Virginia Department of Health Professions
Board of Counseling

Agenda

Full Board Meeting
May 13, 2022
10:00 a.m.
9960 Mayland Dr
2nd Floor, Board Room 2
Richmond, VA 23233

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

- Welcome and Introductions
- Establishment of Quorum
- Mission of the Board Page 3

Adoption of Agenda

Public Comment

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

Approval of Minutes

- February 18, 2022 Board Meeting Minutes*
- February 18, 2022 Public Hearing Minutes*
- Febuary 25, Informal Conference Committee (IFC) Minutes (For Informational Purposes Only)
- March 7, 2022 IFC Minutes (For Informational Purposes Only)

Chair Report – Dr. Brendel

Legislation and Regulatory Actions – Erin Barrett, JD, DHP, Senior Policy Analyst

- Chart of Regulatory Actions

Committee Reports

- Regulatory Committee – Holly Tracy, LPC, LMFT
  - Recommendations for the Board* - Ms. Barrett
- Board of Health Professions – Barry Alvarez, LMFT

Staff Reports

- Executive Director Report – Jaime Hoyle, JD, Boards of Counseling, Psychology, and Social Work
  - Financials and Statistics
  - AASCB Conference
  - LMFT Reciprocity
  - Staffing and DHP Policies
- Discipline Report – Jennifer Lang, Deputy Director, Boards of Counseling, Psychology, and Social Work

- Licensing Report – Charlotte Lenart, Deputy Director – Licensing, Boards of Counseling, Psychology, and Social Work

Next Meeting – August 5, 2022 or August 12, 2022* (Discussion)

Meeting Adjournment

*Indicates a Board Vote is required.
**Indicates these items will be discussed within closed session.
This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

Virginia Department of
Health Professions
Board of Counseling

MISSION STATEMENT

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

Virginia Department of Health Professions
Board of Counseling

Virginia Board of Counseling
Full Board Meeting Minutes
Friday, February 18, 2022 at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 4

PRESIDING OFFICER:	Dr. Johnston Brendel, Ed.D., LPC, LMFT, Chairperson
BOARD MEMBERS PRESENT:	Angela Charlton, Ph.D., LPC *(arrived at 10:11am)* Barry Alvarez, LMFT Bev-Freda L. Jackson, Ph.D., MA Citizen Member Danielle Hunt, LPC, Vice-Chairperson Gerald Lawson, Ph.D., LPC, LSATP Holly Tracy, LPC, LMFT Maria Stransky, LPC, CSAC, CSOTP Natalie Harris, LPC, LMFT Terry R. Tinsley, Ph.D., LPC, LMFT, CSOTP Vivian Sanchez-Jones, Citizen Member
BOARD MEMBERS ABSENT:	Tiffinee Yancey, Ph.D., LPC
BOARD STAFF PRESENT:	Charlotte Lenart, Deputy Executive Director- Licensing Jaime Hoyle, JD, Executive Director Jennifer Lang, Deputy Executive Director- Discipline
DEPARTMENT OF HEALTH PROFESSIONS (DHP) STAFF PRESENT:	David E. Brown, D.C., Director Barbara Allison-Bryant, M.D., Chief Deputy Director Elaine Yeatts, Senior Policy Analyst Erin Barrett, Senior Policy Analyst
BOARD COUNSEL PRESENT:	James Rutkowski, Assistant Attorney General
CALL TO ORDER:	Dr. Brendel called the board meeting to order at 10:03 a.m.
ROLL CALL/ESTABLISHMENT OF A QUORUM:	Dr. Brendel requested board members and staff to introduce themselves. Ms. Hoyle announced that with ten members present at roll call, a quorum was established.
MISSION STATEMENT:	Ms. Hoyle read the DHP mission statement, which is also the mission statement of the Board.
ADOPTION OF AGENDA:	The agenda was adopted as presented.
PUBLIC COMMENT:	There was no public comment provided related to the agenda items.
CONSIDERATION of SUMMARY SUSPENSION:	**See attachment "A"**

APPROVAL OF MINUTES: With no amendments to the November 5, 2021 board meeting minutes, the minutes stand approved as presented.

AGENCY REPORT: Dr. Allison-Bryan provided statistics related to COVID-19 cases in the Commonwealth and provided an update on COVID vaccines.

Dr. Allison-Bryan stated that Dr. Brown has expressed his interest in reappointment to the Governor's Office.

Dr. Allison-Bryan announced that she will be retiring on February 28, 2022.

PRESENTATIONS: Ms. Lisa Snider with the Loudon County Department of Mental Health, Substance Abuse, and Developmental Services provided a presentation from the Virginia Association of Community Services Boards, Mental Health Council on QMHP's. A copy of the PowerPoint was provided in the agenda packet.

BOARD CHAIR REPORT: Dr. Brendel indicated that after 26 years as an educator he has decided to retire.

Dr. Brendel stated that he would like for the Board to raise the bar and to be more progressive and less reactive to the changes in the profession.

Board took a break at 12:00pm for lunch

LEGISLATION & REGULATORY ACTIONS:

Chart of Regulatory Actions
Ms. Yeatts discussed the chart of regulatory actions. A copy of the current actions was provided in the agenda packet.

General Assembly Update
Ms. Yeatts reviewed the 2022 General Assembly Legislation report. A copy of the report was provided in the agenda packet.

UNFINISHED BUSINESS

Telehealth Guidance Document
Ms. Yeatts and Mrs. Barrett suggested that the Board make minor changes to Guidance Document 115-1.4, Guidance on Technology-Assisted Counseling and Technology-Assisted Supervision, and attach a copy of the report Dr. LoriAnn Strech completed for the Board entitled "State of Telehealth in the U.S, in 2021."

After a lot of discussion, the Board agreed that it owed it to the licensees to continue to work on a draft Guidance Document and provide updated guidance on telehealth services in Virginia. The Regulatory Committee will continue to work on this document and bring it to the Board for review and approval.

EXECUTIVE DIRECTOR'S REPORT: Ms. Hoyle thanked and recognized Ms. Yeatts for her dedication and service to the Department of Health Professions and to the Board.

DISCIPLINE REPORT: Ms. Lang reported on the disciplinary statistics for the Board of Counseling from October 21, 2021 to February 2, 2022. A copy of the report given was included in the agenda packet.

LICENSING REPORT: Ms. Lenart reported that on the licensure statistics for the Board from September 2021-January 2022 and the satisfaction of the survey results. A copy of the report was included in the agenda packet.

CONSIDERATION of RECOMMENDED DECISIONS: **See attachment "B"**

NEXT MEETING DATES: Dr. Brendel announced that the next Quarterly Full Board Meeting is scheduled for Friday, May 13, 2022.

ADJOURNMENT: Dr. Brendel adjourned the February 18, 2022 Board meeting at 1:48 p.m.

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

_____
Jaime Hoyle, JD, Executive Director

Attachment A

Summary Suspension Presentation and Consideration

RE: John Gingras, LPC

License No.: 0701004067

Case No: 215253

Commonwealth's Representation: Wayne Halbleib, Sr. Assistant Attorney General, Office of the Attorney General

Purpose of the Meeting: Mr. Halbleib presented a summary of evidence in case 215253 for the Board's consideration of a summary suspension of the license of John Gingras, LPC.

Closed Meeting: Dr. Jackson moved that the Board convene in a closed meeting pursuant to §2. 2-3711 (A)(27)of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of John Gingras. Additionally, she moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, and Charlotte Lenart attend the closed session because their presence was deemed necessary and would aid the Board in its deliberations. The motion was seconded Lawson and passed unanimously.

Reconvene: Having certified that the matters discussed in the preceding closed meeting met the requirements of decision.

Decision: Dr. Lawson moved to summarily suspend the license of John Gingras, LPC and offer a Consent Order for indefinite suspension for not less than years, in lieu of a formal hearing. The motion was seconded by Dr. Tinsley and passed unanimously.

Attachment B

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

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

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

RECOMMENDATIONS:

Michael Privott, QMHP-A, QMHP-C

Registration Nos.: **0732006029**

0733005396

Case Nos.: **201690, 203323, 204452**

Michael Privott was not present at the board meeting and was not represented by counsel. The board considered the agency subordinate's recommendation to indefinitely suspend the registrations to practice as a qualified mental health provider-adult and child in the Commonwealth of Virginia.

Teutianna Durrah, QMHP-C

Registration No.: **0733001727**

Case No.: **193426**

Teutianna Durrah was not present at the board meeting and was not represented by counsel. The board considered the agency subordinate's recommendation to indefinitely suspend the registration to practice as a qualified mental health provider-child in the Commonwealth of Virginia.

Michele Ward-Horsley, QMHP-A

Registration No.: **0732004341**

Case No.: **205606**

Michele Ward-Horsley was not present at the board meeting and was not represented by counsel. The board

considered the agency subordinate's recommendation to place terms and conditions on the registration to practice as a qualified mental health provider-adult in the Commonwealth of Virginia.

DECISION:

Dr. Lawson moved that the Board of Counseling accept the recommended decisions of the agency subordinate as presented. The motion was seconded by Ms. Stransky and passed unanimously.

Virginia Department of Health Professions
Board of Counseling

Board of Counseling
Public Hearing Minutes
Friday, February 18, 2022 at 10:05am
9960 Mayland Drive, Henrico, VA 23233
Board Room 4

PRESIDING:	Johnston Brendel, Ed.D., LPC, LMFT, Chairperson
BOARD MEMBERS PRESENT:	Barry Alvarez, LMFT Bev-Freda L. Jackson, Ph.D., MA, Citizen Member Natalie Harris, LPC, LMFT Danielle Hunt, LPC, Vice-Chairperson Gerard Lawson, Ph.D., LPC, LSATP Holly Tracy, LPC, LMFT Maria Stransky, LPC, CSAC, CSOTP Terry R. Tinsley, Ph.D., LPC, LMFT, CSOTP Vivian Sanchez-Jones, Citizen Member
BOARD MEMBERS ABSENT:	Tiffinee Yancey, Ph.D., LPC
BOARD STAFF PRESENT:	Charlotte Lenart, Deputy Executive Director- Licensing Jaime Hoyle, J.D., Executive Director Jennifer Lang, Deputy Executive Director- Discipline
DHP STAFF PRESENT:	Barbara Allison-Bryant, M.D., DHP Chief Deputy Director Elaine Yeatts, DHP Senior Policy Analyst Erin Barnett, DHP Senior Policy Analyst
PURPOSE:	The purpose of the public hearing is to discuss the proposed regulations resulting from the periodic review of the Regulations Governing the Practice of Professional Counseling, the Regulations Governing the Practice of Marriage and Family Therapy, and the Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners.
PUBLIC COMMENT:	No public comment was provided.
ADJOURNMENT:	With no public comment, the public hearing adjourned and the Board continued with the Quarterly Board meeting.

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John Brendel 3/7/2022
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Johnston Brendel, Ed.D., LPC, LMFT, Chairperson

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Jaime Hoyle 3/7/2022
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Jaime Hoyle, JD, Executive Director

VIRGINIA BOARD OF COUNSELING
SPECIAL CONFERENCE COMMITTEE
INFORMAL CONFERENCE MINUTES – FEBRUARY 25, 2022

CALL TO ORDER: A Special Conference Committee ("Committee") of the Board of Counseling ("Board") convened on February 25, 2022 at 10:22 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Board Room 1.

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

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Counseling
Anne Joseph, Adjudication Consultant, Administrative Proceedings Division

RESPONDENT: **Erica Noble, Applicant for licensure to practice as a resident in substance abuse treatment**
Case No.: 213442

PRELIMINARY MATTER AND DISCUSSION: The Chairperson noted that the time was 10:22 a.m. and Erica Noble was noticed to appear before the Committee at 10:00 a.m. Ms. Joseph advised the Committee that the Notice was mailed to the Respondent's address of record with the Board of Counseling and that neither the certified mail nor the regular mail had been returned. The Chairperson determined that Erica Noble had been properly noticed and the informal conference would proceed in the Respondent's absence. The Committee considered the information contained in the informal conference package.

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee voted to deny Erica Noble's application for licensure to practice as a resident in substance abuse treatment. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 10:31 a.m.

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

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

3/8/2022
Date

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Jennifer Lang
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Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

3/8/2022
Date

VIRGINIA BOARD OF COUNSELING
SPECIAL CONFERENCE COMMITTEE
INFORMAL CONFERENCE MINUTES – FEBRUARY 25, 2022

CALL TO ORDER: A Special Conference Committee ("Committee") of the Board of Counseling ("Board") convened on February 25, 2022 at 10:38 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Board Room 1.

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

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Counseling
Anne Joseph, Administrative Consultant, Administrative Proceedings Division

RESPONDENT: **Balsorah Lynch, Applicant for licensure to practice as a resident in counseling**
Case No.: 213322

DISCUSSION: Balsorah Lynch appeared in person before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated October 21, 2021.

CLOSED MEETING: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee voted to convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Balsorah Lynch, Applicant for licensure to practice as a resident in counseling. Additionally, she moved that Jennifer Lang attend the closed meeting because her presence would aid the Committee in its deliberations.

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

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee voted to deny Balsorah Lynch's application. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 11:06 a.m.

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

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

3/8/2022
Date

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Jennifer Lang
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Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

3/8/2022
Date

VIRGINIA BOARD OF COUNSELING
SPECIAL CONFERENCE COMMITTEE
INFORMAL CONFERENCE MINUTES – FEBRUARY 25, 2022

CALL TO ORDER: A Special Conference Committee ("Committee") of the Board of Counseling ("Board") convened on February 25, 2022 at 11:18 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Board Room 1.

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

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Counseling
Anne Joseph, Administrative Consultant, Administrative Proceedings Division

RESPONDENT: **Ashley Gilmore, Applicant for licensure to practice professional counseling**
Case No.: 214648

DISCUSSION: Ashley Gilmore appeared in person before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated December 23, 2021.

CLOSED MEETING: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee voted to convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Ashley Gilmore, Applicant for licensure to practice professional counseling. Additionally, she moved that Jennifer Lang attend the closed meeting because her presence would aid the Committee in its deliberations.

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

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee voted to deny Ashley Gilmore's application. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 11:42 a.m.

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

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

3/8/2022
Date

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Jennifer Lang
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Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

3/8/2022
Date

VIRGINIA BOARD OF COUNSELING
SPECIAL CONFERENCE COMMITTEE
INFORMAL CONFERENCE MINUTES – FEBRUARY 25, 2022

CALL TO ORDER: A Special Conference Committee ("Committee") of the Board of Counseling ("Board") convened on February 25, 2022 at 11:51 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Board Room 1.

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

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Counseling
Emily Tatum, Adjudication Specialist, Administrative Proceedings Division

RESPONDENT: **Larry Graham, Applicant for registration as a qualified mental health professional-trainee**
Case No.: 215284

DISCUSSION: Larry Graham appeared in person before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated December 23, 2021.

CLOSED MEETING: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee voted to convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Larry Graham, Applicant for registration as a qualified mental health professional-trainee. Additionally, she moved that Jennifer Lang attend the closed meeting because her presence would aid the Committee in its deliberations.

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

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee voted to approve Larry Graham's application for registration as a qualified mental health professional-trainee to gain experience towards registration as a qualified mental health professional-adult. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 12:23 p.m.

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

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

3/8/2022
Date

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Jennifer Lang
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Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

3/8/2022
Date

Virginia Board of Counseling
Informal Conferences – Agency Subordinate
March 7, 2022

Time and Place:
Informal Conferences, held before an Agency Subordinate of the Board of Counseling, were convened at 10:00 a.m. on March 7, 2022 at the Department of Health Professions, 9960 Mayland Drive, 2nd Floor Conference Center, Board Room 3, Henrico, Virginia 23233.

Agency Subordinate: Patricia Mullen, LPC
Staff Present: Jennifer Lang, Deputy Executive Director, Board of Counseling
Others Present: Anne Joseph, Adjudication Consultant, Administrative Proceedings Division
Emily Tatum, Adjudication Specialist, Administrative Proceedings Division

INFORMAL CONFERENCES HELD

Laurel Martin, LPC, LMFT
Case No, 201265
LPC license #: 0701001722
LMFT license #: 0717000049
The respondent appeared in person and discussed the allegations in the Notice of the Board dated August 26, 2021, and an Amended Notice dated October 15, 2021. She was represented by Michelle Derrico, Esquire. A recommended decision will be made and mailed to the respondent within ninety (90) days. This recommendation will be presented to the full Board and, if accepted, an Order will be entered. As provided by law, this decision shall become a Final Order thirty (30) days after service of such order on the respondent unless a written request to the Board for a formal hearing is received within such time. If service of the order is made by mail, three (3) additional days shall be added to that period. Upon such timely request for a formal hearing, the Order shall be vacated.

Catherine Wright, LPC
Case Nos. 196935 and 201612
LPC License #: 0701006749
The respondent appeared in person and discussed the allegations in the Notice of the Board dated October 15, 2021, and an Amended Notice dated January 20, 2022. She was represented by Barbara Queen, Esquire. At 12:45 p.m., Ms. Mullen approved the respondent's request to go into closed session pursuant to 2.2-3711(A)(16) of the Code of Virginia, for the purpose of discussion or consideration of medical and mental health records. Ms. Lang and Ms. Joseph attended the closed session because their presence was necessary in review of the case. Following discussion of medical and mental health records, Ms. Mullen attested that that she heard, discussed, and considered only those public business matters lawfully exempted from open meeting requirements under the Freedom of Information Act and only such public business matters as identified for which the closed meeting was convened.

A recommended decision will be made and mailed to the respondent within ninety (90) days. This recommendation will be presented to the full Board and, if accepted, an Order will be entered. As provided by law, this decision shall become a Final Order thirty (30) days after service of such order on the respondent unless a written request to the Board for a formal hearing is received within such time. If service of the order is made by mail, three (3) additional days shall be added to that period. Upon such timely request for a formal hearing, the Order shall be vacated.

Adjournment: The informal conferences concluded at 1:05 p.m.

Jennifer Lang
Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

March 8, 2022
Date

Current Regulatory Actions

Board **Board of Counseling**

Chapter	Action / Stage Information
Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]	Action: Periodic review Stage: Proposed - *Register Date: 1/31/22*
Regulations Governing the Practice of Art Therapy (under development) [18 VAC 115 - 90]	Action: New chapter for licensure Stage: Proposed - *At Secretary's Office*

2022 SESSION

SB 257 Counseling Compact; Dept. of Health Professions shall review merits entering into Compact.

Introduced by: **Ghazala F. Hashmi** | **all patrons** ... **notes** | **add to my profiles**

SUMMARY AS PASSED SENATE: (all summaries)

Department of Health Professions; Counseling Compact review; report. Directs the Department of Health Professions to review the merits of the Commonwealth entering into the Counseling Compact, an interstate compact to facilitate the interstate practice of licensed professional counselors. The bill requires the Department to report its findings to the General Assembly no later than September 1, 2022.

FULL TEXT

01/11/22 Senate: Prefiled and ordered printed; offered 01/12/22 22100616D pdf | impact statement

01/26/22 Senate: Committee substitute printed 22105277D-S1 pdf | impact statement

HISTORY

01/11/22 Senate: Prefiled and ordered printed; offered 01/12/22 22100616D

01/11/22 Senate: Referred to Committee on Privileges and Elections

01/18/22 Senate: Reported from Privileges and Elections (13-Y 2-N)

01/18/22 Senate: Rereferred to Finance and Appropriations

01/26/22 Senate: Reported from Finance and Appropriations with substitute (15-Y 0-N)

01/26/22 Senate: Committee substitute printed 22105277D-S1

01/27/22 Senate: Constitutional reading dispensed (39-Y 0-N)

01/28/22 Senate: Passed by for the day

01/31/22 Senate: Passed by for the day

02/01/22 Senate: Read second time

02/01/22 Senate: Reading of substitute waived

02/01/22 Senate: Committee substitute agreed to 22105277D-S1

02/01/22 Senate: Engrossed by Senate - committee substitute SB257S1

02/02/22 Senate: Read third time and passed Senate (31-Y 9-N)

02/02/22 Senate: Reconsideration of passage agreed to by Senate (40-Y 0-N)

02/02/22 Senate: Passed by for the day

02/03/22 Senate: Read third time and passed Senate (26-Y 14-N)

02/23/22 House: Placed on Calendar

02/23/22 House: Read first time

02/23/22 House: Referred to Committee on Health, Welfare and Institutions

02/24/22 House: Stricken from docket by Health, Welfare and Institutions (22-Y 0-N)

CHAPTER 464

An Act to amend the Code of Virginia by adding a section numbered 54.1-2408.4, relating to out-of-state health care practitioners; temporary authorization to practice pending licensure; licensure by reciprocity for physicians; emergency.

[S 317]

Approved April 11, 2022

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 54.1-2408.4 as follows:

§ 54.1-2408.4. Temporary authorization to practice.

A. A health care practitioner licensed, certified, or registered in another state or the District of Columbia may temporarily practice for one 90-day period, provided that the following conditions are met:

1. The practitioner is contracted by or has received an offer of employment in the Commonwealth from a licensed hospital, a nursing home, a dialysis facility, the Department of Health, or a local health department;

2. The employer or contractor verifies that the out-of-state health care provider possesses an active and unencumbered license, certification, or registration for the profession in which he will be employed or contracted in another state or the District of Columbia;

3. The employer or contractor obtains a report from the National Practitioner Data Bank if the applicant is subject to reporting; and

4. Prior to the out-of-state health care practitioner's practicing, the employer or contractor notifies the appropriate health regulatory board that the out-of-state health care practitioner is employed or under contract and will practice under the temporary authorization. This notice shall include the out-of-state health care practitioner's out-of-state license, certification, or registration number and a statement that such practitioner meets all of the requirements set forth in this section.

B. If the health care practitioner practicing with a temporary authorization has submitted an application for licensure, certification, or registration, the applicable health regulatory board shall expedite such applications for out-of-state health care practitioners practicing pursuant to this section. If licensure, certification, or registration remains pending after the initial 90-day temporary authorization, the authorization may be extended for an additional 60 days, provided that the employer or contractor submits notice to the applicable health regulatory board.

C. Out-of-state health care practitioners practicing pursuant to this section shall be subject to the laws and regulations of the Commonwealth and shall be subject to disciplinary action by the applicable health regulatory board.

2. That the Board of Medicine shall pursue reciprocity agreements with jurisdictions that surround the Commonwealth to streamline the application process in order to facilitate the practice of medicine. Such agreements shall include a provision that, as a requirement for reciprocal licensure, the applicant shall not be the subject of any pending disciplinary actions in the reciprocal jurisdiction. The Board of Medicine shall grant a license by reciprocity to a physician who meets the requirements for licensure by reciprocity within 20 days of receipt of an application that complies with the criteria established in the applicable reciprocity agreement and in an expedited manner consistent with the Commonwealth's reciprocal agreements with each surrounding jurisdiction.

3. That the Department of Health Professions shall, beginning July 1, 2023, annually report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions the number of out-of-state health care practitioners who have utilized the temporary authorization to practice pending licensure and have not subsequently been issued full licensure.

4. That an emergency exists and this act is in force from its passage.

CHAPTER 275

An Act to amend and reenact §§ 54.1-2901, 54.1-3501, 54.1-3601, and 54.1-3701 of the Code of Virginia, relating to telemedicine; out of state providers; behavioral health services.

[H 537]

Approved April 8, 2022

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2901, 54.1-3501, 54.1-3601, and 54.1-3701 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2901. Exceptions and exemptions generally.

