of Officers (as needed)

    g. Unfinished Business

    h. New Business

3. The order of business may be changed at any meeting by a majority vote.

ARTICLE III: COMMITTEES

A. Duties and Frequency of Meetings.

1. Members appointed to a committee shall faithfully perform the duties assigned to the committee.

2. All standing committees shall meet as necessary to conduct the business of the Board.

B. Standing Committees

Standing committees of the Board shall consist of the following:

Regulatory/Legislative Committee
Special Conference Committee
Credentials Committee
Any other Standing Committees created by the Board.

1. Regulatory/Legislative Committee

   a. The Chairperson of the Committee shall be appointed by the Chairperson of the Board.

   b. The Regulatory/Legislative Committee shall consist of at least two (2) Board members appointed by the Chairperson of the Committee

   c. The Committee shall consider all questions bearing upon state legislation and regulation governing the professions regulated by the Board.

   d. The Committee shall recommend to the Board changes in law and regulations as it may deem advisable and, at the direction of the Board, shall take such steps as may further the desire of the Board in matters of legislation and regulation.

   e. The Chairperson of the Committee shall submit proposed changes in applicable laws and regulations in writing to the Board prior to any scheduled meeting.

2. Special Conference Committee

   a. The Special Conference Committee shall:

      i. consist of two (2) Board members.

      ii. conduct informal conferences pursuant to §§ 2.2-4019, 2.2-4021, and 54.1-2400 of the *Code of Virginia* as necessary to adjudicate cases in a timely manner in accordance with the agency standards for case resolution.

iii. hold informal conferences at the request of the applicant or licensee to determine if Board requirements have been met.

b. The Chairperson of the Board shall designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date.

c. Should the caseload increase to the level that additional special conference committees are needed, the Chairperson of the Board may appoint additional committees.

3. Credentials Committee
   a. The Credentials Committee shall consist of at least two (2) Board members appointed by the Chairman of the Board, with the Chairman of the Committee to be appointed by the Chairman of the Board.
   b. The members of the committee shall review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.
   c. The Committee member who conducted the initial review shall provide guidance to staff on action to be taken.
   d. The Credentials Committee shall not be required to meet collectively to conduct initial reviews.

ARTICLE IV: GENERAL DELEGATION OF AUTHORITY

The Board delegates the following functions:

1. The Board delegates to Board staff the authority to issue and renew licenses or certificates and to approve supervision applications for which regulatory and statutory qualifications have been met. If there is basis upon which the Board could refuse to issue or renew the license or certification or to deny the supervision application, the Executive Director may only issue a license, certificate, or registration upon consultation with a member of the Credentials Committee, or in accordance with delegated authority provided in a guidance document of the Board.

2. The Board delegates to the Executive Director the authority to develop and approve any and all forms used in the daily operations of Board business, to include, but not be limited to, licensure, certification, and registration applications, renewal forms, and documents used in the disciplinary process.

3. The Board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for Board-required examinations

pursuant to the Americans with Disabilities Act, provided the candidate provides documentation that supports such an accommodation.

4. The Board delegates to the Executive Director authority to grant an extension for good cause of up to one (1) year for the completion of continuing education requirements upon written request from the licensee or certificate holder prior to the renewal date.

5. The Board delegates to the Executive Director authority to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee or certificate holder, such as temporary disability, mandatory military service, or officially declared disasters.

6. The Board delegates to the Executive Director the authority to reinstate a license or certificate when the reinstatement is due to the lapse of the license or certificate rather than a disciplinary action and there is no basis upon which the Board could refuse to reinstate.

7. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.

8. The Board delegates to the Executive Director, who may consult with a Special Conference Committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.

9. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee dispute cases without review by a Board member.

10. The Board delegates to the Executive Director the authority to review alleged violations of law or regulations with at least one board member on a rotating basis to make a determination as to whether probable cause exists to proceed with possible disciplinary action.

11. In accordance with established Board guidance documents, the Board delegates to the Executive Director the determination of probable cause, for the purpose of offering a confidential consent agreement, a pre-hearing consent order, or for scheduling an informal conference.

12. The Board delegates to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.

13. The Board delegates to the Executive Director the convening of a quorum of the Board by telephone conference call, for the purpose of considering the summary suspension of a license or for the purpose of considering settlement proposals.

14. The Board delegates to the Chairperson, the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.

15. The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Virginia Code § 54.1-2400.2(F), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.

16. Delegated tasks shall be summarized and reported to the Board at each regularly scheduled meeting.

17. The Board delegates authority to the Executive Director to delegate tasks to the Deputy Executive Director, as necessary.

ARTICLE V: AMENDMENTS

Proposed amendments to these bylaws shall be presented in writing to all Board members, the Executive Director of the Board, and the Board's legal counsel prior to any scheduled Board meeting. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the members present at that regular meeting.

Adopted: June 3, 2005
Revised: November 5, 2013; January 27, 2017; November 3, 2017

Workforce Survey 2016 Results

Virginia's Licensed Professional Counselor Workforce: 2017

Healthcare Workforce Data Center

August 2017

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233
804-367-2115, 804-527-4466(fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***

4,291 Licensed Professional Counselors voluntarily participated in this survey. *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Counseling express our sincerest appreciation for your ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, D.C.
Director

Lisa R. Hahn, MPA
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, Ph.D.	Yetty Shobo, Ph.D.	Laura Jackson	Christopher Coyle
Executive Director	*Deputy Director*	*Operations Manager*	*Research Assistant*

Virginia Board of Counseling

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Charlottesville

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Maria Stansky, LPC, CSAC, CSOTP
Richmond

Terry R. Tinsley, Ph.D., LPC, LMFT, NCC, CSOTP
Gainesville

Holly Tracy, LPC, LMFT
Norfolk

Tiffinee Yancey, Ph.D., LPC
Suffolk

Executive Director

Jaime H. Hoyle, J.D.

Contents

The Licensed Professional Counselor Workforce: At a Glance:

The Workforce

Licensees:	4,933
Virginia's Workforce:	4,287
FTEs:	3,606

Survey Response Rate

All Licensees:	87%
Renewing Practitioners:	95%

Demographics

Female:	79%
Diversity Index:	32%
Median Age:	50

Background

Rural Childhood:	30%
HS Degree in VA:	47%
Prof. Degree in VA:	66%

Education

Masters:	86%
Ph.D.:	14%

Finances

Median Income:	$50k-$60k
Health Benefits:	61%
Under 40 w/ Ed debt:	70%

Current Employment

Employed in Prof.:	92%
Hold 1 Full-time Job:	53%
Satisfied?:	95%

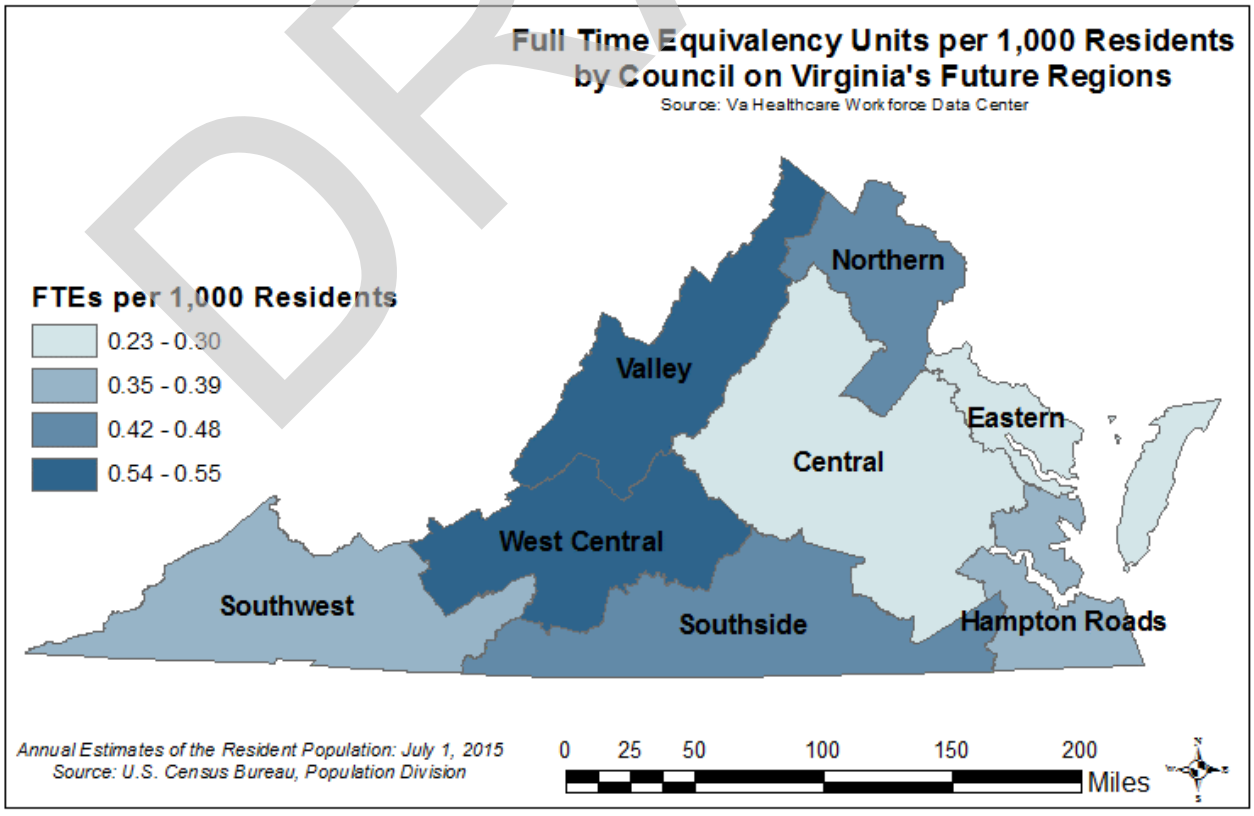
Job Turnover

Switched Jobs:	7%
Employed over 2 yrs:	70%

Time Allocation

Patient Care:	60%-69%
Administration:	10%-19%
Patient Care Role:	58%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Results in Brief

4,291 Licensed Professional Counselors (LPCs) voluntarily took part in the 2017 Licensed Professional Counselor 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 87% of the 4,933 LPCs who are licensed in the state and 94% of renewing practitioners.

The HWDC estimates that 4,287 LPCs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an LPC at some point in the future. Between July 2016 and June 2017, Virginia's LPC workforce provided 3,606 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

79% 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 32% chance that they would be of different races or ethnicities, a measure known as the diversity index. For those LPCs who are under the age of 40, however, this value was 36%. Regardless, Virginia's LPC workforce is less diverse than Virginia's population as a whole, which has a diversity index of 56%.

30% of all LPCs grew up in a rural area of Virginia, but just 21% of these professionals currently work in non-Metro areas of the state. Overall, 9% of Virginia's LPCs currently work in non-Metro areas of the state. Meanwhile, 47% of all LPCs graduated from high school in Virginia, while 66% earned their initial professional degree in the state.

86% of the state's LPC workforce have a Master's degree as their highest professional degree, while the remainder have gone on to earn a doctorate. In addition, 54% of all LPCs have a primary specialty in mental health. 42% of all LPCs currently carry educational debt, including 70% of those under the age of 40. The median debt burden for those LPCs with educational debt is between $50,000 and $60,000.

92% of LPCs are currently employed in the profession. 53% currently hold one full-time position, while another 26% hold multiple positions. Only 7% of LPCs have switched jobs over the past 12 months, while 70% have worked at the same work location for at least two years. In addition, only 1% of Virginia's LPCs have experienced involuntary unemployment at some point in the past year.

