BOARD OF COUNSELING
QUARTERLY BOARD MEETING
Friday, May 18, 2018 – 9:00 a.m.
Second Floor – Perimeter Center, Board Room 1

9:00 a.m. Call to Order – Kevin Doyle, Ed.D., LPC, LSATP, Chairperson

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

II. **Adoption of Agenda**

III. **Summary Suspension Consideration***

IV. **Public Comment**

V. **Approval of Minutes**
   A. Board meeting minutes - February 9, 2018*
   B. Regulatory Committee minutes - February 8, 2018
   C. Regulatory Advisory Panel minutes – April 9, 2018*

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

VII. **Chairman Report: Kevin Doyle, Ed.D., LPC, LSATP**
   A. Letters in support of regulations changes regarding CACREP

VIII. **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

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

X. **Unfinished Business**
   A. Bylaws

XI. **New Business**
   A. Regulatory/Legislative Report: Elaine Yeatts, Senior Policy Analyst
      a. Legislative Review/Wrap-up
      b. Qualified Mental Health Professionals (QMHP) and Registered Peer Recovery Specialists (RPRS) Regulations
         i. Review of Public Comment
         ii. Adoption of Proposed Regulations*
   B. Next Meeting

12:00 p.m. Adjournment

* Requires Board Action

Approval of Board of Counseling Quarterly Board Meeting Minutes

February 9, 2018

DRAFT

BOARD OF COUNSELING
QUARTERLY BOARD MEETING
Friday, February 9, 2018

TIME AND PLACE: The meeting was called to order at 10:04 a.m. on Friday, February 9, 2018, in Board Room 1 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.

PRESIDING: Kevin Doyle, EdD., LPC, LSATP, Chairperson

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

STAFF PRESENT:
Tracey Arrington-Edmonds, Licensing Specialist
David E. Brown, D.C., DHP Director
Christy Evans, Discipline Case Specialist
Jaime Hoyle, 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, who consisted of Tara Edwards (Northern Virginia Licensed Professional Counselors), Kelly Fitzgerald (Caliber), Jannie Ashburne, LPC, LaKeshia Reiney and Yaminah Knight (Taylor Starkwood Enterprise), and Arnold Woodruff (Virginia Association of Marriage and Family Therapy).

ADOPTION OF AGENDA: Dr. Doyle recommended the Board revise the agenda to add a CACREP discussion under Unfinished Business and a discussion of a Fall Summit under New Business. The agenda was adopted as recommended.

PUBLIC COMMENT: None.

APPROVAL OF MINUTES: Upon a motion by Dr. Brendel, which was properly seconded by Ms. Sanchez-Jones, the Board voted unanimously to approve the November 3, 2017 meeting minutes.

DHP DIRECTOR'S REPORT: Dr. Brown informed the Board of his reappointment as the Director of the Department of Health Professions. He also informed the Board of other appointments to the Health Secretariat.

Dr. Brown noted that the opioid crisis remains a public health emergency. He reported that the Prescription Monitoring Program (PMP) is now interoperable with North Carolina and that the UVA Health System will integrate its electronic medical records system with PMP.

Dr. Brown commended the development and availability to file a complaint online. The addition of the online complaint capability has increased the number of complaints to the agency.

Finally, Dr. Brown announced that DHP has acquired new space on the first floor of the building. DHP staff will move into the new space in March 2018. Once that staff moves, it will open up space on the third floor for boards, such as the Behavioral Sciences boards, to expand, as they are currently overcrowded and continue to grow.

CHAIRMAN REPORT:

Dr. Doyle reported that he attended that American Association of State Counseling Boards (AASCB) annual conference in January, and recommends that other board members and staff attend in the future. The conference focused on the portability of licensure.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle reported that the Board's operating budget as of December 31, 2017 was provided in the agenda packet. She highlighted the continued increase in applications, and the use of overtime in order to process the applications within the agency's policy. She thanked staff for their hard work and introduced new staff, Dalyce Logan, hired to handle the QMHPs and Peer Recovery Specialists.

DEPUTY EXECUTIVE DIRECTOR'S DISCIPLINE REPORT:

Ms. Lang indicated that the reports provided in the agenda packet are available on our website. She reported that the discipline totals from October 6, 2017 through January 11, 2018 are as follows: 43 total open cases; 36 cases closed; and, the average time for closing a case is 164 days.

Ms. Lang reported they have completed the continuing education audits for the last renewal cycle. She also advocated that student and residents attend hearings to obtain additional experience. She thanked the Board for working with the disciplinary staff in order to keep the cases up-to-date per agency requirements. Lastly, she informed the Board that she has been assisting with the Board of Social Work licensure process due to the vacant license manager position and thanked the Board of Counseling staff for assisting as well.

LICENSING MANAGER'S REPORT:

Ms. Lenart reported as of the end of second quarter of the 2018 Fiscal Year (October 1, 2017 – December 31, 2017), the Board of Counseling regulated 8,425 licensees and certificants. Since the last Board meeting on November 3, 2017, the Board licensed, certified, registered, or approved for residency 1,019 individuals.

The Board has received 950 QMHP online applications since January

3, 2018 and of those applications, staff has approved and registered 244. Daily the Board receives 40 to 50 online QMHP/Peer applications. Staff developed an Online Application Handbook and FAQs to help applicants navigate the registration and online application process.

Ms. Lenart introduced the newest member of the Board of Counseling staff, Ms. Dalyce Logan (a contract employee), who has the responsibility of processing QMHP and Peer applications. Additionally, the Board recently hired Ms. Brenda Maida, who previously worked as a contract employee with the Board of Counseling, as a full-time employee. Including Ms. Lenart, there are now three full time staff employees for the Board of Counseling.

Lastly, Ms. Lenart informed the Board that she presented Counseling and Social Work supervisor responsibilities and licensing information to the Hampton Newport News Community Services Board on January 18, 2018. The training was well received and there were numerous questions related to QMHPs.

BOARD COUNSEL REPORT: No report.

BOARD OF HEALTH PROFESSIONS REPORT: Dr. Doyle reported that the Board of Health Professions is conducting a study into the need to regulate the practice of art therapy. The Virginia Art Therapy Association initiated this request. Then, Dr. Doyle informed the Board that DHP had developed and approved a new logo for use in 2018. The new logo uses the colors blue, gold and green from the Seal of Virginia and these colors are commonly associated with healthcare practitioners.

REGULATORY COMMITTEE REPORT: Dr. Brendel thanked everyone that attended the Regulatory Committee meeting on February 8, 2018. He presented the Committee recommendations to the Board as listed below.

The current regulations do not clearly allow for the acceptance of foreign degrees. The Committee recommends the Board adopt a Notice of Intended Regulatory Action (NOIRA) to amend the Regulations to ensure applicants with foreign degrees have a pathway to licensure. Upon a motion by Dr. Brendel, which was properly seconded by Dr. Alvarez, the Board voted unanimously to adopt a NOIRA to amend the Regulations as recommended.

The Committee voted to recommend that the Board request DHP include in its 2019 legislative packet, a requirement for applicants to undergo a federal and state criminal background check prior to licensure. Dr. Doyle made a motion to recommend DHP's 2019 legislative packet include the criminal background check requirement. After discussion, Dr. Doyle withdrew his motion. Upon a motion by Dr. Brendel, which was properly seconded by Ms. Tracy, the Board voted unanimously to request Dr. Doyle request the Board of Health Professions discuss criminal background checks at its next meeting to

determine the status of criminal background checks agency-wide.

The Committee recommends the Board amend Guidance Document 115-2: Impact of Criminal Convictions to reflect that the document applies to registrants as well as licensees and professional certifications. Upon a motion by Dr. Brendel, which was properly seconded by Ms. Tracy, the Board voted unanimously to amend Guidance Document 115-2: Impact of Criminal Convictions as recommended.

Ms. Yeatts outlined some of the suggestions for changes to the QMHP regulations that were included in the public comment received pursuant to the NOIRA. Ms. Yeatts recommended the Board hold another Regulatory Advisory Panel (RAP) to work with stakeholders to address the issues raised during the public comment period. Dr. Doyle recommended staff schedule a RAP prior to the next Regulatory Committee meeting in May. Additionally, Dr. Doyle requested that staff organize an inter-agency meeting pertaining to the Peer Recovery Specialists & QMHP regulations. The inter-agency meeting must take place prior to the proposed RAP.

Ms. Yeatts indicated that the Regulatory Committee determined it could address the issue regarding approved degrees immediately. The Committee voted to recommend the Board amend Guidance Document 115-8: Approved Degrees in Human Services and Related Fields for QMHP to allow a sociology degree. The Committee did not want to recommend adding criminal justice to the list of acceptable degrees. Dr. Brendel made a motion, which was properly seconded by Ms. Tracy, to amend the Guidance Document as recommended. After discussion, Dr. Brendel made a motion to amend Guidance Document 115-8: Approved Degrees in Human Services and Related Fields for QMHP to include a sociology degree until May 31, 2021. Ms. Harris seconded the motion and the motion passed unanimously.

Dr. Brendel reported that the Committee recommend the Board amend Guidance Document 115-1.9: National Certifications Approved by the Board for certification as a Substance Abuse Counselor by endorsement to include the NBCC-MAC. Upon a motion by Dr. Brendel, which was properly seconded by Ms. Hunt, the Board voted unanimously to amend the Guidance Document as recommended.

The Committee reviewed the Bylaws and approved some changes. It is required that the Board receive written notice of the changes in advance of the meeting, so the Board will not vote on any the changes to the Bylaws until the May 18, 2018, and the bylaws will be included in the agenda packet. Ms. Yeatts had asked the Committee to request the Board discuss whether to amend the bylaws to decrease the amount of time an officer can serve on the Board from a two-year term to a one-year term. After discussion, the Board declined to recommend a change to the bylaws.

UNFINISHED BUSINESS: Dr. Doyle requested staff initiate conversations with the Administration regarding CACREP, and update the Board at the next meeting.

NEW BUSINESS: The Board recommended holding two summits in the Fall, one related to supervision and the other related to QMHPs and Peer Recovery Specialists. Dr. Doyle requested staff organize and schedule the summits.

Dr. Tinsley requested that the Board research the use of tele-therapy and decide how the Board of Counseling should regulate its usage in Virginia. Dr. Doyle would like to address this issue by forming an Ad Hoc committee that would also include legal counsel. Dr. Tinsley, Mr. Alvarez, Ms. Engelken, Ms. Hunt and Dr. Yancey agreed to participate on the Ad Hoc Committee.

Regulatory/Legislative Report - Ms. Yeatts provided a chart of current regulatory actions as of January 26, 2018 that listed:

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

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

- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling exemption from CE requirement for new licensees (action 4856) –fast-track register date of 11/13/17; effective 12/28/17

- 18VAC 115-30 Regulations Governing the Certification of Substance Abuse Counselors updating and clarifying regulations (Action 4691) –proposed at the Secretary's office for 92 days

- 18VAC115-70 Regulations Governing the Registration of Peer Recovery Specialist (under development) – Initial regulations for registration (action 4890) emergency/NOIRA – Effective 12/18/17, comment on NOIRA closes 2/7/18

- 18VAC115-80 Regulations Governing the Registration Qualified Mental Health Professionals (under development) – Initial regulations for registration (action 4891) emergency/NOIRA Effective 12/18/17, comment on NOIRA closes 2/7/18

She informed the Board of current House and Senate Bills that may of interest to the Board as listed below:
HB 226 Patients; medically or ethically inappropriate care not required
HB 363 Sexual orientation change efforts; prohibited as training for certain health care providers, etc.
HB 614 Social work; practice,
HB 697 Professional Counselors; requirements for licensure, supervision of applicants.
HB1375 Mental health professional, qualified; broadens definition.** *(passed in the House and is now at the Senate)*
HB 1383 Marriage and family therapy; clarifies definition, adds appraisal
HB 1510 Professions & occupations; recognizing licenses/certificates issued by Commonwealth of Puerto Rico
SB 245 Conversion therapy; prohibited by certain health care providers.
SB 258 Subpoenas; issued by Director of Department of Health Professions or his designee.
SB 762 BHDS, Board of; definition of 'licensed mental health professional".

NEXT MEETING: The next scheduled Quarterly Board Meeting is May 18, 2018 at 10:00 a.m.

ADJOURN: The meeting adjourned at 1:10 p.m.

_____ _____

Kevin Doyle, EdD., LPC, LSATP
Chairperson

Jaime Hoyle, JD
Executive Director

Approval of Board of Counseling Regulatory Board Meeting Minutes

February 8, 2018

VIRGINIA BOARD OF COUNSELING
REGULATORY COMMITTEE MEETING
DRAFT MINUTES
Thursday, February 8, 2018

TIME AND PLACE: The meeting was called to order at 1:04 p.m. on Thursday, February 8, 2018, in Board Room 1 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.

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

COMMITTEE MEMBERS PRESENT:
Kevin Doyle, Ed.D., LPC, LSATP
Danielle Hunt, LPC
Vivian Sanchez-Jones, Citizen Member
Holly Tracy, LPC, LMFT

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

ORDERING OF THE AGENDA:

The Agenda was accepted as presented.

APPROVAL OF MINUTES:

Upon a motion by Dr. Doyle, which was properly seconded by Ms. Sanchez-Jones, the Committee voted unanimously to approve the minutes of the November 2, 2017 meeting.

PUBLIC IN ATTENDANCE:

Arnold Woodruff of the Virginia Association of Marriage and Family Therapists (VAMFT), Janet Moore and Heavenly Weaver of Odyssey Community Services, Erin Smith of the Department of Medical Assistance Services (DMAS), Lilyana B. Sintayehu (resident/applicant) and Representative(s) from the Virginia Department of Behavioral Health & Developmental Services (DBHDS)

PUBLIC COMMENT:

No comments

DISCUSSION:

I. **Old Business:**

- **Review definition of required courses -** The Committee agreed to discuss the definitions of required courses at a future Committee meeting.

