

**BOARD OF COUNSELING**  
**QUARTERLY BOARD MEETING**  
**Friday, May 19, 2017 – 10:00 a.m.**  
**Second Floor – Perimeter Center, Board Room 3**

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

- I. **Welcome and Introductions**
  - A. Emergency evacuation instructions
- II. **Adoption of Agenda**
- III. **Public Comment**
- IV. **Approval of Minutes\***
  - A. Board meeting minutes of January 27, 2017
- V. **Agency Director’s Report: David E. Brown, D.C.**
- VI. **Chairman Report: Kevin Doyle, Ed.D., LPC, LSATP**
- VII. **Staff Reports**
  - A. Executive Director’s Report: Jaime Hoyle
  - B. Deputy Executive Director’s Report: Jennifer Lang
    - a. Discipline Report
  - C. Licensing Manager’s Report: Charlotte Lenart
    - a. Licensing Report
  - D. Board Counsel Report: James Rutkowski
- VIII. **Committee Reports**
  - A. Board of Health Professions Report: Kevin Doyle
  - B. Regulatory/Legislative Committee Report: Charles Gressard, Ph.D., LPC, LMFT, LSATP
- IX. **Unfinished Business**
- X. **New Business**
  - A. Regulatory/Legislative Report: Elaine Yeatts, Senior Policy Analyst
  - B. Discussion on Peer Recovery Specialist and Qualified Mental Health Professional(QMHP)
  - C. Petition for Rule-Making
  - D. Board Developmental Meeting
  - E. Next Meeting
  - F. Closed Session – Consideration of recommended decisions

**12:00 p.m. Adjournment**

# Approval of Minutes

## January 27, 2017

**DRAFT**  
**BOARD OF COUNSELING**  
**QUARTERLY BOARD MEETING**  
**Friday, January 27, 2017**

- TIME AND PLACE:** The meeting was called to order at 10:11 a.m. on Friday, January 27, 2017, in Board Room 1 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.
- PRESIDING:** Kevin Doyle, Ed.D., LPC, LSATP
- BOARD MEMBERS PRESENT:** Johnston Brendel, Ed.D., LPC, LMFT  
Cinda Caiella, LMFT  
Charles Gressard, Ph.D., LPC, LMFT, LSATP  
Bev-Freda L. Jackson, Ph.D., MA, Citizen Member  
Sandra Malawer, LPC, LMFT  
Vivian Sanchez-Jones, Citizen Member  
Terry R. Tinsley, Ph.D., LPC, LMFT, CSOTP, NCC  
Holly Tracy, LPC, LMFT
- BOARD MEMBERS ABSENT:** Danielle Hunt, LPC  
Jane Nevins, LPC, LSATP  
Phyllis Pugh, LPC, LMFT, CSAC
- STAFF PRESENT:** Tracey Arrington-Edmonds, Licensing Specialist  
Christy Evans, Discipline Case Specialist  
Jaime Hoyle, Esq., Executive Director  
Jennifer Lang, Deputy Executive Director  
Charlotte Lenart, Licensing Manager  
James Rutkowski, Assistant Attorney General  
Elaine Yeatts, DHP Senior Policy Analyst
- WELCOME:** Dr. Doyle welcomed the Board members, staff and the general-public in attendance.
- ORDERING OF AGENDA:** The agenda was adopted as presented.
- PUBLIC COMMENT:** No public comment.
- APPROVAL OF MINUTES:** Dr. Brendel moved and seconded by Ms. Sanchez-Jones to approve the minutes of the November 4, 2016 Board meeting. The motion passed unanimously.
- DHP DIRECTOR'S REPORT:** Dr. Brown was not present to provide a report.
- EXECUTIVE DIRECTOR'S REPORT:** Executive Director, Ms. Hoyle welcomed and thanked everyone in attendance. Ms. Hoyle reported that the Board's operating budget as of December 2016 was provided as a separate handout. Ms. Hoyle reminded the Board that regulations changing the fees for the Board of Counseling will take effect on

February 8, 2017. Ms. Hoyle also informed the Board on staffs continued efforts to go green by implementing the emailing of annual renewal notices for the 2018 renewal. The 2017 annual renewal notices will be sent by postal mail service and email. Board staff continues to work towards employing online applications and hopes to have this new process available by summer.

**DEPUTY EXECUTIVE  
DIRECTOR'S DISCIPLINE  
REPORT:**

Ms. Lang reported the first quarter number of cases closed (47), open cases (98) and the cases received (27). The average time to close a case is 375.5 days. The percentage of cases of all types closed within 365 calendar days is 45.5%. She thanked the Board member for their work in reviewing case files in a timely manner. Mrs. Evans reported that 1% of licensees were audited for continued competency requirements that consisted of 38 LPC's, 7 LMFT's and 2 LSATP's. Most of the licensees provided documented of completion of the required continued competency requirements others are working on completing the continued competency requirements per the additional time agreed upon with the Board

**LICENSING MANAGER'S  
REPORT:**

Mrs. Lenart reported the Board of Counseling regulated 7,808 licensees as of the end of second quarter of the 2017 Fiscal Year (October 1, 2016 – December 31, 2016). As of the last Board meeting, the Board licensed 172 individuals. The Board of Counseling staff continues to work hard to provide feedback to applicants within 24 hours and to process complete applications within 30 business days. Ms. Lenart also reported that staff continues to receive an increasing number of incomplete applications and hopes that the updated application packets will provide clear instructions to help eliminate this issue.