The median annual income for LPCs is between $50,000 and $60,000. In addition, among those LPCs who receive either an hourly wage or a salary at their primary work location, 74% also receive at least one employer-sponsored benefit. This includes 61% who have access to employer-sponsored health insurance and 56% who have access to some form of a retirement plan. 95% of LPCs indicate they are satisfied with their current employment situation, including 70% who indicate they are "very satisfied".

29% of all LPCs work in Northern Virginia, the most of any region in the state. In addition, another 20% of LPCs work in both Hampton Roads and Central Virginia. 75% of all LPCs work in the private sector, including 55% who work at a for-profit institution. Meanwhile, private solo practices are the most common establishment type in Virginia, employing 18% of the state's LPC workforce.

A typical LPC spends approximately two-thirds of her time treating patients. In fact, 58% serve a patient care role, meaning that at least 60% of their time is spent in patient care activities. In addition, the typical LPC treats between 1 and 24 patients per week at their primary work location, and approximately 75% of these patients are adults.

24% of all LPCs expect to retire by the age of 65. 25% of the current workforce expects to retire in the next ten years, while half the current workforce expects to retire by 2042. Over the next two years, 15% of LPCs plan on increasing patient care activities, and 12% plan on pursuing additional educational opportunities.

Summary of Trends

The number of licensed professional counselors (LPC) in Virginia has increased by 31% in the past four years. Similarly, the number of licensed counselors in the state workforce has increased by 28% and the full time equivalency units produced by this workforce has increased by 20% over the same period. The number and percent of LPCs participating in the workforce survey has also increased significantly over the years; 45% more LPCs responded to the survey in 2017 than did in 2013.

The LPC workforce has become slightly more diverse and younger over the years. The diversity index has increased from 25% to 32% although the diversity index for those under age 40 has not changed much. It increased from 34% to 38% between 2013 and 2016 but dropped down to 36% in the 2017 survey. The population is also slightly younger as median age has declined from 53 in 2013 to 50 in 2017. The percent under 40 has also increased significantly from 19% to 27% between 2013 and 2017. Not surprisingly, the percent over age 55 has declined from 45% to 39% in the same period.

Gender diversity is, however, declining in the LPC population. The percent female has inched up by 1% every year from 76% in 2013 to 79% in 2017. LPCs also have not increased their presence in rural areas significantly. Only 9% of LPCs worked in non-metro areas in 2017. A negligible increase when compared to 8% who did the same in 2013.

The educational attainment of Virginia's LPCs has also declined over the years. Compared to 2013 when 17% reported a doctorate degree and 83% reported a Master's degree, only 14% reported a doctorate degree in 2017; 86% now report a Master's degree. However, the decline in educational attainment is accompanied by an increase in the proportion carrying education debt. The percent carrying education debt has increased from 32% to 42% in four years. The same increase is observed for LPCs aged 40 and under; 70% now carry education debt compared to 66% in 2013. The amount of debt carried has also increased significantly. The median debt carried was $30,000 to $40,000 in 2013 compared to $50,000 to $60,000 in 2017. Meanwhile, median income has still remained at $50,000 to $60,000 in the past 4 years.

Things are relatively stable with regards to the labor market for LPCs in Virginia. Over 90% are employed in the profession over the period examined and involuntary unemployment has been 1% or less in the past four years. Workforce participation patterns have also held constant. About the same proportion hold one full-time job and LPCs today report similar work hours' distribution as those in 2013. Job satisfaction also has not changed much over the years; 96% reported being satisfied in 2013 and 95% reported the same in the current survey.

The geographical distribution of LPCs around the state has also remained unchanged over the years. Most work in Northern Virginia and about 20% work in both Central Virginia and Hampton Roads. Eastern Virginia still has only 1% LPCs. Further, the establishment distribution of Virginia's LPCs has changed very little over the years. Most (36%) still work in private solo or group practice over the past four years. Time allocation and patient allocation also have seen little changes over the years. More changes are recorded in the sector of work of LPCs. Fewer work in the public sector and more work in the private sector. Only 22% of LPCs work in state or local government now compared to 27% in 2013. Meanwhile, 55% now work in the for-profit compared to 52% in 2013 and 20% now work in the non-profit sector compared to 19% in 2013.

Meanwhile Virginia's LPCs are reporting they will stay in the workforce longer now than they did in 2013. Compared to 2013 when 27% reported that they planned to leave the workforce within a decade, only 25% now plan to leave in a decade. Further, half of the workforce in 2013 planned to leave in 20 years whereas half of today's workforce plan to exit in 25 years. However, the percent planning to increase patient care hours within two years of the survey has declined from 17% to 15% and the percent planning to pursue additional education has declined from 14% to 12% in the past four years.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	4,272	87%
New Licensees	495	10%
Non-Renewals	166	3%
All Licensees	**4,933**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 95% of renewing LPCs submitted a survey. These represent 87% of LPCs who held a license at some point during the survey time period.

At a Glance:

Licensed LPCs

Number:	4,933
New:	10%
Not Renewed:	3%

Response Rates

All Licensees:	87%
Renewing Practitioners:	95%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	4,291
Response Rate, all licensees	87%
Response Rate, Renewals	94%

Source: Va. Healthcare Workforce Data Center

Response Rates			
Statistic	**Non Respondents**	**Respondent**	**Response Rate**
By Age			
Under 35	123	445	78%
35 to 39	74	539	88%
40 to 44	78	502	87%
45 to 49	62	532	90%
50 to 54	49	474	91%
55 to 59	52	496	91%
60 to 64	55	494	90%
65 and Over	149	809	84%
Total	**642**	**4,291**	**87%**
New Licenses			
Issued in Past Year	275	220	44%
Metro Status			
Non-Metro	39	313	89%
Metro	479	3,457	88%
Not in Virginia	124	521	81%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted in June 2017.
2. **Target Population:** All LPCs who held a Virginia license at some point between July 2016 and June 2017.
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 2017.

At a Glance:

Workforce

Virginia's LPC Workforce: 4,287
FTEs: 3,606

Utilization Ratios

Licensees in VA Workforce: 87%
Licensees per FTE: 1.37
Workers per FTE: 1.19

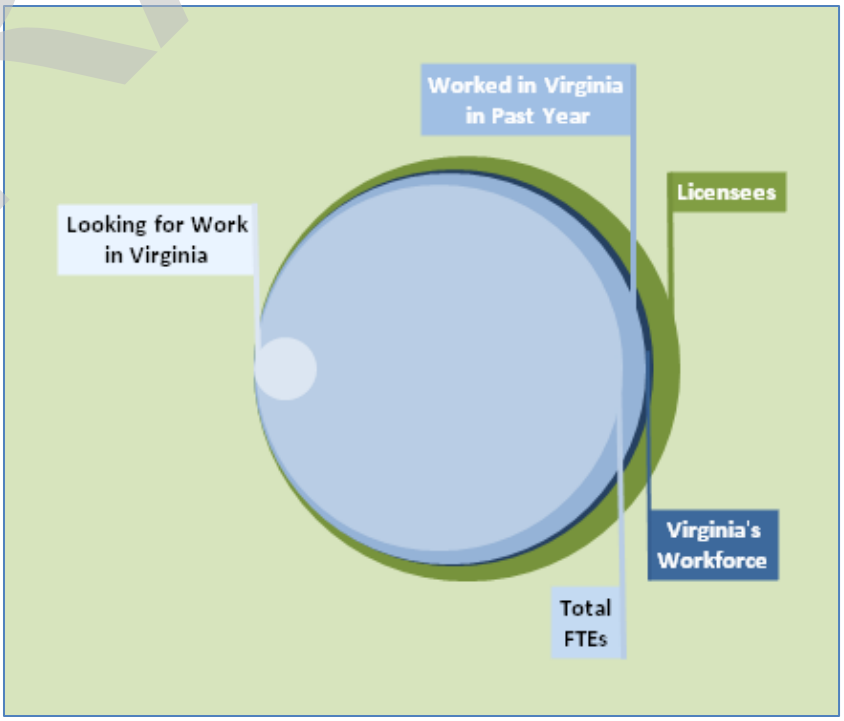
Source: Va. Healthcare Workforce Data Center

Definitions

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

Virginia's LPC Workforce		
Status	#	%
Worked in Virginia in Past Year	4,188	98%
Looking for Work in Virginia	99	2%
Virginia's Workforce	**4,287**	**100%**
Total FTEs	**3,606**	
Licensees	**4,933**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	70	14%	418	86%	488	13%
35 to 39	74	14%	439	86%	513	14%
40 to 44	76	17%	382	83%	458	12%
45 to 49	74	17%	374	83%	448	12%
50 to 54	73	19%	314	81%	387	10%
55 to 59	101	25%	301	75%	402	11%
60 to 64	121	30%	286	70%	407	11%
65 +	194	30%	453	70%	647	17%
Total	**782**	**21%**	**2,968**	**79%**	**3,750**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	79%
% Under 40 Female:	86%

Age

Median Age:	50
% Under 40:	27%
% 55+:	39%

Diversity

Diversity Index:	32%
Under 40 Div. Index:	36%

Source: Va. Healthcare Workforce Data Center

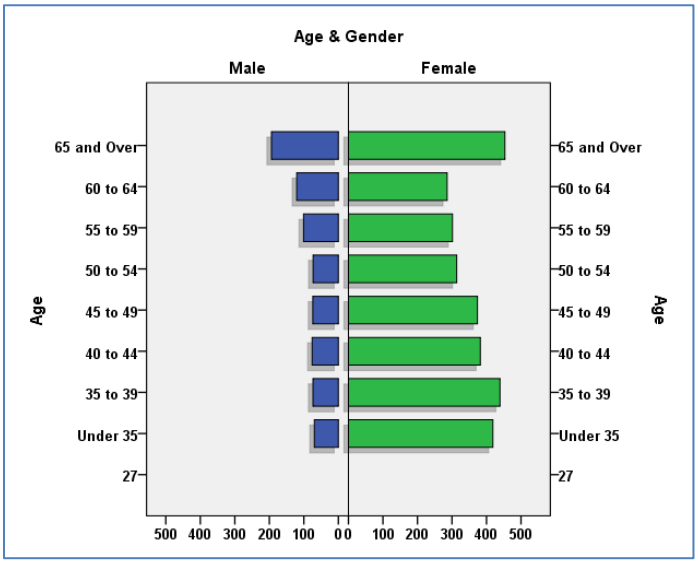
Race & Ethnicity					
Race/ Ethnicity	Virginia*	LPCs		LPCs under 40	
	%	#	%	#	%
White	63%	3,060	82%	782	78%
Black	19%	431	11%	138	14%
Asian	6%	47	1%	13	1%
Other Race	0%	16	0%	4	0%
Two or more races	2%	78	2%	25	3%
Hispanic	9%	122	3%	34	3%
Total	**100%**	**3,754**	**100%**	**996**	**100%**

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2015.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LPCs, there is a 32% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index).