A. The provisions of this chapter shall not prevent or prohibit:

1. Any person entitled to practice his profession under any prior law on June 24, 1944, from continuing such practice within the scope of the definition of his particular school of practice;

2. Any person licensed to practice naturopathy prior to June 30, 1980, from continuing such practice in accordance with regulations promulgated by the Board;

3. Any licensed nurse practitioner from rendering care in accordance with the provisions of §§ 54.1-2957 and 54.1-2957.01, any nurse practitioner licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife practicing pursuant to subsection H of § 54.1-2957, or any nurse practitioner licensed by the Boards of Medicine and Nursing in the category of clinical nurse specialist practicing pursuant to subsection J of § 54.1-2957 when such services are authorized by regulations promulgated jointly by the Boards of Medicine and Nursing;

4. Any registered professional nurse, licensed nurse practitioner, graduate laboratory technician or other technical personnel who have been properly trained from rendering care or services within the scope of their usual professional activities which shall include the taking of blood, the giving of intravenous infusions and intravenous injections, and the insertion of tubes when performed under the orders of a person licensed to practice medicine or osteopathy, a nurse practitioner, or a physician assistant;

5. Any dentist, pharmacist or optometrist from rendering care or services within the scope of his usual professional activities;

6. Any practitioner licensed or certified by the Board from delegating to personnel supervised by him, such activities or functions as are nondiscretionary and do not require the exercise of professional judgment for their performance and which are usually or customarily delegated to such persons by practitioners of the healing arts, if such activities or functions are authorized by and performed for such practitioners of the healing arts and responsibility for such activities or functions is assumed by such practitioners of the healing arts;

7. The rendering of medical advice or information through telecommunications from a physician licensed to practice medicine in Virginia or an adjoining state, or from a licensed nurse practitioner, to emergency medical personnel acting in an emergency situation;

8. The domestic administration of family remedies;

9. The giving or use of massages, steam baths, dry heat rooms, infrared heat or ultraviolet lamps in public or private health clubs and spas;

10. The manufacture or sale of proprietary medicines in this Commonwealth by licensed pharmacists or druggists;

11. The advertising or sale of commercial appliances or remedies;

12. The fitting by nonitinerant persons or manufacturers of artificial eyes, limbs or other apparatus or appliances or the fitting of plaster cast counterparts of deformed portions of the body by a nonitinerant bracemaker or prosthetist for the purpose of having a three-dimensional record of the deformity, when such bracemaker or prosthetist has received a prescription from a licensed physician, licensed nurse practitioner, or licensed physician assistant directing the fitting of such casts and such activities are conducted in conformity with the laws of Virginia;

13. Any person from the rendering of first aid or medical assistance in an emergency in the absence of a person licensed to practice medicine or osteopathy under the provisions of this chapter;

14. The practice of the religious tenets of any church in the ministration to the sick and suffering by mental or spiritual means without the use of any drug or material remedy, whether gratuitously or for compensation;

15. Any legally qualified out-of-state or foreign practitioner from meeting in consultation with legally licensed practitioners in this Commonwealth;

16. Any practitioner of the healing arts licensed or certified and in good standing with the applicable regulatory agency in another state or Canada when that practitioner of the healing arts is in Virginia

temporarily and such practitioner has been issued a temporary authorization by the Board from practicing medicine or the duties of the profession for which he is licensed or certified (i) in a summer camp or in conjunction with patients who are participating in recreational activities, (ii) while participating in continuing educational programs prescribed by the Board, or (iii) by rendering at any site any health care services within the limits of his license, voluntarily and without compensation, to any patient of any clinic which is organized in whole or in part for the delivery of health care services without charge as provided in § 54.1-106;

17. The performance of the duties of any active duty health care provider in active service in the army, navy, coast guard, marine corps, air force, or public health service of the United States at any public or private health care facility while such individual is so commissioned or serving and in accordance with his official military duties;

18. Any masseur, who publicly represents himself as such, from performing services within the scope of his usual professional activities and in conformance with state law;

19. Any person from performing services in the lawful conduct of his particular profession or business under state law;

20. Any person from rendering emergency care pursuant to the provisions of § 8.01-225;

21. Qualified emergency medical services personnel, when acting within the scope of their certification, and licensed health care practitioners, when acting within their scope of practice, from following Durable Do Not Resuscitate Orders issued in accordance with § 54.1-2987.1 and Board of Health regulations, or licensed health care practitioners from following any other written order of a physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

22. Any commissioned or contract medical officer of the army, navy, coast guard or air force rendering services voluntarily and without compensation while deemed to be licensed pursuant to § 54.1-106;

23. Any provider of a chemical dependency treatment program who is certified as an "acupuncture detoxification specialist" by the National Acupuncture Detoxification Association or an equivalent certifying body, from administering auricular acupuncture treatment under the appropriate supervision of a National Acupuncture Detoxification Association certified licensed physician or licensed acupuncturist;

24. Any employee of any assisted living facility who is certified in cardiopulmonary resuscitation (CPR) acting in compliance with the patient's individualized service plan and with the written order of the attending physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

25. Any person working as a health assistant under the direction of a licensed medical or osteopathic doctor within the Department of Corrections, the Department of Juvenile Justice or local correctional facilities;

26. Any employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, when, upon the authorization of a prescriber and the written request of the parents as defined in § 22.1-1, assisting with the administration of insulin or administrating glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia;

27. Any practitioner of the healing arts or other profession regulated by the Board from rendering free health care to an underserved population of Virginia who (i) does not regularly practice his profession in Virginia, (ii) holds a current valid license or certificate to practice his profession in another state, territory, district or possession of the United States, (iii) volunteers to provide free health care to an underserved area of the Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or certification issued in such other jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any practitioner of the healing arts whose license or certificate has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a practitioner of the healing arts who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state;

28. Any registered nurse, acting as an agent of the Department of Health, from obtaining specimens of sputum or other bodily fluid from persons in whom the diagnosis of active tuberculosis disease, as defined in § 32.1-49.1, is suspected and submitting orders for testing of such specimens to the Division of Consolidated Laboratories or other public health laboratories, designated by the State Health Commissioner, for the purpose of determining the presence or absence of tubercle bacilli as defined in § 32.1-49.1;

29. Any physician of medicine or osteopathy or nurse practitioner from delegating to a registered nurse under his supervision the screening and testing of children for elevated blood-lead levels when

such testing is conducted (i) in accordance with a written protocol between the physician or nurse practitioner and the registered nurse and (ii) in compliance with the Board of Health's regulations promulgated pursuant to §§ 32.1-46.1 and 32.1-46.2. Any follow-up testing or treatment shall be conducted at the direction of a physician or nurse practitioner;

30. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing with the applicable regulatory agency in another state or Canada from engaging in the practice of that profession when the practitioner is in Virginia temporarily with an out-of-state athletic team or athlete for the duration of the athletic tournament, game, or event in which the team or athlete is competing;

31. Any person from performing state or federally funded health care tasks directed by the consumer, which are typically self-performed, for an individual who lives in a private residence and who, by reason of disability, is unable to perform such tasks but who is capable of directing the appropriate performance of such tasks; ~~or~~

32. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing with the applicable regulatory agency in another state from engaging in the practice of that profession in Virginia with a patient who is being transported to or from a Virginia hospital for care*; or*

33. Any doctor of medicine or osteopathy, physician assistant, or nurse practitioner who would otherwise be subject to licensure by the Board who holds an active, unrestricted license in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession who provides behavioral health services, as defined in § 37.2-100, from engaging in the practice of his profession and providing behavioral health services to a patient located in the Commonwealth in accordance with the standard of care when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services as defined in § 38.2-3418.16 and (ii) the practitioner has previously established a practitioner-patient relationship with the patient and has performed an in-person evaluation of the patient within the previous year. A practitioner who provides behavioral health services to a patient located in the Commonwealth through use of telemedicine services pursuant to this subdivision may provide such services for a period of no more than one year from the date on which the practitioner began providing such services to such patient.

B. Notwithstanding any provision of law or regulation to the contrary, military medical personnel, as defined in § 2.2-2001.4, while participating in a program established by the Department of Veterans Services pursuant to § 2.2-2001.4, may practice under the supervision of a licensed physician or podiatrist or the chief medical officer of an organization participating in such program, or his designee who is a licensee of the Board and supervising within his scope of practice.

§ 54.1-3501. Exemption from requirements of licensure.

The requirements for licensure in this chapter shall not be applicable to:

1. Persons who render services that are like or similar to those falling within the scope of the classifications or categories in this chapter, including persons acting as members of substance abuse self-help groups, so long as the recipients or beneficiaries of such services are not subject to any charge or fee, or any financial requirement, actual or implied, and the person rendering such service is not held out, by himself or otherwise, as a person licensed under this chapter.

2. The activities or services of a student pursuing a course of study in counseling, substance abuse treatment or marriage and family therapy in an institution accredited by an accrediting agency recognized by the Board or under the supervision of a person licensed or certified under this chapter, if such activities or services constitute a part of the student's course of study and are adequately supervised.

3. The activities, including marriage and family therapy, counseling, or substance abuse treatment, of rabbis, priests, ministers or clergymen of any religious denomination or sect when such activities are within the scope of the performance of their regular or specialized ministerial duties, and no separate charge is made or when such activities are performed, whether with or without charge, for or under auspices or sponsorship, individually or in conjunction with others, of an established and legally cognizable church, denomination or sect, and the person rendering service remains accountable to its established authority.

4. Persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or of any agency established or funded, in whole or part, by any such governmental entity or of a private, nonprofit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization. Any person who renders psychological services, as defined in Chapter 36 (§ 54.1-3600 et seq.) of this title, shall be subject to the requirements of that chapter. Any person who, in addition to the ~~above~~ ~~enumerated~~ *above-enumerated* employment, engages in an independent private practice shall not be exempt from the requirements for licensure.

5. Persons regularly employed by private business firms as personnel managers, deputies or assistants so long as their counseling activities relate only to employees of their employer and in respect to their employment.

6. Persons regulated by this Board as professional counselors or persons regulated by another board

within the Department of Health Professions who provide, within the scope of their practice, marriage and family therapy, counseling or substance abuse treatment to individuals or groups.

7. Any practitioner of a profession regulated by the Board who is licensed in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession who provides behavioral health services, as defined in § 37.2-100, to a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services as defined in § 38.2-3418.16 and (ii) the practitioner has previously established a practitioner-patient relationship with the patient. A practitioner who provides behavioral health services to a patient located in the Commonwealth through use of telemedicine services pursuant to this subdivision may provide such services for a period of no more than one year from the date on which the practitioner began providing such services to such patient.

§ 54.1-3601. Exemption from requirements of licensure.

The requirements for licensure provided for in this chapter shall not be applicable to:

1. Persons who render services that are like or similar to those falling within the scope of the classifications or categories in this chapter, so long as the recipients or beneficiaries of such services are not subject to any charge or fee, or any financial requirement, actual or implied, and the person rendering such service is not held out, by himself or otherwise, as a licensed practitioner or a provider of clinical or school psychology services.

2. The activities or services of a student pursuing a course of study in psychology in an institution accredited by an accrediting agency recognized by the Board or under the supervision of a practitioner licensed or certified under this chapter, if such activities or services constitute a part of his course of study and are adequately supervised.

3. The activities of rabbis, priests, ministers or clergymen of any religious denomination or sect when such activities are within the scope of the performance of their regular or specialized ministerial duties, and no separate charge is made or when such activities are performed, whether with or without charge, for or under the auspices or sponsorship, individually or in conjunction with others, of an established and legally cognizable church, denomination or sect, and the person rendering service remains accountable to its established authority.

4. Persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or any agency established or funded, in whole or part, by any such governmental entity or of a private, nonprofit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization, except that any such person who renders psychological services, as defined in this chapter, shall be (i) supervised by a licensed psychologist or clinical psychologist; (ii) licensed by the Department of Education as a school psychologist; or (iii) employed by a school for students with disabilities which is certified by the Board of Education. Any person who, in addition to the ~~above~~ ~~enumerated~~ *above-enumerated* employment, engages in an independent private practice shall not be exempt from the licensure requirements.

5. Persons regularly employed by private business firms as personnel managers, deputies or assistants so long as their counseling activities relate only to employees of their employer and in respect to their employment.

6. Any psychologist holding a license or certificate in another state, the District of Columbia, or a United States territory or foreign jurisdiction consulting with licensed psychologists in this Commonwealth.

7. Any psychologist holding a license or certificate in another state, the District of Columbia, or a United States territory or foreign jurisdiction when in Virginia temporarily and such psychologist has been issued a temporary license by the Board to participate in continuing education programs or rendering psychological services without compensation to any patient of any clinic which is organized in whole or in part for the delivery of health care services without charge as provided in § 54.1-106.

8. The performance of the duties of any commissioned or contract clinical psychologist in active service in the army, navy, coast guard, marine corps, air force, or public health service of the United States while such individual is so commissioned or serving.

9. Any person performing services in the lawful conduct of his particular profession or business under state law.

10. Any person duly licensed as a psychologist in another state or the District of Columbia who testifies as a treating psychologist or who is employed as an expert for the purpose of possibly testifying as an expert witness.

11. Any psychologist who is licensed in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession who provides behavioral health services, as defined in § 37.2-100, to a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services as defined in § 38.2-3418.16 and (ii) the psychologist has previously established a practitioner-patient relationship with the patient. A psychologist who provides behavioral health services to a patient located in the

Commonwealth through use of telemedicine services pursuant to this subdivision may provide such services for a period of no more than one year from the date on which the psychologist began providing such services to such patient.

§ 54.1-3701. Exemption from requirements of licensure.

The requirements for licensure provided for in this chapter shall not be applicable to:

1. Persons who render services that are like or similar to those falling within the scope of the classifications or categories in this chapter, so long as the recipients or beneficiaries of such services are not subject to any charge or fee, or any financial requirement, actual or implied, and the person rendering such service is not held out, by himself or otherwise, as a licensed practitioner.

2. The activities or services of a student pursuing a course of study in social work in an institution recognized by the Board for purposes of licensure upon completion of the course of study or under the supervision of a practitioner licensed under this chapter; if such activities or services constitute a part of his course of study and are adequately supervised.

3. The activities of rabbis, priests, ministers or clergymen of any religious denomination or sect when such activities are within the scope of the performance of their regular or specialized ministerial duties, and no separate charge is made or when such activities are performed, whether with or without charge, for or under auspices or sponsorship, individually or in conjunction with others, of an established and legally cognizable church, denomination or sect, and the person rendering service remains accountable to its established authority.

4. Persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or of any agency established or funded, in whole or part, by any such governmental entity or of a private, nonprofit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization. Any person who renders psychological services, as defined in Chapter 36 (§ 54.1-3600 et seq.) of this title, shall be subject to the requirements of that chapter. Any person who, in addition to the ~~above~~ ~~enumerated~~ *above-enumerated* employment, engages in an independent private practice shall not be exempt from the requirements for licensure.

5. Persons regularly employed by private business firms as personnel managers, deputies or assistants so long as their counseling activities relate only to employees of their employer and in respect to their employment.

6. Any person who is licensed to practice as a clinical social worker in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession who provides behavioral health services, as defined in § 37.2-100, to a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services as defined in § 38.2-3418.16 and (ii) the clinical social worker has previously established a practitioner-patient relationship with the patient. A person who is licensed to practice as clinical social worker who provides behavioral health services to a patient located in the Commonwealth through use of telemedicine services pursuant to this subdivision may provide such services for a period of no more than one year from the date on which the clinical social worker began providing such services to such patient.

Agenda Item: Review of Public Comment on Proposed Stage of Implementation of Periodic Review Changes

Included in your agenda package are:

Copy of public comments received on Virginia's Regulatory Town Hall.

Action needed:

- Motion to send consideration of public comment and proposed regulations to Regulatory Committee for review and recommendation.

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Agency **Department of Health Professions**

Board **Board of Counseling**

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

Action	Periodic review
Stage	Proposed
Comment Period	Ends 4/1/2022

181 comments

All good comments for this forum Show Only Flagged

Back to List of Comments

Commenter: Larry Epp, Ed.D., a Past President, LCPCM 3/23/22 8:42 am

Differentiation of CACREP versus Non-CACREP Counselors Not Equitable or Evidence Based

At a time when the COVID-19 Pandemic has taught us that telehealth and license portability are critical to solving provider shortages, Virginia should be trying to create an easy to understand and streamlined licensure criteria to allow telehealth across state lines. When these conversations started, we did not have a national provider shortage, triggered by a secondary mental health pandemic, now that we do, our policies should be inclusive and allow the efficient portability of all counselors with three years of experience. The differentiation of CACREP versus non-CACREP counselors, and the punitive 10 year experience requirement for non-CACREP counselors, is not equitable and not justifiable based on the literature. This would exclude many of the graduates of Johns Hopkins from easily transferring their license to the Commonwealth, which has only had CACREP accreditation for 5 years, but is reputably one of the best programs in the US. Virginia should be modeling its regulations on the developing Counseling Compact and not diverging from this wise movement to eventually allow national telehealth portability.

CommentID: **120842**

Commenter: Peggy Brady-Amoon, PhD, LPC, Alliance for Professional Counselors 3/23/22 9:34 pm

Opposition to inequitable licensure by endoresment proposal

The Alliance for Professional Counselors (APC), a national organization of counselors and counselor educators that supports interdisciplinary cooperation and licensure portability, remains strongly opposed to a specific provision in the Virginia Board of Counseling's proposal for licensure by endorsement that we objected to in 2019.

We particularly object to the provision that would permit licensed counselors who graduated from programs accredited by CACREP to qualify for licensure in Virginia with 3 years post-licensure experience while licensed counselors who graduated from programs that are not affiliated with CAREP would need 10 years

post-licensure experience to qualify for licensure in Virginia. There is NO evidence to support this proposed discrepancy.

Furthermore, this proposal would harm the public by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia. This proposal would also harm the majority of licensed counselors who graduated from programs that are not affiliated with CACREP by making it seem, despite lack of evidence, that they are less qualified. We call your attention to the two successive Virginia Economic Impact Analyses (2016, 2017) for further information. Furthermore, as Virginia has historically been a leader in the profession, this proposal could set a negative precedent.

We fully respect that these decisions are within the purview of the Commonwealth of Virginia. However, APC asks your consideration because these proposed regulations are determinantal to the citizens and economy of Virginia – and have national implications. In our view, the Counseling Compact is a significantly better option for portability than the current (or previous) proposals.

CommentID: **120850**

Commenter: Nick

3/24/22 12:52 am

Cacrep is nothing special

Only people ignorant of therapy practice would assume cacrep does anything influencing the quality of therapist to the degree Virginia is trying to infer with the difference of requirements. Try looking at additional certificates of practice with quality of requirements like 2-4 years of training and supervision in addition to a license. EMDR, Brainspotting, prolonged exposure, psychodrama all took me years to earn with high level PhDs and we all see terrific therapeutic outcomes. All clients pay high dollar for these specific services. I don't have a cacrep. Nobody who trains these certificates cares or even mentions cacrep. Anyone without those certificates have no clue what value they add to a practice. I can tell Virginia that if they did have a clue, they'd not make a cacrep the defining difference. I could easily outshine any recent graduate in skill level for years to come until they get the added value of advanced certification. This is the difference between a PA and a doctor with ten years surgery experience at a trauma center John Hopkins. Virginia is unaware enough to not know the difference or they'd even prefer a PA over the doctor because of their bachelors program. It's nothing short of pure ignorance to try to infer such meaning from cacrep. The most important work is field training and advanced certification

CommentID: **120852**

Commenter: Clayton Maguire, LPC LMFT

3/24/22 12:21 pm

Urge "Counseling Compact" vs. CACREP

I have been licensed as a Professional Counselor in Virginia for 40 years, having graduated before CADREP existed. I urge the Board to not adopt regulations which require 3 years of experience for those graduating from a CACREP program vs. 10 from other colleges and Universities before licensed by endorsement. Only as I have been practicing for so long, and been a leader in the field (president of the state of Virginia affiliate of AMHCA), long term membership in ACA and AMHCA, do I know of the development of CACREP. Were I a recent college graduate, seeking graduate school admission, I might not even know of CACREP to use it as a screen for application. The current regulations screen effectively without adding a very biased 10 year requirement. Further, there is no evidence of which I am aware which would allow the equating of 3 years of experience of a CACREP graduate with 10 of one from a different credentialing graduate program. I would propose the Board instead adopt the Counseling Compact, which I know many of the Board members are following. For those not familiar, I urge you to review the writings on the Counseling Compact by Counseling's national representation associations (ACA

and AMHCA). Now that all 50 states license counselors licensure by endorsement is in order and equitable measures from all 50 states is preferable. Thank you for considering my point of view.

CommentID: **120854**

Commenter: Jairo Fuertes, PHD

3/24/22 1:24 pm

Another attempted grab by CACREP

There is zero (ZERO) evidence that training in CACREP programs is superior, leads to better trained professionals or better outcomes for patients and clients. However, there is plenty of evidence of CACREP'S consistent and nonrelenting pressure to mislead legislators and consumers into believing that their brand is superior. This is another market grab by CACREP that should be denied. They want to corner the market in training and mental health care. Please vote down this ridiculous proposal.

Dr. Fuertes

CommentID: **120855**

Commenter: Tom Dinzeo, Ph.D.

3/24/22 2:07 pm

Unsupported distinction creating unnecessary inequity

The proposed move to require an additional 7 years of training for graduates of non-CACREP programs is based on a highly flawed and unsupported notion. If the Non-CACREP training programs meet the State educational requirements and the graduates of these programs demonstrate competence during the standard period of evaluation, then what is the sense of unnecessarily burdening these mental health providers with an additional time requirement. This seems like a shameless ploy to disenfranchise all non-CACREP training programs, many of which are not eligible for accreditation due to arbitrary reasons (e.g., too many clinical psychology affiliated faculty teaching courses and not enough with "counselor identity").

The Counseling Compact is a significantly better option than this proposal!

CommentID: **120856**

Commenter: Anonymous

3/24/22 2:18 pm

CACREP DISCRIMINATION

The erroneous misconception that CACREP is the only accreditation body capable of designing or judging a rigorous counseling program is discriminatory, shortsighted and without merit. There are many universities in the nation that are recognized by regional and national accreditation bodies that have programs that are far better or at least as good as the standards put out by CACREP.

By discriminating against the students who attended those schools, you deprive the community of some of the best and most experienced therapists in the country. You also heavily lean into age discrimination. When I attended my Masters in Counseling Psychology program, my program far exceeded the number of classes and hours that were then required by CACREP, which was a fledgling organization trying to corner the market in counseling education accreditation. They've largely succeeded in doing that by putting forth the notion that their programs produce "more ethical" and better educated counselors. That is simply untrue. The behavior of the ACA during a recent election where they shut down pre-election comments is indicative of a group who wants to silence the majority of all counselors who graduated before CACREP even existed. CACREP, ACA and NBCC seem to have worked together in a highly questionable way, by structuring tests and

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counselor demographic/opinion/practice questionnaires in such a way as to diminish well educated and highly skilled, respected and qualified therapists. It's my understanding that one of the NBCC licensing tests was recently pulled because it lacked the normative, rigorous research required for standardized tests. It's also my understanding that a recent head of NBCC was asked to step down because of highly unprofessional conduct and that the NBCC actually lost its ability to accredit continuing education programs for a time. The 3 aforementioned entities seem to have set up a "you scratch my back..." arrangement that enriches them all, reduces educational choice, deliberately controls outcomes on testing and that attempts to shut out the majority of counselors in the field today.

The ACA recently had an opportunity to break the glass ceiling of getting Masters level counselors approved by the VA, which we all know is serving combat veterans who are killing themselves at never before seen rates because they don't have adequate access to mental health care in a timely manner. For most of modern history the VA only used Social Workers, who practice counseling but are not trained as counselors. There is some overlap in skillset but the training, almost complete lack of psychological theory classes, and basic theoretical foundations are entirely different. Given this marvelous opportunity to improve the conditions for veterans everywhere, the ACA struck a deal with the VA that excluded all of the older, most experienced counselors in favor of CACREP trained counselors, who again, do not represent the majority or the best. I believe this was yet another self-serving move to corner the market in counseling education.

I believe the attempt to punish and exclude non-CAPREP counselors, constitutes violation of anti-trust laws. Discriminating against non-CACREP therapists violates anti-age discrimination laws and possibly violates the rights of faith-based colleges and their graduates since CACREP promotes positions that are not necessarily shared by faith-based counselors. Such colleges should feel free to pursue regional accreditation and opt out of CACREP without diminishing their students' ability to make a living.

CommentID: **120857**

Commenter: Courtney Gasser, Ph.D., L.P., N.C.C. 3/24/22 2:20 pm

Oppose current proposal--violation of licensure inclusivity

This proposal falsely suggests that licensed counselors who graduated from programs accredited by CACREP (who would need 3 years post-licensure experience) are more qualified than those who graduated from other programs (who would need 10 years post-licensure experience). There is no evidence that CACREP program graduates are better trained than the graduates of other programs. Also, licensed counselors who graduated from MPCAC accredited programs would be treated as second-class citizens as a result, which is inappropriate as both CACREP and MPCAC are accredited by CHEA and thus programs accredited by CACREP and MPCAC are meeting similar standards, and their graduates should be held to the same kinds of licensure rules.

This proposal should be rescinded due to the above problem and, instead, the State of Virginia should pursue the Counseling Compact.

CommentID: **120858**

Commenter: Anonymous 3/24/22 2:50 pm

Urge Counseling Compact Vs. CACREP

There is zero (ZERO) evidence that training in CACREP programs is superior, leads to better-trained professionals or better outcomes for patients and clients.

However, there is plenty of evidence of CACREP'S consistent and unrelenting pressure to mislead legislators and consumers into believing that their brand is superior. This is another market grab by CACREP that should be denied. They want to corner the market in training and mental health care. Please vote down this ridiculous proposal. I strongly urge the state of Virginia to push towards joining the counseling compact, a more inclusive route. If the pandemic, has taught us nothing, it has taught us that accessibility of mental health professionals is essential. Passing the proposal would be ignoring that.