- **Foreign degree discussion –** The current regulations do not clearly allow for the acceptance of foreign degrees. Upon a motion by Dr. Doyle, which was properly seconded by Ms. Tracy, the Committee voted unanimously to recommend the Board adopt a Notice of Intended Regulatory Action (NOIRA) to amend the Regulations to ensure applicants with foreign degrees have a pathway to licensure.

- **Bylaws -** Upon a motion by Ms. Hunt, which was properly seconded by Ms. Tracy, the Committee voted unanimously to recommend the following changes to the Bylaws.

    - New language to include the authority of the Board to approve Qualified Mental Health Professionals (QMHP) & Registered Peer Recovery Specialist (RPRS) regulations and other registrations.
    - Add "licensed" in front of "professional counselors" under Article II The Board A. Membership a.i;
    - Move item #4 listed under Article II The Board, B. Officers, to Article IV General Delegation of Authority.
    - Ensure "Chairman" is replaced with "Chairperson".

  Ms. Yeatts requested the Committee consider amending the bylaws to decrease the amount of time an officer can serve on the Board from a two-year term to a one-year term. The Committee agreed to bring this issue to the Board for discussion.

- **Criminal Background Check Requirement Discussion –** The Committee discussed requiring a criminal background check for applicants. Upon a motion by Ms. Hunt, which was properly seconded by Ms. Tracy, the Committee voted unanimously to request the Board recommend DHP include in its 2019 legislative packet, a requirement that Board of Counseling applicants undergo a criminal background.

  Upon a motion by Dr. Doyle, which was properly seconded by Ms. Tracy, the Committee voted unanimously to recommend the Board amend Guidance Document 115-2: Impact of Criminal Convictions to reflect that the document applies to registrants as well as licensees and certificate holders.

- **Discussion on Draft Joint Guidance Document Titles and Signatures –** The Committee discussed the Board of Psychology's Draft Joint Guidance Document on Assessment Titles and Signatures. The Committee declined to move forward and concluded no formal response was necessary.

II. **New Business:**

- **New Proposed Qualified Mental Health Professionals (QMHP) & Registered Peer Recovery Specialist (RPRS) –** Ms. Yeatts outlined areas of the regulations that would require changes per the public comments received and suggested that the

Board/Committee hold another Regulatory Advisory Panel (RAP) to work with stakeholders to address the issues raised in the public comment. The RAP would need to take place prior to the May 2018 meetings.

Ms. Yeatts suggested that the Committee could address immediately the issue of approved degrees by amending the current Guidance Document 115-8: Approved Degrees in Human Services and Related Fields for QMHP. Upon a motion by Ms. Tracy, that was properly seconded by Ms. Hunt, the Committee voted unanimously to recommend the Board amend the Guidance Document to allow a Sociology degree and not to add criminal justice to the list of acceptable degrees.

- **Licensure Portability** – Dr. Doyle recommended the Committee take no action at this time.

- **Art Therapy Licensure** – The Committee recommended that no action be taken at this time.

- **Guidance Document 115-1.9 –Consider Adding NBCC-MAC Certification as a National Certification Accepted by the Board** – Upon a motion by Dr. Doyle, which was properly seconded, the Committee voted unanimously to recommend the Board amend Guidance Document 115-1.9: National Certifications Approved by the Board for certification as a Substance Abuse Counselor by endorsement to include the NBCC-MAC.

- **NEXT SCHEDULED MEETING -** 1:00 p.m. on May 17, 2018

ADJOURNMENT:
The meeting adjourned at 3:09 p.m.

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

Jaime Hoyle, JD — Date
Executive Director

Approval of Board of Regulatory Advisory Panel Board Meeting Minutes

April 9, 2018

VIRGINIA BOARD OF COUNSELING
REGULATORY ADVISORY PANEL MEETING
DRAFT MINUTES
Monday, April 9, 2018

TIME AND PLACE:	The meeting was called to order at 2:07 p.m. on Monday, April 9, 2018, in Board Room 2 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.
PRESIDING:	Kevin Doyle, Ed.D., LPC, LSATP, Chairperson, Board of Counseling
PANEL MEMBERS PRESENT:	Danielle Hunt, LPC, Board of Counseling Emily Bowles, Office of Licensing Legal Advisor, Department of Behavioral Health and Developmental Services Michael Carlin, Access Point Public Affairs Molly Cheek, LCSW, Virginia Network of Private Providers Ashley Harrell, LCSW, Senior Program Advisor, Department of Medical Assistance Services Cynthia Miller, Ph.D., LPC, Program Director of Counseling and Psychology, Master of Arts in Clinical Mental Health Counseling, South University Jaime Sacksteder, Associate Director of Licensing, Department of Behavioral Health and Developmental Services John Salay, LCSW, Board of Social Work, Vice-Chair James Werth, Jr., Ph.D., ABPP, Board of Psychology, Vice-Chair Arnold Woodruff, LMFT, Executive Director, Virginia Association of Marriage and Family Therapists
STAFF PRESENT:	Tracey Arrington-Edmonds, Licensing Specialist Jaime Hoyle, J.D., Executive Director Jennifer Lang, Deputy Executive Director Charlotte Lenart, Licensing Manager James Rutkowski, Assistant Attorney General Elaine Yeatts, Senior Policy Analyst
PANEL MEMBERS ABSENT:	Holly Tracy, LPC, LMFT, Board of Counseling Jennifer Faison, Executive Director, Virginia Association of Community Services Boards Ke'Shawn Harper, ARTS/BH Policy Specialist, Department of Medical Assistance Services Erin Mace, LPC, Assistant State Director, Family Preservation Services
WELCOME & INTRODUCTIONS:	Dr. Doyle welcomed the Panel members, staff, and the public.
ADOPTION OF AGENDA	The agenda was adopted as presented.
PURPOSE OF THE REGULATORY ADVISORY PANEL (RAP):	The purpose of the RAP is for stakeholders to assist the Board of Counseling in drafting proposed regulations for Qualified Mental Health

Professionals (QMHPs).

DISCUSS PUBLIC COMMENT RELATED TO QMHP EMERGENCY REGULATIONS:

The Panel discussed the public comment received after the publication of the Notice of Intended Regulation Action (NOIRA) to adopt permanent regulations for the registration of QMHPs pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly.

Dr. Doyle stated that the Board of Counseling Regulatory Committee will meet on May 17, 2018, and will consider the Panel's comments when making recommendations on Proposed Regulations Governing the Registration of QMHPS to the Board at the quarterly May 18, 2018 meeting.

ADJOURNMENT:
The meeting adjourned at 4:00 p.m.

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

Jaime Hoyle, J.D. Executive Director — Date

Chairman Report

LONGWOOD
UNIVERSITY

April 23, 2018

W. TAYLOR REVELEY IV
PRESIDENT

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

Ms. Jaime Hoyle
Virginia Board of Counseling
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

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

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

Ladies and Gentlemen:

I am pleased to write to share my encouragement to approve the proposal under consideration that would require those licensed as professional counselors (LPCs) to have graduated from a program accredited by The Council for Accreditation of Counseling & Related Educational Programs (CACREP). The Board of Counseling has now approved the measure twice, and I believe it enjoys widespread support across the field and among the higher education institutions that currently are accredited by CACREP or – like Longwood – are pursuing such accreditation.

LPCs play an essential role in our communities, and the consequences for individuals and families if they are not properly and rigorously prepared for their work can be substantial. Accreditation from CACREP provides a framework that serves and protects the public by providing individuals the thorough preparation through well-established institutions like Longwood that is needed for this difficult and important work. The proposal has been carefully thought out, and features a flexible grandfathering period for current providers, who will feel no unreasonable impact. I believe this represents a sensible measure of quality assurance that would well serve the citizens of the Commonwealth.

Yours truly,

W. Taylor Reveley IV

VirginiaTech
College of Liberal Arts and Human Sciences

Counselor Education Program
1750 Kraft Drive, Suite 2002
Blacksburg, Virginia 24060
(540) 231-7845
www.soe.vt.edu/counselored

April 8, 2018

Governor Ralph Northam
The Way Ahead
P.O. Box 1475
Richmond, VA 23218

Honorable Governor Northam,

I am writing in support of a proposed regulatory change being considered by the Virginia Board of Counseling that would require a degree from a Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited program as a prerequisite for licensure as a professional counselor.

Virginia Tech has had a counselor education program for nearly 50 years, with our program being founded in 1972. Virginia Tech has been an integral part of shaping counselor education and counseling in Virginia. We offer three CACREP accredited programs: Clinical Mental Health Counseling, School Counseling, and Counselor Education and Supervision. CACREP accreditation has allowed those programs to grow while also ensuring that our students graduate having been prepared at the highest standards for the profession. In fact, we believe strongly that the way forward for the counseling profession must include CACREP accreditation in order to serve some critically important populations in Virginia.

One of the compelling reasons for supporting this change has to do with the ability to serve Department of Defense populations, most notably families and active service members through Tricare, and veterans. Because of Virginia's robust defense population, and our program's close proximity to the Salem Veteran Administration Medical Center, our students are likely to encounter clients who are beneficiaries of Tricare or the VA. In 2010, the non-profit, non-partisan Institute of Medicine determined that they would only support graduates of CACREP accredited clinical mental health programs to work with TRICARE beneficiaries. That decision was endorsed by the Department of Defense, and published as the final rule in September 2014. As a result, clinical mental health counselors in Virginia who graduate from programs that are ***not*** CACREP-accredited are ***not*** eligible to serve these populations. The proposed regulatory change will help assure that, moving forward, LPCs in Virginia will be qualified and prepared to work with military clients and families.

The current proposal in Virginia requires a degree from a program accredited by CACREP or another accrediting body acceptable to the Board. CACREP requires reasonable faculty-to-student ratios and important evidence that the students have learned and are able to

apply what was taught, as opposed to students simply being present on the class roster. Graduation from a CACREP accredited program offers reassurance that basic level of quality instruction has been received. This reassurance is important because as soon as a counseling program graduate enters the field there is an opportunity to do harm while working with very vulnerable populations. Therefore high-quality education, based in the American Counseling Association (ACA) Code of Ethics, with reasonable ratios of faculty to students and external counseling-specific accrediting body oversight is essential. Public protection is enhanced by requiring a CACREP degree.

I will note in conclusion that, in addition to support from Virginia Tech and numerous other colleges and universities across the Commonwealth, this proposal is supported by the American Counseling Association, the American Mental Health Counselors Association (AMHCA), the Association for Counselor Education and Supervision (ACES), the National Board of Certified Counselors (NBCC). In addition, the American Association of State Counseling Board supports a degree from a CACREP accredited program as a prerequisite for licensure, though they have not addressed this specific proposal. The rationale is consistently focused on utilizing the standards in the CACREP accreditation to help safeguard clients and protect the public. We are confident in the students who graduate from our program, and find that the standards and processes associated with CACREP accreditation make our program and our graduates stronger. We hope the Board will conclude the important work they have begun and see this process through for the citizens of Virginia.

Sincerely,

Laura E. Welfare

Thank you!

Laura E. Welfare, PhD, LPC, NCC, ACS
Associate Professor and Program Leader
Counselor Education
Virginia Tech
Blacksburg, VA 24061
540-231-8194
welfare@vt.edu

cc:
Dr. Daniel Carey, Secretary, Health and Human Resources
Dr. David Brown, Director, Department of Health Professions
Ms. Jaime Hoyle, Director, Board of Counseling

VCU School of Education

February 6, 2018

Members of the Virginia Board of Counseling,

After consulting with the faculty members of the VCU School of Education Counselor Education program, I am writing in support of the proposed regulatory action that would require a degree from a CACREP-accredited counseling program as a prerequisite for licensure as a professional counselor in Virginia. Consistent with the positions of the American Counseling Association (ACA), the American Mental Health Counselors Association (AMHCA), the Association for Counselor Education and Supervision (ACES), the National Board for Certified Counselors (NBCC), and the American Association of State Counseling Boards (AASCB) who all support this action, we believe that training in a CACREP-accredited program is essential to readiness as a licensed professional counselor.

Although CACREP can entail a rigorous process for accreditation, there are several reasons standards for training counselors are beneficial to the program, students, counselors, and clients. First, CACREP-accredited programs ensures that an external verification of program content and practices reflect the standards of the profession, including adherence to the ACA Code of Ethics. Based on feedback from field experience coordinators for our counselor education students, this level of training assures them of the professionalism and competency that is required in practicum and internship. Our graduates are highly sought due to their training and demonstrated skills. Without this accreditation, the licensure board has to determine how these knowledge and skills are incorporated into non-accredited counselor education programs. In essence, that process requires more time for the board staff and delays in licensing counselors.

Second, graduates of CACREP-accredited counselor education programs are more likely to be recommended to work for TRICARE beneficiaries due to the 2010 Institute of Medicine recommendation. The change to the licensure requirements would allow counselors in other specialty areas (e.g., school, college) that demonstrate sufficient clinical training to also pursue licensure that could serve those with TRICARE benefits. Related to this recommendation, the ACA is lobbying for licensed professional counselors serving Medicare and Medicaid beneficiaries to be reimbursed through those programs. If this occurs, then more LPCs trained in CACRP-accredited programs will be needed to fulfill this need.

Finally, more and more Virginia counselor education programs are becoming CACREP-accredited program. Hence, accreditation for these programs has become more of the norm for training. Potential students inquire about CACREP accreditation during the admission process and make decisions based on this factor. If consumers of training recognize accreditation as an important factor to their career decision-making, we believe that our professional licensing agencies have this recognition.

Sincerely,

Andrew P. Daire, Ph.D.
Dean, School of Education

MARYMOUNT
UNIVERSITY

February 2, 2018

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

Dear Governor Northam,

I am writing in support of a proposed regulatory change being considered by the Virginia Board of Counseling that would require a counseling degree from a Council on the Accreditation of Counseling and Related Educational Programs (CACREP) accredited program as a prerequisite for licensure as a professional counselor.