27% of all LPCs are under the age of 40, and 86% of these professionals are female. In addition, the diversity index among LPCs who are under the age of 40 is 36%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	15%
Rural Childhood:	30%

Virginia Background

HS in Virginia:	47%
Prof. Ed. in VA:	66%
HS or Prof. Ed. in VA:	74%

Location Choice

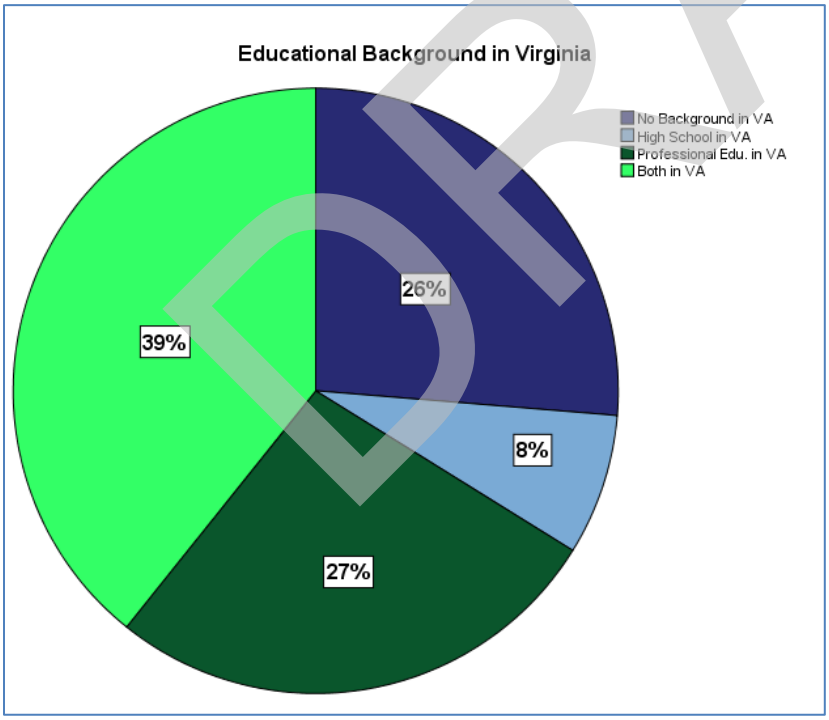
% Rural to Non-Metro:	21%
% Urban/Suburban to Non-Metro:	4%

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%	18%
2	Metro, 250,000 to 1 million	38%	50%	12%
3	Metro, 250,000 or less	39%	52%	9%
	Non-Metro Counties			
4	Urban pop 20,000+, Metro adj	63%	24%	13%
6	Urban pop, 2,500-19,999, Metro adj	58%	31%	12%
7	Urban pop, 2,500-19,999, nonadj	85%	7%	7%
8	Rural, Metro adj	71%	27%	2%
9	Rural, nonadj	63%	32%	5%
	Overall	**30%**	**55%**	**15%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

30% of LPCs grew up in self-described rural areas, and 21% of these professionals currently work in non-metro counties. Overall, 9% of all LPCs in the state currently work in non-metro counties.

Top Ten States for Licensed Professional Counselor Recruitment

Rank	All LPCs			
	High School	#	Init. Prof Degree	#
1	Virginia	1,745	Virginia	2,463
2	New York	219	Maryland	116
3	Pennsylvania	196	Washington, D.C.	102
4	Maryland	164	North Carolina	91
5	Outside U.S./Canada	136	Florida	67
6	North Carolina	121	Pennsylvania	64
7	New Jersey	114	Ohio	63
8	Ohio	94	New York	63
9	Florida	84	Massachusetts	52
10	California	64	Texas	51

Source: Va. Healthcare Workforce Data Center

47% of licensed LPCs received their high school degree in Virginia, and 66% received their initial professional degree in the state.

Among LPCs who received their initial license in the past five years, 48% received their high school degree in Virginia, while 64% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Init. Prof Degree	#
1	Virginia	720	Virginia	948
2	New York	77	North Carolina	42
3	Maryland	73	Ohio	36
4	Pennsylvania	63	Maryland	35
5	Outside U.S./Canada	60	Florida	33
6	North Carolina	58	Washington, D.C.	32
7	New Jersey	41	Minnesota	29
8	Ohio	38	Texas	27
9	Florida	32	New York	24
10	Texas	26	Georgia	24

Source: Va. Healthcare Workforce Data Center

13% of Virginia's licensees did not participate in the state's LPC workforce during the past year. 80% of these professionals worked at some point in the past year, including 71% who worked in a job related to behavioral sciences.

At a Glance:

Not in VA Workforce

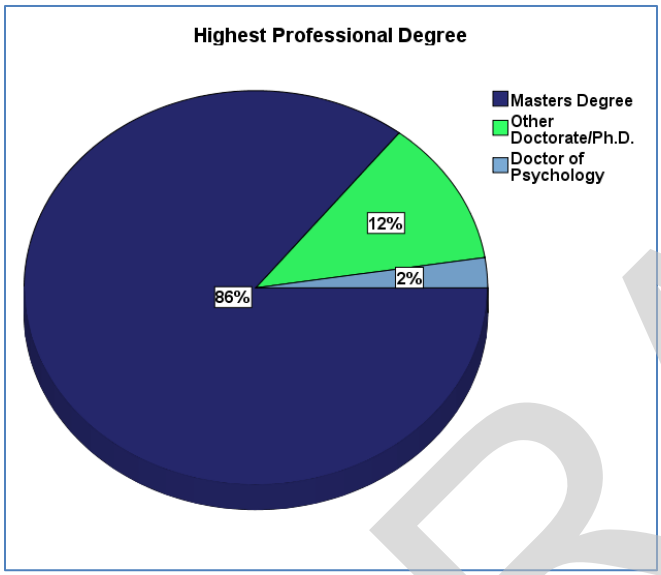
Total:	646
% of Licensees:	13%
Federal/Military:	10%
Va. Border State/DC:	20%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
Bachelor's Degree	2	0%
Master's Degree	3,161	86%
Doctor of Psychology	89	2%
Other Doctorate	440	12%
Total	**3,692**	**100%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

86% of LPCs hold a Master's degree as their highest professional degree. 42% of LPCs carry educational debt, including 70% of those under the age of 40. The median debt burden among LPCs with educational debt is between $50,000 and $60,000.

At a Glance:

Education

Master's Degree: 86%
Doctorate: 14%

Educational Debt

Carry debt: 42%
Under age 40 w/ debt: 70%
Median debt: $50k-$60k

Source: Va. Healthcare Workforce Data Center

Educational Debt				
Amount Carried	All LPCs		LPCs under 40	
	#	%	#	%
None	1,941	58%	268	30%
Less than $10,000	175	5%	56	6%
$10,000-$19,999	146	4%	60	7%
$20,000-$29,999	116	3%	46	5%
$30,000-$39,999	133	4%	67	8%
$40,000-$49,999	107	3%	55	6%
$50,000-$59,999	78	2%	39	4%
$60,000-$69,999	76	2%	40	5%
$70,000-$79,999	74	2%	42	5%
$80,000-$89,999	68	2%	38	4%
$90,000-$99,999	59	2%	24	3%
$100,000-$109,999	88	3%	40	5%
$110,000-$119,999	43	1%	19	2%
$120,000-$129,999	39	1%	15	2%
$130,000-$139,999	31	1%	15	2%
$140,000-$149,999	19	1%	7	1%
$150,000 or More	149	4%	56	6%
Total	**3,342**	**100%**	**887**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

Mental Health:	54%
Child:	8%
Substance Abuse:	7%

Secondary Specialty

Mental Health:	16%
Substance Abuse:	13%
Family:	12%

Source: Va. Healthcare Workforce Data Center

54% of all LPCs have a primary specialty in mental health. Another 8% have a primary specialty in children, while 7% have a primary specialty in substance abuse.

A Closer Look:

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Mental Health	1,966	54%	524	16%
Child	304	8%	315	10%
Substance Abuse	265	7%	443	13%
Behavioral Disorders	182	5%	378	12%
Family	180	5%	362	11%
Marriage	126	3%	255	8%
School/Educational	88	2%	133	4%
Sex Offender Treatment	38	1%	34	1%
Vocational/Work Environment	21	1%	27	1%
Forensic	19	1%	37	1%
Health/Medical	14	0%	30	1%
Rehabilitation	14	0%	32	1%
Neurology/Neuropsychology	6	0%	8	0%
Gerontologic	6	0%	10	0%
Social	3	0%	15	0%
Public Health	2	0%	6	0%
Industrial-Organizational	2	0%	10	0%
Experimental or Research	1	0%	3	0%
Other Specialty Area	148	4%	259	8%
General Practice (Non-Specialty)	270	7%	405	12%
Total	**3,655**	**100%**	**3,284**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession:	92%
Involuntarily Unemployed:	< 1%

Positions Held

1 Full-time:	53%
2 or More Positions:	26%

Weekly Hours:

40 to 49:	43%
60 or more:	6%
Less than 30:	19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	7	<1%
Employed in a behavioral sciences-related capacity	3,423	92%
Employed, NOT in a behavioral sciences-related capacity	113	3%
Not working, reason unknown	0	0%
Involuntarily unemployed	7	0%
Voluntarily unemployed	81	2%
Retired	78	2%
Total	**3,710**	**100%**

Source: Va. Healthcare Workforce Data Center

92% of LPCs are currently employed in their profession. 53% of LPCs hold one full-time job, and 43% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 hours	167	5%
1 to 9 hours	116	3%
10 to 19 hours	223	6%
20 to 29 hours	356	10%
30 to 39 hours	537	15%
40 to 49 hours	1,577	43%
50 to 59 hours	472	13%
60 to 69 hours	159	4%
70 to 79 hours	30	1%
80 or more hours	12	0%
Total	**3,648**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	167	5%
One Part-Time Position	603	16%
Two Part-Time Positions	205	6%
One Full-Time Position	1,946	53%
One Full-Time Position & One Part-Time Position	644	18%
Two Full-Time Positions	21	1%
More than Two Positions	79	2%
Total	**3,663**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	40	1%
Less than $20,000	263	9%
$20,000-$29,999	145	5%
$30,000-$39,999	227	8%
$40,000-$49,999	355	12%
$50,000-$59,999	514	17%
$60,000-$69,999	508	17%
$70,000-$79,999	367	12%
$80,000-$89,999	226	8%
$90,000-$99,999	127	4%
$100,000-$109,999	94	3%
$110,000 or More	142	5%
Total	**3,008**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $50k-$60k

Benefits

(Salary & Wage Employees only)

Health Insurance: 61%

Retirement: 56%

Satisfaction

Satisfied: 95%

Very Satisfied: 70%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	2,517	70%
Somewhat Satisfied	906	25%
Somewhat Dissatisfied	131	4%
Very Dissatisfied	41	1%
Total	**3,595**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical LPC earned between $50,000 and $60,000 per year. Among LPCs who received either an hourly wage or salary as compensation at the primary work location, 61% received health insurance and 56% also had access to some form of a retirement plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	1,691	49%	67%
Paid Sick Leave	1,579	46%	63%
Health Insurance	1,568	46%	61%
Dental Insurance	1,467	43%	58%
Retirement	1,433	42%	56%
Group Life Insurance	1,193	35%	48%
Signing/Retention Bonus	83	2%	3%
Received At Least One Benefit	**1,921**	**56%**	**74%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the past year did you . . .?	#	%
Experience Involuntary Unemployment?	36	1%
Experience Voluntary Unemployment?	180	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	90	2%
Work two or more positions at the same time?	1,117	26%
Switch employers or practices?	291	7%
Experienced at least one	**1,454**	**34%**

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's LPCs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 3.9% during the past 12 months.[1]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	71	2%	53	5%
Less than 6 Months	156	4%	96	9%
6 Months to 1 Year	276	8%	145	14%
1 to 2 Years	560	16%	175	17%
3 to 5 Years	856	24%	254	24%
6 to 10 Years	668	19%	168	16%
More than 10 Years	940	27%	161	15%
Subtotal	**3,525**	**100%**	**1,052**	**100%**
Did not have location	105		3,182	
Item Missing	656		52	
Total	**4,287**		**4,287**	

Source: Va. Healthcare Workforce Data Center

58% of LPCs are salaried employees, while 21% receive income from their own business/practice.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 7%
New Location: 19%
Over 2 years: 70%
Over 2 yrs, 2nd location: 55%

Employment Type

Salary/Commission: 58%
Business/Practice Income: 21%
Hourly Wage: 13%

Source: Va. Healthcare Workforce Data Center

70% of LPCs have worked at their primary location for more than two years, while 7% have switched jobs during the past 12 months.