CommentID: **120859**

Commenter: Dr. Jody Kulstad

3/24/22 3:16 pm

Inequitable Licensure Practices

This is a further attempt to push CACREP only onto Virginia counselor licensure. As others have noted, having CACREP accreditation only indicates that a program meets baseline requirements for training counselors. Programs who have CHOSEN to not pursue CACREP are often equally if not more rigorous and graduate excellent counseling professionals. This field needs more counselors, not less, and there is no evidence that those who graduate from CACREP programs are any more qualified than those who do not. To make a distinction and limit the licensing based on that is inequitable.

To add to what another commentor mentioned - I graduate with my MA in Counseling in 1993 - long before CACREP had increased their requirements to 60 credits and before most programs even thought of anything but regional accreditation. This not only punishes those who graduate now, but those who graduated years ago.

This field and our state needs to be more inclusive not exclusive.

CommentID: **120860**

Commenter: Debra Mollen

3/24/22 4:51 pm

Stop the CACREP Monopoly

I add my strong opposition to the the current proposal that would unfairly and discriminatorily penalize professionals who graduate from non-CACREP-accredited programs. This proposal is not based on any scientific data that suggests licensed counselors educated in CACREP-accredited programs are in any way better prepared, trained, or equipped to serve in their roles than those from non-CACREP-accredited programs. Moreover, adding superfluous obstacles to those who graduate from other programs is unnecessary and ultimately penalizes both those who graduated from non-CACREP-accredited programs and the Virginians they serve.

CommentID: **120861**

Commenter: Ashley Simon - University of Baltimore

3/24/22 5:01 pm

CACREP Discriminatory Practices

I am disturbed beyond words that you feel that graduates of any university that are not accredited by CACREP are somehow not worthy of practicing in the state of Virginia. There are many fabulous schools that provide extensive education in counseling and clinical psychology. I am enrolled in University of Baltimore and they offer an extensive program for graduate students, consisting of three years of education and internship opportunities. There are many universities offering fantastic programs in psychology as well as accrediting bodies that support and demand excellence in the field. I am not sure I understand your reasoning behind this discriminatory

judgement, especially during times when people in our country desperately need counselors to help them deal with their problems. The number of people suffering from mental health issues is far greater than we have witnessed in the past. Psychology has come a long way in its methods and understanding of the field as a whole. Without counselors, people are dying needlessly as they suffer in silence. Now is not the time to be assuming that one accrediting body is superior to the others.

Ashley Simon

CommentID: **120862**

Commenter: Bryan Kim, Ph.D., LMHC

3/24/22 5:22 pm

Please do not support this legislation

To Whom It May Concern:

I'm writing in strong opposition to the provision in this law that would permit other-state licensed counselors who graduated from programs accredited by CACREP to qualify for licensure in Virginia with 3 years post-licensure experience while other-state licensed counselors who graduated from programs that are not affiliated with CACREP would need 10 years of post-licensure experience. There is no scientific evidence to support this proposed discrepancy and it is discriminatory to those who are not CACREP graduates. Most importantly, the residents of Virginia will suffer because this proposed regulation will limit the number of qualified licensed counseling professionals to serve individuals with mental health difficulties, particularly during a time of COVID when the mental health service needs are so great. Please do not pass this regulation.

sincerely,

Bryan Kim, Ph.D., LMHC

CommentID: **120863**

Commenter: Mary Ammon, University of Baltimore

3/24/22 5:44 pm

Inclusive Licensure Requirements are a Necessity

There is no scientific evidence stating that people who do not graduate from CACREP programs are any less qualified than those who do. This mandate would greatly restrict the amount of counselors who are in the mental health field at a time when practitioners are desperately needed. This is an elitist movement to discredit those who have graduated from programs that are perfectly qualified to educate counselors just because they don’t have an arbitrary badge of accreditation next to their name. Licensure requirements should be based on critical individual requirements being fulfilled by a degree program, not because it has the endorsement of an organization. This mandate cannot go through and restrict access to licensure. There is a shortage of mental health practitioners in the field and to deliberately deny perfectly qualified graduates from obtaining licensure is to the great detriment of the public that needs these mental health resources. This is an unethical mandate and should not be passed.

CommentID: **120864**

Commenter: Pamela Foley, Ph.D., Seton Hall University

3/25/22 9:44 am

No empirical evidence to support an additional 7 years of experience for non-CACREP graduates

I am writing to urge you to reject the proposed new rule for counselor licensure, requiring graduates of programs that are accredited by organizations other than CACREP to have an additional 7 years of experience. I would like to remind the Virginia Board of Counseling that their role is to protect the public. There is no evidence to support this requirement, and it will seriously limit the availability of mental health services to Virginia residents, at a time when the need for mental health support has greatly increased. As an educator in a program that has been training counselors for responsible professional practice for decades, I cannot see this proposal as anything other than an effort by a large guild to provide its own graduates with a privileged position, at the expense of graduates of equally rigorous training programs. Please reconsider this ill-advised and clearly self-serving proposal.

Thank you.

CommentID: **120865**

Commenter: Janice C Lang, LCPC

3/25/22 11:16 am

Vote against this regulation!

There is no evidence that graduates from a CACREP accredited program are any more qualified than counselors who don't. There are many universities that produce exceedingly qualified counselors, thereby invalidating the need for such a counselor to have 7 more years of experience than one graduating from a CACREP program. In addition, by enacting such legislation, you are artificially limiting the resources and possibilities that citizens of VA have when looking for mental health help. Not only are you limiting the options for your citizens, you are doing so during a time of greatly increased need. Vote no on this regulation and vote for inclusion of all counselors!

CommentID: **120867**

Commenter: Avi Pear - University of Baltimore

3/25/22 5:04 pm

Of all times to restict license portability...

...now is NOT the time. Other commenters have raised valuable points against the merits of CACREP accreditation. To reiterate some, there is little research suggesting that CACREP accreditated counselors provide better care than non-accreditated counselors; CACREP's standards seem arbitrary and are hard to justify; CACREP does not recognize the value of counseling psychology. However, I'd like to emphasize a different aspect. During this difficult post-pandemic time, mental health practitioners are in high demand and many clinics have long waiting lists. The state of Virginia itself has a shortage of mental health providers (see here, here, here) According to NAMI, 22% of Virginians were unable to receive mental health care in February 2021. 56% of children 12-17 with depression were unable to receive treatment as well over the past year. By requiring CACREP accreditation, these numbers are sure to increase. Any additional protection to the public that CACREP accreditation purports is likely to be canceled out by the damage of restricting the number of therapists.

CommentID: **120869**

Commenter: Azara Santiago Rivera, Ph.D.

3/25/22 5:08 pm

In Opposition of the Differential Treatment Suggested in the Proposal

I am in full support of interdisciplinary cooperation and counselor license portability. Suggesting that licensed professional counselors who are graduates of CACREP accredited programs require only three years of post-licensure experience, whereas licensed professionals who are graduates

of other counseling training program must have seven years of post-licensure experience is an example of unfounded differential treatment. This is clearly exclusionary. There is no evidence that licensed counselors from CACREP programs are better prepared than counselors who are graduates of other counseling programs. At a time of great need for mental health services in this country we should be working collaboratively across all counseling programs to train competent counselors, and facilitate licensure acquisition rather than engage in such divisiveness.

CommentID: **120870**

Commenter: Autumn Boyle, University of Baltimore

3/25/22 10:12 pm

You're Making the Mental Health Crisis Worse

As a graduate student on track for licensure in clinical professional counseling in the state of Maryland who will actively seek to get licensure in Virginia (so I can work in the DMV), this proposal seeks to make the current mental health crisis *much worse* in the state of Virginia. There is no empirical evidence to support that graduates of CACREP-accredited institutions are more qualified or prepared for licensure in the state of Virginia than graduates from, say, MPCAP-accredited institutions.

With this proposal, the state of Virginia is severely restricting the number of counselors who may apply for licensure in the state of Virginia in the coming years. Why? There are only *three* CACREP-accredited clinical mental health counseling programs in the entire state of Maryland, none of which are in the DMV area. That means the graduates from Maryland clinical mental health counseling programs most likely to want to apply for licensure in the state of Virginia in the coming years would have to wait an *entire decade* to qualify.

How on earth could this be considered a solution for the current mental health crisis in the state of Virginia? Make access to licensure equitable for *all* qualified mental health professionals, and put this decades-long feud between the American Counseling Association (who, without evidence, insists their accrediting body is superior) and the American Psychological Association to rest.

CommentID: **120871**

Commenter: Sr. Catherine Waters, OP, PhD, Professor Emerita, Caldwell University, Cald

3/27/22 3:20 pm

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

Research has indicated that there is no identifiable difference in the preparation or competence between graduates of CACREP-accredited Counseling Programs and those from programs which did not choose to apply for this accreditation. There is no rationale therefore to create these stringent standards for graduates from the latter group. Please reconsider.

CommentID: **120874**

Commenter: Jessica Martin, PhD; University at Albany-SUNY

3/28/22 9:49 am

IN OPPOSITION

> *I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no***

documented evidence *that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would* ***harm the public*** *by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.*

CommentID: **120877**

Commenter: Anonymous

3/28/22 9:52 am

Opposition

I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.

CommentID: **120878**

Commenter: Joseph Hammer, PhD, LP

3/28/22 10:00 am

Oppose this discriminatory regulatory action

This regulatory action would harm Virginians, who need greater access to qualified (i.e., already licensed) counselors, not lesser access. There is no documented evidence that licensed counselors from CACREP programs are better prepared than licensed counselors from programs accredited by other accrediting bodies such as MPCAC. So why give special treatment and create an arbitrary caste system to one group of professionals over another? And for anyone that cares about market access, fostering competition, and a healthy free market economy, this makes even less sense.

CommentID: **120880**

Commenter: Lynn Gilman

3/28/22 10:07 am

OPPOSE

I'm writing to express my ***opposition*** *to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is* ***no documented evidence*** *that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would* ***harm the public*** *by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.*
CommentID: **120881**

Commenter: Alex Fietzer, PhD

3/28/22 10:18 am

Oppose proposed legislation requiring non-CACREP counselors to obtain 7 more years of experience

I'm writing to express my opposition to the Virginia Board of Counseling's current proposal that would require licensed counselors who graduated from CACREP-accredited programs to only require three years of post licensure experience whereas licensed counselors from non-CACREP-accredited programs would require ten years of post licensure experience. There is no current evidence that counselors graduating from CACREP-accredited programs are better prepared than their peers who graduated from other programs. Given the immense need for affordable mental health that licensed professional counselors can provide, this proposal risks harming the public good by limiting the number of licensed counselors who would qualify for licensure (and, therefore, professional counseling work) in the state of Virginia.

CommentID: **120882**

Commenter: Sally S

3/28/22 10:20 am

Oppose this baseless and prejudicial regulation

*I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.*

Don't pander to CACREP guild interests - keep the well-being of the people of Virginia first!
CommentID: **120883**

Commenter: Timothy Melchert

3/28/22 10:28 am

In Opposition

I am **strongly opposed** to this endorsement proposal that would require licensed counselors who graduated from non-CACREP programs to have 7 more years of professional experience than their peers from CACREP programs. There is no research evidence to support this requirement and the proposal is a highly unusual attempt to discriminate against programs not affiliated with CACREP. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors in Virginia at a time when there is a shortage of licensed behavioral health treatment professionals. It would also be embarrassing for the State of Virginia to impose such a discriminatory requirement.

CommentID: **120884**

Commenter: Déja Fitzgerald, M.Ed.

3/28/22 10:51 am

Opposition

I'm writing to convey my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared

than their peers who graduated from other programs.[35]This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care. I would hope that any policy change would stem from a data-informed position.

CommentID: **120886**

Commenter: Nathan Grant Smith, Ph.D. 3/28/22 11:02 am

Opposed to proposed requirements for licensed counselors

As a graduate of a Virginia university (Ph.D., Virginia Commonwealth University, 2002), I am writing to express my opposition to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would harm the public by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.

CommentID: **120887**

Commenter: Robert A. Byrom Jr., PhD 3/28/22 11:36 am

Discriminatory CACREP Proposal

*I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.*

There are a considerable number of alternatives (identified in other messages related to this very issue) that would add value to VA's mental health practitioner pool as contrasted with the loss of value that this proposal would create.

CommentID: **120888**

Commenter: Jennifer M. Taylor, Ph.D., Associate Professor and Training Director 3/28/22 11:40 am

In Opposition

I am writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs, particularly as there are other national accrediting bodies (e.g., MPCAC, which is a CHEA-recognized accrediting organization) that prepare students with rigorous training standards. Many MPCAC programs (ours included) meet and exceed CACREP's training requirements, with the sole exception that the

Ph.D. degrees of our faculty are in Counseling Psychology rather than Counselor Education. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.
CommentID: **120889**

Commenter: Katharine Shaffer, PhD

3/28/22 11:44 am

OPPOSE proposed regulatory change regarding licensure by endorsement

This issue has been raised (and struck down) again and again in Virginia. No evidence exists that counselors trained in CACREP programs are superior *in any way* to counselors trained in programs accredited by MPCAC (recognized by CHEA as accrediting science-based counseling programs) or programs that remain unaccredited but have nonetheless been graduating license-eligible counselors for many decades. Many of these programs actively choose *not* to pursue CACREP accreditation due to values differences or because of the discriminatory hiring practices for counselor educators only as core faculty in CACREP programs (yes, the 50% core faculty rule exists, but almost no program can afford to double its faculty to satisfy this inane requirement, which coincidentally works *against* a multidisciplinary approach to training and mental health care). None of CACREP's attempts to legitimize itself as the sole authority on counselor education are based in empirical fact and none are actually working on behalf of the *public*, which *is* the role of the regulatory board. At a time when mental health needs are at an all-time high, this attempt to prioritize CACREP graduates in practice (based on not a shred of evidence) is not only tone deaf, but dangerous for the mental health of Virginians who desperately need care from duly trained, licensed and experienced therapists, many of whom *did not and will not graduate from CACREP* programs.

CommentID: **120890**

Commenter: Anonymous

3/28/22 12:30 pm

OPPOSE this legislation!

*I'm writing to express my strong **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.*
CommentID: **120892**

Commenter: Rosie Phillips Davis

3/28/22 12:32 pm

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

At a time of a crisis in mental health in our country the last thing we need is an act limiting the practice on a counselor for 7 years because they are not from a CACREP school. Where is the evidence for such a recommendation? It does not exist. I actually wish that even in the accredited programs individuals would have more training.

CommentID: **120893**

Commenter: Mary O'Leary Wiley, PhD

3/28/22 12:39 pm

Legislation is contrary to public need: Oppose

I am writing to express my opposition to the proposal that would require non-CACREP programs be required to demonstrate seven more years of experience than those graduating from CACREP programs. There is no documented evidence that licensed counselors who graduated from programs accredited by exclusively one group (CACREP) are better trained or perform better than those who graduated from other programs. Especially in this time of huge mental health distresss post-COVID-19 (health care providers, first responders, educators, students, etc. etc.), in Virginia and beyond, I believe this proposal would harm the public by needlessly limiting the number of counselors who would quality for licensure (and therefore professional counseling work) in Virginia.

CommentID: **120894**

Commenter: Brooke Rappaport

3/28/22 1:17 pm

Oppose this legislation

I'm writing to express my opposition to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would harm the public by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.

CommentID: **120896**

Commenter: Tamara Kintzer, NCC, LCPC

3/28/22 1:59 pm

Oppose this legislation

Good afternoon,

I graduated from an CACREP Accredited University and have been in practice for at least three years now at an OMHC in Salisbury Md. I have a Co-Worker who is equally as competent and educated as I am who has worked as a Mental Health therapist for the same amount of time but did not graduate from an Accredited program. To allow me to practice and not her hurts the people we are here to serve in a time where we are most needed.

Please consider opposing this limiting legislation.

Thank you,

Tammy Kintzer, NCC, LCPC

CommentID: **120897**

Commenter: A. Vareschi

3/28/22 2:07 pm

Oppose

I'm writing to express my strong opposition to this proposal that would require licensed counselors from non-CACREP accredited programs to be required to earn 7 more years of experience than their colleagues graduating from CACREP accredited programs.

There is no evidence that licensed counselors graduating from CACREP programs are better prepared than their colleagues who graduated from others. Two of my clinical supervisors graduated from non-CACREP accredited programs and their clinical acumen has been invaluable to my development as a clinician. This proposal would even further limit the number of licensed counselors available to serve Virginians in a climate where mental health services are more needed than ever.

CommentID: **120898**

Commenter: Simone

3/28/22 2:10 pm

Oppose this legislation

I graduated from a non-CACREP program. I have been practicing since 2009 and prior to my graduation from graduate school I completed 60 credits. Individuals who attended non CACREP program are just as knowledgeable and have the clinical skills to support clients. This legislation will not be helpful during the current mental health crisis.

CommentID: **120899**

Commenter: L.R.

3/28/22 2:17 pm

Oppose Legislation

As a therapist in Maryland, I have had many clients reach out to me desperately seeking services from bordering states and Washington, DC. Many individuals have expressed not being able to find providers who have availability and/or take their insurance. By making the licensing process smooth and easy for ALL licensed providers in neighboring state could reduce the number of individuals in need of services. By requiring providers who have not graduated from school to CACREP accredited school to have 7 additional years of experience is discouraging and not a requirement that is based on facts. There is no research to support that providers who graduated from CACREP accredited school are more prepared than providers that graduated from non-CAREP accredited school. Therefore, if this legislation is passed this will be a disservice to the residents of Virginia.

CommentID: **120900**

Commenter: Meghan Powers, LGPC

3/28/22 2:25 pm

Oppose legislation

Legislation that would put the credentials of CACREP-accredited practitioners over a broader portability of licensure ultimately hurts those vulnerable populations that need support the most. Unnecessarily limiting the ability to practice based on no evidence would only limit the accessibility of therapy. The state of Virginia can and should do better for its people.

CommentID: **120901**

Commenter: Jeffrey Taulbee, LCPC, Wayfarer Counseling

3/28/22 2:34 pm

Oppose this legislation, support the Counseling Compact instead

As a Licensed Clinical Professional Counselor in Maryland, I received my training from a clinical psychology program that emphasized evidence based practice, understanding and promoting scientific research, and ethical best practices. This program was not CACREP accredited, yet I received a comprehensive and thorough training. While I admire some the goals of CACREP, there is insufficient evidence to support the notion that CACREP is the sole arbiter of qualified counselors.

In this mental health crisis, when the demand for qualified therapists is higher than ever and clients are struggling to find mental health providers who are able to accept new clients, this is a very ill-advised time to pass legislation that would exacerbate this problem even more.

CommentID: **120902**

Commenter: Anonymous

3/28/22 3:03 pm

Strongly oppose—inclusive policy is a necessity

CACREP only agendas are politically motivated, we need one based on data!

CommentID: **120903**

Commenter: Christopher Hall, LCPC

3/28/22 3:16 pm

Strongly Oppose

Any legislation that restricts rather than broadens access to services based upon insufficient data should not go into effect. There is no evidence that clinicians from CACREP schools are better prepared than those who did not. This proposal needlessly requires people to show 7 more years of experience if they did not go to a CACREP school, in effect limiting access to services. The Counseling Compact is a better option than this proposal.

CommentID: **120905**

Commenter: Pamela Almandrez

3/28/22 3:27 pm

Not a good idea

As a Mental Health Counselor in the state of Maryland who works with the College population; many of my clients are from DC, MD, VA, NJ and NY. When my clients have to withdrawal from school due to a medical reason or are returning to their home state for the summer, it is extremely difficult to find them a psychotherapist who is able to work with them long term. I want my clients to be able to establish a relationship with a therapist in their community where they can continue getting care even post-graduation. Outside of the DMV area, it is very difficult to find providers...you have no idea how helpful telemedicine has been during the past few years of the pandemic. Suddenly we were able to connect people with the perfect therapist for them, who specialized in their needs specifically, students that were restricted to their homes due to negative home lives, were still able to receive treatment. People who were inconsistent coming to therapy in person, suddenly had a 100% show rate. Moreover, there has been a great benefit to seeing the living spaces our clients are in, we are able to see just how bad their depression has become, we are able to see that they are unable to get out of bed, but still making the motivation to come to therapy because we are the only people who have not given up on them.

Moreover, if individuals who were able to get help, no longer can receive services due to the state lines, where does that leave them? Who is going to help them? It is unethical to leave people without the care they need. Furthermore, the licensing restrictions in the VA make it really difficult for anyone with an out of state license to transfer their license over, so it sounds like VA will lose a lot of mental health care for their citizens and given the drastic increase in depression rates across America...this is not the time to pull back.

CommentID: **120906**

Commenter: Kayla Watson, University of Baltimore

3/28/22 3:31 pm

Strongly Oppose

I'm writing to express my strong **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs to be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.

CommentID: **120907**

Commenter: Debra Ament, LCPC

3/28/22 3:33 pm

counseling compact and reciprocity

Please allow reciprocity and equal licensing across the state line with Maryland. We all have many clients who work for the government and move back and forth across Maryland, DC and Virginia, and we need to offer these clients services without restrictions. All Masters level clinicians are trained and capable of working with clients in the region. Why would you put restirctions on any license from another state.

At some point in time it would be nice to come together and have one national license for all Masters level counselors. And as of this date- more than half of my clients are still being seen through telehealth.

CommentID: **120908**

Commenter: Gabrielle Shirdon, LCPC

3/28/22 3:34 pm

Oppose Legislation

CACREP programs were just getting started when I was in graduate school, I started graduate school in 2009. The school I went to was CACREP aligned and I had to meet the same educational requirements that were required by CACREP, at that time.

In order to get licensed you have to show proof that you took specific courses. That means if a counselor has all the required courses (60 credits) to get a license then they are qualified whether they went to a CACREP accredited school or not. Clinicians that have 60 credits and 3 years of experience have the same qualifications regardless of whether the program was accredited by CACREP.

Clinicians with more experience shouldn't be excluded because they did graduate school before CACREP was a thing. It doesn't make us less qualified clinicians. We have also done more training

since licensure.

CommentID: **120909**

Commenter: Michael R. Marshall

3/28/22 3:39 pm

I oppose this proposal

As a resident of Maryland--a state with close ties to and a border with Virginia--I and many I know will be affected as we seek mental health care close to where we work and when we must travel. As such, I strongly oppose this proposal. It would be unfair and discriminatory against non-CACREP program graduates. There is no evidence that licensed counselors from CACREP programs perform any better than those from other programs. This is a thinly veiled attempt by CACREP to create a cartel that would hurt the people who need qualified counselors the most. All licensed counselors should be accorded the same status and treatment. Regulators need to ensure that as many qualified professionals as possible are available to meet the growing demand for mental health therapy. This proposal will work against those goals and only cause confusion and suffering.

Thank you.

CommentID: **120910**

Commenter: Boston College

3/28/22 3:53 pm

Reg Amounts to Restraint of Trade, At Odds w/ FTC and DOD Recommendations, Unneceessary

The proposed regulation amounts to **restraint of trade**. Licensed counselors who'd bring knowledge and skill to VA in order to serve the public would be restricted from professional practice for 10 years post-license at a time when there are **public health and labor force crises**. Qualified applicants would be unable to practice, earn a living, and pay taxes in VA **based upon an unproven implication** that CACREP trained counselors are competent in 3 years, but others are not competent for 10 years. Most importantly, **the public would be harmed** by limited access to competent counselors at a time of crisis and by limited competition. The legislature in Florida recently passed legislation to eliminate a similarly restrictive law involving the educational requirements of counselors (see **FLA SB 566:** Mental Health Professional Licensure). The regulation is also **unnecessary**. There is a national legislative initiative underway (with the support of the ACA and AMHCA) to establish interstate compacts with the **reasonable universal license portability standard of 3-years post-license practice.** The **Dept of Defense** offered support for such interstate compacts to protect the spouses of active duty personnel who are harmed by restrictive trade practices. The FTC issued a 2018 report (which cited the DoD) that is also in favor of the interstate compact as the most efficient and effective way to resolve this issue. **In sum, the proposed regulation amounts to restraint of trade and is unnecessary.**

CommentID: **120911**

Commenter: Wendy Meltzer, LPC

3/28/22 3:57 pm

Oppose this regulation and support Counseling Compact

*I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care. The Counseling Compact will increase access to necessary care.*

CommentID: **120912**

Commenter: Rebecca M Schaffner

3/28/22 4:00 pm

Strongly Opposed

As a therapist with over 7 years of experience I strongly oppose this! The mental health state of this nation is terrible and by implementing such discriminatory CACREP vs not and other issues we are severely limiting the mental health services for our people. Not to mention limiting services for the undeserved and rural populations. Let's Do No Harm and Serve the Public and allow us to do so!

CommentID: **120913**

Commenter: Michelle Schoonmaker, LCPC - private practice

3/28/22 4:15 pm

Strongly oppose

I strongly oppose this action. There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. There needs to be licensure portability, which the Counseling Compact addresses inclusively (https://counselingcompact.org/).