For your information, Marymount University has four CACREP-accredited programs: Clinical Mental Health Counseling, Pastoral Clinical Mental Health Counseling, School Counseling, and Counselor Education and Supervision. CACREP accreditation has allowed these programs to grow, while also ensuring that our students who graduate have been prepared at the highest standards for the profession. There has been some opposition to this proposal from one non CACREP- accredited university; however across the Commonwealth there are 14 other institutions that integrate the CACREP standards to ensure that students are consistently well prepared upon graduation in their clinical training which impacts the protection of the public in the Commonwealth.

The current proposal in Virginia requires a degree from a program accredited by CACREP or another accrediting body acceptable to the Board. CACREP requires "Student Learning Outcomes" which demonstration that the students have learned and are able to apply what was being taught, as opposed to simply an unstructured curriculum potentially not meeting minimum standards of the profession. For a student to earn a degree from a CACREP-accredited program, a basic level of quality in both academic and clinical preparation has been met ensuring the protection of the clients served by professional counselors.

It is important to recognize as soon as a graduate enters the field there is an opportunity to do harm while working with very vulnerable populations. This reinforces the need for a high-quality education, based in the Code of Ethics established by the American Counseling Association, with reasonable faculty-to-student ratios, and external program oversight. By utilizing the strengths of the external oversight that come with CACREP accreditation, the Regulatory Board can be assured that those characteristics are embodied in Virginia's counselor education programs. Public protection is enhanced by requiring a CACREP degree.

One of the other compelling reasons for supporting this change has to do with the ability to serve Department of Defense populations, most notably veterans, active service members, and family members through Tricare. Because Marymount University is located just outside of the nation's capital, our students are likely to encounter clients who are beneficiaries of Tricare. In 2010, the non-profit and non-partisan, Institute of Medicine determined they would only support graduates from a CACREP-accredited clinical mental health counseling programs to provide mental health services with Tricare beneficiaries. That decision was endorsed by the Department of Defense (DOD), and published as the final rule in September 2014. As a result, clinical mental health counselors in Virginia who graduate from programs that are not CACREP accredited are not eligible to serve these populations. This regulatory change will help assure that, moving forward, nearly all LPCs in Virginia will be qualified and prepared to work with military service members, veterans, and families.

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In addition to this support from Marymount University, and numerous other colleges and universities across the Commonwealth, this proposal is supported by the American Counseling Association, the American Mental Health Counselors Association (AMHCA), the Association for Counselor Education and Supervision (ACES), the National Board of Certified Counselors (NBCC). The American Association of State Counseling Board also supports a degree from a CACREP-accredited program as a prerequisite for licensure, though they have not addressed this specific proposal. The rationale is consistently focused on utilizing the standards in the CACREP-accreditation to help safeguard clients and protect the public. We are confident that the students who graduate from our programs, and find that the standards and processes associated with CACREP-accreditation make our program and our graduates clinically stronger and better prepared when they become licensed as professional counselors and work with the numerous vulnerable populations in the Commonwealth.

Thank you for your consideration and please feel free to contact me with any questions you might have regarding the proposed regulatory change.

Regards,

Matthew D. Shank, Ph.D.
President
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cc:
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Dr. Daniel Carey, M.D.
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Secretary of Health and Human Resources
P.O. Box 1475
Richmond, VA 23218

Executive Director’s Report

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending March 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	354,460.00	123,555.00	(230,905.00)	286.88%
4002406	License & Renewal Fee	47,700.00	846,410.00	798,710.00	5.64%
4002407	Dup. License Certificate Fee	1,150.00	825.00	(325.00)	139.39%
4002408	Board Endorsement - In	845.00	-	(845.00)	0.00%
4002409	Board Endorsement - Out	3,905.00	1,740.00	(2,165.00)	224.43%
4002421	Monetary Penalty & Late Fees	9,655.00	6,500.00	(3,155.00)	148.54%
4002430	Board Changes Fee	23,785.00	25,500.00	1,715.00	93.27%
4002432	Misc. Fee (Bad Check Fee)	105.00	140.00	35.00	75.00%
	Total Fee Revenue	441,605.00	1,004,670.00	563,065.00	43.96%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	425.00	-	(425.00)	0.00%
	Total Sales of Prop. & Commodities	425.00	-	(425.00)	0.00%
	Total Revenue	442,030.00	1,004,670.00	562,640.00	44.00%
5011110	Employer Retirement Contrib.	8,456.20	17,551.00	9,094.80	48.18%
5011120	Fed Old-Age Ins- Sal St Emp	7,977.21	9,953.00	1,975.79	80.15%
5011140	Group Insurance	1,070.65	1,705.00	634.35	62.79%
5011150	Medical/Hospitalization Ins.	2,588.00	20,796.00	18,208.00	12.44%
5011160	Retiree Medical/Hospitalizatn	964.40	1,536.00	571.60	62.79%
5011170	Long term Disability Ins	539.39	859.00	319.61	62.79%
	Total Employee Benefits	21,595.85	52,400.00	30,804.15	41.21%
5011200	Salaries				
5011230	Salaries, Classified	82,044.51	130,099.00	48,054.49	63.06%
5011250	Salaries, Overtime	22,603.22	-	(22,603.22)	0.00%
	Total Salaries	104,647.73	130,099.00	25,451.27	80.44%
5011300	Special Payments				
5011340	Specified Per Diem Payment	2,150.00	3,000.00	850.00	71.67%
5011380	Deferred Compnstn Match Pmts	380.00	1,440.00	1,060.00	26.39%
	Total Special Payments	2,530.00	4,440.00	1,910.00	56.98%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	2,569.39	-	(2,569.39)	0.00%
	Total Terminatn Personal Svce Costs	2,569.39	-	(2,569.39)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	131,342.97	186,939.00	55,596.03	70.26%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	10.68	295.00	284.32	3.62%
5012140	Postal Services	8,736.13	8,232.00	(504.13)	106.12%
5012150	Printing Services	127.80	120.00	(7.80)	106.50%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending March 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012160	Telecommunications Svcs (VITA)	250.72	900.00	649.28	27.86%
5012190	Inbound Freight Services	4.50	-	(4.50)	0.00%
	Total Communication Services	9,129.83	9,547.00	417.17	95.63%
5012200	Employee Development Services				
5012210	Organization Memberships	999.00	500.00	(499.00)	199.80%
5012260	Personnel Develpmnt Services	-	320.00	320.00	0.00%
	Total Employee Development Services	999.00	820.00	(179.00)	121.83%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	140.00	140.00	0.00%
	Total Health Services	-	140.00	140.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	15,223.15	9,280.00	(5,943.15)	164.04%
5012440	Management Services	90.75	134.00	43.25	67.72%
5012460	Public Infrmtnl & Relatn Svcs	88.00	5.00	(83.00)	1760.00%
5012470	Legal Services	195.00	475.00	280.00	41.05%
	Total Mgmnt and Informational Svcs	15,596.90	9,894.00	(5,702.90)	157.64%
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	79,256.60	110,551.00	31,294.40	71.69%
5012640	Food & Dietary Services	2,150.80	1,075.00	(1,075.80)	200.07%
5012650	Laundry and Linen Services	27.03	-	(27.03)	0.00%
5012660	Manual Labor Services	1,633.54	1,170.00	(463.54)	139.62%
5012670	Production Services	1,121.37	5,380.00	4,258.63	20.84%
5012680	Skilled Services	11,769.60	16,764.00	4,994.40	70.21%
	Total Support Services	95,958.94	134,940.00	38,981.06	71.11%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	5,680.68	4,979.00	(701.68)	114.09%
5012830	Travel, Public Carriers	723.91	-	(723.91)	0.00%
5012850	Travel, Subsistence & Lodging	2,460.81	1,950.00	(510.81)	126.20%
5012880	Trvl, Meal Reimb- Not Rprtble	1,065.75	988.00	(77.75)	107.87%
	Total Transportation Services	9,931.15	7,917.00	(2,014.15)	125.44%
	Total Contractual Svs	131,615.82	163,292.00	31,676.18	80.60%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	1,389.25	597.00	(792.25)	232.71%
	Total Administrative Supplies	1,389.25	597.00	(792.25)	232.71%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	23.13	-	(23.13)	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending March 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5013630	Food Service Supplies	26.62	183.00	156.38	14.55%
	Total Residential Supplies	49.75	183.00	133.25	27.19%
	Total Supplies And Materials	1,439.00	780.00	(659.00)	184.49%
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	350.69	540.00	189.31	64.94%
5015350	Building Rentals	60.99	-	(60.99)	0.00%
5015360	Land Rentals	-	60.00	60.00	0.00%
5015390	Building Rentals - Non State	7,835.97	12,467.00	4,631.03	62.85%
	Total Operating Lease Payments	8,247.65	13,067.00	4,819.35	63.12%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	170.00	170.00	0.00%
5015540	Surety Bonds	-	11.00	11.00	0.00%
	Total Insurance-Operations	-	181.00	181.00	0.00%
	Total Continuous Charges	8,247.65	13,294.00	5,046.35	62.04%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	546.57	-	(546.57)	0.00%
	Total Computer Hrdware & Sftware	546.57	-	(546.57)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	77.00	77.00	0.00%
	Total Educational & Cultural Equip	-	77.00	77.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	42.00	42.00	0.00%
5022620	Office Furniture	631.23	-	(631.23)	0.00%
	Total Office Equipment	631.23	42.00	(589.23)	1502.93%
	Total Equipment	1,177.80	119.00	(1,058.80)	989.75%
	Total Expenditures	273,823.24	364,424.00	90,600.76	75.14%
	Allocated Expenditures				
20100	Behavioral Science Exec	143,352.36	209,581.00	66,228.65	68.40%
30100	Data Center	192,471.39	202,229.77	9,758.39	95.17%
30200	Human Resources	12,424.75	26,122.48	13,697.72	47.56%
30300	Finance	62,988.37	97,383.85	34,395.47	64.68%
30400	Director's Office	30,261.33	49,291.90	19,030.57	61.39%
30500	Enforcement	145,717.72	154,388.50	8,670.78	94.38%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending March 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
30600	Administrative Proceedings	28,930.95	39,821.92	10,890.97	72.65%
30700	Impaired Practitioners	191.45	294.83	103.38	64.94%
30800	Attorney General	9,006.04	12,008.58	3,002.55	75.00%
30900	Board of Health Professions	16,547.95	28,001.55	11,453.60	59.10%
31100	Maintenance and Repairs	-	673.47	673.47	0.00%
31300	Emp. Recognition Program	120.30	420.02	299.72	28.64%
31400	Conference Center	7,652.79	9,390.45	1,737.66	81.50%
31500	Pgm Devlpmnt & Implmentn	16,300.19	27,487.05	11,186.86	59.30%
	Total Allocated Expenditures	665,965.57	857,095.36	191,129.79	77.70%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (497,758.81)	$ (216,849.36)	$ 280,909.45	229.54%

Virginia Department of Health Professions
Cash Balance
As of March 31, 2018

	109 Counseling
Board Cash Balance as June 30, 2017	$ 826,278
YTD FY18 Revenue	442,030
Less: YTD FY18 Direct and Allocated Expenditures	939,789
Board Cash Balance as March 31, 2018	328,519