Employment Type		
Primary Work Site	#	%
Salary/ Commission	1,687	58%
Business/ Practice Income	601	21%
Hourly Wage	390	13%
By Contract	194	7%
Unpaid	23	1%
Subtotal	**2,896**	**100%**
Did not have location	105	
Item Missing	1,285	

Source: Va. Healthcare Workforce Data Center

[1] As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 3.6% in April 2017 to 4.2% in January 2017. The rate for June 2017, the last month used in this calculation, is preliminary.

At a Glance:

Concentration

Top Region:	29%
Top 3 Regions:	69%
Lowest Region:	1%

Locations

2 or more (Past Year):	30%
2 or more (Now*):	28%

Source: Va. Healthcare Workforce Data Center

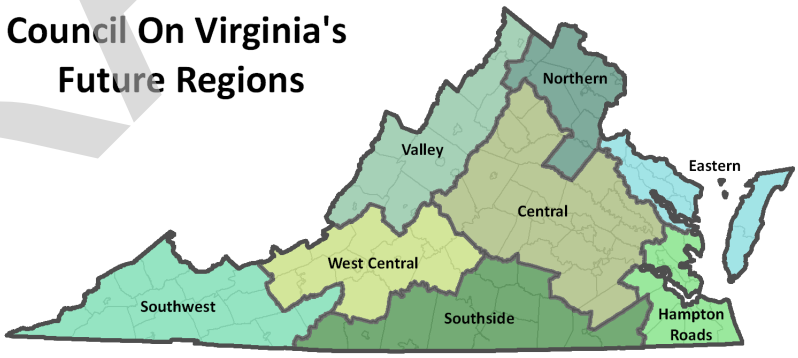
29% of LPCs work in Northern Virginia, the most of any region in the state. Another 20% work in both Hampton Roads and Central Virginia.

A Closer Look:

Regional Distribution of Work Locations				
COVF Region	Primary Location		Secondary Location	
	#	%	#	%
Central	713	20%	205	19%
Eastern	38	1%	8	1%
Hampton Roads	694	20%	217	20%
Northern	1,007	29%	302	28%
Southside	131	4%	45	4%
Southwest	138	4%	47	4%
Valley	284	8%	60	6%
West Central	481	14%	138	13%
Virginia Border State/DC	17	0%	18	2%
Other US State	15	0%	27	3%
Outside of the US	0	0%	5	0%
Total	**3,518**	**100%**	**1,072**	**100%**
Item Missing	661		33	

Source: Va. Healthcare Workforce Data Center

Council On Virginia's Future Regions



Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	99	3%	147	4%
1	2,300	69%	2,317	69%
2	484	14%	469	14%
3	402	12%	382	11%
4	36	1%	19	1%
5	12	0%	8	0%
6 or More	24	1%	15	0%
Total	**3,357**	**100%**	**3,357**	**100%**

*At the time of survey completion, June 2017.

Source: Va. Healthcare Workforce Data Center

28% of all LPCs currently have multiple work locations, while 30% have had multiple work locations during the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,836	55%	684	71%
Non-Profit	665	20%	151	16%
State/Local Government	735	22%	121	12%
Veterans Administration	9	0%	0	0%
U.S. Military	51	2%	11	1%
Other Federal Government	34	1%	3	0%
Total	**3,330**	**100%**	**970**	**100%**
Did not have location	105		3182	
Item Missing	851		134	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

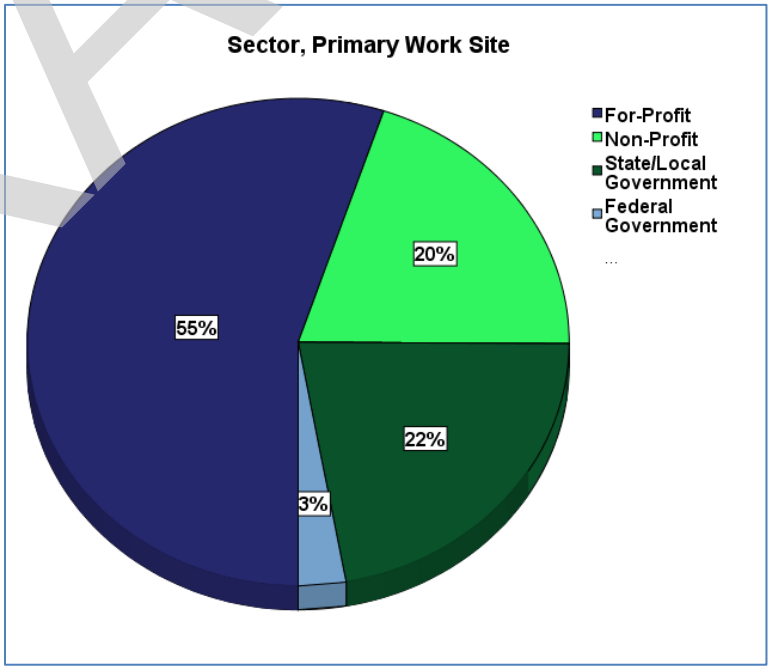
For Profit: 55%
Federal: 3%

Top Establishments

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

Source: Va. Healthcare Workforce Data Center

75% of LPCs work in the private sector, including 55% who work at for-profit establishments. Another 22% of LPCs work for state or local governments.



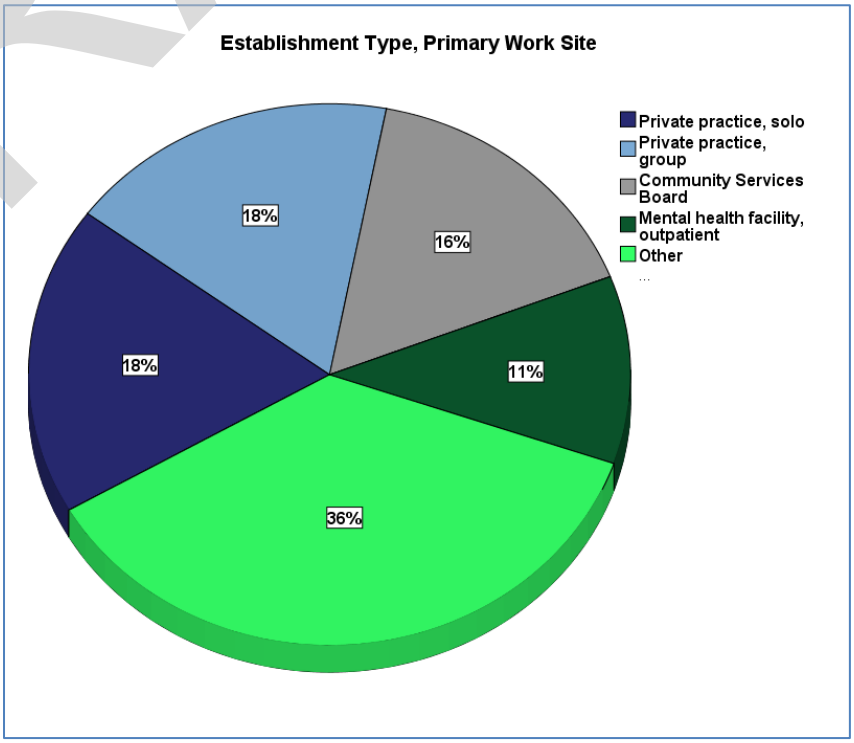
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private practice, solo	584	18%	215	23%
Private practice, group	566	18%	184	20%
Community Services Board	508	16%	57	6%
Mental health facility, outpatient	355	11%	98	11%
Community-based clinic or health center	275	9%	82	9%
School (providing care to clients)	173	5%	24	3%
Academic institution (teaching health professions students)	105	3%	61	7%
Residential mental health/substance abuse facility	70	2%	22	2%
Hospital, psychiatric	69	2%	19	2%
Corrections/Jail	63	2%	11	1%
Hospital, general	51	2%	18	2%
Administrative or regulatory	32	1%	8	1%
Physician Office	18	1%	4	0%
Other practice setting	293	9%	122	13%
Total	**3,162**	**100%**	**925**	**100%**
Did Not Have a Location	105		3,182	

Source: Va. Healthcare Workforce Data Center

36% of all LPCs work at either a solo or group private practice, while another 16% works at a community services board.

Among those LPCs who also have a secondary work location, 43% work at either a solo or group private practice, while 11% work at an outpatient mental health facility.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

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

Roles

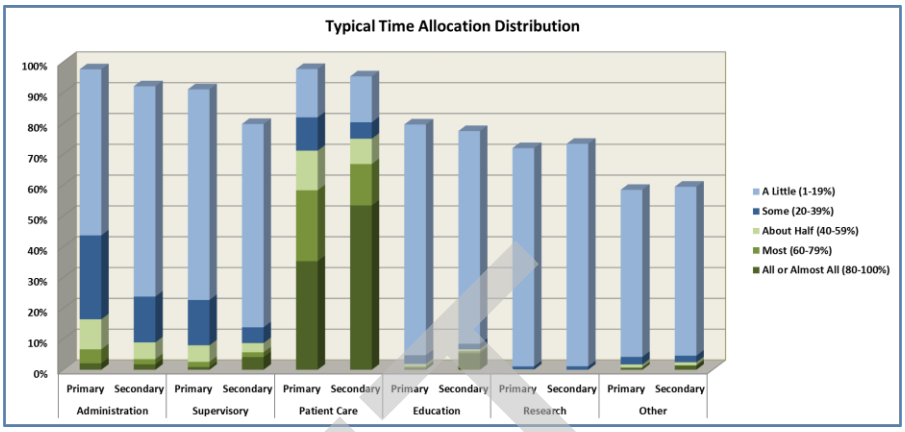
Patient Care:	58%
Administrative:	7%
Supervisory:	3%

Patient Care LPCs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



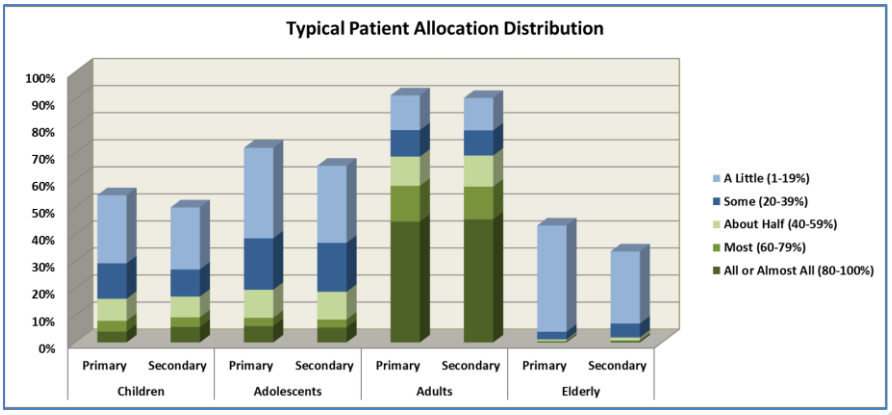
Source: Va. Healthcare Workforce Data Center

The typical LPC spends approximately two-thirds of her time treating patients. In fact, 58% of all LPCs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation												
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	2%	2%	1%	4%	35%	53%	1%	5%	0%	0%	1%	1%
Most (60-79%)	5%	2%	2%	2%	23%	13%	0%	1%	0%	0%	0%	0%
About Half (40-59%)	10%	5%	5%	3%	13%	8%	1%	1%	0%	0%	1%	1%
Some (20-39%)	27%	15%	15%	5%	11%	5%	3%	2%	1%	1%	2%	2%
A Little (1-19%)	54%	68%	68%	66%	16%	15%	75%	69%	71%	72%	54%	55%
None (0%)	2%	8%	9%	20%	2%	5%	20%	23%	28%	27%	42%	41%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Approximately three-quarters of all patients seen by a typical LPC at her primary work location are adults. In addition, 58% of LPCs serve an adult patient care role, meaning that at least 60% of their patients are adults.