CommentID: **120914**

Commenter: Anonymous

3/28/22 4:21 pm

Opposed Legislation

This legislation works under the idea that CACREP is the only accrediting body that puts out competent counselors. There are many competent counselors that have gone to other programs including programs accredited by MPCAC. If one were to look at the standards for these programs you would see much overlap and the competencies of these counselors should not be lessened due to one accrediting body. This will hurt not only future counselors, but the public in general who needs more access to mental health professionals. It has been noted by multiple sources that mental health issues are the next area that needs to be tackled, this was true prior to COVID and have only worsened since. It's important to make sure counselors are competent, but saying that only CACREP counselors are competent in this amount of time is not accurate and could be harmful.

CommentID: **120915**

Commenter: Anonymous

3/28/22 4:39 pm

Oppose this legislation, support the counseling compact

The suggestion that counselors who attended non-cacrep schools are less qualified than those who did is false. My non-cacrep program integrated first hand clinical experience throughout the entire program which means I graduated with more experience and direct clinical hours than some who attended a CACREP school.

CommentID: **120916**

Commenter: Anonymous 3/28/22 4:58 pm

This is a barrier to mental health access

There is a shortage of mental health professionals and a surplus of mental health demand. The world is "on fire" and people need and are seeking help. **Enacting this legislation would reduce the number of eligible mental health professionals who can provide telehealth services in Virginia.** Non-CACREP accredited programs are valid and should not be weaponized in the form of restricted practice. Please, please reconsider.

Respectfully,

Shannon Graham LCPC

CommentID: **120917**

Commenter: Catherine D NUGENT 3/28/22 4:58 pm

Oppose this Legislation. Support the Counseling Compact Instead

I oppose the proposed legislation because it is precedented on an unproved claim--that graduates of CACREP-accredited programs are somehow more qualified than graduates of non-CACREP programs. There is no evidence to support this claim. Instead of this faulty framework, please support the Interstate Compact. This Compact would allow licensed counselors to practice across state lines, provinding services in a state in the Compact. During the pandemic, when licensure regulations were relaxed and waivers or temporary licenses easily availble, I began counseling with a client in DC. She sought my services particularly because of special expertise and training I have. When the waivers were ended, I had to refer this client to someone licensed in DC. (I am licensed in MD.) This was 6 months ago, and so far, she has not been able to find a therapist to meet her needs. This anecdote illustrates the fact that arbitrary licensure laws and regulations can run counter to a client's needs and preferences, denying a client the right to have continuity of care and choice of an expert provider who may not live in their state. Thank you for your consideration.

CommentID: **120918**

Commenter: Anonymous 3/28/22 5:05 pm

Oppose this legislation

*I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by*

unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.

Thank you.

Licensed Clinical Psychologist

CommentID: **120919**

Commenter: Shantisse Mason, LCPC, LCADC 3/28/22 5:12 pm

Strongly Oppose

We need to ensure that everyone has opportunity for mental health services and those of us who have earned the degrees, certifications and trainings should not have restrictions to provide such service based the school/program we attended. This legislation is offensive and isolates those wanting to provide clinical services to the general public

CommentID: **120920**

Commenter: Oppose the Legislation--Support the Counseling Compact 3/28/22 5:20 pm

Oppose the Legislation & Support the Counseling Compact

There is no documented evidence to indicate that counselors who have graduated from CACREP accredited programs are better equipped to serve the public than counselors who have graduated from non-CACREP accredited programs. Despite this reality, these claims continue to be made, likely from organizations (like CACREP) who financially gain when legislation is changed to require CACREP accreditation. Over the past few years, I have witnessed the fear mongering of people and organizations that falsely claim that counselors who graduate from non-CACREP accredited schools pose a risk to the public as they are not as well trained. Stating that law makers must "protect the public" by ensuring that counselors have training from CACREP schools is to mislead lawmakers who have zero training in counseling for their own financial gain. At times, lawmakers make decisions with good intentions, but with zero understanding of the actual work of the professionals on the ground and/or of the implications of their decision-making. Changing legislation in support of CACREP means giving CACREP money and limiting access to much needed mental health counseling services.
Rather than support CACREP, support the Counseling Compact. In doing so, you will increase access to counseling services while addressing the needs of people in modern and mobile times.

CommentID: **120921**

Commenter: Susan Morgan Stork, AASECT Certified Sex Therapist in MD, NM, DE 3/28/22 5:20 pm

Oppose this Legislation + Support the Counseling Compact Instead - we are in crisis in Mental Health

I oppose the proposed legislation because it is precedented on an unproved claim--that graduates of CACREP-accredited programs are somehow more qualified than graduates of non-CACREP programs.

I say this as a graduate of a CACREP school.
There is no evidence to support this claim.

Instead of this faulty framework, please support the Interstate Compact.

This Compact would allow licensed counselors to practice across state lines, providing services in a state in the Compact.

During the pandemic, when licensure regulations were relaxed + waivers or temporary licenses easily available, I began counseling a client in the DMV.

She sought my services particularly because of the special expertise and training I have in Sex Therapy. When the waivers ended, I had to refer this client to someone licensed in Washington DC-- (I am licensed in MD, NM + DE.)

This was 10+ months ago, and so far, this client has not been able to find a therapist to meet their specialty needs.

This anecdote illustrates the fact that arbitrary licensure laws + regulations can be barriers to a client's needs and preferences, denying a client the right to have "continuity of care" and the choice of specialty provider *who may not live in their state of licensure.*

Thank you for your deep consideration + attention to these mental health matters that impact EVERYONE in a time of a **Mental Health Crisis.**

CommentID: **120922**

Commenter: Suzette L Nozick

3/28/22 5:42 pm

Opposition to inequitable licensure

Please allow practice across state lines. Or a movement towards that. Honestly, at this point it is the only thing that makes sense. And it is definitely best practices. Isn't that what we are supposed to be all about? Being stingy about who can and cannot care for Virginia residents is definitely NOT best practices

CommentID: **120923**

Commenter: Anonymous

3/28/22 6:19 pm

OPPOSE LEGISLATION

I strongly oppose this legislation that promotes inequitable licensure for counselors seeking licensure in VA. There is no evidence that suggests counselors who graduate from a CACREP accredited school are more prepared than counselors who attended non-CACREP schools. Creating an experience-needed disparity between counselors based on this accreditation is unethical and would create a clear barrier to access of mental health treatment in a time when mental health treatment is needed most. I recommend the Counseling Compact as a significantly better option than this proposal.

CommentID: **120926**

Commenter: Carol Hallinan, LCPC

3/28/22 7:14 pm

CACREP Measure

It's disappointing to find that so many counselors credentials are attempting to be diminished because some uneducated fools feel CACREP is the gold standard. I have been fully licensed for two years after completing a Masters in Counseling where I was well trained, offered and accepted many opportunities to hone my craft through internships, and tested for knowledge to be licensed

in the SAME test taken by folks who went to a CACREP accredited school. I chose the school I went to because it matched my values, financial ability and scheduling needs at that time.

Since graduating, I have become a certified trauma therapist, certified in EMDR and will be working towards my certification in psychedelic assisted therapy starting this summer. Do these mean less because I didn't attend the "right" school?

I'm sorry for the people of Virginia that this is even being considered. They are no less in need of mental health assistance than others across the country but will be penalized if your board chooses to move forward with this terrible proposal.

I strongly oppose this proposal and hope you are able to make good choices for the people of your state.

CommentID: **120927**

Commenter: Anonymous

3/28/22 8:11 pm

Oppose CACREP Provision

I am writing in opposition of the CACREP-exlusive provision with VA counseling license portability. In an effort to make psychotherapy more accessible during our nation's mental health crisis, this requirement would eliminate otherwise well qualified professionals to provide mental health care services to those in need.

Thank you for your time and consideration.

CommentID: **120928**

Commenter: Kevin N. Jenkins, LCPC

3/28/22 8:12 pm

Strongly Oppose This Legislation

I strongly oppose this legislation. Consumers are seeking mental health services at a very high rate. Please allow licensed, competent, clinical therapists to work with these individuals.

CommentID: **120929**

Commenter: Michael Gale, Ph.D.

3/28/22 8:20 pm

Oppose

*I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.*

CommentID: **120930**

Commenter: Stephanie G. Carrera, PhD, LP

3/28/22 9:25 pm

Please Strongly Oppose this CACREP Proposal [47]

*I **oppose** this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care. Please strongly oppose this CACREP proposal.*

CommentID: **120931**

Commenter: Stephanie Woodrow, LPC, Owner of the National Anxiety and OCD Treatment Cen

3/28/22 9:41 pm

Opposed

With an increasing need from the public and demand on mental health clinicians, it's more important than ever that we do not add barriers to people accessing care. This will do just that. Please support the Counseling Compact and help not only Virginians, but clinicians treating patients in the state as well.

CommentID: **120932**

Commenter: Andy suth , Adler University

3/28/22 9:42 pm

Oppose Cacrep monopoly

*I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.*

CommentID: **120933**

Commenter: Simon Goldberg

3/28/22 11:08 pm

Oppose legislation

I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and

therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.

I believe this legislation represents an attempt to unfairly exclude qualified individuals from providing mental health treatment to the people of Virginia.
CommentID: **120934**

Commenter: Melissa Ertl, PhD

3/29/22 12:23 am

Strong opposition

I strongly oppose this endorsement proposal. Not only is it unfair to require licensed counselors from non-CACREP programs to accrue 7 more years of clinical experience than their peers who graduated from CACREP programs in order to be licensed--but it is also an arbitrary and burdensome requirement that is not empirically-based and that would, without doubt, further the mental health disparities in the state of Virginia. There is no evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. At a time when licensed mental health counselors are in high need to support the mental health of the public, this proposal seeks to unnecessarily limit the number of licensed counselors who would qualify for licensure (and professional counseling work) in Virginia.

CommentID: **120935**

Commenter: Krissa Rouse, MA, LCPC

3/29/22 7:38 am

Strongly Opposed

There is **NO documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs!** At a time when counseling services are in high demand, and those in need are struggling to find available providers, this bill will lead to greater shortages in care providers in Virginia.

CommentID: **120936**

Commenter: Noelle Benach, LCPC

3/29/22 7:59 am

I strongly oppose the proposed regulations - Put the needs of clients FIRST.

I strongly oppose the proposed regulations for licensure by endorsement as there is **no** documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. There is NO evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs.

This proposed legislation makes it difficult for clients to access specialized care that may not be available in their immediate vicinity, and therefor may cause significant harm to those seeking a continuation of care.

Instead, I support the Counseling Compact, which accomplishes portability in an inclusive way. The Compact would allow licensed counselors to practice across state lines, providing services in a state in the Compact.

I strongly urge you to consider these clients and skilled clinicians, especially during this global period of mental health crisis - and to vote **NO** to the proposed legislation.

Thank you for your time and consideration.

CommentID: **120937**

Commenter: Cathryn Hay, PhD

3/29/22 8:32 am

Strongly opposed to this non-traditional and harmful means of accrediting unprepared individuals

This cockamany idea could only come from Virginia.

CommentID: **120938**

Commenter: mark Donovan

3/29/22 8:40 am

I oppose this legislation strongly

There is no evidence differentiating graduates of differently accredited programs from another. I own a large practice in Maryland. I was looking to open in Virginia. It this bill is passed I will cancel all plans to bring my practice to VA. There is no sense in this bill. It is purely political.

CommentID: **120939**

Commenter: Sharon S Rostosky

3/29/22 8:53 am

I oppose this regulation!!!

*I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.*

CommentID: **120940**

Commenter: Susan Roistacher LCPC, LCPCM President

3/29/22 9:00 am

CACREP requirements proposal

Strongly oppose. This proposal does not protect the public. It limits access to treatment unnecessarily, without benefit to anyone.

CommentID: **120942**

Commenter: Ed Schultze

3/29/22 9:37 am

I strongly oppose this

I strongly oppose this

CommentID: **120945**

Commenter: Anonymous

3/29/22 9:55 am

I oppose this regulation

*I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.*

CommentID: **120947**

Commenter: FLERLAGE LCPC, LCADC

3/29/22 10:34 am

opposed

I strongly oppose the proposed regulations - Put the needs of clients FIRST.

I strongly oppose the proposed regulations for licensure by endorsement as there is **no** documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. There is NO evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs.

This proposed legislation makes it difficult for clients to access specialized care that may not be available in their immediate vicinity, and therefor may cause significant harm to those seeking a continuation of care.

Instead, I support the Counseling Compact, which accomplishes portability in an inclusive way. The Compact would allow licensed counselors to practice across state lines, providing services in a state in the Compact.

I strongly urge you to consider these clients and skilled clinicians, especially during this global period of mental health crisis - and to vote **NO** to the proposed legislation.

Thank you for your time and consideration.

Debra Flerlage LCPC, LCADC

CommentID: **120948**

Commenter: Ruth Palmer, PhD, Eastern University

3/29/22 10:36 am

Strongly oppose

I join counseling professionals from across the country to urge you to stop the proposed regulations that would permit licensed counselors who graduated from programs accredited by CACREP to qualify for licensure in Virginia with 3 years post-licensure experience, while requiring 10 years for licensed professionals who graduated from other accredited programs. (CACREP is not the only accrediting body for counselor programs, and there is no documented evidence that their graduates are better prepared).

Not only is this legislation discriminative against qualified licensed counselors, it proposed at a time when there are public health and labor force crises in behavioral health care. The legislature in Florida recently passed legislation to eliminate a similarly restrictive law involving the educational requirements of counselors (see FLA SB 566: Mental

Health Professional Licensure). Furthermore, there is a national legislative initiative underway (with the support of the ACA and AMHCA) to establish interstate compacts with the reasonable universal license portability standard of 3-years post-license practice. The Dept of Defense offered support for such interstate compacts to protect the spouses of active duty personnel who are harmed by restrictive trade practices. The FTC issued a 2018 report (which cited the DoD) that is also in favor of the interstate compact as the most efficient and effective way to resolve this issue. In sum, the proposed regulation amounts to restraint of trade and is discriminatory.

Ruth B. Palmer, Ph.D.
Chair, Counseling Psychology Dept,
And Director, Clinical Counseling Program
Eastern University

CommentID: **120949**

Commenter: Christen Elizabeth Dressel

3/29/22 10:49 am

I oppose this regulation

Counselors who pursue their licensure go through rigorous steps regardless if they graduated from at CACREP program. Unless a counselor does not complete the steps for licensure or has disciplinary action there should not be any difference in steps for licensure based on where a counselor graduated from. If you meet the standards required and follow the licensing process that should be all that matters. Please do not limit the ability if people to help those in need with this regulation.

CommentID: **120951**

Commenter: Christen Elizabeth Dressel -LCPC, NCC, CCMHC

3/29/22 10:52 am

I oppose this regulation

Counselors who pursue their licensure go through rigorous steps regardless if they graduated from at CACREP program. Unless a counselor does not complete the steps for licensure or has disciplinary action there should not be any difference in steps for licensure based on where a counselor graduated from. If you meet the standards required and follow the licensing process that should be all that matters. Please do not limit the ability if people to help those in need with this regulation.

CommentID: **120952**

Commenter: Karla Lawrence, LCPC, BC-TMH, CPC

3/29/22 11:19 am

Strongly Oppose

I strongly Oppose this legislation proposal.

There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs!

In a time where there is a need for more not less qualified counselors to provide care to clients, this legislation would go against the needs of care for clients who desperately need it and I believe cause harm.

CommentID: **120953**

Commenter: Anonymous

3/29/22 11:22 am

CACREP Rgulations

CACREP should not be required. There are so many other accredited university programs as well.

I oppose this bill.

CommentID: **120954**

Commenter: Amy Price, MA, LCPC

3/29/22 11:27 am

Strongly Oppose

I join counseling professionals from across the country to urge you to stop the proposed regulations that would limit access to care for Virginia residents to only counselors who graduated from programs accredited by CACREP to qualify for licensure in Virginia with 3 years post-licensure experience, while imposing requirements of 10 years for licensed professionals who graduated from other accredited programs. CACREP is not the only accrediting body for counselor programs, and there is no documented evidence that their graduates are better prepared.

Not only is this legislation discriminatory against qualified licensed counselors, it is proposed at a time when there are public health and labor force crises in behavioral health care impacting the residents of Virginia and beyond. The legislature in Florida recently passed legislation to eliminate a similarly restrictive law involving the educational requirements of counselors (see FLA SB 566: Mental Health Professional Licensure). Furthermore, there is a national legislative initiative underway (with the support of the ACA and AMHCA) to establish interstate compacts with the reasonable universal license portability standard of 3-years post-license practice. The Department of Defense offered support for such interstate compacts to protect the spouses of active duty personnel who are harmed by restrictive trade practices. The FTC issued a 2018 report which cited the DoD that is also in favor of the interstate compact as the most efficient and effective way to resolve this issue. In sum, the proposed regulation amounts to restraint of trade, is discriminatory against qualified healthcare professionals, and limits access to quality care for residents of Virginia thus making it more difficult for them to seek, obtain, and be treated for their mental health needs when they are most urgently needed.

CommentID: **120955**

Commenter: Anonymous

3/29/22 11:29 am

Oppose

Opposed to unnecessary barriers being put in place in the time of a mental health crisis in our country.

CommentID: **120956**

Commenter: Angela Keck

3/29/22 11:36 am

Oppose the proposed regulations

Oppose the proposed regulations.

CommentID: **120957**

Commenter: Kathleen Ferrara Lombardo MA, LCPC, Kathleen Ferrara Lombardo Counseling Se — 3/29/22 11:49 am

oppose CACREP regulation

This is yet another attempt to make it more difficult to bring our Mental Health services when they are so needed. Instead of putting some stupid restriction in place that serves no beneficial purpose, put your focus on increased access to services.

CommentID: **120958**

Commenter: Catherine Martin-Davis, LCPC — 3/29/22 11:54 am

Strongly Oppose

Strongly oppose.

CommentID: **120959**

Commenter: Katie Richard — 3/29/22 11:59 am

Oppose

There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. Requiring licensed counselors to show 7 more years of experience than their peers who graduated from programs accredited by CACREP will further limit the number of licensed professionals at a time of great need and when it is already challenging for most clients to find a therapist.

CommentID: **120960**

Commenter: Courtenay Culp, LCPC, LPC Prior ED and Past President of LCPCM — 3/29/22 12:08 pm

CACREP Legislation

Strongly oppose this legislation

CommentID: **120961**

Commenter: Healing Songs Therapy — 3/29/22 12:24 pm

Strongly oppose

Strongly oppose this legislation!!

CommentID: **120962**

Commenter: LaShandra C. Oliver-Moshier — 3/29/22 12:25 pm

During a mental health crisis we don't need arbitrary barriers put in place.

It's clear that we are in a mental health crisis. More people than ever are needing support after the last several years and choosing to create a rule that prevents therapists from practicing in the state of Virginia is the last thing we need. CACREP schools have not been shown to produce better clinicians, they just show they abide by new set of rules someone made up. tomorrow, some other accreditation board can make up another set of rules. Have a clinician apply and provide references if you want to gauge their qualifications. Basing that choice on their school is clearly just made up to put an arbitrary barrier in place that will prevent clients from getting much-needed care. You aren't guaranteeing folks good care, you're guaranteeing fewer options.

CommentID: **120963**

Commenter: Yitzchak Feldman, University of Baltimore

3/29/22 1:37 pm

Oppose

The Counseling Compact is a significantly better option than this proposal!

CommentID: **120966**

Commenter: Jay Farris

3/29/22 2:03 pm

CACREP requirement is ludicrous-strongly oppose

The CACREP movement is another money making effort. It pushes already licensed professional counselors back to an academic environment to learn more theory, pay for more education, reduces the availability of mental health care providers; and for what? There is no research to indicate that the CACREP program produces better qualified, nor better professional counselors. What makes better counselors is quality supervision and experience, and further training with institutions such as the Beck Institute, Ellis Institute, Gottman Institute, etc. where counselors learn how to apply actual modalities, not just how to spell them! Put an end to this CACREP nonsense!

CommentID: **120967**

Commenter: Mega Gatewood

3/29/22 2:19 pm

Strongly oppose - totally arbitrary distinction between CACREP and non CACREP

CommentID: **120968**

Commenter: Nicole Johnson

3/29/22 2:29 pm

I oppose this, this would further decrease access to the critical mental health care folks need

I oppose this amendment as this would further decrease access to the critical mental health care folks need. There are currently lengthy waitlists for folks to gain access to care and this not decreasing but increasing. This would create further the current mental health crisis. There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs! Why then, should the majority of licensed counselors who did not graduate from programs accredited by CACREP be required to show 7 more years of experience than their peers who graduated from programs accredited by CACREP? Why would the Commonwealth of Virginia want to unnecessarily reduce the number of licensed professionals at a time of great need?

The Counseling Compact is a significantly better option than this proposal! The Alliance for Professional Counselors (APC) fully supports portability for all counselors and supports the Counseling Compact, which accomplishes portability in an inclusive way. https://counselingcompact.org.

CommentID: **120969**

Commenter: Dr William Sharp

3/29/22 2:50 pm

Opposition to monopolies and lack of evidence-based implications

I strongly oppose the distinction between CACREP and non-CACREP schools implied in this legislation. I have seen no evidence that the 2 years most masters students spend in a CACREP counseling program would be able to be licensed as a professional counselor more than three times faster than someone graduating from a regionally accredited non-CACREP program (the 3 years versus 10 years stated in the legislation). The distinction would create a monopoly for CACREP schools and the loss of a number of small colleges and university programs which have produced competent clinicians as no one would choose those schools if they had to work at diminished wages for 10 years versus 3. Inclusive and supportive alternatives are circulating nationwide now and would be a better option, i.e. interstate compacts to support license portability which would benefit both the public and the provider. These are supported by both professional counseling associations-- ACA and AMHCA. This legistation would amount to monopolies and has no basis in research or evidence which mental health should strive to be.

CommentID: **120970**

Commenter: Stephen Soldz, Boston Graduate School of Psychoanalysis

3/29/22 3:05 pm

Object to CACREP Only

This proposed policy is deeply problematic and not in the interests of either the counseling profession or of Florida citizens. The counseling profession has a multiplicity of programs with varied accreditations. There is no empirical evidence that one is superior to another. Therefore, there is no rational argument for giving such extreme priority (3 years vs 10) to graduates of CACREP programs. This is simply a power grab by one segment of the profession, not a policy in the public interest.

CommentID: **120971**

Commenter: Jessica Morrell

3/29/22 3:16 pm

Opposing CACREP only!

I strongly oppose the amendment as this would further decrease access to the critical mental health care folks need. Mental health treatment is already hard to access for folks due to finances, a lack of counselors, and the public health crisis that has been ongoing. Not only is there a lack of evidence supporting the supposed superiority of CACREP-accredited graduates, but this amendment would significantly reduce the amount of clinicians that are able to provide quality care to clients that are in need of services. There are many potential clinicians from a wide range of qualified and esteemed programs that would positively impact clientele in the state of Virginia. Rather than this amendment, I strongly support the Counseling Compact. I strongly encourage the support of the Counseling Compact, which promotes accessibility and inclusive portability for potential and present clinicians.
https://counselingcompact.org.

CommentID: **120972**

Commenter: Stephen Soldz, Boston Graduate School of Psychoanalysis 3/29/22 3:36 pm

Second submission, with correction

This proposed policy is deeply problematic and not in the interests of either the counseling profession or of Virginia citizens. The counseling profession has a multiplicity of programs with varied accreditations. There is no empirical evidence that one is superior to another. Therefore, there is no rational argument for giving such extreme priority (3 years vs 10) to graduates of CACREP programs. This is simply a power grab by one segment of the profession, not a policy in the public interest.

CommentID: **120973**

Commenter: Patricia J. Simpson, LCPC, C-IAYT 3/29/22 3:54 pm

trongly oppose. This proposal does not protect the public. It limits access to treatment unnecessari

As a Licensed Clinical Professional Counselor using my Maryland license for twenty years and now engaging in tele-therapy while living in Massachusetts for two years, I continue to see the range of treatment and portability needed to work with people in different states. I have been discouraged by the CACREP policies that shut out psychology from mental health. I consider the boundaries as discriminating to expertly train mental health practitioners and a negative impact on our communities across state barriers during these times of crisis. I support the Compact.

CommentID: **120974**

Commenter: Anonymous 3/29/22 3:55 pm

Oppose

I strongly oppose

CommentID: **120975**

Commenter: Anonymous 3/29/22 3:55 pm

Oppose

I strongly oppose

CommentID: **120976**

Commenter: Anonymous 3/29/22 4:01 pm

Strongly Oppose

When states and organizations should be working together to facilitate mental health services to the population, why is Virginia working to limit it? That is a question that anyone who supports this bill must address.

CommentID: **120977**

Commenter: Mollie Thorn

3/29/22 4:17 pm

Strongly oppose CACREP only!

This regulation would not serve the public. It would limit the public's access to very much needed mental health services.

CommentID: **120978**

Commenter: Aaron Brager

3/29/22 4:23 pm

Opposed

There is no current evidence to support a non-CACREP accredited clinician is any less capable/competent than one with an accredited degree. That being said I have a CACREP degree and cannot say to any certainty I have had anything more in my education than others without this 'gold standard'.