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending March 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January	February	March	Total
4002400	Fee Revenue										
4002401	Application Fee	18,465.00	21,470.00	20,750.00	21,485.00	16,990.00	18,010.00	51,640.00	77,175.00	108,475.00	354,460.00
4002406	License & Renewal Fee	19,555.00	3,120.00	2,470.00	765.00	920.00	5,530.00	11,680.00	1,765.00	1,895.00	47,700.00
4002407	Dup. License Certificate Fee	330.00	200.00	70.00	70.00	55.00	50.00	140.00	75.00	160.00	1,150.00
4002408	Board Endorsement - In	-	-	-	-	-	-	845.00	-	-	845.00
4002409	Board Endorsement - Out	605.00	420.00	360.00	240.00	270.00	210.00	420.00	660.00	720.00	3,905.00
4002421	Monetary Penalty & Late Fees	6,720.00	1,130.00	680.00	140.00	145.00	120.00	95.00	500.00	125.00	9,655.00
4002430	Board Changes Fee	2,135.00	3,005.00	2,620.00	2,580.00	2,435.00	1,860.00	3,360.00	2,490.00	3,300.00	23,785.00
4002432	Misc. Fee (Bad Check Fee)	35.00	-	-	-	-	-	-	70.00	-	105.00
	Total Fee Revenue	47,845.00	29,345.00	26,950.00	25,280.00	20,815.00	25,780.00	68,180.00	82,735.00	114,675.00	441,605.00
4003000	Sales of Prop. & Commodities										
4003020	Misc. Sales-Dishonored Payments	155.00	65.00	-	-	-	-	-	205.00	-	425.00
	Total Sales of Prop. & Commodities	155.00	65.00	-	-	-	-	-	205.00	-	425.00
	Total Revenue	48,000.00	29,410.00	26,950.00	25,280.00	20,815.00	25,780.00	68,180.00	82,940.00	114,675.00	442,030.00
5011000	Personal Services										
5011100	Employee Benefits										
5011110	Employer Retirement Contrib.	1,071.90	736.06	736.06	736.06	736.06	1,099.76	1,099.76	1,099.76	1,140.78	8,456.20
5011120	Fed Old-Age Ins- Sal St Emp	1,012.00	707.56	744.84	712.94	775.68	1,007.60	926.36	1,029.05	1,061.18	7,977.21
5011140	Group Insurance	140.55	96.52	96.52	96.52	96.52	134.66	134.66	134.66	140.04	1,070.65
5011150	Medical/Hospitalization Ins.	-	-	-	-	-	647.00	647.00	647.00	647.00	2,588.00
5011160	Retiree Medical/Hospitalizatn	126.60	86.94	86.94	86.94	86.94	121.30	121.30	121.30	126.14	964.40
5011170	Long term Disability Ins	70.83	48.62	48.62	48.62	48.62	67.84	67.84	67.84	70.56	539.39
	Total Employee Benefits	2,421.88	1,675.70	1,712.98	1,681.08	1,743.82	3,078.16	2,996.92	3,099.61	3,185.70	21,595.85
5011200	Salaries										
5011230	Salaries, Classified	10,837.28	7,367.92	7,367.92	7,367.92	7,367.92	10,279.92	10,279.92	10,485.21	10,690.50	82,044.51
5011250	Salaries, Overtime	2,379.40	1,869.35	2,356.48	1,939.49	2,759.73	3,002.94	1,937.03	3,072.09	3,286.71	22,603.22
	Total Salaries	13,216.68	9,237.27	9,724.40	9,307.41	10,127.65	13,282.86	12,216.95	13,557.30	13,977.21	104,647.73
5011340	Specified Per Diem Payment	100.00	600.00	250.00	-	500.00	-	-	650.00	50.00	2,150.00
5011380	Deferred Compnstn Match Pmts	60.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	380.00
	Total Special Payments	160.00	640.00	290.00	40.00	540.00	40.00	40.00	690.00	90.00	2,530.00
5011600	Terminatn Personal Svce Costs										
5011660	Defined Contribution Match - Hy	375.51	257.88	257.88	257.88	257.88	287.00	287.00	287.00	301.36	2,569.39
	Total Terminatn Personal Svce Costs	375.51	257.88	257.88	257.88	257.88	287.00	287.00	287.00	301.36	2,569.39
	Total Personal Services	16,174.07	11,810.85	11,985.26	11,286.37	12,669.35	16,688.02	15,540.87	17,633.91	17,554.27	131,342.97
5012000	Contractual Svs										-
5012100	Communication Services										-
5012110	Express Services	-	-	-	-	10.68	-	-	-	-	10.68
5012140	Postal Services	4,237.32	2,242.72	422.39	773.06	207.76	111.07	122.61	406.64	212.56	8,736.13
5012150	Printing Services	-	-	127.80	-	-	-	-	-	-	127.80
5012160	Telecommunications Svcs (VITA)	50.02	52.02	-	-	24.78	-	24.78	49.56	49.56	250.72
5012190	Inbound Freight Services	-	-	-	-	-	-	-	-	4.50	4.50
	Total Communication Services	4,287.34	2,294.74	550.19	773.06	243.22	111.07	147.39	456.20	266.62	9,129.83
5012200	Employee Development Services										
5012210	Organization Memberships	-	-	-	-	-	-	500.00	499.00	-	999.00
	Total Employee Development Services	-	-	-	-	-	-	500.00	499.00	-	999.00
5012400	Mgmnt and Informational Svcs										
5012420	Fiscal Services	5,984.20	7,664.13	556.54	246.37	9.72	115.00	8.47	601.76	36.96	15,223.15
5012440	Management Services	-	79.69	-	(1.40)	-	7.28	-	5.18	-	90.75
5012460	Public Infrmtnl & Relatn Svcs	-	14.00	10.00	12.00	12.00	20.00	8.00	6.00	6.00	88.00
5012470	Legal Services	-	-	-	195.00	-	-	-	-	-	195.00
	Total Mgmnt and Informational Svcs	5,984.20	7,757.82	566.54	451.97	21.72	142.28	16.47	612.94	42.96	15,596.90
5012600	Support Services										
5012630	Clerical Services	-	8,102.64	9,042.31	11,826.00	8,590.23	17,426.46	8,846.13	5,320.32	10,102.51	79,256.60
5012640	Food & Dietary Services	-	358.97	167.25	751.20	-	415.80	55.75	-	401.83	2,150.80
5012650	Laundry and Linen Services	-	-	-	-	-	-	-	27.03	-	27.03
5012660	Manual Labor Services	24.50	10.54	-	-	-	9.85	-	-	1,588.65	1,633.54
5012670	Production Services	143.14	148.38	-	-	68.00	121.65	421.80	7.90	210.50	1,121.37
5012680	Skilled Services	1,711.72	1,130.16	1,736.85	1,177.19	1,205.16	1,092.66	1,291.27	1,056.74	1,367.85	11,769.60
	Total Support Services	1,879.36	9,750.69	10,946.41	13,754.39	9,863.39	19,066.42	10,614.95	6,411.99	13,671.34	95,958.94
5012800	Transportation Services										
5012820	Travel, Personal Vehicle	933.04	1,231.57	712.08	89.54	1,289.35	70.62	-	1,332.68	21.80	5,680.68
5012830	Travel, Public Carriers	-	-	-	-	-	-	568.60	155.31	-	723.91
5012850	Travel, Subsistence & Lodging	206.20	618.60	113.10	-	526.85	-	-	996.06	-	2,460.81
5012880	Trvl, Meal Reimb- Not Rprtble	118.50	247.00	100.50	-	247.00	-	-	352.75	-	1,065.75
	Total Transportation Services	1,257.74	2,097.17	925.68	89.54	2,063.20	70.62	568.60	2,836.80	21.80	9,931.15
	Total Contractual Svs	13,408.64	21,900.42	12,988.82	15,068.96	12,191.53	19,390.39	11,847.41	10,816.93	14,002.72	131,615.82
5013000	Supplies And Materials										
5013100	Administrative Supplies										-
5013120	Office Supplies	-	177.40	457.02	20.78	111.65	152.22	49.95	136.26	283.97	1,389.25
	Total Administrative Supplies	-	177.40	457.02	20.78	111.65	152.22	49.95	136.26	283.97	1,389.25
5013600	Residential Supplies										
5013620	Food and Dietary Supplies	23.13	-	-	-	-	-	-	-	-	23.13
5013630	Food Service Supplies	-	-	-	-	-	-	-	26.62	-	26.62
	Total Residential Supplies	23.13	-	-	-	-	-	-	26.62	-	49.75
	Total Supplies And Materials	23.13	177.40	457.02	20.78	111.65	152.22	49.95	162.88	283.97	1,439.00
5015000	Continuous Charges										
5015300	Operating Lease Payments										
5015340	Equipment Rentals	-	44.08	44.08	44.08	46.55	44.08	44.08	41.87	41.87	350.69
5015350	Building Rentals	-	15.39	-	-	22.80	-	-	22.80	-	60.99
5015390	Building Rentals - Non State	834.96	977.38	854.70	834.96	930.62	834.96	834.96	898.01	835.42	7,835.97
	Total Operating Lease Payments	834.96	1,036.85	898.78	879.04	999.97	879.04	879.04	962.68	877.29	8,247.65
	Total Continuous Charges	834.96	1,036.85	898.78	879.04	999.97	879.04	879.04	962.68	877.29	8,247.65
5022000	Equipment										
5022170	Other Computer Equipment	-	-	-	-	-	336.84	-	-	209.73	546.57
	Total Computer Hrdware & Sftware	-	-	-	-	-	336.84	-	-	209.73	546.57
5022620	Office Furniture	-	-	-	-	-	-	-	-	631.23	631.23
	Total Office Equipment	-	-	-	-	-	-	-	-	631.23	631.23
	Total Equipment	-	-	-	-	-	336.84	-	-	840.96	1,177.80

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2017 and Ending March 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January	February	March	Total
	Total Expenditures	30,440.80	34,925.52	26,329.88	27,255.15	25,972.50	37,446.51	28,317.27	29,576.40	33,559.21	273,823.24
	Allocated Expenditures										
20100	Behavioral Science Exec	22,305.95	15,832.41	14,729.59	14,739.28	15,174.98	14,752.47	15,578.08	15,027.76	15,211.84	143,352.36
30100	Data Center	24,508.00	9,277.59	23,409.03	21,009.15	8,109.22	29,084.76	19,894.14	19,758.72	37,420.77	192,471.39
30200	Human Resources	71.94	91.21	75.56	82.03	11,587.85	202.88	93.04	101.02	119.23	12,424.75
30300	Finance	12,378.73	6,447.20	6,462.21	3,407.84	8,273.68	6,971.13	4,742.29	10,461.14	3,844.15	62,988.37
30400	Director's Office	4,002.08	3,177.73	3,006.38	3,023.04	2,948.57	3,371.08	3,496.15	3,406.53	3,829.78	30,261.33
30500	Enforcement	20,773.14	15,876.58	15,039.15	15,515.61	14,707.09	16,070.19	16,588.82	15,562.15	15,584.98	145,717.72
30600	Administrative Proceedings	5,577.84	4,567.57	2,332.88	779.12	-	4,754.03	2,512.59	5,857.61	2,549.31	28,930.95
30700	Impaired Practitioners	28.94	21.56	19.80	19.95	19.51	20.61	19.96	21.14	19.98	191.45
30800	Attorney General	-	-	3,002.01	3,002.01	-	-	3,002.01	-	-	9,006.04
30900	Board of Health Professions	2,321.24	1,651.04	1,521.55	1,640.41	1,693.66	1,652.07	1,886.11	2,051.89	2,129.99	16,547.95
31300	Emp. Recognition Program	-	-	-	-	-	-	113.80	-	6.50	120.30
31400	Conference Center	9.60	18.22	14,116.05	(1,667.15)	(4,913.37)	76.06	8.53	(9.47)	14.32	7,652.79
31500	Pgm Devlpmnt & Implmentn	1,811.11	1,594.37	1,508.73	1,525.99	1,759.12	1,754.46	1,667.11	1,731.05	2,948.24	16,300.19
	Total Allocated Expenditures	93,788.56	58,555.49	85,222.93	63,077.30	59,360.30	78,709.74	69,602.64	73,969.53	83,679.08	665,965.57
	Net Revenue in Excess (Shortfall) of Expenditures	$ (76,229.36)	$ (64,071.01)	$ (84,602.81)	$ (65,052.45)	$ (64,517.80)	$ (90,376.25)	$ (29,739.91)	$ (20,605.93)	$ (2,563.29)	$ (497,758.81)

Deputy Executive Director's Report

Virginia Department of
Health Professions
Board of Counseling

Discipline Reports

January 12, 2018 - April 5, 2018

OPEN CASES AT BOARD LEVEL (as of April 5, 2018)

Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	41	29	33	*103*
Scheduled for Informal Conferences	8	1	1	*10*
Scheduled for Formal Hearings	1	1	0	*2*
Consent Orders (offered and pending)	1	0	0	*1*
Cases with APD for processing (IFC, FH, Consent Order)	14	6	3	*23*
TOTAL OPEN CASES	65	37	37	***139***

CASES CLOSED

Closure Category	Counseling	Psychology	Social Work	BSU Total
Closed – no violation	10	7	4	*21*
Closed – undetermined	7	4	2	*13*
Closed – violation	1	1	3	*5*
Credentials/Reinstatement – Denied	2	1	0	*3*
Credentials/Reinstatement – Approved	1	0	2	*3*
TOTAL CASES CLOSED	21	13	11	***45***

AVERAGE CASE PROCESSING TIMES (counted on closed cases)

	Counseling	Psychology	Social Work
Average time for case closures	151	110	291
Avg. time in Enforcement (investigations)	59	59	97
Avg. time in APD (IFC/FH preparation)	82	76	160
Avg. time in Board (includes hearings, reviews, etc).	85	40	130

Virginia Department of
Health Professions
Board of Counseling

Discipline Reports

January 12, 2018 - April 5, 2018

CASES RECEIVED and ACTIVE INVESTIGATIONS

	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	43	29	22	***94***
Open Investigations in Enforcement	32	15	15	***62***

HEARINGS HELD and CONSENT ORDERS ENTERED

Board Action	Counseling	Psychology	Social Work	BSU Total
Consent Orders Entered	0	0	1	***1***
Informal Conferences Held Special Conference Committee	4	1	1	***6***
Formal Hearings Held	0	0	1	***1***
Summary Suspension Hearings Held	1	0	1	***2***

UPCOMING HEARINGS (2018)

Hearing/Conference Type	Counseling	Psychology	Social Work
Informal Conferences	April 13, 2018 June 1, 2018 July 27, 2018 September 14, 2018 October 19, 2018 November 30, 2018	June 5, 2018 July 24, 2018 September 18, 2018 December 4, 2018	June 8, 2018 July 20, 2018 November 16, 2018
Formal Hearings	May 18, 2018	May 8, 2018	June 15, 2018

Licensing Manager’s Report

Virginia Department of

Health Professions

Current Count of Licenses

Quarterly Summary

Quarter 3 - Fiscal Year 2018

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

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

	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	CURRENT Q3 2018
Audiology/Speech Pathology	4,840	4,944	4,992	4,720	4,802	4,951	5,056	4,855	4,971	5,142	4,770	4,991
Counseling	7,042	7,249	7,490	7,597	7,808	13,237	13,603	13,922	15,791	16,175	16,948	17,654
Dentistry	13,753	13,999	14,186	14,319	14,184	14,382	14,522	14,657	14,338	14,601	14,665	14,835
Funeral Directing	2,506	2,540	2,573	2,618	2,497	2,526	2,561	2,609	2,513	2,554	2,579	2,620
Long Term Care Administrators	2,058	2,115	2,165	2,206	2,087	2,141	2,188	2,235	2,065	2,138	2,198	2,258
Medicine	64,137	65,337	65,922	66,177	67,447	66,941	66,773	67,320	69,206	69,092	69,230	69,628
Nurse Aide	53,834	54,568	54,402	54,374	54,477	54,044	53,681	53,434	53,066	52,653	52,160	52,888
Nursing	163,058	164,128	163,594	163,637	164,199	166,107	166,039	166,796	167,953	170,125	169,465	171,385
Optometry	1,915	1,931	1,963	1,874	1,914	1,936	1,955	1,867	1,921	1,949	1,805	1,859
Pharmacy	35,476	36,365	37,218	34,741	35,972	37,125	37,844	35,289	36,441	37,608	34,789	35,995
Physical Therapy	11,000	10,908	11,075	11,240	11,702	12,682	11,751	11,652	12,078	12,556	12,735	12,939
Psychology	3,876	4,028	4,141	4,253	4,360	4,994	5,128	5,227	5,335	5,368	5,470	5,582
Social Work	6,306	6,544	6,690	6,828	7,057	8,900	9,144	9,340	9,559	9,089	9,326	9,468
Veterinary Medicine	7,187	7,304	7,370	7,112	7,376	7,489	7,565	7,320	7,587	7,703	7,105	7,448
AGENCY TOTAL	376,988	381,960	383,781	381,696	385,882	397,455	397,810	396,523	402,824	406,753	403,245	409,550