At a Glance:
(Primary Locations)

Typical Patient Allocation

Children:	1%-9%
Adolescents:	10%-19%
Adults:	70%-79%
Elderly:	None

Roles

Children:	8%
Adolescents:	9%
Adults:	58%
Elderly:	1%

Source: Va. Healthcare Workforce Data Center

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	4%	6%	6%	6%	45%	45 %	0%	1%
Most (60-79%)	4%	4%	3%	3%	13%	12 %	0%	0%
About Half (40-59%)	8%	8%	10%	10%	11%	11 %	1%	1%
Some (20-39%)	13%	10 %	19%	18%	10%	9%	3%	5%
A Little (1-19%)	25%	23 %	33%	28%	13%	12 %	39%	27 %
None (0%)	46%	50 %	28%	35%	9%	10 %	57%	66 %

Source: Va. Healthcare Workforce Data Center

At a Glance:

Patients Per Week

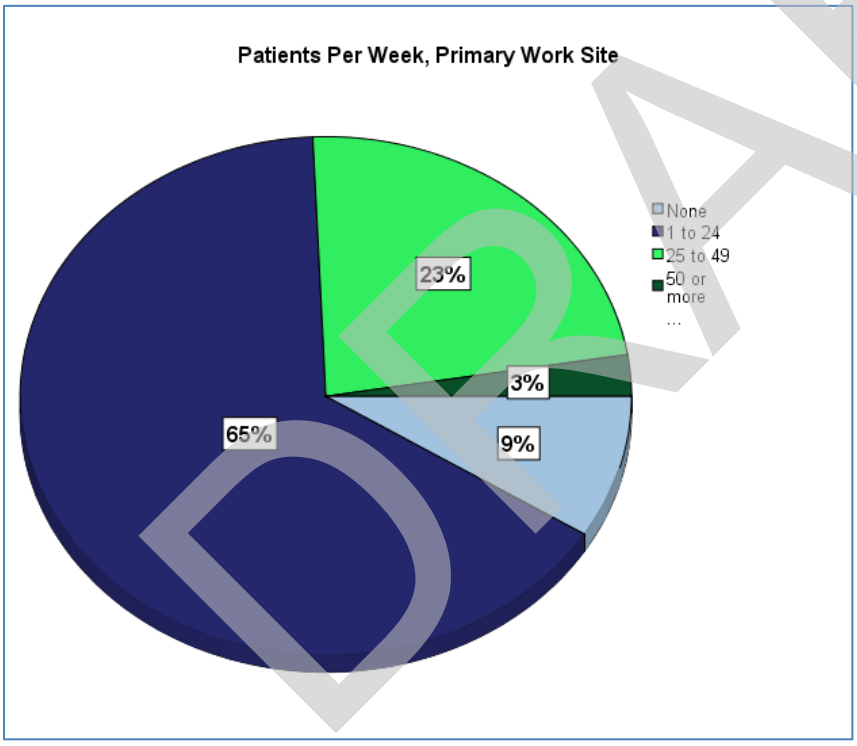
Primary Location: 1-24

Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	295	9%	147	15%
1 to 24	2,162	65%	733	76%
25 to 49	764	23%	67	7%
50 to 74	55	2%	11	1%
75 or More	29	1%	4	0%
Total	**3,305**	**100%**	**962**	**100%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

65% 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, 76% treat between 1 and 24 patients per week.

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LPCs		LPCs over 50	
	#	%	#	%
Under age 50	22	1%	-	-
50 to 54	75	2%	0	0%
55 to 59	177	6%	41	3%
60 to 64	500	16%	154	10%
65 to 69	979	31%	460	30%
70 to 74	704	22%	434	28%
75 to 79	262	8%	181	12%
80 or over	82	3%	51	3%
I do not intend to retire	377	12%	224	14%
Total	**3,178**	**100%**	**1,545**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LPCs

Under 65: 24%
Under 60: 9%

LPCs 50 and over

Under 65: 13%
Under 60: 3%

Time until Retirement

Within 2 years: 6%
Within 10 years: 25%
Half the workforce: By 2042

Source: Va. Healthcare Workforce Data Center

9% of LPCs expect to retire no later than the age of 60, while 24% expect to retire by the age of 65. Among those LPCs who are ages 50 or over, 13% still expect to retire by the age of 65.

Within the next two years, only 2% of Virginia's LPCs plan on leaving the state to practice elsewhere, while 1% plan on leaving the profession entirely. Meanwhile, 15% plan on increasing patient care hours, and 12% expect to pursue additional educational opportunities.

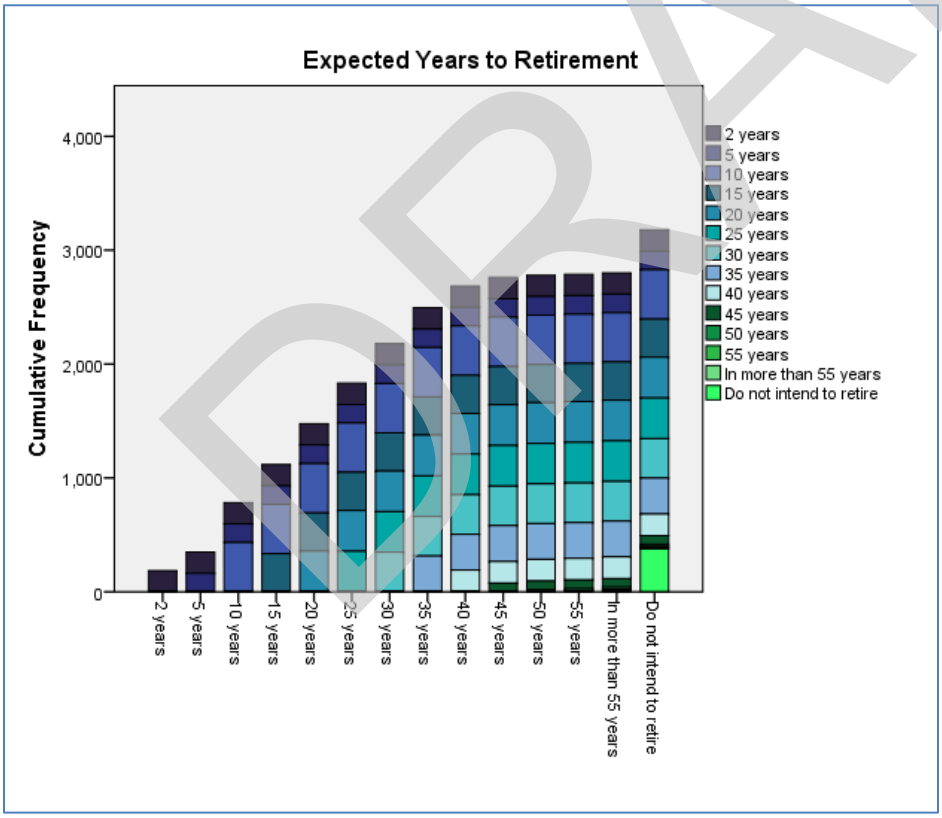
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	44	1%
Leave Virginia	89	2%
Decrease Patient Care Hours	333	8%
Decrease Teaching Hours	39	1%
Increase Participation		
Increase Patient Care Hours	657	15%
Increase Teaching Hours	282	7%
Pursue Additional Education	506	12%
Return to Virginia's Workforce	30	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LPCs. 6% of LPCs expect to retire in the next two years, while 25% plan on retiring in the next ten years. More than half of the current LPC workforce expects to retire by 2042.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	187	6%	6%
5 years	163	5%	11%
10 years	433	14%	25%
15 years	335	11%	35%
20 years	358	11%	46%
25 years	356	11%	58%
30 years	348	11%	69%
35 years	315	10%	79%
40 years	191	6%	85%
45 years	76	2%	87%
50 years	19	1%	88%
55 years	9	0%	88%
In more than 55 years	13	0%	88%
Do not intend to retire	377	12%	100%
Total	**3,178**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach over 10% of the current workforce every five years by 2027. Retirements will peak at 14% of the current workforce around the same time period before declining to under 10% of the current workforce again around 2057.

At a Glance:

FTEs

Total:	3,606
FTEs/1,000 Residents:	0.430
Average:	0.86

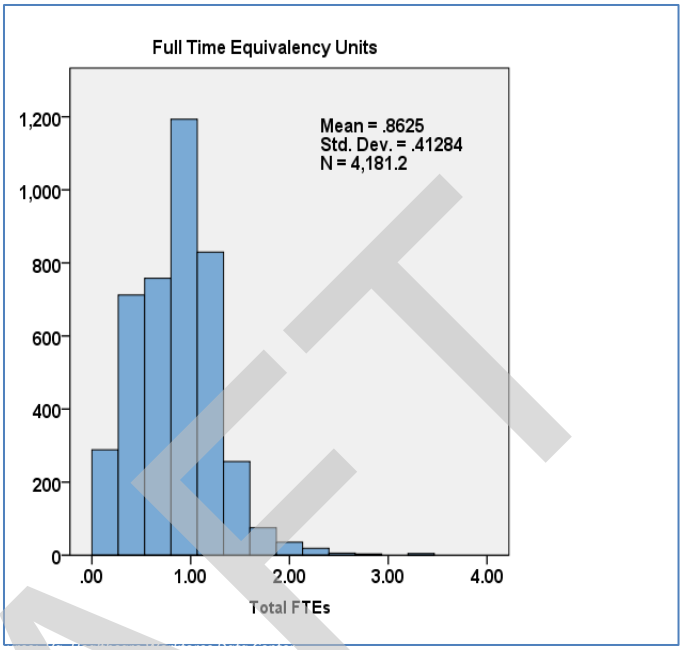
Age & Gender Effect

Age, Partial Eta^2:	Medium
Gender, Partial Eta^2:	Small

Partial Eta^2 Explained:
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

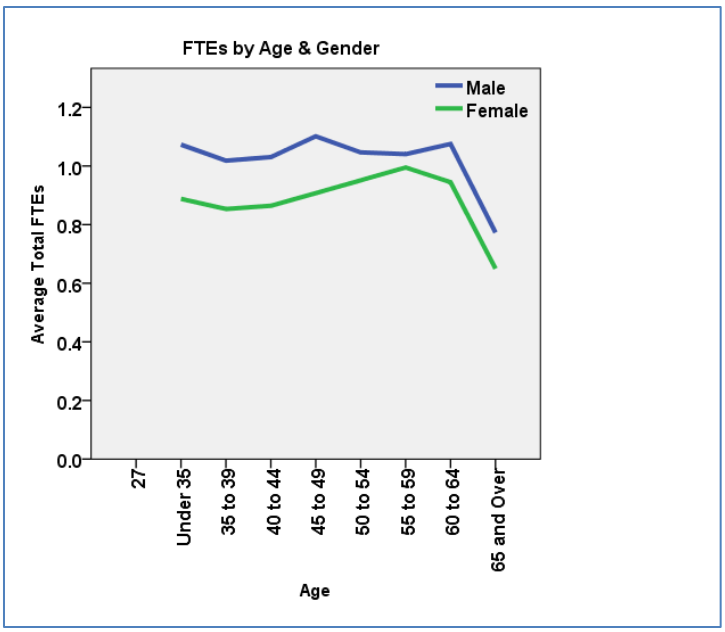


Source: Va. Healthcare Workforce Data Center

The typical (median) LPC provided 0.91 FTEs, or approximately 37 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists.[2]