CommentID: **120979**

Commenter: Anonymous

3/29/22 4:37 pm

cacrep is a company using regulatory capture to write itself into regulations for profit! Oppose!

I am an LPC in Virginia. This is a ridiculous proposal allowing private companies to influence policy for direct profit. I vehemenlty appose this process

CommentID: **120980**

Commenter: Marli Corbett

3/29/22 4:40 pm

Strongly Oppose

I strongly oppose this action as it would unfairly and unnecessarily limit access to quality mental health care in an already understaffed field. This is a time when regulatory boards should be moving **towards** portability rather than away from it. Furthermore, the inequitable treatment of licensed professionals who graduated from programs that were not CACREP-accredited is not evidence-based. Instead, please consider the the Counseling Compact, which accomplishes portability in an inclusive way. https://counselingcompact.org.

CommentID: **120981**

Commenter: Mary Wilbanks

3/29/22 4:41 pm

Oppose

This legislation does nothing but limit the public's access to what are very much needed mental health services. Also, I've been doing this work for 10yrs and have never seen how CACREP therapists are any better or better prepared than the rest of us. The research to support the legislation is based on faulty research. The conclusions are based on stated evidence that is not true. In fact given that the research results are not true, the whole research is biased and false.

CommentID: **120982**

Commenter: Daniel Maurer

3/29/22 6:00 pm

Opposed

I graduated from a master's program that was not CACREP six years ago. I obtained my LPC, LCADC, and ACS in the past six years. In working with fellow therapists and supervising therapists, I have never noticed any difference between clients from CACREP programs compared to those from other programs. In my first six years post graduation, I have had multiple people in the field comment how well trained I was in my education. To extend the amount of experience dramatically for non CARCEP schools is excessive and arbitrary.

CommentID: **120984**

Commenter: Margaret Fernan, LCPC

3/29/22 7:01 pm

oppose

oppose

CommentID: **120985**

Commenter: Eve Adams

3/29/22 7:09 pm

Strongly Oppose

*I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.*

CommentID: **120986**

Commenter: Meghan Maggitti

3/29/22 7:15 pm

Oppose CACREP only

I support inclusion, this measure is discriminatory against counselors! NO to CACREP ONLY!

CommentID: **120987**

Commenter: Giovanna D

3/29/22 8:49 pm

Strongly Oppose

"I'm writing to express my strong opposition to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is no documented evidence that licensed counselors who graduate from programs accredited by

CACREP are better prepared than their peers who graduated from other programs. This proposal may cause harm to the people of Virginia by unnecessarily limiting the number of licensed counselors who qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care."

CommentID: **120988**

Commenter: Sue Motulsky, EdD, Lesley University

3/29/22 11:41 pm

Strongly oppose

*I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care. CACREP wants to be the only game in town, but it is not and should not be. While it holds sway in some parts of the country, other parts such as New England, are able to train and graduate excellent mental health counselors (some of the best in the US) in non-CACREP programs. There are other accrediting groups that also exist and no one player should be a monopoly--just like anti-trust movements. All qualified accredited programs and graduates should be treated the same under the law and by various states.*

CommentID: **120989**

Commenter: Spring Oak Psychological Services

3/30/22 12:36 am

Strongly Oppose CACREP Exclusivity Legislation

Here we go again! CACREP trying to "sneak into" exclusivity status in Virginia. We are in a mental health pandemic! Now is not the time to be restricting access to qualified, competent mental health/professional counseling services.

Additionally, we are in a desperately needed and long overdue time of inclusion, not exclusion of those who don't meet certain "standards" as CACREP is attempting to do. It is offensive to be viewed as inferior by these power hungry exclusivists.

Regionally accredited graduate counseling programs (and thus their graduates) have been vetted by the regional accrediting bodies where their programs are located. Do we give higher status to certain doctors, nurses, social workers, lawyers, accountants, engineers, etc who graduate from graduate schools that have joined "trumped up" accrediting organizations? Not that I am aware of. The accrediting agencies that accredit these programs are the duly appointed agencies for their professional specialties in their regions. There are no competing accrediting agencies for these graduate schools. Why do we let the manipulative, power seeking CACREP attempt to "dupe" us! We're too smart for that, aren't we?

CommentID: **120991**

Commenter: Anonymous

3/30/22 9:40 am

OPPOSE

OPPOSE

CommentID: **120992**

Commenter: Emily Bullock Yowell, PhD University of Southern Mississippi 3/30/22 11:33 am

Strongly Oppose

The proposed regulations in Virginia to require 10 years of practice post-degree for individuals graduating from programs not affiliated with CACREP (such as programs accredited by MPCAC) while only requiring a more standard 3 years of those graduating from CACREP programs is overly restrictive, not based on evidence, and increases disparity in access to mental health assistance. In a period of mental health crisis in our country, placing additional restrictions on the practice of mental health practitioners in the wrong move. Let's focus on legislation that provides additional access to mental health care for Virginians rather than serving the agenda of well-funded lobbying groups.

CommentID: **120993**

Commenter: Anonymous 3/30/22 11:36 am

Strongly Oppose

*I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.*

CommentID: **120994**

Commenter: Meg Connor 3/30/22 11:59 am

Strongly Oppose

*I strongly **oppose** this proposal because it requires licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This is a marketing ploy by CACREP! At a time when mental health counseling services are needed more urgently than ever, this proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia.*

CommentID: **120997**

Commenter: Amy Moulton, LPC 3/30/22 12:12 pm

Strongly Oppose: Please Do Not Restrict Mental Health Services

I wish to express my strong opposition to the endorsement proposal requiring graduates from non-CACREP programs to provide evidence of an additional seven years of training beyond what is required of their CACREP peers. This is an absolutely absurd regulation, there is no reason to

require additional supervision that is **more than twice** the length of masters level graduate counseling programs.

1. There is no evidence that is not provided by CACREP which indicates that non-CACREP programs (and MPCAC or APA programs specifically) are inferior and do not appropriately train their graduates to work in the field. Evidence that is provided by CACREP has to be viewed through an appropriate lens of skepticism.
2. I cannot think of an elected public service official who has not acknowledged the increased need for mental health and substance use professionals within their community. This proposal disincentivizes and creates a barrier for those who would provide those services. There are limitations to the places that non-licensed mental healthcare professionals can work, limitations to the amount of money they can earn, and limitations to the populations they can work with. These limitations are appropriate as part of our training, however it is completely unreasonable to expect someone to spend **the better part of a decade** in that position. When the number of people in the mental healthcare field already have extremely high rates of burn out, why would we put in place regulations to make the job more inaccessible? There will be less people to provide the services that are needed, which leads to an overwhelmed system and higher rates of suicide, overdose, incarceration, and CPS involvement.
3. CACREP requires that the colleges and universities core faculty (all the professors) have a PhD from a CACREP-accredited program. I can understand reading this and going, "Yes, that's fine," however, if we consider that this endorsement would essentially require every counseling student to attend a CACREP institution or start out at a disadvantage to all their peers, this acts as a barrier for completely qualified educational counseling professionals. An APA accredited Counseling Psychology program likely has a number of experienced, talented, and qualified staff who also graduated from APA accredited programs. CACREP will freeze out faculty that may be very good educators and great clinicians with a lot of relevant expertise and they do so to advance CACREP as an organization NOT because someone with a PhD in Counseling Psych is unqualified to teach Masters Counseling students (they are absolutely are).

I realize I have written a lot for you to read, however I sincerely hope you take the time to consider the information provided here. While this may seem a small matter to you, this would negatively impact potential future counselors, current counseling students who had the misfortune to pick a university that is fully accredited but does not have lobbyists, counseling professionals who provide education and supervision to the next generation, and, most importantly, the people who need the healthcare services that are provided by licensed counselors.

Please, I urge you with all sincerity to reconsider this proposal. There are so many barriers to access of healthcare and none of these will be better addressed by what is being suggested. I thank you for your consideration of what I have written.

CommentID: **120999**

Commenter: Anonymous

3/30/22 12:40 pm

Strongly Oppose

I strongly oppose this proposal as there is no evidence to suggest that licensed counselors who graduate from non-CACREP programs are less prepared than those who graduate from CACREP programs. Further, this will create harm to the general public by reducing the number of providers at a time when mental health counseling is much needed.

CommentID: **121000**

Commenter: Susan Woodhouse, Ph.D.

3/30/22 1:04 pm

Strongly Oppose

This is a harmful idea that would needlessly limit the mental health services available to the people of Virginia and would result in the groundless restraint of trade. Licensed counselors contribute in important ways to public health and mental health, and CACREP seeks to restrict duly trained professional counselors from being able to serve the people of Virginia for 10 years, under the mistaken notion that those trained in accredited programs outside of the CACREP system need additional practice post-training (10 years as compared to 3 years for CACREP). This is patently false. There are other accrediting bodies that legitimately provide OUTSTANDING training for licensed professional counselors. There is absolutely no evidence that counselors educated in CACREP-accredited programs are better prepared than professional counselors that are educated in MPCAC-accredited programs. It is time for the public and lawmakers to be aware of the fact that CACREP is attempting to create a CACREP monopoly by falsely implying that there is only one legitimate way to accredit professional counseling program. This is simply not true. The public would be harmed by this baseless restraint in trade that would limit access to needed treatment by the public in Virginia. This would harm the citizens of Virginia.

Other states have recently passed legislation to get rid of restrictive laws much like this current proposal. For example, see FLA SB 566 (Mental Health Professional Licensure).

There is a national legislative initiative, which is supported by the professional organizations for Professional Counselors, to develop interstate compacts with a reasonable universal license portability standard of 3-years post-license practice. The Department of Defense has supported the idea of such interstate compacts. Moreover, the FTC issued a report in 2018--citing the Department of Defense--saying that the FTC also supports interstate compacts as a way to efficiently and effectively resolve this issue and avoid unnecessary restraint of trade.

There is nothing wrong with CACREP accreditation. However, CACREP is not the only strong accrediting body in our nation. Another important accrediting body is MPCAC--which stands for Master's in Psychology and Counseling Accreditation Council (http://mpcacaccreditation.org). Other professional organizations are likely to create strong accreditation standards as well. There is no reason to limit practice based on CACREP, because the public health is also well-served by these other accrediting bodies.

CommentID: **121001**

Commenter: Deparment of Counseling and Psychology, Lesley University

3/30/22 1:14 pm

Strongly oppose

*I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.*

CommentID: **121002**

Commenter: Julie V. Battle, Ph.D.

3/30/22 2:00 pm

Strongly Oppose

The proposed regulations in Virginia to require 10 years of practice post degree for individuals graduating from programs not affiliated with CACREP (such as programs accredited by MPCAC) while only requiring 3 years of practice post-degree for individuals graduating from CACREP programs are overly restrictive and not based on any evidence. MPCAC requirements are comparable to CACREP requirements and add an emphasis on making sure services provided are empirically based. The mission of MPCAC is to "provide science-based education and training in the practice of counseling and psychological services at the master's degree level, using both counseling and psychological principles and theories as they apply to specific populations and settings" (http://mpcacaccreditation.org/). There are 59 programs across 23 states accredited by MPCAC, with 9 additional programs currently under review. Virginia is ranked 39th in access to mental health care (https://mhanational.org/issues/2021/ranking-states#four). The proposed regulations will deter students from MPCAC-accredited programs from moving to and practicing in Virginia. This is not good for the state, is not based in research, and is a restriction of trade that will likely result in legal challenges.

CommentID: **121004**

Commenter: Anonymous

3/30/22 2:36 pm

Strongly oppose

There is already a great deficit in the mental health world. There are not enough Therapists and we are in a true mental health crisis. To make it more difficult for Therapist to provide as many devices to as many clients as possible in a day would cause the crisis to increase further.

CommentID: **121005**

Commenter: Anonymous LPC

3/30/22 4:26 pm

Strongly Oppose CACREP Licensing Restrictions

This proposal places significant limitations on access to (and continuity of) care for individuals seeking mental health services. We are in the midst of a mental health crisis where providers are at max capacity and clients are needing to wait months in order to connect with necessary services. By placing limitations on licensure based off of arbitrary statements that CACREP status deems an individual more qualified to provide services, you are placing undue stress on an already maxed out system. I strongly oppose the proposed regulations for licensure by endorsement.

CommentID: **121007**

Commenter: Anonymous

3/30/22 4:58 pm

Strongly oppose

Strongly opposed. This is a superfluous measure, with no evidence to back the action.

CommentID: **121009**

Commenter: Elizabeth Gil, LCPC

3/30/22 5:01 pm

Opposed

There is **NO documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other**

programs! At a time when counseling services are in high demand, and those in need are struggling to find available providers, this bill will lead to greater shortages in care providers in Virginia.

CommentID: **121010**

Commenter: Anonymous

3/30/22 5:33 pm

Strongly Oppose

I strongly oppose the proposed legislation, which supports CACREP-only licensure due to the false assumption that CACREP graduates are better off or more qualified than their peers who attended non-CACREP programs. These types of legislations perpetuate the national mental health provider shortage, which in turn will lead to an increase in clients in crisis (such as ER visits and psychiatric hospitalizations) and an increase in untreated mental health issues. Instead, I urge legislators to consider the Counseling Compact instead, which is more inclusive and streamlined for providers and offers clients more options.

CommentID: **121012**

Commenter: Michael Saferin-Reed, M.S. NCC LCPC (Maryland)

3/30/22 5:40 pm

Strongly Oppose

Given the need for more counselors and access to mental health services, this bill needs to be amended.

CommentID: **121013**

Commenter: Elizabeth Barragato

3/30/22 5:54 pm

Strongly oppose

*I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.*

CommentID: **121014**

Commenter: Anonymous

3/30/22 6:33 pm

Strongly oppose

Strongly oppose

CommentID: **121015**

Commenter: Darryl Webster, LCPC

3/30/22 6:36 pm

Oppose

Given that I graduated from a university that is now CACREP accredited, but was not CACREP accredited when I attended a few years ago, it makes no sense. What have I been doing for the last several years? This is what I call buffoonery.

CommentID: **121016**

Commenter: Anonymous 3/30/22 6:42 pm

Strongly Oppose

I strongly oppose this action. There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. There needs to be licensure portability, which the Counseling Compact addresses inclusively (https://counselingcompact.org/).

CommentID: **121017**

Commenter: Michael Moates, MA, QBA, LBA, QMHP-T/R 3/30/22 8:08 pm

Opposition from Global Institute for Behavior Practitioners and Examiners - Duplicate Discussion

The CACREP is not the first organization who has tried to write itself into the law.

A similar thing is happening right now in the Commonwealth Board of Medicine - Behavior Analysts where the BACB is trying to make itself required for licensure and the majority of comments oppose this.

Just like with the CACREP, BACB similarly thinks that it is better than everyone else and want to block off providers during the COVID 19 crisis.

See:

https://townhall.virginia.gov/L/comments.cfm?stageid=8872

Michael Moates, M.A., QBA, IBA, LBA, QMHP - T/R
Doctor of Education Candidate | Fielding Graduate University

Executive Director, Global Institute for Behavior Practitioners and Examiners

Adjunct College Professor of Psychology, University of the People

Student Health Advisory Committee, Eagle Mountain Saginaw ISD

Senior Member, Civil Air Patrol, United States Air Force Auxiliary

Contributor, NewsBreak

Licensed Behavior Analyst, Virginia Board of Medicine

Qualified Behavior Analyst - Qualified Applied Behavior Analyst Credentialing Board

International Behavior Analyst - International Behavior Analysis Organization

Commissioned Notary Public, Texas Secretary of State

Qualified Mental Health Professional - Trainee, State of Virginia

Qualified Mental Health Professional - Registrant, State of Oregon

Non-Violent Crisis Intervention Certified - Crisis Prevention Institute

Certified Accreditation Evaluator, Distance Education Accreditation Commission

Member, Christian Counselors of Texas

Member, Alonso Center for Psycho?dynamic Studies

Member, Carnegie Project on the Education Doctorate

Member, American Nurses Association & Texas Nurses Association

Member, International Society of Psychiatric Mental Health Nurses

CommentID: **121021**

Commenter: Shannon Reed, LCPC

3/30/22 8:18 pm

This is not right!

I strongly oppose this legislation. The world is still in crisis and people need and want help. Please don't take away some individuals only way to receive help and support that they desperately need and deserve.

CommentID: **121022**

Commenter: Michael Moates, MA, QBA, LBA, QMHP-T/R

3/30/22 8:44 pm

THIS ALREADY FAILED AND THIS IS A SNEAK ATTEMPT TO CIRCUMVENT THE WILL OF THE PEOPLE BY A NEW BOARD

THIS ALREADY FAILED AND THIS IS A SNEAK ATTEMPT TO CIRCUMVENT THE WILL OF THE PEOPLE BY A NEW BOARD. SEE:

https://townhall.virginia.gov/L/viewcomments.cfm?stageid=7071

CommentID: **121023**

Commenter: Gregory Smith, LCPC

3/30/22 8:45 pm

CACREP requirement- strongly oppose

Strongly opposed.

CommentID: **121024**

Commenter: Montgomery County Counseling Center

3/30/22 9:07 pm

Oppose- The shortage of providers is already too problematic to further limit ability to access care

There is already a severe shortage of mental health care providers and it's only going to get worse in the coming years. We need ALL hands on deck, not just "CACREP" hands on deck!

CommentID: **121027**

Commenter: Michael Misterka, LCSW-C

3/30/22 9:52 pm

Strongly Oppose

Strongly Oppose this bad idea esp. now when more providers are needed.

CommentID: **121028**

Commenter: Beverly Smith, PhD, LPC (AMHCA President & Interim CEO)

3/30/22 10:40 pm

Strongly Opposed

On behalf of the *only organization exclusively representing Clinical Mental Health Counselors in the nation*, I strongly oppose legislation that will create barriers to accessing mental healthcare. Requiring seven additional years of experience for non-CACREP graduates of regionally accredited institutions for licensure endorsement, denies the public, individuals, and deserving families the opportunity to select from an expanded registry of competent and diverse clinicians already having the designated title of Licensed Professional Counselors. The citizens of Virginia need greater access, not reduced access, to mental healthcare services. The Counseling Compact can increase access and help to close the gap on mental health disparities.

Beverly Smith, PhD, LPC, NCC, CCMHC, ACS, NCSC, CFT, BC-HSP, MAC, CPCS, BC-TMH, BCPCC, CCTP

President & Interim CEO

American Mental Health Counselors Association

CommentID: **121029**

Commenter: Anonymous

3/30/22 11:23 pm

Opposed

Strongly opposed! This isn't right. Too much legislation, its a mental health crisis and people need help.

CommentID: **121030**

Commenter: Jamey Leeanne Rislin, PhD, LCSW, MSW

3/31/22 3:11 am

Strongly Opposed

I am writing to express my opposition to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. Furthermore, many licensed counselors who graduate from programs accredited by other accreditation bodies are required to engage in several years of study and hand-ons professional experience through practicums, internships and post-doctoral studies. This proposal would harm the public by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care. It would also limit the peoples ability to have and exercise choice in the type of professionals they can contract with for services to support the community.
CommentID: **121032**

Commenter: Anonymous

3/31/22 8:40 am

Strongly Oppose

I strongly oppose the proposed regulations and legislation. People need help more than ever during this time.

CommentID: **121033**

Commenter: L Parker

3/31/22 9:02 am

Oppose this Legislation

I currently live in Idaho, but have family in Virginia and plan to retire there with a small private practice

*I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.*

CommentID: **121034**

Commenter: Anonymous

3/31/22 9:14 am

Oppose the legislation - unequal and restriction of trade

The proposed regulations in Virginia to require 10 years of practice post degree for individuals graduating from programs not affiliated with CACREP (such as programs accredited by MPCAC) while only requiring 3 years of practice post-degree for individuals graduating from CACREP programs are overly restrictive and not based on any evidence. MPCAC requirements are comparable to CACREP requirements and add an emphasis on making sure services provided are empirically based. The mission of MPCAC is to "provide science-based education and training in the practice of counseling and psychological services at the master's degree level, using both counseling and psychological principles and theories as they apply to specific populations and settings" (http://mpcacaccreditation.org/). There are 59 programs across 23 states accredited by

MPCAC, with 9 additional programs currently under review.[69] Virginia is ranked 39th in access to mental health care (https://mhanational.org/issues/2021/ranking-states#four). The proposed regulations will deter students from MPCAC-accredited programs from moving to and practicing in Virginia. This is not good for the state, is not based in research, and is a restriction of trade that will likely result in legal challenges.

As an educator of counselors in South Carolina who has had graduates move to VA this would deter competent providers from practicing in your state and reduces access to care. The goal should be competence and inclusivity, not decisions based solely on one accrediting body.

CommentID: **121035**

Commenter: Anonymous 3/31/22 9:21 am

Oppose

There is no difference in competency level between clinicians. I strongly oppose this bill. Allow us to help everyone in need because we are qualified to do so and the people are desperately asking for it.

CommentID: **121036**

Commenter: Anonymous 3/31/22 9:31 am

Oppose

Oppose

CommentID: **121037**

Commenter: Crystal Hank, Psy.D., LCP, The Citadel 3/31/22 10:53 am

Strongly Oppose

I strongly oppose making individuals who have a non-CACREP master degrees have to have 10 (instead of 3) years of experience post-licensure in order to be eligible for licensure in VA. I am from VA originally, and in my move to South Carolina, began teaching in the Masters in Clinical-Counseling Psychology at The Citadel (which is accredited by MPCAC). I can honestly say that this program is as rigorous as even my doctorate program was (because the courses are taught by licensed clinical psychologists). There is no reason to require more years post-licensure, because our students even before graduation have been put through a comprehensive exam, a practicum placement, and an internship experience. By the time they seek the additional hours of supervised experience for licensure in SC, they are MORE THAN well prepared to work in this field. Even having a doctorate degree myself, I find that they become amazing colleagues due to their extensive training and rigorous education, and our field placements are always eager to hire our students post graduation. There is absolutely NO evidence to suggest that MPCAC accredited programs are less than CACREP accredited programs in any way. Aren't we an evidence based field? Where is the supporting research to make such a limiting decision? Please consider this, and oppose this legislation.

Kind regards,

Dr. Crystal Hank, Psy.D., LP

Professor of Practice, Diversity and Inclusion Coordinator for the CCP, and Field Placement Coordinator, The Citadel

P:540-969-8371

E: chank@citadel.edu

CommentID: **121038**

Commenter: Marie Aleman

3/31/22 12:21 pm

Strongly Opposed--Do not severely reduce/limit the number of licensed professionals available!!

The Virginia Board of Counseling's current proposal offers several options for all licensed counselors who would seek a license in Virginia. However, this proposal, like several earlier proposals, **includes an option that falsely suggests that licensed counselors who graduated from programs accredited by CACREP (who would need 3 years post-licensure experience) are more qualified than those who graduated from Non-CACREP or Counseling Psychology programs (who would need 10 years post-licensure experience).**

There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs! **Why then, should the majority of licensed counselors in Maryland who did not graduate from programs accredited by CACREP be required to show 7 more years of experience than their peers who graduated from programs accredited by CACREP to transfer their license to Virginia to offer telehealth services? Why would the Commonwealth of Virginia want to unnecessarily reduce the number of licensed professionals at a time of great need?**

The Counseling Compact (see above) is a significantly better option than this proposal!

CommentID: **121039**

Commenter: Dr. Pamela Rice

3/31/22 12:25 pm

Support for the Counseling Compact

I would like to express my support for the Counseling Compact because it accomplishes portability in an inclusive manner. Many counselors in Maryland who graduated from a program which is not CACREP accredited are as qualified as counselors who graduated from programs which are CACREP accredited. I am in support of the Counseling Compact because it will allow qualified counselors in Maryland to provide therapy for clients in Virginia who need their services.

CommentID: **121040**

Commenter: Anonymous

3/31/22 12:36 pm

Strongly Oppose

Strongly oppose any legislation that limits a humans ability to receive care from a provider

CommentID: **121041**

Commenter: Amy Rottier, CCS

3/31/22 12:36 pm

Strongly Oppose

There is no evidence differentiating graduates of differently accredited programs from another. By creating this artificial divide you are excluding opportunities for trained, effective counselors to help Virginians. This is incredibly irresponsible, especially in the current environment.

CommentID: **121042**

Commenter: Samantha Klunk-Nduura, LCPC 3/31/22 12:42 pm

Strongly Oppose

I am strongly opposed to this current proposal that would unfairly penalize professionals who graduate from non-CACREP-accredited programs. The proposal is not based on any scientific data that suggests licensed counselors educated in CACREP-accredited programs are in any way better prepared to serve in their roles as helping professionals than those from non-CACREP accredited programs. Additionally, this adds superfluous obstacles to individuals who are seeking care.

CommentID: **121043**

Commenter: Caitlin Cordial, LGPC, B'Well Counseling Services 3/31/22 1:01 pm

Increase Access to Mental Health Services.