Virginia Department of
Health Professions

Current Count of Licenses

Quarterly Breakdown

Quarter 3 - Fiscal Year 2018

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

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

Board	Occupation	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	CURRENT Q3 2018
Audiology/Speech Pathology	Audiologist	501	517	519	497	507	517	523	494	503	524	475	504
	Continuing Education Provider	14	14	14	14	15	15	15	15	15	15	15	15
	School Speech Pathologist	475	506	513	475	484	507	514	475	479	493	423	432
	Speech Pathologist	3,850	3,907	3,946	3,734	3,796	3,912	4,004	3,871	3,974	4,110	3,857	4,040
Total		4,840	4,944	4,992	4,720	4,802	4,951	5,056	4,855	4,971	5,142	4,770	4,991
Counseling	Certified Substance Abuse Counselor	1,558	1,617	1,679	1,691	1,734	1,662	1,712	1,745	1,784	1,776	1,837	1,870
	Licensed Marriage and Family Therapist	808	825	845	856	870	836	856	872	885	854	864	876
	Licensed Professional Counselor	4,072	4,188	4,333	4,435	4,567	4,512	4,653	4,803	4,932	4,915	5,062	5,218
	Marriage & Family Therapist Resident	-	-	-	-	-	131	131	140	148	166	205	225
	Registration of Supervision	-	-	-	-	37,125	5,491	5,632	5,747	5,831	6,220	6,660	7,095
	Rehabilitation Provider	285	286	288	259	266	270	273	250	252	258	260	235
	Substance Abuse Counseling Assistant	152	163	169	179	192	164	174	188	218	203	217	232
	Substance Abuse Trainee	-	-	-	-	-	-	-	-	1,563	1,609	1,654	1,691
	Substance Abuse Treatment Practitioner	167	170	176	177	179	170	171	176	177	171	185	208
	Substance Abuse Treatment Residents	-	-	-	-	-	1	1	1	1	3	4	4
Total		7,042	7,249	7,490	7,597	7,808	13,237	13,603	13,922	15,791	16,175	16,948	17,654
Dentistry	Conscious/Moderate Sedation	189	198	206	210	212	221	227	233	224	232	233	241
	Cosmetic Procedure Certification	32	33	34	32	36	37	39	36	37	39	38	38
	Deep Sedation/General Anesthesia	51	56	59	63	51	54	58	61	50	54	59	61
	Dental Assistant II	10	10	10	12	11	11	11	15	16	19	19	22
	Dental Full Time Faculty	12	14	14	15	16	12	12	12	13	13	14	14
	Dental Hygienist	5,575	5,643	5,687	5,722	5,719	5,815	5,860	5,906	5,789	5,889	5,932	5,975
	Dental Hygienist Faculty	0	1	1	1	1	1	1	1	2	1	1	1
	Dental Hygienist Restricted Volunteer	1	1	1	1	1	16	0	0	1	1	1	1
	Dental Hygienist Temporary Permit	0	0	0	0	0	0	0	0	0	0	0	0
	Dental Hygienist Volunteer Registration	0	1	0	0	1	0	0	0	1	2	0	0
	Dental Restricted Volunteer	13	14	14	16	20	0	17	17	18	15	16	16
	Dental Teacher	0	0	0	0	0	0	0	0	0	0	0	0

Virginia Department of
Health Professions

New License Count

Quarterly Summary

Quarter 3 - Fiscal Year 2018

Licenses issued by board and occupation during the quarter

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

	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	CURRENT Q3 2018
Audiology/Speech Pathology	169	167	42	71	150	156	69	62	159	165	61	86
Counseling	174	94	200	123	175	254	427	443	384	734	434	2,256
Dentistry	335	302	190	138	364	237	138	145	401	268	103	130
Funeral Directing	54	45	35	41	37	40	33	37	41	52	25	42
Long Term Care Administrator	96	77	74	61	85	79	69	66	99	80	78	78
Medicine	2,588	1,768	1,139	1,184	2,406	1,719	897	1,237	2,335	1,656	939	1,391
Nurse Aide	2,224	1,716	1,327	1,099	2,016	1,625	1,273	1,111	1,576	1,520	1,689	1,656
Nursing	3,216	3,418	2,281	2,610	2,842	4,344	2,586	3,293	3,350	4,369	2,353	3,152
Optometry	51	24	28	17	34	26	15	16	51	25	17	20
Pharmacy	1,132	1,140	878	847	1,135	1,357	742	1,207	1,060	1,367	841	1,045
Physical Therapy	424	442	146	154	444	431	182	176	406	459	164	196
Psychology	63	90	80	93	95	107	112	99	88	245	105	118
Social Work	169	171	125	131	207	277	353	352	343	388	335	360
Veterinary Medicine	266	128	61	77	246	106	62	79	244	95	76	92
AGENCY TOTAL	10,961	9,582	6,606	6,646	10,236	10,758	6,958	8,323	10,537	11,423	7,220	10,622

Virginia Department of
Health Professions

New License Count

Quarterly Breakdown

Quarter 3 - Fiscal Year 2018

Licenses issued by board and occupation during the quarter

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

Board	Occupation	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	CURRENT Q3 2018
Audiology/Speech Pathology	Audiologist	12	12	0	10	11	7	6	7	10	21	4	8
	Continuing Education Provider	1	0	0	0	1	0	0	0	0	1	2	18
	School Speech Pathologist	39	31	6	7	8	23	5	4	3	12	4	2
	Speech Pathologist	117	124	36	54	130	126	58	51	146	131	51	58
	Total	169	167	42	71	150	156	69	62	159	165	61	86
Counseling	Certified Substance Abuse Counselor	33	1	43	0	30	7	33	24	32	57	48	31
	Licensed Marriage and Family Therapist	14	4	16	10	10	11	17	15	10	15	10	11
	Licensed Professional Counselor	108	77	131	103	124	113	128	142	112	119	137	152
	Marriage and Family Therapist Resident	-	-	-	-	-	3	5	10	10	22	10	23
	Registration of Supervision	-	-	-	-	-	91	182	189	131	440	154	503
	Qualified Mental Health Prof - Adult	-	-	-	-	-	-	-	-	-	-	-	676
	Qualified Mental Health Prof - Child	-	-	-	-	-	-	-	-	-	-	-	671
	Registered Peer Recovery Specialist	-	-	-	-	-	-	-	-	-	-	-	57
	Rehabilitation Provider	0	0	1	1	1	2	1	0	0	2	0	2
	Substance Abuse Counseling Assistant	18	12	4	8	10	12	10	11	28	14	12	10
	Substance Abuse Trainee	-	-	-	-	-	-	-	-	61	63	48	52
	Substance Abuse Treatment Practitioner	1	0	5	1	0	12	0	48	0	1	14	23
	Substance Abuse Trreatment Resident	-	-	-	-	-	3	51	4	0	1	1	45
	Total	174	94	200	123	175	254	427	443	384	734	434	2,256
Dentistry	Conscious/Moderate Sedation	4	13	7	2	6	9	6	5	4	8	1	7
	Cosmetic Procedure Certification	1	1	0	1	4	1	1	0	1	1	1	0
	Deep Sedation/General Anesthesia	4	7	3	2	1	3	4	2	1	4	5	1
	Dental Assistant II	4	0	0	1	0	0	0	3	4	3	0	1
	Dental Full Time Faculty	1	2	0	0	1	0	0	0	0	1	0	0
	Dental Hygienist	135	87	38	31	157	86	42	33	153	86	34	28
	Dental Hygienist Faculty	-	-	-	-	-	-	-	-	1	0	0	0
	Dental Hygienist Restricted Volunteer	0	0	0	0	0	2	0	0	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	3	0	1	1	0	0	0	3	3	0	1
	Dental Restricted Volunteer	2	1	0	1	3	0	1	0	0	1	0	0
	Dental Teacher	0	0	0	0	0	0	0	0	0	0	0	0

Bylaws

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"; 18VAC115-60-10 et seq., "Regulations Governing the Practice of Substance Abuse Treatment Practitioners", 18VAC115-80-10 et seq., "Emergency Regulations Governing the Practice of Qualified Mental Health Professionals (QMHP), and 18VAC115-70-10 et seq., "Emergency Regulations Governing the Practice of Registered Peer Recovery Specialists".

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, and the registration of qualified mental health professionals and registered peer recovery specialists. This includes, but is not limited to: setting fees; creating requirements for and issuing licenses, certificates, or registrations; 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) licensed 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.

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 Chairperson of the Board, with the Chairperson of the Committee to be appointed by the Chairperson 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 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.

2. 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.

3. 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.

4. 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 provide documentation that supports such an accommodation.

5. 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.

6. 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.

7. 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.

8. 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.

9. 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.

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

11. The Board delegates to the Executive Director the authority to review alleged violations of law or regulations with a Special Conference Committee member to make a determination as to whether probable cause exists to proceed with possible disciplinary action.

12. 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.

13. 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.

14. 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.

15. 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.

16. 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.

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; May 18, 2018

Regulatory/Legislative Report

Board of Counseling

Report of 2018 General Assembly

HB 226 Patients; medically or ethically inappropriate care not required.

Chief patron: Stolle

Summary as passed:

Medically or ethically inappropriate care not required. Establishes a process whereby a physician may cease to provide health care that has been determined to be medically or ethically inappropriate for a patient. This bill is identical to SB 222.

03/19/18 Governor: Acts of Assembly Chapter text (CHAP0368)

HB 363 Sexual orientation change efforts; prohibited as training for certain health care providers, etc.

Chief patron: Hope

Summary as introduced:

Sexual orientation change efforts prohibited. Prohibits any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory board of the Department of Health Professions from engaging in sexual orientation change efforts with any person under 18 years of age. The bill defines "sexual orientation change efforts" as any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. "Sexual orientation change efforts" does not include counseling that provides assistance to a person undergoing gender transition or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity. The bill provides that no state funds shall be expended for the purpose of conducting sexual orientation change efforts, referring a person for sexual orientation change efforts, extending health benefits coverage for sexual orientation change efforts, or awarding a grant or contract to any entity that conducts sexual orientation change efforts or refers individuals for sexual orientation change efforts.

02/02/18 House: Subcommittee recommends passing by indefinitely (4-Y 2-N)
02/13/18 House: Left in Health, Welfare and Institutions

HB 614 Social work; practice.

Chief patron: Price

Summary as introduced:

Practice of social work. Provides that the Board of Social Work may license baccalaureate social workers, master's social workers, and clinical social workers, as those terms are defined, and may register persons proposing to obtain supervised post-degree experience in the practice of social work.

03/23/18 Governor: Acts of Assembly Chapter text (CHAP0451)

HB 697 Professional counselors; requirements for licensure, supervision of applicants.

Chief patron: Miyares

Summary as introduced:
Licensure of professional counselors; requirements for licensure; supervision. Provides that requirements of the Board of Counseling related to supervision of applicants for licensure as a professional counselor shall not require more than 2,400 hours of supervision to be eligible for licensure.

02/01/18 House: Stricken from docket by Health, Welfare and Institutions (21-Y 0-N)

HB 793 Nurse practitioners; practice agreements.

Chief patron: Robinson

Summary as passed:

Nurse practitioners; practice agreements. Eliminates the requirement for a practice agreement with a patient care team physician for a licensed nurse practitioner who has completed the equivalent of at least five years of full-time clinical experience and submitted an attestation from his patient care team physician stating (i) that the patient care team physician has served as a patient care team physician on a patient care team with the nurse practitioner pursuant to a practice agreement; (ii) that while a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category for which the nurse practitioner was certified and licensed; and (iii) the period of time for which the patient care team physician practiced with the nurse practitioner under such a practice agreement. The bill requires that a nurse practitioner authorized to practice without a practice agreement (a) only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care, (b) consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided, and (c) establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers. The bill requires

(1) the Boards of Medicine and Nursing to jointly promulgate regulations governing the practice of nurse practitioners without a practice agreement; (2) the Department of Health Professions, by November 1, 2020, to report to the General Assembly a process by which nurse practitioners who practice without a practice agreement may be included in the online Practitioner Profile maintained by the Department of Health Professions; and (3) the Boards of Medicine and Nursing to report information related to the practice of nurse practitioners without a practice agreement that includes certain data, complaints and disciplinary actions, and recommended modifications to the provisions of this bill to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by November 1, 2021.

04/04/18 Governor: Acts of Assembly Chapter text (CHAP0776)

HB 1114 Professional and occupational regulation; authority to suspend or revoke licenses, certificates.

Chief patron: VanValkenburg

Summary as introduced:

Professional and occupational regulation; authority to suspend or revoke licenses, certificates, registrations, or permits; default or delinquency of education loan or scholarship. Provides that the Department of Professional and Occupational Regulation, the Department of Health Professions, the Board of Accountancy, and the Board of Education shall not be authorized to suspend or revoke the license, certificate, registration, permit, or authority it has issued to any person who is in default or delinquent in the payment of a federal-guaranteed or state-guaranteed educational loan or work-conditional scholarship solely on the basis of such default or delinquency.

03/05/18 Governor: Acts of Assembly Chapter text (CHAP0170)

HB 1251 CBD oil and THC-A oil; certification for use, dispensing.

Chief patron: Cline

Summary as passed:

CBD oil and THC-A oil; certification for use; dispensing. Provides that a practitioner may issue a written certification for the use of cannabidiol (CBD) oil or THC-A oil for the treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use. Under current law, a practitioner may only issue such certification for the treatment or to alleviate the symptoms of intractable epilepsy. The bill increases the supply of CBD oil or THC-A oil a pharmaceutical processor may dispense from a 30-day supply to a 90-day supply. The bill reduces the minimum amount of cannabidiol or tetrahydrocannabinol acid per milliliter for a dilution of the Cannabis plant to fall under the definition of CBD oil or THC-

A oil, respectively. As introduced, this bill was a recommendation of the Joint Commission on Health Care. The bill contains an emergency clause. This bill is identical to SB 726.

EMERGENCY

03/09/18 Governor: Acts of Assembly Chapter text (CHAP0246)

HB 1383 Marriage and family therapy; clarifies definition, adds appraisal.