Full-Time Equivalency Units		
Age	**Average Age**	**Median Age**
Under 35	0.90	0.96
35 to 39	0.86	0.93
40 to 44	0.85	0.93
45 to 49	0.88	0.95
50 to 54	0.95	0.94
55 to 59	0.99	0.96
60 to 64	0.98	0.93
65 and Over	0.63	0.53
Gender		
Male	0.99	1.05
Female	0.87	0.93

Source: Va. Healthcare Workforce Data Center

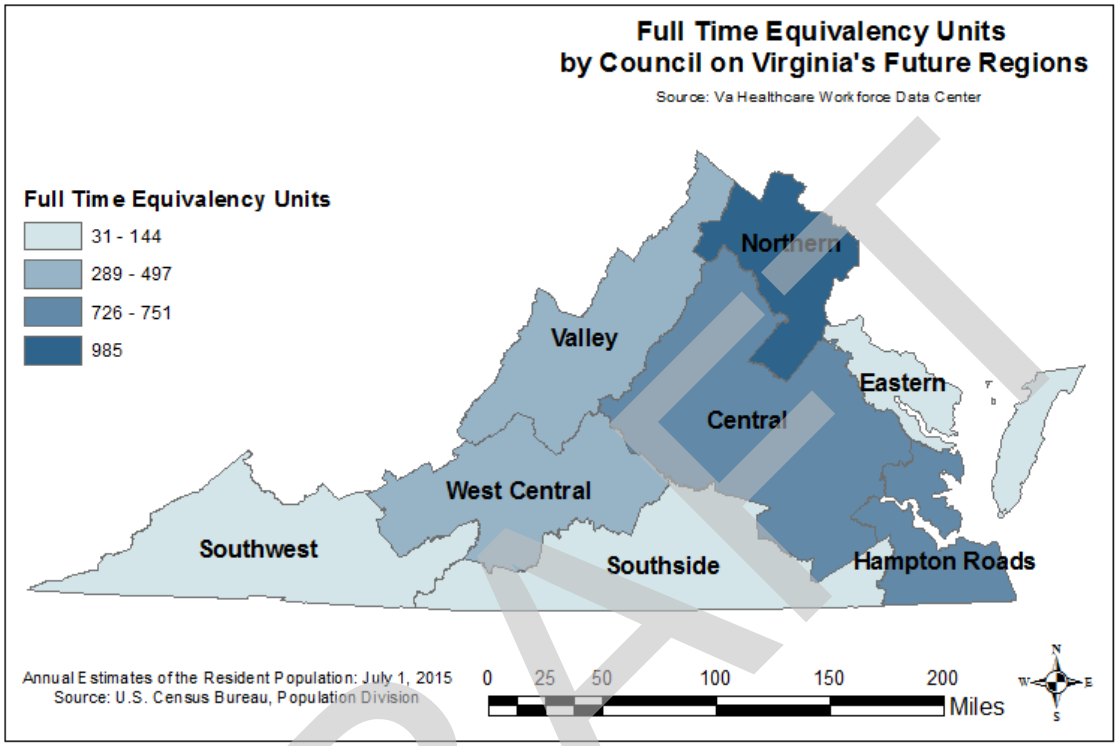


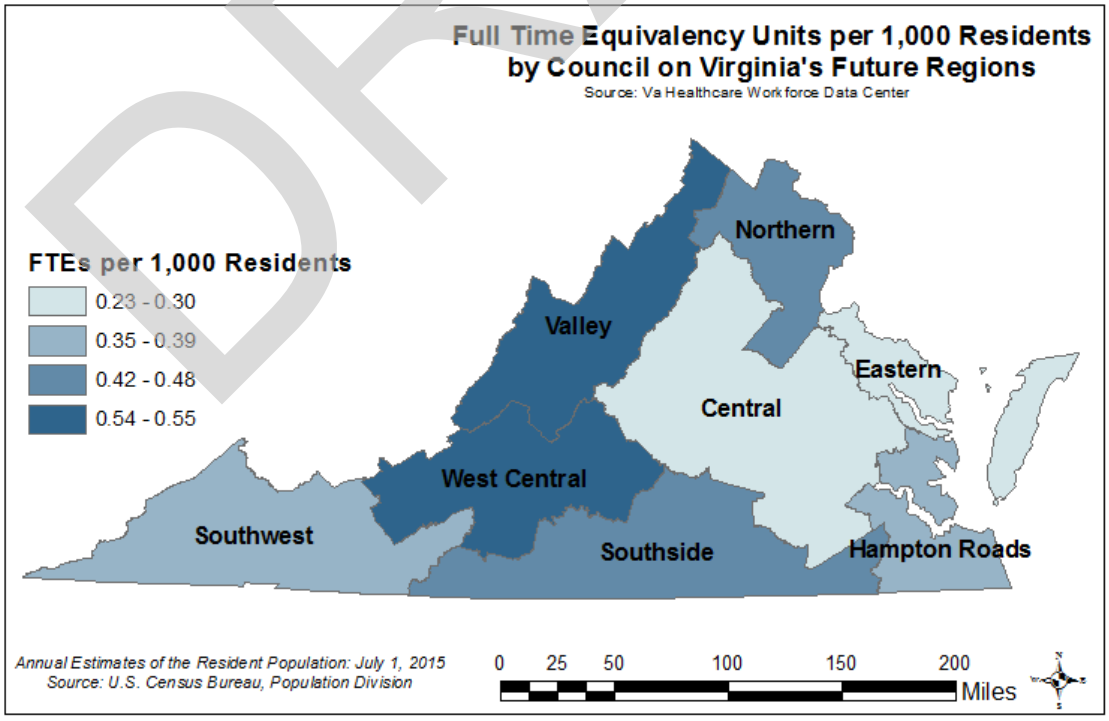
Source: Va. Healthcare Workforce Data Center

[2] Due to assumption violations in Mixed between-within ANOVA (Levene's Test is significant)

Maps

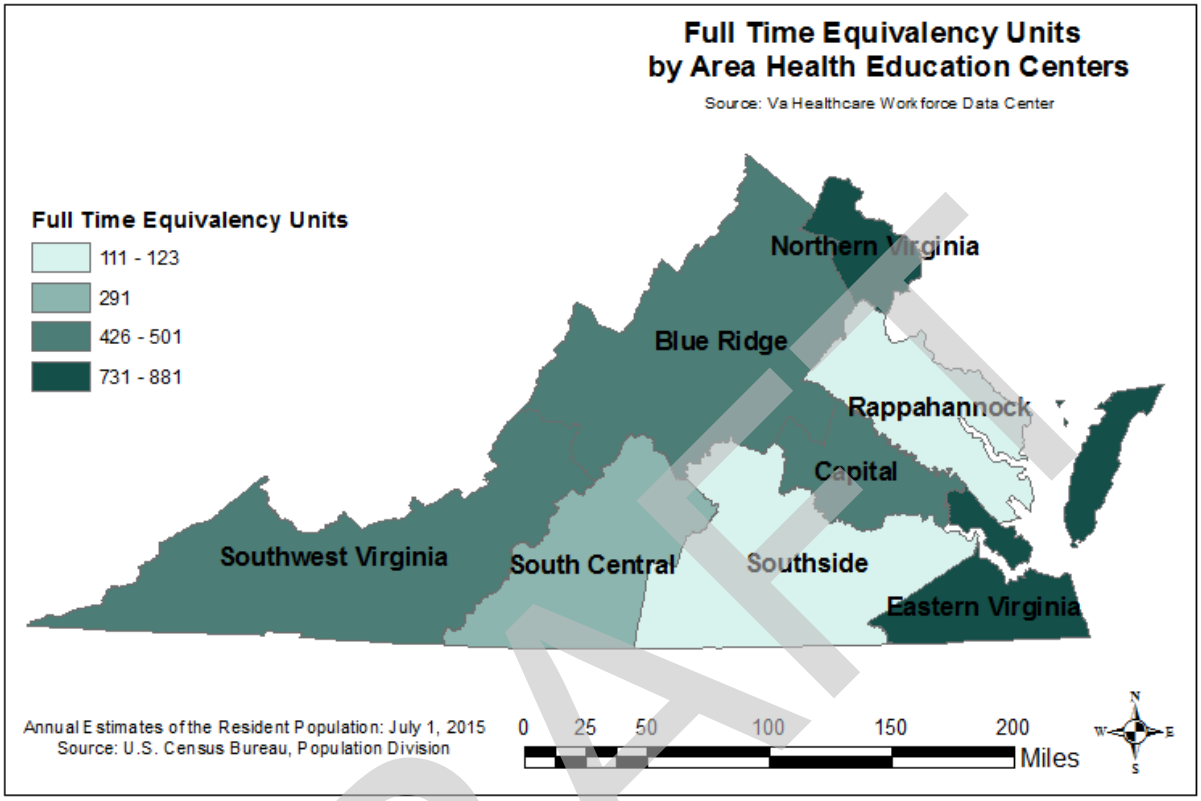
Council on Virginia's Future Regions[3]