I urge the state of Virginia to consider the adverse impact this legislation would have on it's residents. In the midst of an ongoing mental health crisis, severely limiting the workforce of counselors by favoring those from CACREP institutions would make life saving treatment inaccessible to many individuals seeking counseling. To date, there is absolutely no empirical evidence that shows counselors from CACREP institutions perform better than those from other programs. Please do not create a shortage of mental health providers on your state through this legislation. Please hold compassion for your residents, particularly those who need community mental health resources. They are often helped by providers from a wide range of competent training programs outside of CACREP accreditation.

CommentID: **121044**

Commenter: Julie Kraus, LCPC 3/31/22 1:13 pm

Oppose

This recommends implementation of more barriers for those that need behavioral health services at a crucial time

CommentID: **121045**

Commenter: Donna Carson 3/31/22 2:06 pm

Opposed

I am registered as a Supervisor for RICs and recently received a survey asking how the state can assist in getting RICs licensed sooner as there is such a shortage of practitioners that people are suffering as they cannot find therapists.

CommentID: **121047**

Commenter: Sandra Navarra

3/31/22 2:58 pm

licensure in VA

I oppose the new ruling to show preference for counselors with a degree from a CACREP institution. Thank you for your time and thoughtful consideration.

CommentID: **121048**

Commenter: NVLPC, the Virginia Chapter of AMHCA

3/31/22 4:04 pm

Strongly Oppose

As the current President of Northern Virginia Licensed Professioal Counselors (NVLPC), the Virginia Chapter of the American Mental Health Counselors Association (AMHCA), I would like to represent two categories who may be impacted by this regulation change – the Licensed Professioal Counselor (LPC) and the military spouse. Being licensed as a professional counselor is very important to me. I am a military spouse and understand the trials of being military connected and trying to continue to work in this field. While I have not personally had to move to Virginia and get licensed afterwards, I have supervised military persons who wanted reciprocity in Virginia, and military connected families who have relocated here with a license from another jurisdiction, wanting to be licensed here in Virginia. It is my belief that any board-certified discipline be held to rigorous requirements for endorsement. I strongly oppose this regulation of a 10-year wait time for endorsement. I agree with the posts that have come before mine that highlight the need for providers not going away. If we impose unnecessary restrictions, I believe we hurt this profession. I have held my license for over 15-years and am a Clinical Supervisor for the LPC and the Licensed Marriage and Family Therapist (LMFT). If I were newly licensed, or a military spouse new to this area, and read these guidelines, I would be heart sick to discover that I may have to wait a max of 10-years before I could have endorsement in Virginia. In addition, I am strongly in favor of the counseling compact which would allow for reciprocity across state lines and support the rigor demanded for this credential. I believe if we are going to support the LPC and create an equitable platform for endorsement we need to support organizations such as AMHCA who advocate for the counseling compact.

CommentID: **121049**

Commenter: Linda Bacheller, PsyD, JD

3/31/22 5:48 pm

Strongly Oppose

I strongly oppose the legistlation that would discriminate against those that come from non-CACREP-program. By putting a 10-year requirement, rather that 3-year which is required for CACREP you are putting individuals in an untenable position. You can not favor one side over the other, but you MUST give equal protection. As has been commented on before, there is no empirical evidence that CACREP programs are more rigorous, or put out students that are superior to students that come from a program housed in the psychology department of a university.

CommentID: **121050**

Commenter: Spencer Niles

3/31/22 7:02 pm

Strongly support.

The opposition offers comments that seem uninformed and lacking in professional counselor identity. Unfortunately, for them, identity matters. Identity is connected to training. Counselor training and psychologist training overlap but are also distinct. Professional affiliations, history, and professional orientation differ. I wonder if the same people who are so against this are advocating for a more inclusive APA? I wonder if they are upset because APA programs DO NOT hire CACREP PhD graduates? This is an attempt at turf grabbing by those against.

CommentID: **121051**

Commenter: Pat Doane

3/31/22 9:21 pm

Strongly opposed to this legislation and strongly support COMPACT. We need more available counselors

Strongly oppose this legislation. Strongly support COMPACT. We need more available counselors, not less.

CommentID: **121056**

Commenter: Donna Gibson

4/1/22 11:50 am

Strongly support

As an LPC in VA and SC as well as a counselor educator, I can attest the majority of LPCs with the identity of counselor graduate from CACREP-accredited programs. CACREP has been the historical standard for quality training of counselors. In fact, the American Counseling Association who initiated the counseling compact movement endorses CACREP for counselor training. The many who oppose represent well-meaning individuals who are blaming this potential requirement for limiting the number of counselors who can serve individuals. In fact, that issue is not related to CACREP or the counseling profession at all. The psychology profession, many years ago, determined that their training would be limiting to doctoral-level practitioners. There are very few masters, practice-oriented psychology programs available to students in the country. Hence, when students seek these masters programs, they are uninformed that the only available license may be an LPC. Professional counselors should not have their training and licensure dictated by another discipline. That is a primary case for my support of this legislation.

CommentID: **121057**

Commenter: Anita Neuer Colburn

4/1/22 1:29 pm

Strongly Support

If we don't stand up for who we are as a unique profession, we will ultimately not be recognizable as a separate discipline. The legislation on the table increases pathways to professional counselor licensure, rather than limiting them. Professional identity requires clear boundaries around who we are and who we're not, and CACREP accreditation is one boundary that helps protect and support professional counselor identity.

CommentID: **121058**

Commenter: Lara Peter, Congruent Counseling

4/1/22 2:09 pm

strongly oppose

*I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. As a graduate of a counseling psychology program (non-CACREP), I am as prepared as my peers from other programs to provide effective and compassionate care to my clients.*

CommentID: **121060**

Commenter: Society of Counseling Psychology, via Kimberly Howard

4/1/22 3:07 pm

Strongly oppose

The Society of Counseling Psychology (SCP) is a national organization of counseling psychologists and counselor educators that supports interdisciplinary cooperation and licensure portability. As a professional group, we are writing to express our strong opposition to a specific provision in the Virginia Board of Counseling's proposal for licensure by endorsement that we objected to in 2019 – specifically that licensed counselors from non-CACREP programs would be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is no documented evidence that counselors graduating from CACREP accredited programs are better prepared for practice or more effective in their practice than counselors who have graduated from other programs.

Furthermore, we strongly believe that proposal would harm the public as it would unnecessarily limit the number of licensed counselors who would qualify for licensure in Virginia and therefore the depth and breadth of the counseling workforce in the state. (and therefore professional counseling work) in Virginia. This is particularly problematic as we have seen the need for mental health services on the rise. The people of Virginia need greater, not reduced, access to mental health care.

We respectfully ask that you consider how the regulations would be detrimental to the well-being of the citizens Virginia as well as to the state's economy. In our view, the Counseling Compact is a significantly better option for portability than the current (or previous) proposals.

CommentID: **121062**

Commenter: Lara Heflin, New Mexico Highlands University

4/1/22 4:53 pm

Strongly oppose

The proposed regulations in Virginia (to require 10 years of practice post degree for individuals graduating from programs not affiliated with CACREP while only requiring 3 years of practice post-degree for individuals graduating from CACREP programs) constitute restraint of trade, are not based on evidence, and make it more difficult for citizens of Virginia to access quality mental health care. Virginia is ranked 39th in access to mental health care (https://mhanational.org/issues/2021/ranking-states#four), and the proposed legislation would worsen access to mental health care without providing any benefits to its citizens.

While it is appropriate to regulate who provides mental health services, such regulations should be based on evidence. Many mental health programs (59 programs across 23 states) in Psychology or Counseling are accredited by MPCAC (which is itself CHEA-accredited), which has similar—**and in some ways more stringent--**educational requirements as CACREP's. MPCAC requirements emphasize ensuring services provided are empirically based, and emphasize thorough training in providing services to diverse populations. The mission of MPCAC is to "provide science-based education and training in the practice of

counseling and psychological services at the master's degree level, using both counseling and psychological principles and theories as they apply to specific populations and settings" (http://mpcacaccreditation.org/). The proposed regulations will deter students from MPCAC-accredited programs from moving to and practicing in Virginia. Such regulations are not based in research, only on one group of individuals trying to restrict competitors from providing mental health services. Moreover, it likely constitutes restriction of trade that could result in legal challenges.

CommentID: **121063**

Commenter: Anthony Isacco, PhD Chatham University

4/1/22 4:58 pm

Strongly oppose

The proposed regulations in Virginia to require 10 years of practice post degree for individuals graduating from programs not affiliated with CACREP (such as programs accredited by MPCAC) while only requiring 3 years of practice post-degree for individuals graduating from CACREP programs are overly restrictive and not based on any evidence. MPCAC requirements are comparable to CACREP requirements and add an emphasis on making sure services provided are empirically based. The mission of MPCAC is to "provide science-based education and training in the practice of counseling and psychological services at the master's degree level, using both counseling and psychological principles and theories as they apply to specific populations and settings" (http://mpcacaccreditation.org/). There are 59 programs across 23 states accredited by MPCAC, with 9 additional programs currently under review. Virginia is ranked 39th in access to mental health care (https://mhanational.org/issues/2021/ranking-states#four). The proposed regulations will deter students from MPCAC-accredited programs from moving to and practicing in Virginia. This is not good for the state, is not based in research, and is a restriction of trade that will likely result in legal challenges.

CommentID: **121064**

Commenter: Anonymous

4/1/22 5:23 pm

Oppose CACREP Regulation

I am writing to strongly oppose the preferential treatment of counselors from CACREP programs in the proposed regulation for licensure by endorsement. There is not evidence that CACREP graduates are better prepared than those who come from programs with other types of accreditation. Further, as a faculty person in a program that WAS CACREP and is now MPCAC accredited, I can affirm that our program is not less rigorous and we made the change due to CACREP's exclusionary practices regarding faculty degrees (Counselor Education over Counseling/Clinical/School Psychology). Our graduates have no trouble passing the NCE and typically score higher than the average. There are many regulations that protect the public health in the licensure process including required curriculum, supervised field experiences, and examination at initial licensure. This proposed regulation is not in the service of protecting the public health, but will deter licensed professionals with degrees from non-CACREP accredited programs from seeking licensure in Virginia. This is a disservice to the mental health people in your communities. This regulation will yield fewer counselors seeking licensure in your state.

CommentID: **121065**

Commenter: Anonymous

4/1/22 7:42 pm

Strongly support

CACREP programs are specifically designed to train counselors in the skills they need to provide supportive services to clients.

CommentID: **121066**

Commenter: Anonymous, LPC 4/1/22 7:43 pm

Strongly Support

Professional identity is important and CACREP establishes those boundaries to ensure clear pathways for Professional Counselors to attain licensure.

CommentID: **121067**

Commenter: Anonymous 4/1/22 7:45 pm

Strongly support

Having standardized counselor training, which is regularly controlled by an external committee, is an important ingredient for effective professional counselors. CACREP sets clear standards for the necessary counselor identity and skills to attain licensure and ensure high quality services.

CommentID: **121068**

Commenter: Anonymous 4/1/22 8:44 pm

Strongly Oppose

Although professional identity is important, this will make it difficult for people from other states to gain licensure in VA.

CommentID: **121069**

Commenter: Amber Pope, PhD, LPC, LMHC 4/1/22 9:04 pm

Strongly oppose

At a time when there is an increased need for licensed MH professionals in VIrginia to serve our communities (I live in the Hampton Roads area and many of the LPCs here have wait lists, and it can take clients months to get in for outpatient treatment), the Board of Counseling should be working towards increased reciprocity for licensure with other states. Requiring a fully licensed counselor form another state without a CACREP degree to have 7 years more experience to get licensed by endorsement in VIrginia vs. a fully licensed counselor with a CACREP degree contradicts efforts in the state (such as those by the VIrginia Health Care Foundation described below) to increase the number of behavioral health providers within the next few years to meet the increased need for mental health services. The proposed legislation makes it exceedingly more difficult for fully licensed counselors from other states without CACREP degrees to get licensed, even though counselors getting licensed by endorsement have to demonstrate a 60 credit hour master's degree with coursework that mirrors CACREP standards.

According to a white paper from the Virginia Healthcare Foundation (accessible here: https://www.vhcf.org/data/capacity-of-virginias-licensed-behavioral-health- workforce/), Virginia faced a shortage of licensed behavioral health providers including LPCs prior to the COVID-19 pandemic. Virginia ranks 39th in the number of behavioral health providers per 100,000 residents, and 41st in behavioral health accessibility. Approximately 41% of Virginians currently

live in an area designated as a Mental Health Professional Shortage Area (MHPSA) by the Health Resources and Services Administration (HRSA) as compared to 30% of citizens residing in MHPSAs in other states. Further, the number of licensed behavioral health providers in Virginia is estimated to decrease in the next 5 years due to a) attrition from the profession which has been compounded by the COVID-19 pandemic, and b) because ~32% of LPCs in Virginia are within 10 years of retirement age. Hence, an additional 200 individuals need to be licensed per year to maintain the current number of LPCs in Virginia so increasing access and pathways to licensure is necessary to maintain the behavioral health workforce capacity and increase accessibility to mental health services for Virginian residents.

CommentID: **121070**

Commenter: Ashley Laws

4/1/22 10:53 pm

In support

I am in support of the compact- it would further the field of counseling.

CommentID: **121071**

Commenter: Kublai Duhart LCPC

4/1/22 11:39 pm

Strongly Oppose

If individuals or groups are attempting to state that CACREP accredited programs are producing graduates who should receive privileges over non-CACREP accredited program graduates, they should present documentation to justify their statements. Has a study been conducted to show that CACREP graduates have scored significantly higher on the National Counseling Exam than graduates/students from non-CACREP accredited programs? As a graduate of an HBCU in Virginia for my undergraduate degree and then a graduate of an HBCU in Maryland for my Master's degree, I believe in providing quality services to all clients who are ready, willing, and able to work with me. There is a possibility that the Great State of Virginia will unfortunately negatively affect its citizens in ways that will be unrecognized by the uninformed and felt individually and deeply for generations to come by many if they are unable to receive mental and emotional services by providers who they believe can best meet their needs. I am vehemently against any and all separation of licensed professional counselors in any way due to the need for professional unity within the United States of America to combat the growing mental health disparities that are being seen on a growing basis.

CommentID: **121072**

Commenter: Jess Balk-Huffines, LCPC

4/2/22 11:26 am

Strongly oppose

178

Why would we alienate capable providers with long-term practice from serving Virginia residents? Mandating either the accreditation and/or multiple years of treatment above and beyond traditional supervision further prevents residents from accessing care. Additionally, why would current providers move to Virginia and/or seek licensure if they are unable to proceed? I do not understand why this is trying to moving forward again outside of further exclusionary gatekeeping.

CommentID: **121075**

Agenda Item: Consideration of Guidance Document 115-1.4, Guidance on Technology-Assisted Counseling

Included in your agenda package are:

Clean copy of proposed guidance document;

Track changes version showing minor changes from policy analyst following Regulatory Committee meeting.

Action needed:

- Motion to adopt guidance document

Guidance document: 115-1.4

Adopted: May 13, 2022
Effective: July 7, 2022

Virginia Board of Counseling

Guidance on Technology-Assisted Counseling

The Board of Counseling regulations for Standards of Practice (see attachment) are prefaced by the following:

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. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of counseling.

Therefore, the Standards of Practice set forth of the regulations and in the Code of Virginia apply regardless of the method of delivery. Whereas regulations are enforceable by the Board, and a violation may result in disciplinary action, a guidance document on the role of technology in the practice of counseling is adopted by the Board to assist in interpreting and understanding the standards.

To that end, the Board offers the following guidance of how practitioners can best utilize technology in the safe and professional delivery of counseling services:

- **Intake and assessment.** Practitioners should assess whether clients are prepared to engage intellectually, emotionally, physically, linguistically, and functionally with technology for the purpose of telehealth services and verify that each client understands the purpose, risks, and operation of any technology to be used in the delivery of telehealth services.

  Practitioners should monitor the efficacy and appropriateness of teletherapy throughout treatment including, but not limited to, cultural, linguistic, and accessibility considerations that may impact the effectiveness and quality of telehealth services.

  Practitioners and clients should agree that neither party will record the session without the consent of both parties.

- **Informed consent.** Practitioners should obtain oral or written informed consent from clients in a language understandable to the client at the onset of telehealth services and explain that the client may request in-person counseling services or a referral for in-person counseling services. Informed consent should be documented in the client's record. If the client is a minor, consent should be obtained from the minor's legal guardian, and where appropriate, assent should be obtained from the minor.

- **Professional boundaries.** Practitioners should establish professional boundaries with each client regarding the appropriate use and limitations of technology within the counseling relationship.

- **Client verification.** Practitioners should verify the client's identity and have verification procedures through passwords or identification throughout the delivery of telehealth services. A practitioner should verify the client's location each time telehealth services are provided.

- **Contingency plans.** Practitioners should have an alternate means of communication with the client in case of technical failure or emergency and should also maintain an emergency plan with the client to include contact information of emergency services local to the client's location.

- **Confidentiality.** Practitioners must follow state and federal privacy laws and regulations related to health care information and the client's right to access their records. Practitioners should ensure the security of all transmissions of protected health information. Practitioners should additionally be aware of, agree upon, and document when others are present in the room with the client when teletherapy services are provided.

- **Virtual presence.** Practitioners who maintain a virtual presence with a client should clearly distinguish between personal and professional presence and maintain a social media policy. Practitioners who maintain a website should provide working electronic links to relevant certification and licensure boards to ensure clients can verify credentials and protect their rights. Practitioners should not use electronic search engines or social media to gather information about clients without the client's signed, written consent. Clients must have full disclosure of how the information gathered will be used before giving consent.

- **Training and competence.** Practitioners should only utilize telehealth services consistent within their areas of competence achieved through education, training, and supervision; they should have some specific training for the provision of telehealth services, especially in the matter of protecting confidentiality and security.

Practitioners must meet licensure requirements of the state where the client is located at the time services are provided. Before working with a client who is not in Virginia, practitioners are strongly advised to check the statutes and regulations of the state board in which the client is located.

Guidance document: 115-1.4

Adopted: May 13, 2022
Effective: July 7, 2022

***** Standards of Practice are found in:***

18 VAC 115-20	Regulations Governing the Practice of Professional Counseling
18 VAC 115-30	Regulations Governing the Certification of Substance Abuse Counselors
18 VAC 115-40	Regulations Governing the Certification of Rehabilitation Providers
18 VAC 115-50	Regulations Governing the Practice of Marriage and Family Therapy
18 VAC 115-60	Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners

Guidance document: 115-1.4

Adopted: May 13, 2022
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Guidance document: 115-1.4

Adopted: May 13, 2022
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18 VAC 115-50	Regulations Governing the Practice of Marriage and Family Therapy
18 VAC 115-60	Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners

Agenda Item: Consideration of Guidance Document 115-2, Impact of Criminal Convictions

Included in your agenda package are:

Guidance document 115-2, with changes as recommended by the Regulatory Committee

Action needed:

- Motion to reaffirm guidance document with changes

Guidance document: 115-2

~~Adopted~~Revised: ~~November 15, 2013~~May 13, 2022
~~Revised: February 9, 2018~~Effective: July 7, 2022

VIRGINIA BOARD OF COUNSELING

Impact of Criminal Convictions, Impairment, and Past History on Licensure, Certification or Registration by the Virginia Board of Counseling

INTRODUCTION

This document provides information for persons interested in becoming a licensed professional counselor, licensed marriage and family therapist, licensed substance abuse treatment practitioner, certified substance abuse counselor, certified substance abuse counseling assistant, certified rehabilitation provider, registered qualified mental health professional or registered peer recovery specialist. It clarifies how convictions, impairment, and other past history may affect the application process and subsequent licensure, certification or registration by the Board of Counseling.

Until an individual applies for licensure, certification or registration, the Board of Counseling is unable to review, or consider for approval, an individual with a criminal conviction, history of action taken in another jurisdiction, or history of possible impairment. The Board has no jurisdiction until an application has been filed.

GUIDELINES FOR PROCESSING APPLICATIONS FOR LICENSURE, CERTIFICATION OR REGISTRATION: APPLICATION, EXAMINATION, ENDORSEMENT, AND REINSTATEMENT

Applicants for licensure, certification, or registration by application, examination, endorsement and reinstatement who meet the qualifications as set forth in the law and regulations may be issued a license, certificate or registration pursuant to authority delegated to the Executive Director of the Board in accordance with the Board of Counseling Regulations.

An applicant whose license, certification or registration has been revoked or suspended in another jurisdiction is not eligible for licensure, certification or registration in Virginia unless the credential has been reinstated by the jurisdiction which revoked or suspended it.

Affirmative responses to any questions on applications related to grounds for the Board to refuse to admit a candidate to an examination, refuse to issue a license, certificate or registration or impose sanction shall be referred to the Executive Director to determine how to proceed. The Executive Director, or designee, may approve the application without referral to the Credentials Committee in the following cases:

1. The applicant presents a history of substance use disorder with evidence of continued abstinence and recovery. *In the case of Registered Peer Recovery Specialists applicants, the Executive Director, can approve misdemeanor and felony convictions if they are related to a history of substance use disorder and the applicant provides evidence of continued abstinence and recovery.* ~~The Executive Director cannot approve applicants for reinstatement if the license, certificate or registration was revoked or suspended by the Board or if it lapsed while an investigation was pending.~~

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Guidance document: 115-2 ~~Adopted~~Revised: ~~November 15, 2013~~May 13, 2022
~~Revised: February 9, 2018~~Effective: July 7, 2022

~~1.~~ The applicant has a history of criminal conviction(s) consisting solely of misdemeanor convictions, or one non-violent felony conviction, which does not constitute grounds for denial or Board action ~~or the applicant's criminal conviction history meets the following criteria:~~

- ~~The applicant's conviction history consists solely of misdemeanor convictions that are greater than 10 years old.~~
- ~~The applicant's conviction history consists of one misdemeanor conviction greater than 5 years old and all court requirements have been met.~~
- ~~The applicant's conviction history consists of one misdemeanor conviction less than 5 years old, the applicant is in full compliance or has met all court requirements, and the applicant has accepted a pre-hearing consent order to approve the application with a reprimand.~~

2. ~~The applicant's conviction history consists of one non-violent felony conviction greater than 10 years old~~ and all court/probationary/parole requirements have been met.

~~•~~3. The Executive Director cannot approve applicants for reinstatement if the license, certificate or registration was revoked or suspended by the Board or if it lapsed while an investigation was pending.

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BASIS FOR DENIAL OF LICENSURE, CERTIFICATION OR REGISTRATION

The Board of Counseling may refuse to admit a candidate to any examination or refuse to issue a license, certificate or registration to any applicant with a conviction of a felony or a misdemeanor involving moral turpitude. The Board may also refuse licensure as a professional counselor, marriage and family therapist, and substance abuse treatment practitioner, certification as a substance abuse counselor, substance abuse counselor assistant or rehabilitation provider, and registration as a qualified mental health professional or peer recovery specialist to an applicant unable to practice with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or as the result of any mental or physical condition.

Misdemeanor convictions involving moral turpitude mean convictions related to lying, cheating or stealing. Examples include, but are not limited to: reporting false information to the police, shoplifting or concealment of merchandise, petit larceny, welfare fraud, embezzlement, and writing worthless checks. While information must be gathered regarding all convictions, misdemeanor convictions other than those involving moral turpitude will not prevent an applicant from becoming licensed, certified, or registered. However, if the misdemeanor conviction information also suggests a possible impairment issue, such as DUI and illegal drug possession convictions, then there still may be a basis for denial during the application process.

Criminal convictions for ANY felony may cause an applicant to be denied licensure, certification or registration. *Each applicant is considered on an individual basis. There are NO criminal convictions or impairments that are an absolute bar to licensure, certification or registration by the Board of Counseling.*

Guidance document: 115-2 ~~Adopted~~Revised: ~~November 15, 2013~~May 13, 2022
~~Revised: February 9, 2018~~Effective: July 7, 2022

ADDITIONAL INFORMATION NEEDED REGARDING CRIMINAL CONVICTIONS, PAST ACTIONS, OR POSSIBLE IMPAIRMENTS

Applications for licensure, certification or registration include questions about the applicant's history, specifically:

1. Any and all criminal convictions ever received;
2. Any past action taken against the applicant in another state or jurisdiction, including denial of licensure, certification or registration in another state or jurisdiction; and
3. Any mental or physical illness, or chemical dependency condition that could interfere with the applicant's ability to practice.

Indicating "yes" to any questions about convictions, past actions, or possible impairment does not mean the application will be denied. It means more information must be gathered and considered before a decision can be made, which delays the usual application and testing process. Sometimes an administrative proceeding is required before a decision regarding the application can be made. The Board of Counseling has the ultimate authority to approve an applicant for testing and subsequent licensure, certification or registration, or to deny approval.