Chief patron: Rodman

Summary as introduced:

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

03/19/18 Governor: Acts of Assembly Chapter text (CHAP0375)

HB 1510 Professions & occupations; recognizing licenses/certificates issued by Commonwealth of Puerto Rico.

Chief patron: Simon

Summary as introduced:
Professions and occupations; reciprocity. Directs the Department of Professional and Occupational Regulation and the Department of Health Professions to promulgate regulations recognizing licenses or certificates issued by the Commonwealth of Puerto Rico as full fulfillment of qualifications for licensure or certification in the Commonwealth. The provisions of the bill expire on July 1, 2021.

02/13/18 House: Left in Appropriations

SB 245 Conversion therapy; prohibited by certain health care providers.

Chief patron: Surovell

Summary as introduced:
Conversion therapy prohibited. Prohibits any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory board of the Department of Health Professions from engaging in conversion therapy with any person under 18 years of age. The bill defines "conversion therapy" as any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change

behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. "Conversion therapy" does not include counseling that provides assistance to a person undergoing gender transition, or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity. The bill provides that no state funds shall be expended for the purpose of conducting conversion therapy, referring a person for conversion therapy, extending health benefits coverage for conversion therapy, or awarding a grant or contract to any entity that conducts conversion therapy or refers individuals for conversion therapy.

01/18/18 Senate: Passed by indefinitely in Education and Health (8-Y 7-N)

SB 417 Community health worker; VDH to approve one or more entities to certify workers in the Commonwealth.

Chief patron: Barker

Summary as passed Senate:

Community health workers; certification. Requires the Department of Health to approve one or more entities to certify community health workers in the Commonwealth and prohibits a person from using or assuming the title of certified community health worker unless he is certified by an entity approved by the Department.

02/27/18 House: Subcommittee recommends passing by indefinitely (4-Y 2-N)
03/06/18 House: Left in Health, Welfare and Institutions

SB 762 BHDS, State Board of; definition of "licensed mental health professional."

Chief patron: Barker

Summary as passed Senate:

Board of Behavioral Health and Developmental Services; definition of "licensed mental health professional." Directs the State Board of Behavioral Health and Developmental Services (State Board) to amend regulations governing licensure of providers of behavioral health services to include behavior analysts in the definition of "licensed mental health professional." The bill directs the State Board to promulgate regulations to implement the provisions of the act to be effective within 280 days of its enactment.

03/30/18 Governor: Acts of Assembly Chapter text (CHAP0572)

SB 812 Mental health professional, qualified; broadens definition.

Chief patron: Barker

Summary as introduced:

Definition of qualified mental health professional. Broadens the definition of "qualified mental health professional" to include employees and independent contractors of the Department of Corrections who by education and experience are professionally qualified and registered by the Board of Counseling to provide collaborative mental health services. This bill is identical to HB 1375.

04/09/18 Governor: Acts of Assembly Chapter text (CHAP0803)

Proposed Regulations Governing the Registration of Qualified Mental Health Professionals (QMHP)

Commonwealth of Virginia

DRAFT

REGULATIONS

GOVERNING THE REGISTRATION OF QUALIFIED MENTAL HEALTH PROFESSIONALS

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-80-10 et seq.

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

Effective Date: December 18, 2017

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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 States Department of Education website. If education was obtained outside the United States, the board may accept a report from a credentialing service that deems the degree and coursework is equivalent to a course of study at an accredited school.

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

"Board" means 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 the Boards of Counseling, Psychology, or Social Work as a pre-requisite for licensure.

"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, the Department of Corrections 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, the Department of Corrections 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 up to the age of 22 who have a mental illness. A QMHP-C shall provide such services as an employee or independent contractor of the DBHDS, the Department of Corrections 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 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 on forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20.

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 that has been approved by the Boards of Counseling, Psychology, or Social Work as a pre-requisite for licensure. Supervision obtained in another U. S. jurisdiction may be provided by a mental health professional licensed in that jurisdiction.

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. A trainee registration shall expire five years from its date of issuance.

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

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

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 that has been approved by the Boards of Counseling, Psychology, or Social Work as a pre-requisite for licensure. Supervision obtained in another U. S. jurisdiction may be provided by a mental health professional licensed in that jurisdiction.

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. A trainee registration shall expire five years from its date of issuance.

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. Persons who hold registration both as a QMHP-A and QMHP-C shall only be required to complete eight contact hours. 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, or an agency licensed by DBHDS; 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 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 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 service provider, as defined in § 54.1-2400.1 of the Code of Virginia 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, attempting to procure, 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;

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.

Qualified Mental Health Professional (QMHP)

Public Comment

Virginia.gov Agencies | Governor

Agency **Department of Health Professions**

Board **Board of Counseling**

Chapter **Regulations Governing the Registration of Qualified Mental Health Professionals [under development] [18 VAC 115 – 80]**

Action	Initial regulations for registration
Stage	Emergency/NOIRA
Comment Period	Ends 2/7/2018

All comments for this forum

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Commenter: Alyce Dantzler 1/9/18 5:21 pm

Registration for QMHP's

1. Sociology used to be an approved degree and still should be. This was voted on at a Board of Counseling meeting on November 2nd and appears that there was no discussion at all concerning this. Sociology is as related to this field if not more than other degrees that are on the list.
2. While I understand the reasoning behind doing this and support the move this direction 100%, I am very concerned about the delay in hiring providers will experience related to us requesting that applicants register before we hire them.
3. I am very concerned that the 8 hours of continuing education be so narrowly defined as to who can provide this training. I believe that other entities should be allowed to train, there shoud be "train the trainer" opportunities for providers so they can provide in-house training, or some other avenue should be found. Providers are already required to provide a vast amount of training annually to staff and much of this, if done in a quality manner could count as continuing education.
4. There are very loose definitions surrounding supervision of community based programs. We are concerned about if the board expects that Licensed or Licensed Type individuals supervise the day-to-day operations of programming. In our part of the state, Licensed individuals or residents are very scarce, especially now that CCC+ has been implemented and the insurance companies have recruited our licensed staff away from us. In addition, many of the programs that we are talking about are seen as non-clinical by the state and thus should not require that level of supervision.

Thank you for you consideration of these concerns.

Commenter: Andrew Peddy, LPC, Mt. Rogers CSB 1/10/18 3:54 pm

QMHP-C

I would like to suggest that QMHP-C could work with certain individuals past age 17. Specific examples would include 18-21 year olds who are involved with foster care through the independent living program, or individuals who are over 18 who are still enrolled in high school. This would allow youth services staff to maintain their QMHP-C status without having to also be registered as a QMHP-A just in order to work with one or two individuals who are 18 years old and still in the school system. If staff work with adults on a regular basis I think it would be sensible to be registered as QMHP-C and QMHP-A, but I think it is burdensome for youth staff who would be working with 18 year olds and the occasional 19 year old.

Suggestions for ideas on the regulations for this would possibly be.

QMHP-C staff may work with individuals through the age of 21 years old.

or

QMHP-c staff my work with individuals who are still enrolled in school.

Thank you for your consideration of this topic.

Commenter: Jenny Brummitt/ EHS 1/16/18 10:05 am

QMHP Registration

My concern is in regards to our hiring process within our company and approved degrees. We hire based upon referrals and typically we see approximately 2 to 3 referrals within a two weeks span and as this continues to grow, those individuals we are able to interview based upon qualifications have to be registered with the board. Though I understand this, my worry is the time period that it takes for those applicants to be approved, and how quickly we can get those applicants trained efficiently in order to serve our population affectively. I do feel that Sociology should be on the list of approved degrees as this has been in the past and I'm unclear as to why this does not now apply in this case.

I do wish to appreciate the efforts to ensue fraudulent activity is ceased by stripping one of their registration immediately and placing a high reinstatement fee and/or declining to reinstate. One who commits fraud or places harm/takes advantage of those within our services, should not be allowed to practice within the State of VA.

Commenter: Melissa Peddy, LPC, Mount Rogers Community Services Board 1/16/18 10:08 am

Considerations for QMHP regulations

I agree that the registration and supervision of qualified mental health professionals is beneficial for the individuals receiving mental health services. Providing registration online is especially helpful for those registering as a QMHP. It may be somewhat discouraging for those who work with both adults and children to have to register as both a QMHP-A and QMHP-C and pay the full fee for both of these credentials. It would be helpful to have a reduced fee if registering as both a QMHP-A and QMHP-C in order to have an incentive those with the most experience and knowledge in a wide range of ages. Another consideration for those working in the school system as therapeutic day treatment counselors would be to extend the ages for QMHP-C providers until age 21, as some young adults are still enrolled in public school and receiving mental health services from QMHPs. Additionally as a LMHP, it would helpful for my supervision of QMHPs to have clear guidelines and guidance documents related to registration, supervision, and reporting any

disciplinary action.Consid

Commenter: Scott Philbrook, EHS

1/16/18 4:46 pm

Registration of new hire QMHPS.

Although I understand and support the efforts to ensure a standard for professionals in the field of behavioral services the concern that I have is that bureaucracy and paperwork lengthens the amount of time for new hires and may be a hindrance to providing consumers with service in an effective and timely manner. Especially in crisis stabilization services where the emphasis is to reach out as soon as possible to clients who are at risk for hospitalization, homelessness or sucidiality/homicidality. If the process is held to a two week turn around that would be very beneficial, if it proves to be lengthier this could be a hindrance.

In addition, the area of the state where our agency operates has a limited amount of LMHPS. This presents a problem with requiring that supervision of the daily implementation of individualized service plans fall on LMHPS or LMHP-E individuals. This again may prove to be inefficient in serving the behavioral health population in our rural locality.

Scott Philbrook, Clinical Coordinater/Crisis Team Leader

Commenter: Jordan Hyde, DPCS

1/23/18 8:43 am

QMHP registration

While I understand the reasoning behind registration of QMHP staff for adults and/or children, the way the regulation is currently being presented poses many problems to those of us actually working in the mental health field.

1. QMHP-C only goes to age 17, many students with behavioral issues continue through the community-based “child services” through age 21.This means a youth who has had a staff person working with them potentially for all of their life, might have to get transferred to a QMHP-A solely because they turn 18.This will disrupt treatment, especially in school settings.
    1. I request that some consideration be granted that a QMHP be ONE definition where staff can move between children and adult community-based services given experience with both children and adults.

2. The hiring of staff as of January 1, 2018 is already being negatively affected by the way the regulations are reading.Because applicants after January 1, 2018 have not been given the opportunity to be grandfathered in, we are trying to follow the posed regulations for positions that require QMHP staff.Since Sociology has been removed from the list of accepted Human Services Field degrees, our applicant pools have decreased as this has historically been a widely known and accepted degree to work in the human services field.In addition, staff have gained experience with children AND adolescents and having to differentiate between the two could cause someone’s experience to keep them from being eligible under the new regulations.
    1. Can it be clarified that a degree in sociology is still considered a human services field.

3. I need clarification as to who can directly supervise registered QMHP-A’s and C’s.In the

southern part of the state, we are significantly lacking in licensed staff and even staff who are eligible to be licensed.If the requirement is to require a QMHP to be directly supervised by a licensed type, organizations in the southern part of the state will have to cease services until we can hire more licensed type staff.

1. Can it be clarified that a QMHP-A or C can be directly supervised by another QMHP-A or C as long as there is overall oversight by a licensed-type staff person in the chain of command?
    1. Consider the situation where someone desires to maintain their QMHP-A or C, but their position does not require it, but want to have the opportunity for upward advancement.If their supervisor is required to have this credential, it could pose a problem for retaining staff.

4. I am one of those folks who has experience working with children and adults; I am in a position where I am not actively providing services though.I would like to retain my QMHP-A AND QMHP-C status as I continue my education to be licensed.However, this regulation would require me (and MANY others across the state) to register as both, with two fees just to keep our opportunities open in the wide field of mental health services that overlap between children and adults.
    1. Again, can it be considered that the QMHP fee allow for someone to maintain both a QMHP-A and C status?

Thank you in advance for your consideration in updating the regulations to better meet the needs of all folks receiving mental health services in Virginia.

Commenter: Bob Horne, Norfolk CSB

1/23/18 11:33 am

Comments related to QMHP Regulations

Sociology used to be an approved degree and I believe that sociology should still be an approved degree. Sociology is as related to this field (if not more so) than other degrees that were included on the list of approved degrees. Eliminating sociology as a approved degree substantially limits the pool of qualified available candidates for this credential.

The registration and supervision of qualified mental health professionals is certainly beneficial for the individuals receiving behavioral healthcare services. However, it is a discouragement for those who work with both adults and children to have to register as both a QMHP-A and QMHP-C and pay the full fee for each of these credentials. It would be helpful to have a reduced fee if registering as both a QMHP-A and QMHP-C. This would serve as an incentive those with the most experience and knowledge in a wide range of ages. As an alternative, consider extending the age range of QMHP-Cs to serve individuals up to 21 years of age.

I share the concerns that others have expressed about the delay we will experience in hiring providers. this is bacuase applicants will need to be registered as QMHPs before we hire them in order that we can bill for their services. Also; I would express concern about the expectation that Licensed or Licensed-Type individuals must supervise the day-to-day operations of services provided by QMHPs. Licensed individuals are scarce, especially since CCC Plus has been implemented and MCOs have recruited many of our licensed staff. In addition, many of the programs that are employing QMHPs are viewed as ‘non-clinical’ by both DMAS and the MCOs, but CCC Plus is requirning LMHP or LMHP-Types to sign all authorizations for CMHRS services..

I would like to echo concerns regarding the 8 hours of continuing education being narrowly defined regarding who can provide the training. Many of the organizations providing behavioral health services in the communities in Virginia already have extensive continuing education requirements under the DBHDS Licensure regulations. I believe that these organizations should be allowed to provide the required continuing education to their staff in accordance with their annual compliance with DBHDS Licensure regulations. I would also request that the regulations clarify the nature and extent of supervision that LMHPs and LMHP-Types must provide to registered QMHP-A's and C's. Must the LMHP, or LMHP-Type, be the direct supervisor of the QMHP?