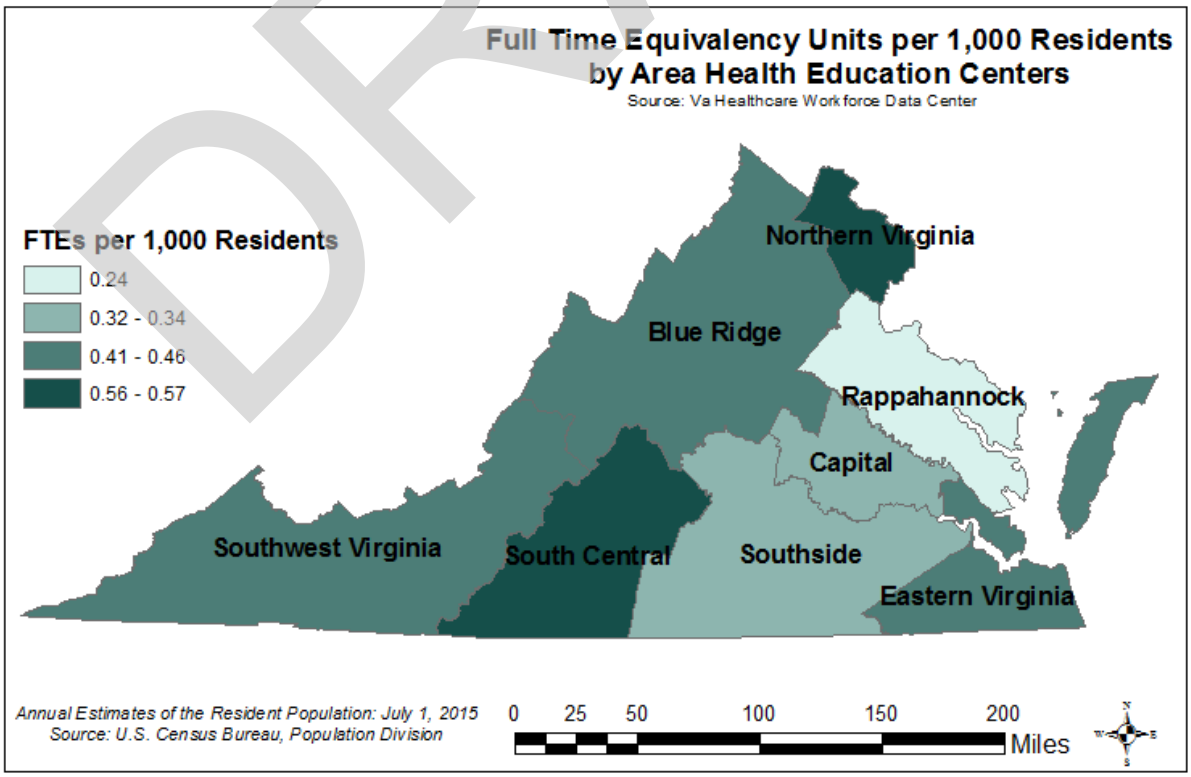


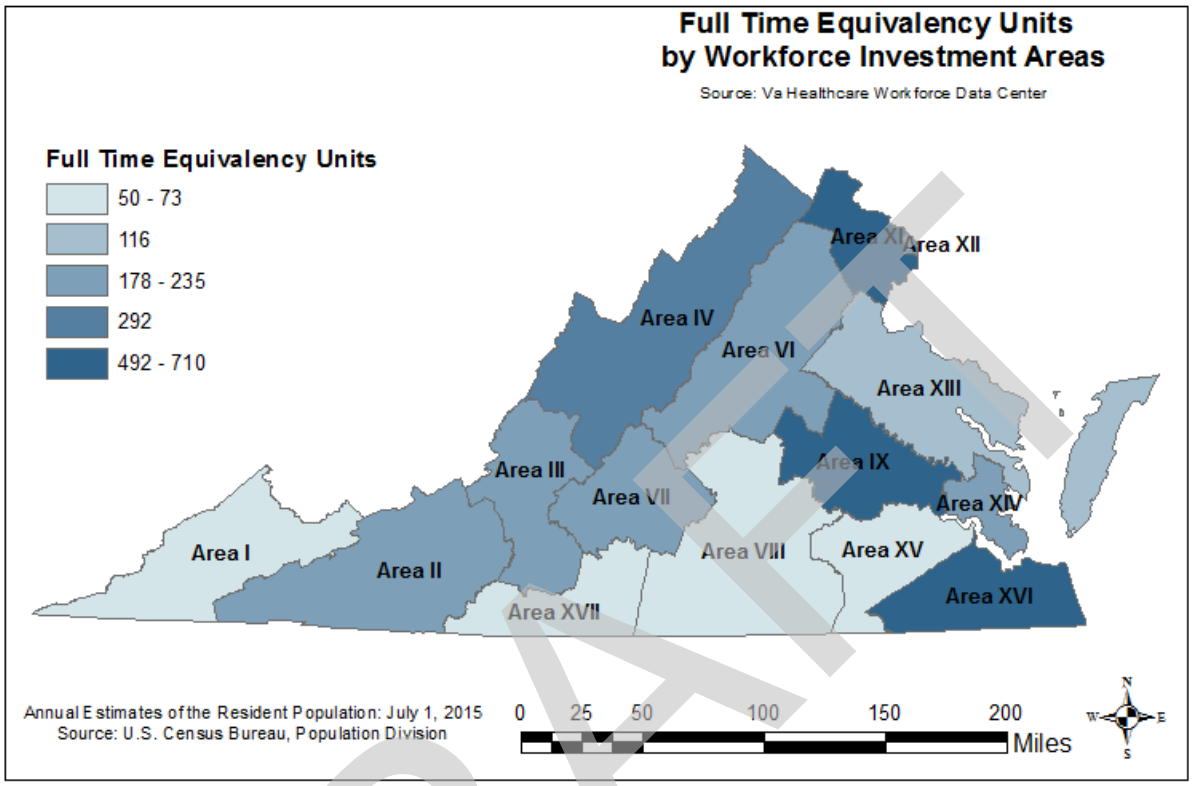


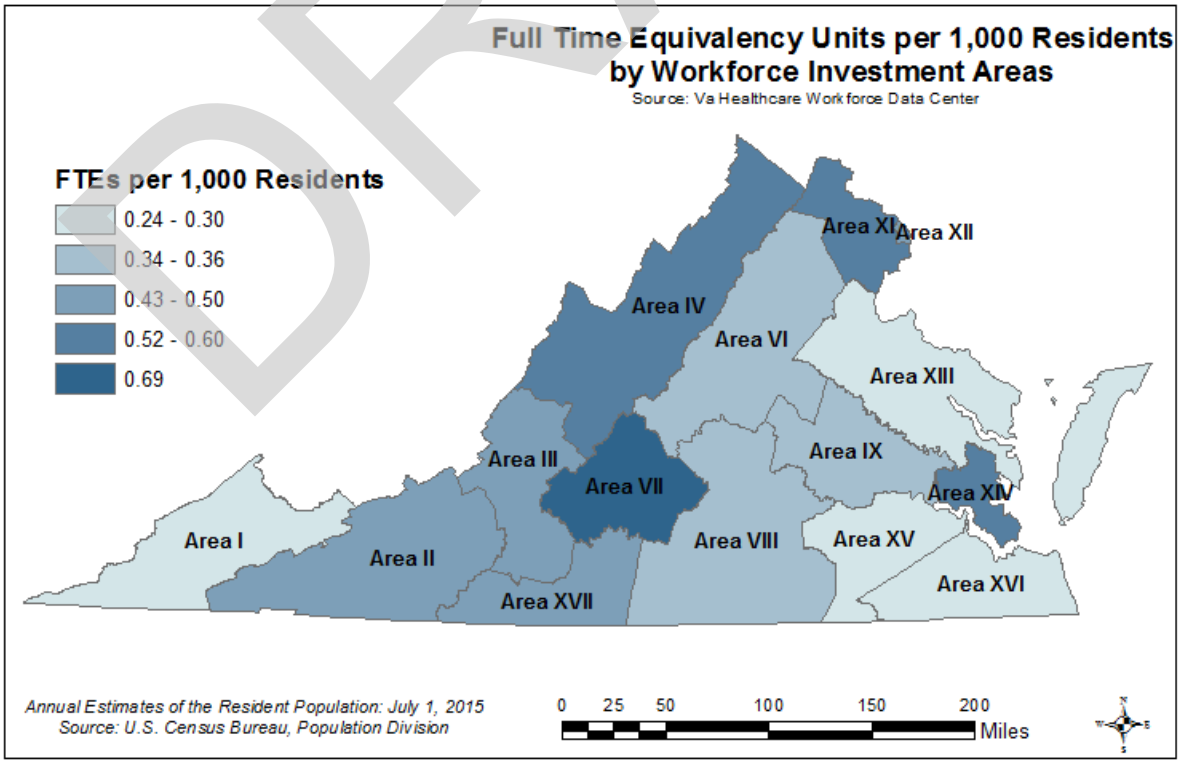
[3] These are now referred to as VA Performs' regions: http://vaperforms.virginia.gov/Regions/regionalScorecards.php