The following information will be requested from an applicant with a criminal conviction:

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from Counseling-related employers, if possible).

The following information will be requested from the applicant with past disciplinary action or licensure/certification/registration denial in another state:

- A certified copy of the Order for disciplinary action or denial from the other state licensing entity; and certified copy of any subsequent actions (i.e. reinstatement), if applicable;
- A letter from the applicant explaining the factual circumstances leading to the action or denial; and
- Letters from employers concerning work performance (Counseling-related preferred) since action.

The following information may be requested from applicants with a possible impairment:

- Evidence of any past treatment (i.e., discharge summary from outpatient treatment and inpatient hospitalizations);
- A letter from the applicant's current treating healthcare provider(s) indicating diagnosis, treatment regimen, compliance with treatment, and ability to practice safely;
- A letter from the applicant explaining the factual circumstances of condition or impairment and addressing ongoing efforts to function safely (including efforts to remain compliant with treatment, maintain sobriety, attendance at AA/NA meetings, etc.); and
- Letters from employers concerning work performance (specifically from counseling-related employers, if possible).

NOTE: Some applicants may be eligible for the Health Practitioner's Monitoring Program (HPMP), which is a monitoring program for persons with impairments due to chemical dependency, mental illness, or physical disabilities. Willingness to participate in the HPMP is information the Board of Counseling will consider during the review process for applicants with a history of impairment or a criminal conviction history related to impairment. Information about the Virginia HPMP may be obtained directly from the DHP homepage at www.dhp.virginia.gov.

Once the Board of Counseling has received the necessary and relevant additional information, the application will be considered. Some applicants may be approved based on review of the documentation provided. Other applicants may be required to meet with Board of Counseling members for an informal fact finding conference to consider the application. After the informal fact-finding conference, the application may be: i) approved, ii) approved with conditions or terms, or iii) denied.

NOTE: Failure to reveal criminal convictions, past disciplinary actions, and/or possible impairment issues on any application for licensure, certification or registration is grounds for disciplinary action by the Board of Counseling, even after the license, certification, or registration has been issued. It is considered to be "procurement of license by fraud or misrepresentation," and a basis for disciplinary action that is separate from the underlying conviction, past action, or impairment issue once discovered. Possible disciplinary actions that may be taken range from reprimand to revocation of a license, certificate or registration.

FOLLOWING LICENSURE, CERTIFICATION OR REGISTRATION

Criminal convictions and other actions can also affect an individual already licensed, certified or registered by the Board of Counseling. Any felony conviction, court adjudication of incompetence, or suspension or revocation of a license, certificate or registration held in another state will result in a "mandatory suspension" of the individual's license, certificate or registration to practice in Virginia. This is a nondiscretionary action taken by the Director of DHP, rather than the Board of Counseling, according to § 54.1-2409 of the Code of Virginia. The mandatory suspension remains in effect until the individual applies for reinstatement and appears at a formal hearing before the Board of Counseling and demonstrates sufficient evidence that he or she is safe and competent to return to practice. At the formal hearing, three fourths of the Board members present must agree to reinstate the individual's license, certificate or registration to practice in order for it to be restored.

Guidance document: 115-2

~~Adopted~~Revised: ~~November 15, 2013~~May 13, 2022
~~Revised: February 9, 2018~~Effective: July 7, 2022

GETTING A CRIMINAL RECORD EXPUNGED

Having been granted a pardon, clemency, or having civil rights restored following a felony conviction does not change the fact that a person has a criminal conviction. ~~–~~That conviction remains on the individual's licensure, certification or registration record. Therefore, any criminal conviction *must* be revealed on any application for licensure, certification or registration, unless it has been expunged. Individuals should secure private legal counsel for questions related to criminal conviction expungement, a process over which the Board has no control.

~~Chapter 23.1 of Title 19.2 of the Code of Virginia describes the process for expunging criminal records. If a person wants a conviction to be removed from their record, the individual must seek expungment pursuant to §19.2-392.2 of the Code of Virginia. Individuals should seek legal counsel to pursue this course, which involves specific petitions to the court, State Police procedures, and hearings in court.~~

Commented [VP1]: Would recommend deleting this. It's legal advice. Would add sentence to previous paragraph that the Board has no control over expungments of criminal convictions and that the individual should seek legal counsel.

Agenda Item: Consideration of Guidance Document 115-2.1, Use of Hypnosis

Included in your agenda package are:

Guidance document 115-2.1

Action needed:

- Motion to rescind (Regulatory Committee recommendation)

Virginia Board of Counseling

Guidance on Use of Hypnosis and Hypnotherapy

The Board recognizes hypnosis and hypnotherapy as an appropriate tool for professionals licensed by the Board, when such techniques are within the training and competency of the licensee.

Excerpt from Newsletter, April 1987
Reaffirmed, August 9, 2008
Amended, May 18, 2018

Agenda Item: Consideration of Guidance Documents:

(1) 115-1.9, Certification Accepted for CSAC Endorsement
(2) 115-4.1, Evidence of Clinical Practice for Licensure by Endorsement
(3) 115-4.11, Confidential Consent Agreements

Included in your agenda package are:

Guidance Document 115-1.9;
Guidance Document 115-4.1; and
Guidance Document 115-4.11

Action needed:

- Motion to reaffirm Guidance Documents 115-1.9, 115-4.1, and 115-4.11 (Regulatory Committee recommendation)

Virginia Board of Counseling

National Certifications approved by the Board for Certification as a Substance Abuse Counselor by endorsement

In Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants, Section 18VAC115-30-45 states that: "Every application for certification by endorsement shall submit verification of a current certification in good standing issued by [the National Association for Alcoholism and Drug Abuse Counselors, or "NAADAC"] or other board-recognized national certification in substance abuse counseling obtained by educational and experience standards substantially equivalent to those set forth in this chapter."

For the purpose of meeting the requirement of Section 45, the Board has determined that the following national certifications are deemed substantially equivalent:

- The National Certified Addiction Counselor Level II (NCAC II) accreditation from the National Certification Commission for Addiction Professionals (NCC AP)/NAADAC, the Association of Addiction Professionals;
- The Master Addiction Counselor (MAC) accreditation from the National Certification Commission for Addiction Professionals (NCC AP)/NAADAC, the Association of Addiction Professionals;
- The Advanced Alcohol & Drug Counselor (AADC) accreditation from the International Certification & Reciprocity Consortium (IC&RC); or
- The Master Addictions Counselor (MAC) accreditation from the National Board of Certified Counselors, (NBCC).

Guidance document: 115-4.1

Reaffirmed: May 13, 2022
Effective: July 7, 2022

Virginia Board of Counseling

Evidence of Clinical Practice for Licensure by Endorsement

Clarification was requested regarding the use of evidence of licensed clinical active practice under one license (i.e. LPC) to apply for another license (i.e. MFT). The Board confirmed that the applicant must verify experience as a licensee holding the same type of license in another jurisdiction that they are applying for in Virginia. Verified experience under any other license type will not be considered. The guidance is consistent with other health regulatory boards that accept evidence of clinical practice in the profession for which a license in Virginia is being sought (i.e. practice experience as a nurse cannot be counted as clinical practice in physical therapy for licensure by endorsement).

Guidance document: 115-4.11 Revised: May 13, 2022
Effective Date: July 7, 2022

Virginia Board of Counseling

CONFIDENTIAL CONSENT AGREEMENTS

The Code of Virginia (§ 54.1-2400) authorizes the health regulatory boards to resolve certain allegations of practitioner misconduct by means of a *Confidential Consent Agreement ("CCA")*. This agreement may be used by a board in lieu of public discipline, but only in cases involving minor misconduct and non-practice related infractions, where there is little or no injury to a patient or the public, and little likelihood of repetition by the practitioner.

A CCA shall not be used if the board determines there is probable cause to believe the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients, or (ii) conducted his/her practice in a manner as to be a danger to patients or the public.

A CCA shall be considered neither a notice nor an order of a health regulatory board, both of which are public documents. The acceptance and content of a CCA shall not be disclosed by either the board or the practitioner who is the subject of the agreement.

A CCA may be offered and accepted any time prior to the issuance of a notice of informal conference by the board. By law, the agreement document must include findings of fact and may include an admission or a finding of a violation. The entry of a CCA in the past may be considered by a board in future disciplinary proceedings. A practitioner may only enter into only two confidential consent agreements involving a standard of care violation within a 10-year period. The practitioner shall receive public discipline for any subsequent violation within the 10-year period, unless the board finds there are sufficient facts and circumstances to rebut the presumption that such further disciplinary action should be made public.

The **Board of Counseling** has adopted the following list of violations of Regulation or Statute that may qualify for resolution by a Confidential Consent Agreement:

1. Advertising

Example: A licensee or certificate holder using the title "Dr." without specifying "Ph.D.," "Ed.D.," or such similar designation after his or her name.

2. Continuing education

Example: Insufficient or improper coursework to meet the requirements. Confidential Consent Agreements will not, however, be used in instances where a licensee is found to have untruthfully reported compliance.

3. Record keeping

Example: To include such infractions as failure to record in a timely fashion; omission or inaccurate recording of dates, names, or times; and illegibility to the point of reasonably being unreadable.

4. Inadvertent breach of confidentiality

Example: Providing information about a client to another person without authorization, such as responding to, "what time is my wife's appointment?" By acknowledging the appointment the licensee has verified that he or she is treating someone.

5. Failure to report a known violation

Example: A licensee working at an agency is "instructed" by a supervisor (non-licensee) not to report a violation. As a result, the licensee does not report the violation under fear of action from his or her employer.

6. Fees and billing issues

Example: The licensee charges more than originally agreed upon. This would also apply in situations of unintentionally billing for the wrong date(s).

7. Posting of notice

Example: A licensee, certificate holder or registrant fails to post client notification as required by § 54.1-3506.1.

Virginia Department of Health Professions
Board of Health Professions

Draft Meeting Minutes

Call to Order
The March 29, 2022, Virginia Board of Health Professions meeting was called to order at 10:03 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia 23233.

Presiding Officer
James Wells, RPh

Members Present
Sahil Chaudhary, 1st Vice Chair, Citizen Member
Brenda L. Stokes, MD, 2nd Vice Chair, Board of Medicine
Barry Alvarez, LMFT, Board of Counseling
Sheila E. Battle, MHS, Citizen Member
A. Tucker Gleason, PhD, Board of Nursing
Michael Hayter, LCSW, CSAC, SAP, Board of Social Work
Kenneth Hickey, MD, Board of Funeral Directors & Embalmers
Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy
Steve Karras, DVM, Board of Veterinary Medicine
Alison R. King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology
Sarah Melton, PHARMD, Board of Pharmacy
Martha S. Rackets, PhD, Citizen Member
Susan Wallace, PhD, Board of Psychology

Members Absent
Carmina Bautista, MSN, FNP-BC, BC-ADM, Citizen Member
Helene D. Clayton-Jeter, OD, Board Chair, Board of Optometry
Mitchel Davis, NHA, Board of Long-Term Care Administrators
Margaret Lemaster, RDH, Board of Dentistry

Staff Present
Leslie L. Knachel, Executive Director
David E. Brown, D.C., Agency Director
Elaine Yeatts, Senior Policy Analyst DHP
Erin Barrett, Senior Policy Analyst DHP
Charis Mitchell, Assistant Attorney General, Board Counsel
Laura Jackson, Board Administrator
Laura Paasch, Licensing & Operations Administrative Specialist

Public Present
W. Scott Johnson
Ben Trayham

Establishment of Quorum
With fourteen board members out of eighteen present, a quorum was established.

Mission Statement
Mr. Wells read the Department of Health Professions' mission statement.

Ordering of Agenda
Mr. Wells opened the floor to any changes to the agenda. Hearing none, the agenda was accepted as presented.

Public Comment
There were no requests to provide public comment.

Approval of Minutes
Mr. Wells opened the floor to any additions or corrections regarding the draft minutes from the Full Board Meeting on December 2, 2021. Hearing none, the minutes were approved as presented.

Agency Director's Report
Dr. Brown advised the Board that Dr. Allison-Bryan retired on March 1st. He spoke about the decline in COVID-19 numbers; therefore, the agency will start its "new normal" on April 4, 2022. He indicated that conference center and additional security upgrades will be occurring in the near future.

Ms. Knachel recognized Ms. Yeatts' pending retirement and her service to DHP and the Commonwealth. Erin Barrett will replace Ms. Yeatts as of April 1, 2022.

Policy Analyst's Report
Ms. Yeatts' provided updates on the 2022 General Assembly & Regulatory Actions.

Ms. Knachel presented the amendments to Guidance Document 75-4 Bylaws that were presented at the December 2, 2021, board meeting.

Dr. Jones made a motion to accept the changes to Guidance Document 75-4 Bylaws as presented The motion was seconded by Dr. Stokes. The motion carried unanimously.

Discussion Items
<u>Format for Individual Board Reports</u>
Ms. Knachel gave an update on the format for the individual board reports at Board of Health Professions' meetings. The consensus of the board members is that the Board Executives will provide a brief summary of board actions to be reported. Information on

board statistics will not be included in the reports. The minutes will reflect the information provided in each report.

Board Counsel Report
Ms. Mitchell had no information to report to the Board.

Board Chair Report
Mr. Wells thanked Dr. Jones and Dr. Rackets for their years of service on the Board of Health Professions and to the Commonwealth.

Staff Reports
Ms. Knachel reported that the next meeting is scheduled for September 27, 2022. The meeting will include reports from the Enforcement and Finance Divisions and officer elections.

New Business
No new business was reported.

Next Meeting
The next full board meeting is scheduled for Tuesday, September 27, 2022.

Adjournment
Hearing no objections, Mr. Wells adjourned the meeting at 11:07 a.m.

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2021 and Ending February 28, 2022

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget
4002400	Fee Revenue			
4002401	Application Fee	345,470.00	294,600.00	(50,870.00)
4002406	License & Renewal Fee	157,060.00	1,563,135.00	1,406,075.00
4002407	Dup. License Certificate Fee	2,805.00	825.00	(1,980.00)
4002409	Board Endorsement - Out	6,965.00	1,740.00	(5,225.00)
4002421	Monetary Penalty & Late Fees	1,920.00	13,960.00	12,040.00
4002430	Board Changes Fee	1,290.00	-	(1,290.00)
4002432	Misc. Fee (Bad Check Fee)	335.00	140.00	(195.00)
	Total Fee Revenue	515,845.00	1,874,400.00	1,358,555.00
4003000	Sales of Prop. & Commodities			
4003020	Misc. Sales-Dishonored Payments	430.00	-	(430.00)
	Total Sales of Prop. & Commodities	430.00	-	(430.00)
	Total Revenue	516,275.00	1,874,400.00	1,358,125.00
5011110	Employer Retirement Contrib.	14,691.67	24,577.00	9,885.33
5011120	Fed Old-Age Ins- Sal St Emp	13,109.74	22,465.00	9,355.26
5011140	Group Insurance	1,608.77	2,278.00	669.23
5011150	Medical/Hospitalization Ins.	18,046.50	39,324.00	21,277.50
5011160	Retiree Medical/Hospitalizatn	1,344.50	1,904.00	559.50
5011170	Long term Disability Ins	732.35	1,037.00	304.65
	Total Employee Benefits	49,533.53	91,585.00	42,051.47
5011200	Salaries			
5011230	Salaries, Classified	120,389.07	169,962.00	49,572.93
5011250	Salaries, Overtime	18,440.18	-	(18,440.18)
	Total Salaries	138,829.25	169,962.00	31,132.75
5011300	Special Payments			
5011340	Specified Per Diem Payment	1,450.00	2,500.00	1,050.00
5011380	Deferred Compnstn Match Pmts	204.00	1,728.00	1,524.00
	Total Special Payments	1,654.00	4,228.00	2,574.00
5011400	Wages			
5011410	Wages, General	35,584.56	123,695.00	88,110.44
	Total Wages	35,584.56	123,695.00	88,110.44
5011600	Terminatn Personal Svce Costs			
5011660	Defined Contribution Match - Hy	2,667.90	-	(2,667.90)
	Total Terminatn Personal Svce Costs	2,667.90	-	(2,667.90)
5011930	Turnover/Vacancy Benefits		-	-
	Total Personal Services	228,269.24	389,470.00	161,200.76
5012000	Contractual Svs			
5012100	Communication Services			

5012110	**Express Services**	-	295.00	295.00
5012140	**Postal Services**	8,462.30	12,000.00	3,537.70
5012150	**Printing Services**	-	120.00	120.00
5012160	**Telecommunications Svcs (VITA)**	474.90	900.00	425.10
5012190	**Inbound Freight Services**	22.52	-	(22.52)
	Total Communication Services	8,959.72	13,315.00	4,355.28
5012200	**Employee Development Services**			
5012210	**Organization Memberships**	1,400.00	1,400.00	-
5012240	**Employee Trainng/Workshop/Conf**	500.00	-	(500.00)
	Total Employee Development Services	1,900.00	1,400.00	(500.00)
5012300	**Health Services**			
5012360	**X-ray and Laboratory Services**	189.00	140.00	(49.00)
	Total Health Services	189.00	140.00	(49.00)
5012400	**Mgmnt and Informational Svcs**	-		
5012420	**Fiscal Services**	18,621.40	18,000.00	(621.40)
5012440	**Management Services**	369.61	134.00	(235.61)
5012460	**Public Infrmtnl & Relatn Svcs**	63.09	5.00	(58.09)
5012470	**Legal Services**	94.75	475.00	380.25
	Total Mgmnt and Informational Svcs	19,148.85	18,614.00	(534.85)
5012500	**Repair and Maintenance Svcs**			
5012510	**Custodial Services**	495.14	-	(495.14)
5012530	**Equipment Repair & Maint Srvc**	13.77	-	(13.77)
5012560	**Mechanical Repair & Maint Srvc**	-	34.00	34.00
	Total Repair and Maintenance Svcs	508.91	34.00	(474.91)
5012600	**Support Services**			
5012640	**Food & Dietary Services**	791.47	1,075.00	283.53
5012660	**Manual Labor Services**	219.00	1,170.00	951.00
5012670	**Production Services**	1,936.76	5,380.00	3,443.24
5012680	**Skilled Services**	14,605.26	16,764.00	2,158.74
	Total Support Services	17,552.49	24,389.00	6,836.51
5012800	**Transportation Services**			
5012820	**Travel, Personal Vehicle**	2,829.12	4,979.00	2,149.88
5012850	**Travel, Subsistence & Lodging**	1,090.68	1,950.00	859.32
5012880	**Trvl, Meal Reimb- Not Rprtble**	661.25	988.00	326.75
	Total Transportation Services	4,581.05	7,917.00	3,335.95
	Total Contractual Svs	52,840.02	65,809.00	12,968.98
5013000	**Supplies And Materials**			
5013100	**Administrative Supplies**			
5013120	**Office Supplies**	2,039.48	597.00	(1,442.48)
	Total Administrative Supplies	2,039.48	597.00	(1,442.48)
5013400	**Medical and Laboratory Supp.**			
5013420	**Medical and Dental Supplies**	2.95	-	(2.95)
	Total Medical and Laboratory Supp.	2.95	-	(2.95)
5013600	**Residential Supplies**			
5013630	**Food Service Supplies**	-	183.00	183.00
	Total Residential Supplies	-	183.00	183.00
	Total Supplies And Materials	2,042.43	780.00	(1,262.43)

5015000	**Continuous Charges**			
5015100	**Insurance-Fixed Assets**			
5015160	**Property Insurance**	90.55	46.00	(44.55)
	Total Insurance-Fixed Assets	90.55	46.00	(44.55)
5015300	**Operating Lease Payments**			
5015340	**Equipment Rentals**	449.61	540.00	90.39
5015350	**Building Rentals**	24.00	-	(24.00)
5015360	**Land Rentals**	-	60.00	60.00
5015390	**Building Rentals - Non State**	11,036.85	16,684.00	5,647.15
	Total Operating Lease Payments	11,510.46	17,284.00	5,773.54
5015500	**Insurance-Operations**			
5015510	**General Liability Insurance**	567.20	170.00	(397.20)
5015540	**Surety Bonds**	19.18	11.00	(8.18)
	Total Insurance-Operations	586.38	181.00	(405.38)
	Total Continuous Charges	12,187.39	17,511.00	5,323.61
5022000	**Equipment**			
5022100	**Computer Hrdware & Sftware**			
5022170	**Other Computer Equipment**	74.23	-	(74.23)
	Total Computer Hrdware & Sftware	74.23	-	(74.23)
5022200	**Educational & Cultural Equip**			
5022240	**Reference Equipment**	-	77.00	77.00
	Total Educational & Cultural Equip	-	77.00	77.00
5022600	**Office Equipment**			
5022610	**Office Appurtenances**	-	42.00	42.00
	Total Office Equipment	-	42.00	42.00
	Total Equipment	74.23	119.00	44.77
	Total Expenditures	295,413.31	473,689.00	178,275.69
	Allocated Expenditures			
20100	**Behavioral Science Exec**	121,156.65	191,282.90	70,126.25
30100	**Data Center**	113,119.44	148,547.66	35,428.22
30200	**Human Resources**	17,921.58	38,734.35	20,812.77
30300	**Finance**	101,961.68	138,197.53	36,235.85
30400	**Director's Office**	36,023.63	52,692.70	16,669.07
30500	**Enforcement**	287,618.39	484,299.06	196,680.67
30600	**Administrative Proceedings**	97,568.82	65,079.76	(32,489.05)
30700	**Impaired Practitioners**	354.28	453.73	99.45
30800	**Attorney General**	4,881.98	2,487.05	(2,394.94)
30900	**Board of Health Professions**	4,603.51	3,578.93	(1,024.58)
31100	**Maintenance and Repairs**	-	2,194.18	2,194.18
31300	**Emp. Recognition Program**	948.46	3,511.47	2,563.01
31400	**Conference Center**	442.55	5,526.69	5,084.14
31500	**Pgm Devlpmnt & Implmentn**	9,570.31	23,400.94	13,830.63
31600	**Healthcare Work Force**	20,085.17	37,198.56	17,113.40
	Total Allocated Expenditures	816,256.43	1,197,185.50	380,929.08
	Net Revenue in Excess (Shortfall) of Expenditures	(595,394.74)	203,525.50	798,920.23

% of Budget
117.27%
10.05%
340.00%
400.29%
13.75%
0.00%
239.29%
27.52%
0.00%
0.00%
27.54%
59.78%
58.36%
70.62%
45.89%
70.61%
70.62%
54.08%
70.83%
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81.68%
58.00%
11.81%
39.12%
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103.45%
275.83%
1261.80%
19.95%
102.87%

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1496.79%

73.63%
18.72%
36.00%
87.12%
71.97%

56.82%
55.93%
66.93%
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261.85%

196.85%
196.85%

83.26%
0.00%
0.00%
66.15%
66.60%

333.65%
174.36%
323.97%
69.60%

0.00%
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0.00%
0.00%

0.00%
0.00%
62.38%
62.36%

63.34%
76.15%
46.27%
73.78%
68.37%
59.39%
149.92%
78.08%
196.30%
128.63%
0.00%
27.01%
8.01%
40.90%
53.99%
68.18%
292.54%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2021 and Ending February 28, 2022

Account Number	Account Description	July	August	September
4002400	Fee Revenue			
4002401	Application Fee	47,480.00	49,090.00	40,245.00
4002406	License & Renewal Fee	58,420.00	14,595.00	8,140.00
4002407	Dup. License Certificate Fee	640.00	350.00	365.00
4002409	Board Endorsement - Out	925.00	925.00	690.00
4002421	Monetary Penalty & Late Fees	65.00	70.00	50.00
4002430	Board Changes Fee	180.00	90.00	240.00
4002432	Misc. Fee (Bad Check Fee)	100.00	69.82	30.18
	Total Fee Revenue	107,810.00	65,189.82	49,760.18
4003000	Sales of Prop. & Commodities			
4003020	Misc. Sales-Dishonored Payments	142.41	72.59	-
	Total Sales of Prop. & Commodities	142.41	72.59	-
	Total Revenue	107,952.41	65,262.41	49,760.18
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	2,576.91	1,730.68	1,730.68
5011120	Fed Old-Age Ins- Sal St Emp	2,487.59	1,700.86	1,451.98
5011140	Group Insurance	280.17	189.80	189.80
5011150	Medical/Hospitalization Ins.	3,157.50	2,127.00	2,127.00
5011160	Retiree Medical/Hospitalizatn	234.16	158.62	158.62
5011170	Long term Disability Ins	127.55	86.40	86.40
	Total Employee Benefits	8,863.88	5,993.36	5,744.48
5011200	Salaries			
5011230	Salaries, Classified	21,245.13	14,163.42	14,163.42
5011250	Salaries, Overtime	4,713.86	3,303.87	815.58
	Total Salaries	25,958.99	17,467.29	14,979.00
5011340	Specified Per Diem Payment	-	250.00	500.00
5011380	Deferred Compnstn Match Pmts	36.00	24.00	24.00
	Total Special Payments	36.00	274.00	524.00
5011400	Wages			
5011410	Wages, General	7,128.93	5,129.08	4,363.51
	Total Wages	7,128.93	5,129.08	4,363.51
5011600	Terminatn Personal Svce Costs			
5011660	Defined Contribution Match - Hy	446.38	317.36	317.36
	Total Terminatn Personal Svce Costs	446.38	317.36	317.36
	Total Personal Services	42,434.18	29,181.09	25,928.35
5012000	Contractual Svs			
5012100	Communication Services			