Thank you in advance for your consideration of these comments when updating these regulations to better meet the needs of all individuals receiving behavioral healthcare services in Virginia.

Commenter: Julia Campbell, BSW Quality Assurance----Piedmont CSB 1/24/18 4:50 pm

QMHP-A/ C Registration Concerns

Concerns with QMHP A/C Registration:

I think the Registration is a great idea. However, I do ask that consideration be given to current DMAS/ DBHDS Regulations, which at this point make every attempt to mirror one another. In the Regulations as it relates to QMHP-C/ A, if one has the credential of QMHP-C, then they are deemed appropriate to provide QMHP-A services to adult indivduals, as current QMHP-A requires that there is mental health experience provided to "Individuals"....which would include children. I think that asking providers to pay for 2 Registrations is asking a bit much. I feel that a **QMHP** credential overall should be considered.

In order to address the issue of the need to pay for 2 Registrations, I would suggest possibly having a registration for QMHP-C…. with Adult experience Endorsement (if applicable). And, if the mental health experience has been with adults only, then that person could register as QMHP-A.

Commenter: Kathy Nelson HRCSB 1/25/18 1:31 pm

QMHP Regulation Comment

1. Sociology should continue to be an approved degree . Sociology is very much related to the field . Removing Sociology from the approved list of degrees has reduced our pool of possible applicants for QMHP positions, positions that are already difficult to fill.

2. The BOC description of the QMHP role and scope of practice / types of services on the recent FAQs do not match the DMAS regulations- so which description/regulation will agencies follow? It would be most helpful if the BOC ; DMAS and DBHDS regulations and expectations were in sync.

3. Clarification of the Supervision component of the regulations is needed:

- Does the LMHP/LMHP-Type level of Supervision that is required have to be provided by the Supervisor of the Program?
- Are all registered QMHPs required to be Supervised by an LMHP/Type or is this just for the registered QMHP-Trainees?
- If someone is grandfathered in as a QMHP and then works in a program that does not require QMHP level of credential to bill for the service (i.e. MH Case Management) and the program is not Supervised by an LMHP/Type – will these employees no longer meet the requirements for

continued QMHP credentialed status at the time of renewal?

- Does the LMHP/Type have to be present with the QMHP and/or QMHP-Trainee when the QMHP and/or QMHP-trainee is in the community working with a client, providing a service ? …
- What does the Supervision documentation need to include?

4. QMHP- Trainees registration

- Additional clarification of this status is needed ....what is required of the provider to make sure the provider has everything in place to hire a potential QMHP-Trainee . As mentioned above, clarification of the Supervision requirements for a QMHP-Trainee is needed.
- It would be most helpful if the BOC , DBHDS and DMAS were all on the same page regarding the requirements for the QMHP –Trainee status. DMAS has a limit to the # of Trainees per agency and per LMHP/Type Supervision .It is concern if a QMHP applicant is not credentialed due to insufficient experience , they could potentially be considered a QMHP-Trainee level . The DMAS restrictions to the # of QMHP-Trainees could very well impact our ability to fill positions and serve our clients. In addition, it is my understandings that DBHDS needs to approve a QMHP-Trainee Training program before a provider can even consider using a QMHP-Trainee but as an agency, we have been waiting since June for an approval for a submitted QMHP-Eligible Training program and recently received an e-mail from a DBHDS representative that this now falls under the BOC . Clarification is very much needed.

5. The requirement for QMHP Credential or QMHP-Trainee registration before a provider can bill for services using the employee(that require this level of credential) puts a great financial burden on Providers . It essentially means that we will have staff on board for whom we cannot use to provide a service until we receive confirmation from the BOC. Even if the BOC can meet their intended 30 day turn around period , it is still a great burden. This can potentially and very likely reduce our ability to serve individuals already in service and/or take on new clients in need of the service when a position is vacated. This is particularly a concern for services working with high risk individuals such as a residential Crisis Stabilization Program.

6. Requiring separate Credentials for Adults vs Children/Adolescents sounds good until you get into the details of how services are provided. The ages of 18 thru 21 are somewhat blurry when it comes to whether these individuals are considered Adolescents or Adults. DMAS considers them Adolescents, Our agency, in most cases, view an 18 to 21 year old as adolescents only if they are still in the educational system, and receive services through our Children's Programs. So, would a QMHP-C credential be sufficient for a staff person providing a service to an 18 – 21 year old who is in school and is receiving an agency defined child level service?....Or would this person require both the QMHP –A and QMHP –C credential.

7. I would like to echo concerns regarding the 8 hours of continuing education being too narrowly defined regarding who can provide the training as mentioned in other comments submitted.

Commenter: Denise Malone

1/26/18 8:45 am

QMHP registration

Any and every mental health professional who meets the education, experience, and training requirements should be eligible to register and KEEP the QMHP title.

Furthermore, the mandate in the reg that every person who seeks services of a QMHP would need a formal "service plan" is problematic. An organization's clinical supervisors can make those decisions based on the population and particular cases served.

Lastly, clinical supervisors should decide the QMHP's services and roles within an organization and its structure, based on professional standards of practice, agency policies, existing laws and regs, and the QMHP's individual skills, experience, and training.

Commenter: Joanna Bryant 1/26/18 11:34 am

QMHP credential

I agree with previous comments posted that the limitations of the QMHP certification should be expanded. At a time when mental health beds are at an all time low and a significant proportion of mentally ill individuals end up in the justice system, we should not be creating an artificial bottleneck concerning access to treatment providers as well. Therefore I concur with the following recommendations:

There should not be two QMHP credentials.

Any and every mental health professional who meets the education, experience, and training requirements should be eligible to register and KEEP the QMHP title.

Furthermore, the mandate in the reg that every person who seeks services of a QMHP would need a formal "service plan" is problematic. An organization's clinical supervisors can make those decisions based on the population and particular cases served.

Lastly, clinical supervisors should decide the QMHP's services and roles within an organization and its structure, based on professional standards of practice, agency policies, existing laws and regs, and the QMHP's individual skills, experience, and training.

Commenter: Genhi Whitmer, LPC, Region Ten CSB 1/27/18 6:26 pm

QMHP

Thank you for the opportunity to comment on this proposed regulation. I would like to submit the following for consideration:

It appears that the BOC description of the QMHP role and scope of practice/types of services on the recent FAQs do not match the DMAS regulations. Please refer to current DMAS regulations and insure that the regulations are lined up so as to avoid confusion. Likewise with DBHDS requirements.

I am very concerned about the requirement that QMHPs be registered before they can bill. This places undue hardship on agencies and may result in loss of applicants and/or lost billing in a time when most agencies cannot sustain either loss. Many agencies are already feeling a negative impact. With the rate of turnover experienced by many agencies, a requirement like this could also have a serious negative impact for persons served, such as in residential and crisis stabilization programs, etc.

Sociology should remain an approved degree. It is a relevant degree for the field and has been so for many years. Individuals interested in entering the field have planned college educations around this. To remove it reduces our pool of applicants.

The registration and supervision of qualified mental health professionals can be beneficial to the

individuals served. However, please consider having a reduced joint fee for individuals registering for both QMHP-A and QMHP-C. Also, please consider that QMHPs will now be asked to pay for registration and ongoing renewal fees and possibly continuing education costs - without increased salary as reimbursement rates for these positions don't seem to be addressed with added requirements, as well as no increase for related administrative costs to agencies.

Please consider extending the age range of QMHP-C to serve individuals up to age 21 years of age. Many children with behavioral issues continue through the community-based "child services" through age 21. Requiring them to change providers at age 18 interrupts continuity of care and may disrupt treatment. Please also consider language that would allow clinical judgment to guide the transition of care between "child" and "adult" and to allow for variances in the best interest of the persons served.

I share concerns that there is an expectation that licensed or licensed-eligible individuals must supervise the day-to-day operations of services provided by QMHPs. Licensed individuals are scarce in many parts of the state, especially since CCC Plus has been implemented and MCOs have recruited many of our licensed staff. While I understand the intent is to insure that individuals receive services from qualified staff, it is equally critical to have licensed staff provide direct services to individuals who need them most. As we see more and more administrative and supervision requirements for our agencies, without added funding support, the strain on the system takes a toll on agencies, staff, and the people we serve. Please take this into serious consideration when regulations are passed.

I would request that regulations clarify the nature and extent of supervision that LMHPs and LMHP-types must provide to registered QMHPs. Must the LMHP be the direct supervisor? Can group supervision be used to meet this requirement? How many QMHPs can someone supervise? Does the supervisor have to be registered as QMHP, as an approved supervisor? Are all registered QMHPs required by to be supervised by an LMHP, LMHP-type or is this just for QMHP Trainees? What supervision documentation is required?

I would echo concerns regarding the 8 hours of continuing education being narrowly defined regarding who can provide the training. Please consider making requirements line up with current DBHDS requirements and expectations.

Can licensed individuals provide services that require QMHP registration? Does having a license (LPC, LCSW, RN, LPN) negate the need to register as a QMHP?

Please take into consideration options for those registered as QMHP-A or QMHP-C to be able to work across these boundaries in order to learn new skills and expand their ability to provide services in our system of care. Locking registration down in silos can only serve to limit the options of both staff and agencies to meet the dire needs of our communities. As someone who has worked with both adults and children, I believe there is great value to be added to our services by creating more opportunities for staff to cross train and expand their abilities and value taken away by reducing these opportunities.

Will staff who were grandfathered in as QMHP be able to take their newly-registered status with them if they leave the home agency? If so, this could result in a loss of staff for some agencies. If not, then these individuals will be required to register with the state, complete all continuing education, and yet remained locked into a current job or agency without potential for much advancement. This seems unfair to hard working professionals. Also, can QMHP registered staff move into non-QMHP positions and maintain their registration should they wish to move back into a QMHP position in the future?

Should QMHP-Es begin to register now as either QMHP-A or QMHP-C or to seek to be prepared to move into either?

Thank you in advance for your consideration of these comments when updating these regulations to better meet the needs of all individuals receiving behavioral healthcare services in Virginia.

Commenter: Jennifer Switzer, PhD, LPC; Horizon Behavioral Health 1/29/18 12:29 pm

QMHP

Thank you for the opportunity to comment. The online option for registrations was a very good idea, and I believe it will be the most efficient avenue to navigate this process. I would like to offer the following concerns/suggestions with other elements of this proposed regulation change:

1. Allow the QMHP-C to provide services to individuals past age 17, and change it to age 21 (beneficial for those serving individuals in independent living programs, school-based services, etc. where services should continue seamlessly for our individuals).

2. Sociology should remain as an approved degree- it is relevant to our work, and would significantly impact the applicant pool if removed.

3. I share concerns already given regarding the licensed supervisor's expectations: please clarify the extent of this requirement. Will group supervision be accepted? Will the 1:1 requirement remain between licensed supervisor and QMHP Trainee?

4. Please consider aligning the 8 hours of continuing education with current DBHDS expectations.

5. Please consider lowering the cost for individuals who are dual registering as both a QMHP-C and QMHP-A- this would promote cross-training of staff, and maximize the services available for our communities.

Thank you for your time and consideration.

Commenter: Amit Shah, MD 1/29/18 1:59 pm

QMHP certification

I agree with previous comments posted that the limitations of the QMHP certification should be expanded. At a time when mental health beds are at an all time low and a significant proportion of mentally ill individuals end up in the justice system, we should not be creating an artificial bottleneck concerning access to treatment providers as well. Therefore I concur with the following recommendations:

There should not be two QMHP credentials.

Any and every mental health professional who meets the education, experience, and training requirements should be eligible to register and KEEP the QMHP title.

Furthermore, the mandate in the reg that every person who seeks services of a QMHP would need a formal "service plan" is problematic. An organization's clinical supervisors can make those decisions based on the population and particular cases served.

Lastly, clinical supervisors should decide the QMHP's services and roles within an organization and its structure, based on professional standards of practice, agency policies, existing laws and regs, and the QMHP's individual skills, experience, and training.

Commenter: Lisa Snider, Loudoun County MHSADS

2/1/18 12:40 pm

Concerns and questions regarding 18VAC-115-80

Town Hall Comments for Regulations Governing the Registration of Qualified Mental Health Professionals [18 VAC 115-80]

1. Given the scope of practice of a QMHP, Sociology should continue to be an approved degree. Those working as a QMHP are providing collaborative mental health services and not engaging in independent or autonomous practice. Many of those who have historically filled roles of the QMHP have been individuals with a Sociology degree. Removing the Sociology degree from the approved list without substantial factual review and reporting could affect service delivery for those in Virginia. This degree should be added back to the list.
2. For those who were not employed as a QMHP prior to December 31, 2017, requiring that the experience be within the past five years, is discriminatory for those who may have stepped out of an employed role for family matters. This stipulation is unfair and should be removed.
3. There has been little to no clarity provided regarding documentation needed for QMHP registration.
    1. There should be a way to print the attestation form needed for staff employed prior to December 31, 2017 prior to paying the registration fee so that staff can ensure an attestation before registering.
    2. For those working after December 31, 2017, there is no clarification on the “evidence” of hours that will be needed. Is this an attestation form?
4. I echo the multiple concerns noted regarding the requirement of registration and payment for registration for credentials as QMHP-A and QMHP-C. Requiring separate registrations and re-registrations is redundant and not needed. The Board of Counseling has indicated that the 8 hours of continued education can be the same hours used for both. How then is a separate registration needed?
5. Requiring nurses with psychiatric experience to register as a QMHP-A and/or QMHP-C, when they are already registered with the Virginia Board of Nursing, seems unnecessary.
6. I echo the concerns noted regarding the list of those who can provide the 8 hours of continuing education being too narrow. Further, the Board of Counseling has indicated that they will not pre-approve trainings which will satisfy the requirement. This puts providers and QMHP staff in a stressful, catch 22 position.
7. I echo the concerns noted about the impact of requiring QMHP or QMHP-trainee registration before a provider can bill for the services provided. This requirement places a significant financial burden on providers as providers will be responsible for paying employees while waiting for the Board of Counseling registration confirmation. This burden exits even if the BOC meets their intended 30 day turn around. The impact will very likely reduce a provider’s ability to serve individuals already in service and/or take on new clients in need of the service when a position is vacated. Thus, individuals and families will be negatively impacted.