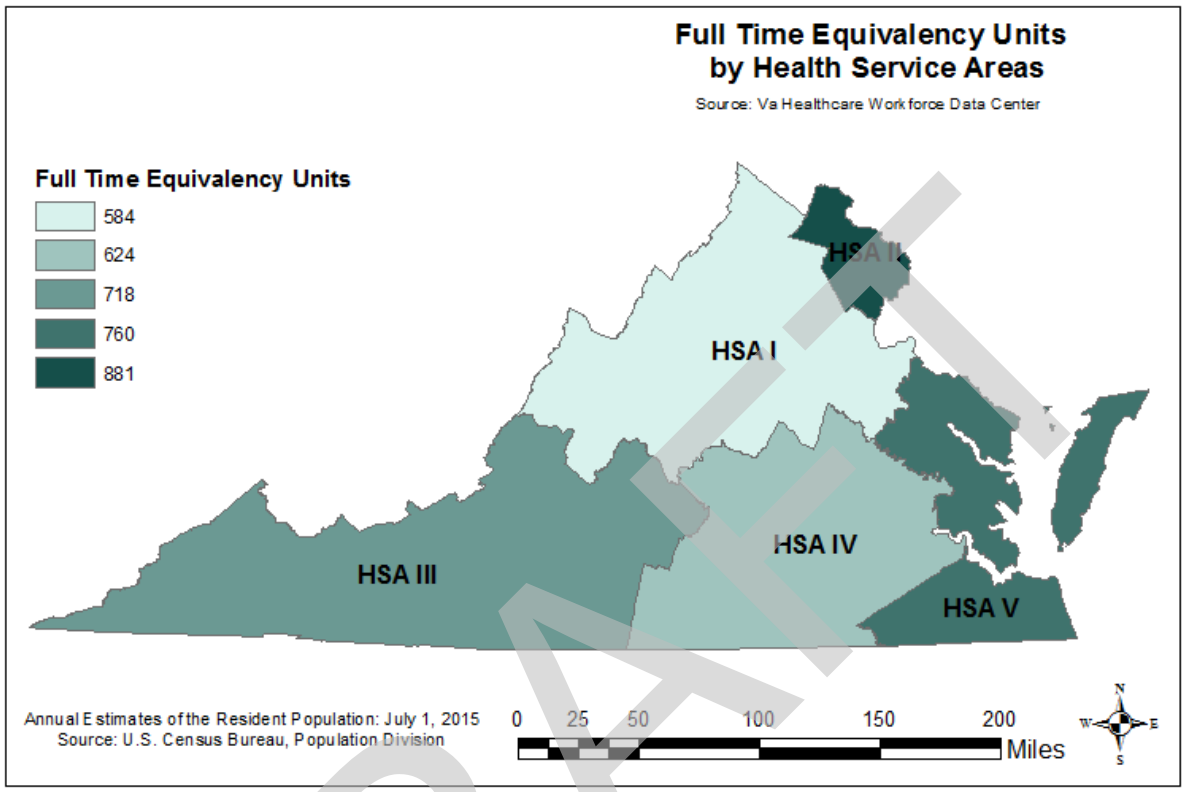
Area Health Education Center Regions

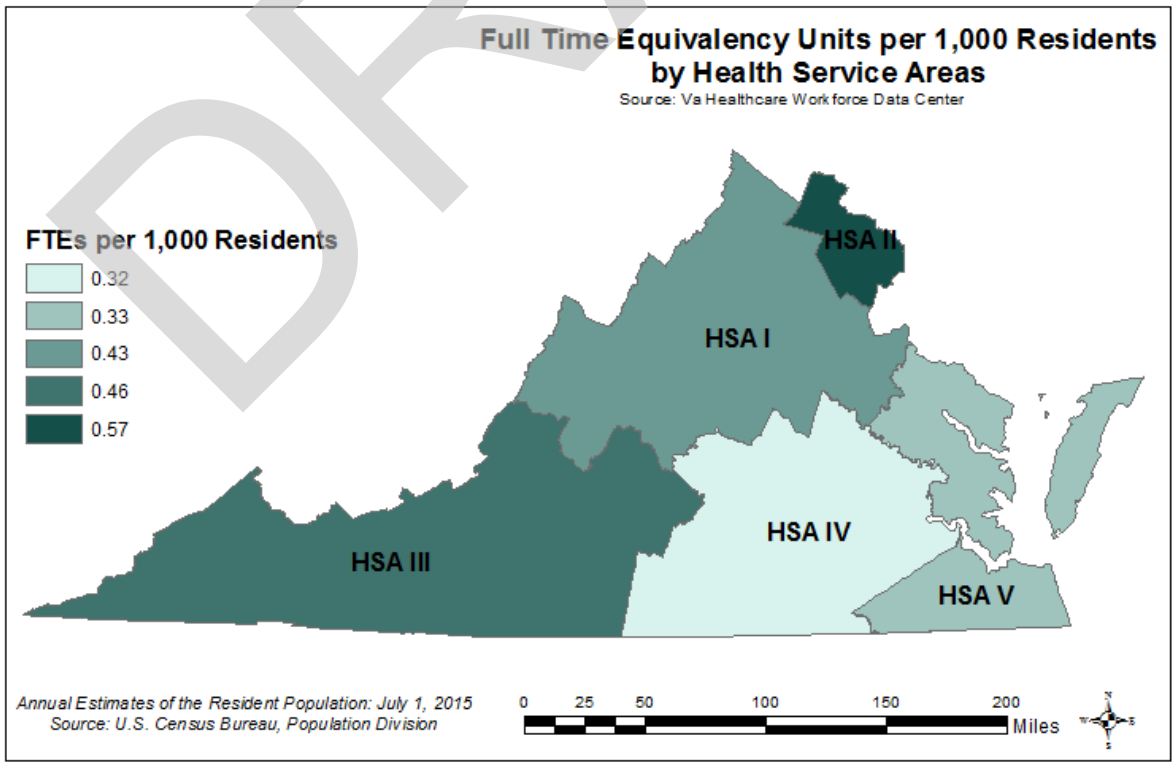


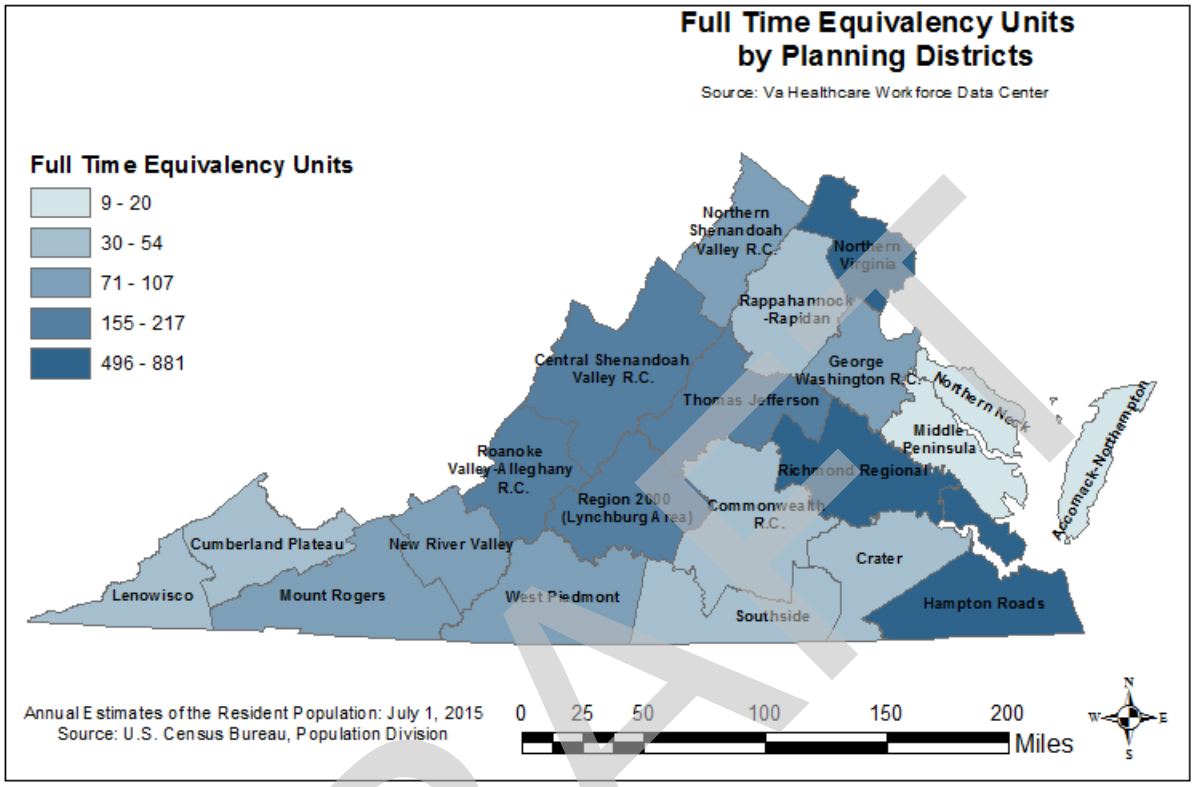


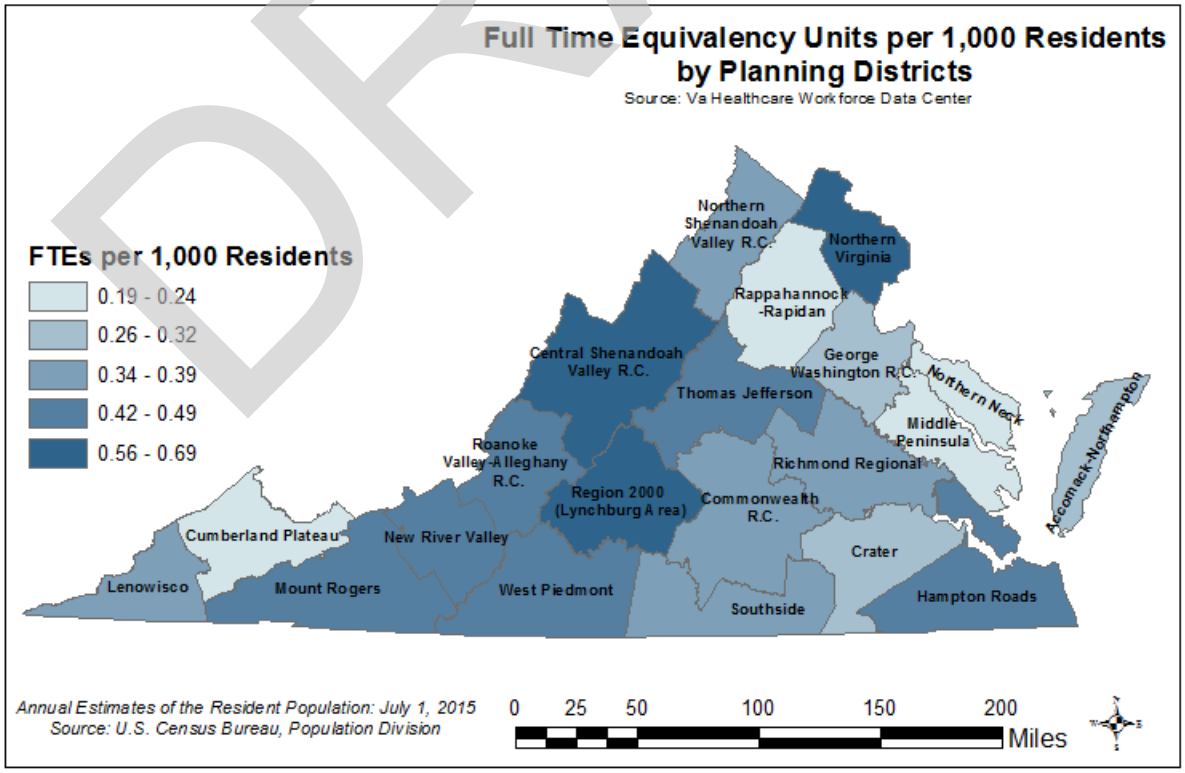

Full Time Equivalency Units
by Workforce Investment Areas
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
50 - 73
116
178 - 235
292
492 - 710
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2015
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units per 1,000 Residents
by Workforce Investment Areas
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.24 - 0.30
0.34 - 0.36
0.43 - 0.50
0.52 - 0.60
0.69
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2015
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units
by Health Service Areas
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
584
624
718
760
881
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2015
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units per 1,000 Residents
by Health Service Areas
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.32
0.33
0.43
0.46
0.57
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2015
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units
by Planning Districts
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
9 - 20
30 - 54
71 - 107
155 - 217
496 - 881
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock -Rapidan
Central Shenandoah Valley R.C.
George Washington R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Cumberland Plateau
New River Valley
Crater
Lenowisco
Mount Rogers
West Piedmont
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2015
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units per 1,000 Residents
by Planning Districts
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.19 - 0.24
0.26 - 0.32
0.34 - 0.39
0.42 - 0.49
0.56 - 0.69
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock -Rapidan
Central Shenandoah Valley R.C.
George Washington R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Cumberland Plateau
New River Valley
Crater
Lenowisco
Mount Rogers
West Piedmont
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2015
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	2804	87.80%	1.138911	1.093102	1.26452
Metro, 250,000 to 1 million	514	88.33%	1.132159	1.086621	1.257022
Metro, 250,000 or less	618	87.54%	1.142329	1.096382	1.268314
Urban pop 20,000+, Metro adj	54	83.33%	1.2	1.151733	1.332346
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	143	90.21%	1.108527	1.06394	1.230785
Urban pop, 2,500-19,999, nonadj	75	88.00%	1.136364	1.090657	1.261691
Rural, Metro adj	57	89.47%	1.117647	1.072693	1.24091
Rural, nonadj	23	95.65%	1.045455	1.003404	1.160756
Virginia border state/DC	345	83.19%	1.202091	1.15374	1.334667
Other US State	300	78.00%	1.282051	1.230484	1.423446

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 35	568	78.35%	1.276404	1.160756	1.423446
35 to 39	613	87.93%	1.137291	1.034247	1.268307
40 to 44	580	86.55%	1.155378	1.050695	1.288478
45 to 49	594	89.56%	1.116541	1.076635	1.245167
50 to 54	523	90.63%	1.103376	1.003404	1.230484
55 to 59	548	90.51%	1.104839	1.004735	1.232116
60 to 64	549	89.98%	1.111336	1.010643	1.239362
65 and Over	958	84.45%	1.184178	1.076886	1.320595

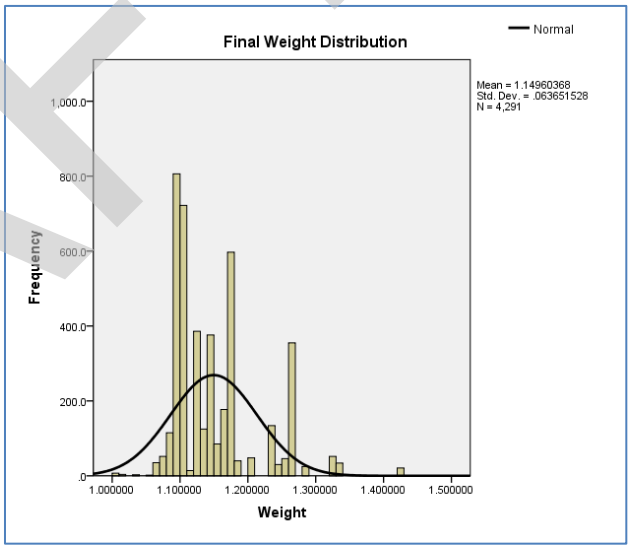
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: www.dhp.virginia.gov/hwdc/

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

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: 0.869856



Source: Va. Healthcare Workforce Data Center

Licensure Portability

Portability Task Force

The Portability Task Force is comprised of representatives of the American Association of State Counseling Boards (AASCB), the Association for Counselor Education and Supervision (ACES), the American Mental Health Counselors Association (AMHCA), and the National Board for Certified Counselors (NBCC).* The primary goal of this task force was to create a safe, clear, reasonable portability process for all current and future counselors. The task force agreed upon five (5) key tenets which informed each decision by the taskforce.

Specifically, a uniform licensure endorsement process ***must***:

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

***

The National Counselor Licensure Endorsement Process

Any counselor licensed at the highest level of licensure for independent practice available in his or her state may obtain licensure in any other state or territory of the United States if all of the following criteria are met:

(1) The licensee has engaged in ethical practice, with no disciplinary sanctions, for at least 5 years from the date of application for licensure endorsement.
(2) The licensee has possessed the highest level of counselor licensure for independent practice for **at least 3 years** from the date of application for licensure endorsement.
(3) The licensee has completed a jurisprudence or equivalent exam if required by the state regulatory body.
(4) The licensee complies with **ONE** of the following:
    (a) Meets all academic, exam, and post-graduate supervised experience standards as adopted by the state counseling licensure board.
    (b) Holds the National Certified Counselor (NCC) credential, in good standing, as issued by the National Board of Certified Counselors (NBCC).
    (c) Holds a graduate-level degree from a program accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP).

**The American Counseling Association participated in the Portability Task Force meetings, but decided against endorsement of the collaborative portability process.*