5012140	Postal Services	664.20	1,018.85	425.78
5012160	Telecommunications Svcs (VITA)	61.61	59.29	67.56
5012190	Inbound Freight Services	15.00	4.75	-
	Total Communication Services	740.81	1,082.89	493.34
5012200	Employee Development Services			
5012210	Organization Memberships	900.00	-	-
5012240	Employee Trainng/Workshop/Conf	-	-	-
	Total Employee Development Services	900.00	-	-
5012300	Health Services			
5012360	X-ray and Laboratory Services	-	-	-
	Total Health Services	-	-	-
5012400	Mgmnt and Informational Svcs			
5012420	Fiscal Services	15,441.82	1,444.43	303.94
5012440	Management Services	248.71	-	62.48
5012460	Public Infrmtnl & Relatn Svcs	-	63.09	-
5012470	Legal Services	-	-	-
	Total Mgmnt and Informational Svcs	15,690.53	1,507.52	366.42
5012500	Repair and Maintenance Svcs			
5012510	Custodial Services	61.44	61.44	-
5012530	Equipment Repair & Maint Srvc	-	4.59	-
	Total Repair and Maintenance Svcs	61.44	66.03	-
5012600	Support Services			
5012640	Food & Dietary Services	-	-	237.96
5012660	Manual Labor Services	-	33.51	109.75
5012670	Production Services	-	370.38	726.30
5012680	Skilled Services	1,449.43	1,288.36	1,393.34
	Total Support Services	1,449.43	1,692.25	2,467.35
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	-	145.04	767.20
5012850	Travel, Subsistence & Lodging	-	-	435.38
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	249.00
	Total Transportation Services	-	145.04	1,451.58
	Total Contractual Svs	18,842.21	4,493.73	4,778.69
5013000	Supplies And Materials			
5013100	Administrative Supplies			
5013120	Office Supplies	186.85	202.95	400.05
	Total Administrative Supplies	186.85	202.95	400.05
5013400	Medical and Laboratory Supp.			
5013420	Medical and Dental Supplies	-	-	-
	Total Medical and Laboratory Supp.	-	-	-
	Total Supplies And Materials	186.85	202.95	400.05
5015000	Continuous Charges			
5015100	Insurance-Fixed Assets			
5015160	Property Insurance	90.55	-	-

	Total Insurance-Fixed Assets	90.55	-	-
5015300	Operating Lease Payments			
5015340	Equipment Rentals	48.70	54.09	48.70
5015350	Building Rentals	24.00	-	-
5015390	Building Rentals - Non State	967.07	1,595.77	1,348.55
	Total Operating Lease Payments	1,039.77	1,649.86	1,397.25
5015400	Service Charges			
5015470	Private Vendor Service Charges:	4.07	4.07	(8.14)
	Total Service Charges	4.07	4.07	(8.14)
5015500	Insurance-Operations			
5015510	General Liability Insurance	567.20	-	-
5015540	Surety Bonds	19.18	-	-
	Total Insurance-Operations	586.38	-	-
	Total Continuous Charges	1,720.77	1,653.93	1,389.11
5022000	Equipment			
5022170	Other Computer Equipment	16.21	-	-
	Total Computer Hrdware & Sftware	16.21	-	-
	Total Equipment	16.21	-	-
5023000	Plant and Improvements			
5023200	Construction of Plant and Improvements			
5023280	Construction, Buildings Improvements	-	-	-
	Total Construction of Plant and Improvements	-	-	-
	Total Plant and Improvements	-	-	-
	Total Expenditures	63,200.22	35,531.70	32,496.20
	Allocated Expenditures			
20100	Behavioral Science Executive Director	19,910.07	13,957.81	13,856.74
20200	Opt\Vet-Med\ASLP Executive Director	-	-	-
20400	Nursing / Nurse Aide	-	-	-
20600	Funeral\LTCA\PT Executive Director	-	-	-
30100	Technology and Business Services	15,360.37	12,731.65	11,942.08
30200	Human Resources	2,917.45	278.61	257.77
30300	Finance	16,780.93	12,931.67	12,909.88
30400	Director's Office	6,233.68	4,364.45	4,271.19
30500	Enforcement	45,551.73	26,368.31	26,775.80
30600	Administrative Proceedings	25,842.68	12,550.00	12,674.31
30700	Health Practitioners' Monitoring Program	2.08	3.61	2.96
30800	Attorney General	627.43	-	-
30900	Board of Health Professions	675.65	1,592.33	409.78
31000	SRTA	-	-	-
31100	Maintenance and Repairs	-	-	-
31300	Employee Recognition Program	43.79	293.12	8.07
31400	Conference Center	21.10	211.35	125.61
31500	Program Development and Implementation	1,864.09	1,431.32	1,345.94

31600	Healthcare Workforce	2,800.11	1,996.77	1,949.54
31800	CBC (Criminal Background Check Unit)	-	-	-
31900	31900 Not in Use	-	-	-
32000	32000 Not in Use	-	-	-
32100	32100 Not in Use	-	-	-
98700	Cash Transfers	-	-	-
	Total Allocated Expenditures	138,631.16	88,710.99	86,529.68
	Net Revenue in Excess (Shortfall) of Expenditures	$ (93,878.97)	$ (58,980.28)	$ (69,265.70)

October	November	December	January	February	Total
39,100.00	36,330.00	42,105.00	47,315.00	43,805.00	345,470.00
7,840.00	7,310.00	19,010.00	31,630.00	10,115.00	157,060.00
340.00	140.00	160.00	540.00	270.00	2,805.00
1,285.00	895.00	715.00	480.00	1,050.00	6,965.00
20.00	110.00	80.00	40.00	1,485.00	1,920.00
150.00	330.00	120.00	30.00	150.00	1,290.00
85.00	-	50.00	-	-	335.00
48,820.00	45,115.00	62,240.00	80,035.00	56,875.00	515,845.00
165.00	-	50.00	-	-	430.00
165.00	-	50.00	-	-	430.00
48,985.00	45,115.00	62,290.00	80,035.00	56,875.00	516,275.00
1,730.68	1,730.68	1,730.68	1,730.68	1,730.68	14,691.67
1,404.69	1,623.07	1,593.07	1,486.13	1,362.35	13,109.74
189.80	189.80	189.80	189.80	189.80	1,608.77
2,127.00	2,127.00	2,127.00	2,127.00	2,127.00	18,046.50
158.62	158.62	158.62	158.62	158.62	1,344.50
86.40	86.40	86.40	86.40	86.40	732.35
5,697.19	5,915.57	5,885.57	5,778.63	5,654.85	49,533.53
14,163.42	14,163.42	14,163.42	14,163.42	14,163.42	120,389.07
1,885.64	2,328.40	1,827.04	2,365.59	1,200.20	18,440.18
16,049.06	16,491.82	15,990.46	16,529.01	15,363.62	138,829.25
300.00	150.00	250.00	-	-	1,450.00
24.00	24.00	24.00	24.00	24.00	204.00
324.00	174.00	274.00	24.00	24.00	1,654.00
					-
2,676.05	5,087.48	5,131.93	3,259.88	2,807.70	35,584.56
2,676.05	5,087.48	5,131.93	3,259.88	2,807.70	35,584.56
317.36	317.36	317.36	317.36	317.36	2,667.90
317.36	317.36	317.36	317.36	317.36	2,667.90
25,063.66	27,986.23	27,599.32	25,908.88	24,167.53	228,269.24
					-
					-

1,847.14	1,020.10	791.82	1,486.86	1,207.55	8,462.30
65.07	58.82	48.62	55.74	58.19	474.90
-	1.19	-	1.58	-	22.52
1,912.21	1,080.11	840.44	1,544.18	1,265.74	8,959.72
-	-	-	500.00	-	1,400.00
-	-	-	-	500.00	500.00
-	-	-	500.00	500.00	1,900.00
-	-	189.00	-	-	189.00
-	-	189.00	-	-	189.00
163.24	147.10	117.32	357.44	646.11	18,621.40
-	-	54.20	4.22	-	369.61
-	-	-	-	-	63.09
94.75	-	-	-	-	94.75
257.99	147.10	171.52	361.66	646.11	19,148.85
6.32	122.89	120.17	61.44	61.44	495.14
-	-	4.59	-	4.59	13.77
6.32	122.89	124.76	61.44	66.03	508.91
176.35	267.07	66.25	-	43.84	791.47
9.68	-	-	1.61	64.45	219.00
119.87	22.20	36.00	128.50	533.51	1,936.76
1,151.96	2,098.20	2,336.68	2,023.20	2,864.09	14,605.26
1,457.86	2,387.47	2,438.93	2,153.31	3,505.89	17,552.49
870.80	337.12	708.96	-	-	2,829.12
218.21	218.21	218.88	-	-	1,090.68
144.75	135.00	132.50	-	-	661.25
1,233.76	690.33	1,060.34	-	-	4,581.05
4,868.14	4,427.90	4,824.99	4,620.59	5,983.77	52,840.02
					-
410.65	273.30	60.16	113.31	392.21	2,039.48
410.65	273.30	60.16	113.31	392.21	2,039.48
-	-	2.95	-	-	2.95
-	-	2.95	-	-	2.95
410.65	273.30	63.11	113.31	392.21	2,042.43
					-
-	-	-	-	-	90.55

-	-	-	-	-	90.55
54.09	48.70	48.70	100.36	46.27	449.61
-	-	-	-	-	24.00
1,360.77	1,572.46	1,396.98	1,359.02	1,436.23	11,036.85
1,414.86	1,621.16	1,445.68	1,459.38	1,482.50	11,510.46
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	567.20
-	-	-	-	-	19.18
-	-	-	-	-	586.38
1,414.86	1,621.16	1,445.68	1,459.38	1,482.50	12,187.39
-	-	58.02	-	-	74.23
-	-	58.02	-	-	74.23
-	-	58.02	-	-	74.23
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
31,757.31	34,308.59	33,991.12	32,102.16	32,026.01	295,413.31
14,519.34	16,040.28	14,652.64	14,597.70	13,622.07	121,156.65
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
8,726.56	18,021.68	19,268.24	18,892.40	8,176.45	113,119.44
2,031.18	311.10	153.77	359.54	11,612.16	17,921.58
11,663.78	8,588.62	16,775.55	10,969.20	11,342.05	101,961.68
4,322.46	4,047.18	3,703.40	4,546.90	4,534.37	36,023.63
29,654.23	33,285.74	37,624.38	43,059.87	45,298.33	287,618.39
8,084.43	3,735.53	13,901.93	15,653.69	5,126.24	97,568.82
6.55	110.03	93.95	71.00	64.10	354.28
2,832.81	0.01	-	1,421.73	-	4,881.98
930.86	635.44	1,086.03	465.89	(1,192.49)	4,603.51
-	-	-	-	-	-
-	-	-	-	-	-
51.54	-	542.51	4.00	5.42	948.46
19.79	13.10	13.01	13.00	25.59	442.55
1,268.11	798.12	919.91	1,030.37	912.47	9,570.31

3,318.57	1,997.53	1,978.19	1,969.74	4,074.71	20,085.17
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
87,430.23	87,584.36	110,713.51	113,055.01	103,601.48	816,256.43
$ (70,202.54)	$ (76,777.95)	$ (82,414.63)	$ (65,122.17)	$ (78,752.49)	$ (595,394.74)

DHP
Board Cash Balance Report

	109 - Counseling
Cash Balance as of June 30, 2021	$ 2,528,753
YTD FY 2022 Revenue	516,275
Less: YTD FY 2022 Direct and Allocated Expenditures	1,111,670
Cash Balance as of February 28, 2022	$ 1,933,358

Virginia Department of Health Professions
Cash Balance
As of june 30, 2021

	109 Counseling
Board Cash Balance as June 30, 2020	$ 2,083,660
YTD FY21 Revenue	2,010,340
Less: YTD FY21 Direct and Allocated Expenditures	1,565,247
Board Cash Balance as June 30, 2021	$ 2,528,753

Virginia Department of
Health Professions
Board of Counseling

Discipline Reports

FEBRUARY 3 - APRIL 29, 2022

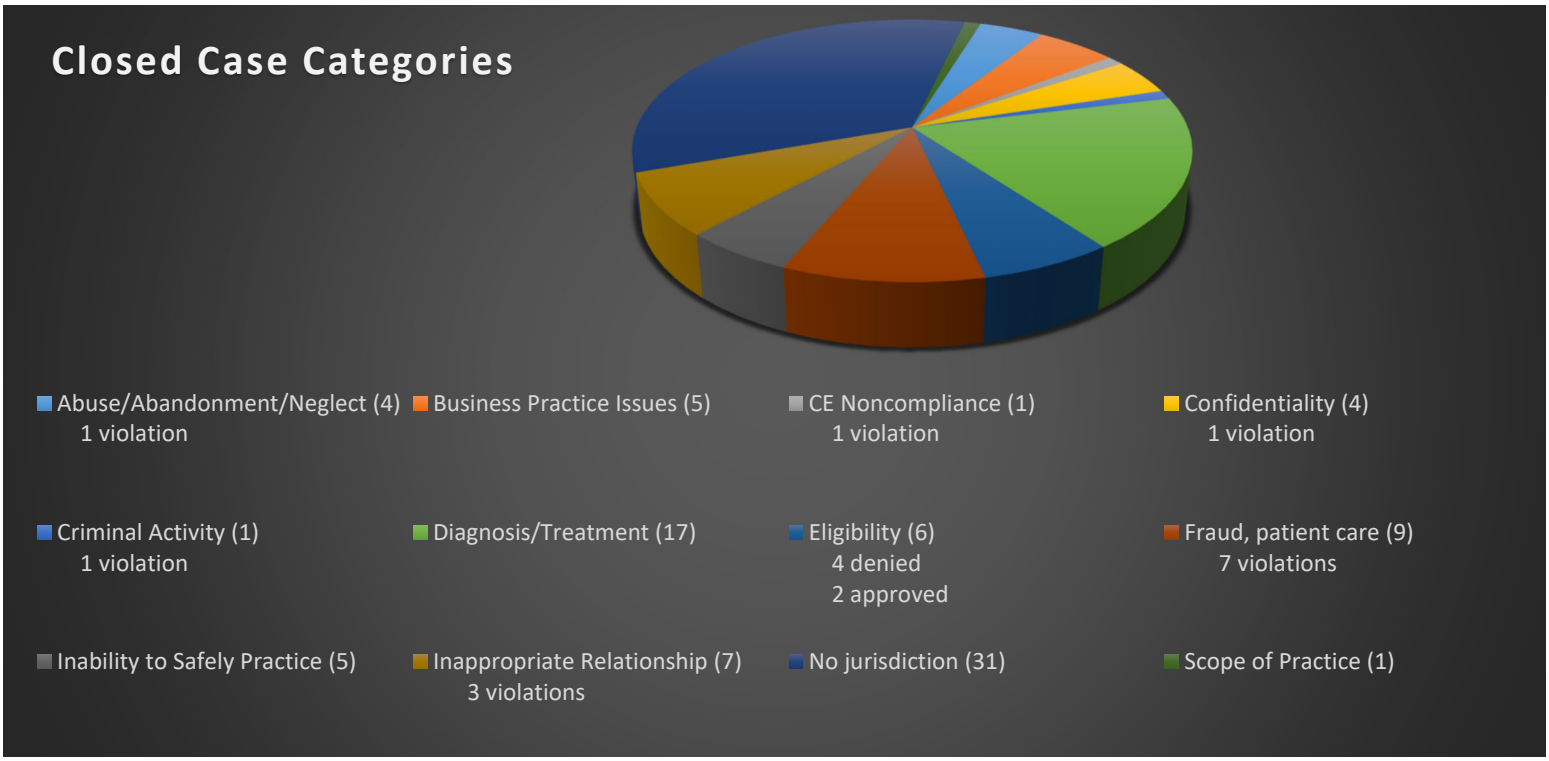
NEW CASES RECEIVED IN BOARD FEBRUARY 3 - APRIL 29, 2022				
	Counseling	**Psychology**	**Social Work**	**BSU Total**
Cases **Received** for Board review	101	29	21	***151***

OPEN CASES (as of 04/29/2022)				
Open Case Stage	**Counseling**	**Psychology**	**Social Work**	**BSU Total**
Probable Cause Review	61	108	22	
Scheduled for Informal Conferences	23	2	16	
Scheduled for Formal Hearings	5	4	0	
Other (pending CCA, PHCO, hold, etc.)	9	10	6	
Cases with APD for processing (IFC, FH, Consent Order)	14	2	1	
TOTAL CASES AT BOARD LEVEL	**112**	**126**	**45**	***283***
OPEN INVESTIGATIONS	**112**	**27**	**31**	***170***
TOTAL OPEN CASES	**224**	**153**	**76**	***453***

UPCOMING CONFERENCES AND HEARINGS		
Informal Conferences	Conferences Held:	February 25, 2022 (Special Conference Committee) March 7, 2022 (Agency Subordinate) April 29, 2022 (Special Conference Committee)
	Scheduled Conferences:	July 8, 2022 (Special Conference Committee) July 11, 2022 (Agency Subordinate) August 15, 2022 (Agency Subordinate) September 16, 2022 (Special Conference Committee) November 18, 2022 (Special Conference Committee)
Formal Hearings	Hearings Held:	n/a
	Scheduled Hearings:	May 13, 2022 August 5, 2022

Virginia Department of
Health Professions
Board of Counseling

CASES CLOSED (FEBRUARY 3 - APRIL 29, 2022)	
Closed – **no violation**	70
Closed – **undetermined**	1
Closed – **violation**	14
Credentials/Reinstatement – **Denied**	4
Credentials/Reinstatement – **Approved**	2
TOTAL CASES CLOSED	**91**



AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	**190**
Avg. time in Enforcement (investigations)	91
Avg. time in APD (IFC/FH preparation)	38
Avg. time in Board (includes hearings, reviews, etc).	98
Avg. time with board member (probable cause review)	52

LICENSING REPORT

Satisfaction Survey Results	
2nd Quarter (October 1 – December 31) 31)	94.2%
3rd Quarter (January 1 – March 31)	96.9%

Totals as of May 3, 2022*

Current Licenses	
Certified Substance Abuse Counselor	1,853
Substance Abuse Trainee	2,138
Substance Abuse Counseling Assistant	271
Licensed Marriage and Family Therapist	1,031
Marriage & Family Therapist Resident	139
Licensed Professional Counselor	8,007
Resident in Counseling	2,663
Substance Abuse Treatment Practitioner	386
Substance Abuse Treatment Residents	13
Rehabilitation Provider	154
Qualified Mental Health Prof-Adult	7,186
Qualified Mental Health Prof-Child	5,287
Trainee for Qualified Mental Health Prof	7,086
Registered Peer Recovery Specialist	421
Total	**36,635***

*Unofficial numbers (for informational purposes only)

Licenses, Certifications and Registrations Issued

License Type	December 2021	January 2022	February 2022	March 2022	April 2022*
Certified Substance Abuse Counselor	9	6	2	8	16
Substance Abuse Trainee	37	14	19	34	11
Certified Substance Abuse Counseling Assistant	1	0	8	2	4
Licensed Marriage and Family Therapist	7	13	13	12	8
Marriage & Family Therapist Resident	3	4	3	2	2
Pre-Education Review for LMFT	0	0	0		2
Licensed Professional Counselor	76	90	63	112	91
Resident in Counseling	53	82	71	104	62
Pre-Education Review for LPC	4	2	3	8	11
Substance Abuse Treatment Practitioner	2	4	4	9	7
Substance Abuse Treatment Residents	0	0	0	1	0
Pre-Education Review for LSATP	0	0	0		0
Rehabilitation Provider	0	0	0	1	0
Qualified Mental Health Prof-Adult	47	37	50	61	43
Qualified Mental Health Prof-Child	33	29	28	34	36
Trainee for Qualified Mental Health Prof	152	153	168	179	183
Registered Peer Recovery Specialist	6	9	14	15	16
Total	**430**	**443**	**446**	**582**	**492**

*Unofficial numbers (for informational purposes only)

Licenses, Certifications and Registration Applications Received

Applications Received	December 2021*	January 2022*	February 2022*	March 2022*	April 2022*
Certified Substance Abuse Counselor	10	13	12	3	19
Substance Abuse Trainee	21	12	25	33	25
Certified Substance Abuse Counseling Assistant	8	4	4	9	5
Licensed Marriage and Family Therapist	14	17	12	11	12
Marriage & Family Therapist Resident	3	4	3	2	4
Pre-Education Review for LMFT	0	0	1	1	
Licensed Professional Counselor	115	111	111	99	94
Resident in Counseling	84	117	72	72	54
Pre-Education Review for LPC	2	7	5	9	11
Substance Abuse Treatment Practitioner	3	6	10	9	4
Substance Abuse Treatment Residents	0	1	1	0	2
Pre-Education Review for LSATP	0	0	0	0	
Rehabilitation Provider	0	0	1	0	
Qualified Mental Health Prof-Adult	83	93	82	80	80
Qualified Mental Health Prof-Child	47	57	50	62	57
Trainee for Qualified Mental Health Prof	162	226	195	220	217
Registered Peer Recovery Specialist	12	17	16	22	28
Total	**564**	**685**	**600**	**632**	**612**

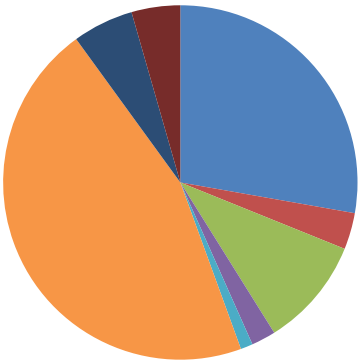
*Unofficial numbers (for informational purposes only)

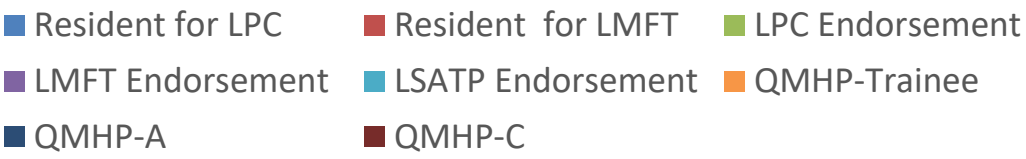
2022 Deferred Applications (1/1/2022 - 4/26/22)

Total - 90

Appealed: 5

Approved After Providing Additional Information: 2





QMHP-Trainee- 1 Appeal	
Coursework	41
QMHP-A – 2 Approved	
Coursework	4
Coursework and supervision	1
QMHP-C	
Degree	3
Degree and supervision	1

LMFT Endorsement	
Internship hours	1
Coursework	1
Resident in Marriage and Family Therapy	
Coursework	1
Internship	1

LPC Endorsement	
Equivalent license	4
Coursework	1
Coursework and supervision	2
Supervision/Supervisor	1
Degree	1
Resident in Counseling – 4 Appeals	
Coursework	19
Degree	6
Ethics	1

LSATP Endorsement	
Equivalent license	1

*Unofficial numbers (for informational purposes only)

	Denied	Approved
Resident in Counseling		
Degree	6	
Coursework	3	
LPC by Examination		
Coursework	1	
LPC by Endorsement		
Supervision	2	
Resident in Marriage and Family Therapy		
Coursework	1	
Resident in Substance Abuse Treatment		
Coursework	1	
LSATP by Endorsement		
Equivalent License	1	
QMHP-Trainee		
Coursework		1
QMHP-A		
Coursework and Supervision		1
Coursework		1
QMHP-C		
Degree	2	
TOTAL	**17**	**3**

Additional Information:

- **Board of Counseling Staffing Information:**

  - The Board currently has three full-time and two part-time staff members to answer phone calls, emails and to process applications across all license, certification and registration types. The Board is currently interviewing for the vacant positions.
    - Licensing Staff:
      - Brenda Maida – Licensing Program Manager (Full-Time)
      - Victoria Cunningham – Licensing Specialist (Full-Time)
      - Dalyce Logan – Licensing Administration Assistant (Part-Time)
      - Vacant – Licensing Administration Assistant (Part-Time)
    - QMHP Staff:
      - Sandie Cotman – Licensing Program Manager (Full-Time)
      - Shannon Brogan – Licensing Administration Assistant (Part-Time)
      - Vacant - Licensing Administration Assistant (Part-Time)

- **June 30th Renewals:**
  - A renewal reminder will be emailed the first week of May.
  - Renewal information can be found on the Board's website under the Regulations, QMHP FAQs and Renewal Chart.