Commenter: Christina Laws

2/2/18 11:42 am

QMHP Regulations

As a current QMHP-C and QMHP-A with a sociology degree, these changes in regulations and

degree criteria are especially concerning. While I may be an exception moving forward via grandfathering-in, my fellow sociology majors may lose their opportunity to proceed with further career growth or movement. Sociology is a degree based on humans and our society. This means that college graduates coming out of school with this degree have spent the last 2-8 years studying humans, their behaviors, and how they engage with one another, which is a mental health professional at its best. Limiting criteria for QMHPs will not only have a negative impact on mental health agencies and their ability to hire very competent and prepared candidates, but it will also expand its impact to college and university program progression nationwide. Minimizing educational program growth and stability will lead to federal funding issues in the future and could lead to a major setback to the decades of progress that the sociology community has worked towards throughout its lifetime.

Commenter: Jennifer G Fidura, VNPP, Inc. 2/3/18 2:06 pm

QMHP Regulations

The Virginia Network of Private Providers does support the concept of registration for QMHP for the reasons that the original proposal was made, but offers the following comments on the Emergency Regulations:

1) There should either be an opportunity for registration as a QMHP C/A for an indivudual trained and able to work with both children and adults, or the secondary registration (for either QMHP-C or A) for an individual already registered should be at a significantly reduced rate.

2) CEU requirements for someone with dual registration should not exceed 8 hours.

3) QMHP-C should be qualified to work with any individual up to age 22 who is still in school, or foster care through the independent living program.

We share concerns expressed about the regulations becoming an impediment to building and maintaining an adequate, competent and professional workforce, but are willing to work with the Board of Counseling to manage the process as efficiently as possible.

Commenter: Kim Harrison, LCSW - Lutheran Family Services of Virginia - Winchester, VA 2/5/18 12:56 pm

QMHP Feedback

I fully support the registration of QMHP's in Virginia, as a means of better verifying experience and education among professionals in our field. I have the following comments regarding the process and the emergency regulations pertaining to the process:

1. Clarification of LMHP/Type supervision – TDT regulations require weekly individual/group supervision of staff providing TDT services. Will this meet the requirement of a QMHP-Trainee, or will the LMHP/Type have to provide daily supervision? Will the LMHP/Type have to be present at the location to provide constant supervision of the QMHP-Trainee?
2. The requirements for past experience indicate that the applicant has to have had experience under an LMHP/Type who is registered with the board – how will this impact applicants coming from out of state, from Residential Treatment Centers, from internships, etc? Previously, these applicants met the minimum standard to be hired, based on confirmation of their experience, per the DBHDS and DMAS regulations.
3. I echo the feedback that the age for QMHP-C should be extended to 22, as there are many

individuals being served in public schools, and other settings identified as being for “children”, through the age of 22 due to their emotional and cognitive needs, Special Education Status, etc.

4. I echo the feedback that there should be a discounted rate for someone registering as both a QMHP-C and QMHP-A.
5. I echo the need for clarification of supervised experience, and how that experience is to be documented when hiring new staff, as well as for staff hired as a QMHP-Trainee.
6. I echo the concern that Sociology has been removed as an approved degree area. A professional with a degree and Sociology and the minimum experience as previously defined by DBHDS and DMAS should still be able to qualify as a QMHP- C or A.
7. It would be helpful for all forms pertaining to QMHP registration (for C, A or Trainee) to be available for download/review in a PDF format on the website, as the forms for licensure registration currently are, in order to ensure that all documentation and appropriate information is available when the employee is registering. It will also help us as employers to prepare the employee/potential employee for the process. I requested the forms from the Board of Counseling in January, and was told to review the Handbook, but the forms are not included in the Handbook.
8. I echo the comments and concerns regarding the requirement for CEU's for QMHP level staff, and hope that internal trainings can also be counted toward these CEU requirements.

Commenter: Kathy Nelson HRCSB

2/5/18 2:54 pm

QMHP Comments related to the Application process

In a recent QMHP Application, we noted the following on the application form: “**due to the volume of applications, the processing time can take up to 60 business days.**” This is equivalent to 3 months, not the 30 days we were informed it would take when the regulations first came out. This is both a hardship for agencies as well as our consumers. For the agency, this is huge financial burden. For consumers, it may mean the agency does not have the capacity to service all those in need or may need to provide level of service needed. For crisis services such as a residential Crisis stabilization program, It becomes a safety risk when an agency cannot fill positon vacancies quickly. There needs to be some type of interim status during the application process in which the applicant can provide services until the BOC has been able to determine the applicants level of credential.

The other concern I have is the Verification of Supervised Experience form that must be signed by the Supervisor under which the experience occurred. This is a state wide new requirement. I wonder how well institutions of higher education have been informed/educated of these new regulations so that students are well informed when they choose a practicum. They should know to provide the Practicum Supervisor the Verification form at the start of their practicum to have accurate information at the finish of the practicum and the Licensed/Licensed-Type signature.

Also I am very concerned that QMHP Applicants may not be able to obtain the required information and signature form previous employees for any number of reasons and obtain it in a timely manner, once again adding to the financial hardship to employers.

Commenter: Cumberland Mountain CSB

2/5/18 3:01 pm

Concern About QMHP Regualtions

- Sociology should continue to be an approved degree due to the scope of practice for a QMHP. Individuals working as a QMHP are providing collaborative mental health services and not engaging in independent or autonomous practice. Historically, many of those who have filled roles of the QMHP have been/are individuals with a Sociology degree. Removing the Sociology degree from the approved list without substantial factual review and reporting could affect service delivery for those in Virginia. This degree should be added back to the list.
- Individuals who were not employed prior to 12/31/17 as a QMHP, requiring that the experience be within the past five years, is discriminatory for those who may have stepped out of an employed role for family matters. This is unfair and should be removed.

Commenter: Fabrina Goodell

2/7/18 9:22 am

Qmhp regulation on human services alternative

For the past 3 years I have attended Randolph College as a sociology undergraduate. On January 10th 2018 I graduated with a bachelor's in sociology. Sociology in my mind and everywhere I've looked is listed as a field correlated with human services. For the past month-and-a-half I have been trying to become qmhp certified, I have a lot of experience, however, previous employers refuse to sign based on the current guidelines. I'm am hoping that during the next meeting sociology pick cepted as a human service related field.

Commenter: Holly Albrite

2/7/18 2:09 pm

In order for new staff to be credentialed as a QMHP they must meet both education and experience

Commenter: Cheryl Williams Goochland Powhatan Community Services

2/7/18 2:45 pm

QMHP Regulations

Thank you for the opportunity to comment.

I share the concerns expressed by others in terms of the LMHP/Type individual's expectations to supervise the day-to-day operations of services provided by QMHPs and QMHP-Trainees. Please clarify the nature and extent of these supervision requirements. Does the LMHP/Type have to be present with the QMHP and/or QMHP-Trainee when the QMHP and/or QMHP-Trainee is providing a service either at a program location or in the community? Can group supervision suffice? In addition, what are the Supervision documentation requirements?

I would like to echo the recommendation to expand the narrow definition of approved organizations, associations, or institutions to provide the annual 8 hours of continued competency training. The BOC FAQs state, "The Board staff cannot pre-approve any CE courses. Each registrant shall use their best and professional judgment to determine if the course meets the

requirements outlined in the regulations." This leaves only federal, state, or local government agencies, public schools, or licensed health facilities as the providers of this training.

Sociology should remain as an approved degree qualified for this credential. As expressed by multiple commenters, removing this degree substantially impacts the qualified applicant pool and those who have filled the roles as QMHPs.

The requirement for documentation of supervised experience by an LMHP/Type for services historically supervised by QMHPs (ie: Mental Health Skill Building and Psychosocial Rehabilitation Services) will significantly limit eligible applicants who are in the process, but have not yet completed, the required experience hours. Will there be any allocation to accept these supervised hours?

Thank you in advance for your consideration of these comments when updating these regulations to better meet the needs of all individuals receiving behavioral healthcare services in Virginia.

Commenter: Holly Albrite

2/7/18 3:18 pm

Education and Experience

Concern that it would be possible for an individual to make application to be credentialed as a QMHP and following several months of work, learn that they are not approved. This may be especially true during the initial start-up of this process when individuals and agencies are less familiar with the requirements. That could mean that an individual would lose a job after several months, conceivably through no fault of their own, particularly related to the education requirement. We may think, and they may think, that their degree will be accepted but learn that it is not. Would it be possible to provide an initial approval/rejection of the education requirement so that we have some confidence that the individual will be at least approved as a trainee, or conversely know right away that they will not qualify based on education. The list of allowable degrees may seem straightforward but we find that there are many variations of degrees out there.

In addition, the requirement for an original transcript will further narrow who we can hire as there will be individuals who graduated a long time ago or from an institution that is no longer in existence who will not be able to be hired.

Commenter: Mike Carlin, Virginia Assocaition of Community Based Providers (VACBP)

2/7/18 6:19 pm

QMHP Regulations

The VACBP would like to confirm the following:

1) That the status of QMHP registration and reimbursement for services is that in addition to grandfathering all QMHPs who were employed during 2017, a person hired during 2018 may work and be reimbursed as long as the employer has verified and has appropriate documentation that the person is eligible to be a QMHP (QMHP-E under DBHDS regulations or QMHP-Trainee in the BOC application) and they are complying with the BOC supervision and training regulations. A person who desires to be a QMHP should apply to be registered in 2018, but they may work and their work may be reimbursed for 2018 without being registered. 2) That a QMHP-C may work as a QMHP-A while under the supervision of an LMHP or licensed eligible person to gain required supervision for accumulation of hours towards their QMHP-A status. Under the DMAS CMHRM

QMHP-Cs are included under adult services, but QMHP-As are not included in children specific services, i.e. Intensive In-Home and Therapeutic Day Treatment. 3) That as licensed health facilities all providers of behavioral health services may provide the required 8 hours of CE training.

The VACBP strongly urges that the Sociology and Criminal Justice degrees be included on the list of degrees eligible for registration as a QMHP. There is a significant shortage of QMHPs and the VACBP believes these degrees are appropriate.

The VACBP also supports a change allowing the BOC to recognize a QMHP-E.

Commenter: Lisa Snider, Loudoun County MHSADS

2/7/18 9:29 pm

Additional concerns related to Documentation requirements

With the recent opportunity to review the Board of Counseling (BOC) applications and additional documentation that must be submitted for QMHP-A and QMHP-C registration, additional concerns are noted. These requirements will make registration more difficult, places a financial burden on providers and will reduce service capacity for individuals in Virginia. Listed below are four noted concerns and proposed solutions to each issue.

- When the information was original presented, providers were told that individuals who currently met the qualifications as a QMHP-A or QMHP-C would be able to register with an attestation from the current employer that they met the qualifications and were employed as of December 31, 2017. However, the attestation BOC included with the application indicates that the person must have been employed as of December 31, 2017 **AND *currently working*** as a QMHP-A or QMHP-C. This creates an issue in the following ways:
  1. We have supervisors who are QMHP-A and/or QMHP-C based on qualifications and previous experience; however, these staff were not currently working as a QMHP-A or QMHP-C providing services, but were supervising services. Thus, this wording creates an issue and problem for providers.
  2. Further, what if the person was hired while meeting the qualifications of a QMHP-C and QMHP-A, but was currently working only as a QMHP-A. Why wouldn't the agency be able to attest that the person met criteria for both QMHP-A and QMHP-C?

Proposed Solution: The attestation form should be changed to attest that the person was employed with the agency as of December 31, 2017 and meets the criteria to be a QMHP-A/QMHP-C as defined at that time.

- The verification form requiring (original) signatures creates a barrier for registration and services. Below are examples of where this creates an issue.
  1. Few, if any, outside of Virginia DBHDS licensed programs heard or dealt with QMHP status until now. This places a barrier for staff registration in numerous cases. How are past supervisors, educators and/or supervisors from outside Virginia to sign off on a form indicating the work was as a QMHP-A and/or QMHP-C if this is not something that they are familiar?
  2. The verification form for hours of work requires original signatures of supervisors verifying that the work meets the QMHP-A/AMHP-C criteria. This is a major barrier for certification. What if the supervisor no longer works at the organization, if the supervisor is deceased, or if the organization no longer exists? The experience should be able to count.

Proposed Solution: An attestation form, should replace the verification form. The attestation form should be completed and signed by the person registering for QMHP-A/QMHP-C credentials and require the following:

1. Dates of experience, work schedule and hours worked
2. Attachment of a job description or job responsibilities summary for the work performed.

- With the application form noting that the “processing time can take up to 60 business days” I echo the concerns about the financial burden placed on the providers and the cost of service time for individuals in Virginia.

Proposed Solution: Establish and recognize a preliminary or provisional QMHP-C/QMHP-A status while the paperwork is being reviewed by BOC.

- As a final note, the requirement of registering and paying online, while requiring that documents be mailed into the BOC, creates a slow and antiquated registration process.

Proposed Solution: Utilize a computer system that allows for the uploading and attachment of documents.

Emergency Regulations Governing the Registration of Peer Recovery Specialists

Commonwealth of Virginia

DRAFT

REGULATIONS

GOVERNING THE REGISTRATION OF PEER RECOVERY SPECIALISTS

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-70-10 et seq.

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

Effective Date: December 18, 2017

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Part I
General Provisions

18VAC115-70-10. Definitions.

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

"Board" means 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" or "registrant" means a person who by education and experience is professionally qualified in accordance with 12VAC35-250 and registered by the board 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 on forms provided by the board and any applicable fee as prescribed in 18VAC115-70-20.

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. Registered 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.

Registered 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 peer recovery 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.

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 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 service provider, as defined in § 54.1-2400.1 of the Code of Virginia, 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 registered peer recovery specialists or any provision of this chapter;

2. Procuring, attempting to procure, 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;

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.