In addition, Ms. Lenart provided an update on the results of the NCAC1 exam for CSAC certification. As of January 2017, 87 applicants have attempted to take the NCAC1 exam. Of the 90 applicants, 66 have passed and 24 have failed, which represents a 73.3% passing rate.

**BOARD COUNSEL REPORT:**

No report.

**BOARD OF HEALTH  
PROFESSIONS REPORT:**

No report.

**REGULATORY COMMITTEE  
REPORT:**

Dr. Gressard reported that the Regulatory meeting focused primarily on potential changes to the CSAC and CSAC-A Regulations Standards of Practice sections. The Committee recommendation to the Board is to develop context for the confidentiality of records to be added to all regulations. Dr. Doyle recommended that the Board consider an emergency regulatory change. Dr. Gressard moved that the Board publish a Notice of Intended Regulatory Action("NOIRA") notice to amend the Regulations Governing the Practice of Professional Counseling, Marriage and Family Therapists, Licensed Substance Abuse Treatment Practitioners and the Certification of Substance Abuse

Counselors and Substance Abuse Counseling Assistants to add confidentiality of records to the Standards of Practice section. The motion was seconded by Dr. Brendel and passed unanimously.

Additionally, the Committee discussed the American Association of State Counseling Boards (AASCB) Portability Plan and the Licensed Marriage and Family Therapist (LMFT) Regulations sections 18VAC115-50-40.B.2.b and 18VAC115-50-60.B.2; however at this time there are no recommendations to the Board. The next Regulatory Committee meeting is scheduled for May 18, 2017 at 1:00 p.m.

**UNFINISHED BUSINESS:**

**Bylaws Review** – Staff suggested revisions to the Bylaws in order to reflect the correct sections of the laws and regulations and to add new information relevant to the Department of Health Professions and the Board of Counseling. The proposed changes and recommendations were provided in the agenda package. Dr. Gressard moved to accept the recommended changes by staff to the Bylaws. The motion was seconded by Ms. Malawer and passed unanimously.

**NEW BUSINESS:**

**Regulatory/Legislative Report** – Mrs. Yeatts provided a chart detailing the below regulatory actions status of regulations for the Board as of January 12, 2017. She indicated staff and the Board Chair would schedule a meeting after the General Assembly Session to work out objections of the CACREP Action 4259.

- 18VAC 115-11 Public Participation Guidelines Conforming to APA (Action 4631) – fast-track register date of 11/28/2016 and effective as of 1/12/2017.
- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling requirement for CACREP accreditation for educational programs (action 4259) -proposed *At Governor's Office*
- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling CE for volunteer services (Action 4630) – fast-track register date 1/23/17 with effective date of 3/9/17
- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling Fee increase (Action 4443) – final register date 1/9/2017 with effective date of 2/8/2017
- 18VAC 115-30 Regulations Governing the Certification of Substance Abuse Counselors updating and clarifying regulations (Action 4691) – the NOIRA register date 1/23/2017 and comment closes 2/22/2017

Mrs. Yeatts provided information on the following House Bills and Senate Bills that may impact the Board of Counseling:

- SB 848 (HB1449) Naloxone, dispensing for use in opioid overdose reversal etc. –this is a Governor's bill. The bill allows a person by the approved by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone for the

use in opioid overdose reversal and who is acting on behalf of an organization that provides substance treatment services to individuals at risk of experiencing opioid overdose.

- SB 1020 (HB2095) Registration of peer recovery specialists and qualified mental health professionals –this is a Governor’s bill. The bill authorizes the registration of peer recovery specialists and qualified mental health professions by the Board of Counseling. The bill defines qualified mental health professional and registered peer recovery specialist and the type of services each can provide. The Board of Behavioral Health and Developmental Services and the Board of Counseling shall promulgate regulations to implement the provision of this act to be effective within 280 days of its enactment.

**NEXT MEETING:** Scheduled for May 19, 2017 at 10:00 a.m.

**CLOSED MEETING:** Ms. Tracy moved that the Board of Counseling convene in closed session pursuant to §2.2-3711(A)(27) of the Code of Virginia in order to consider Recommended Decisions. She further moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, Christy Evans, Charlotte Lenart, and Tracey Arrington-Edmonds 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 carried.

**RECONVENE:** Ms. Tracy moved that pursuant to §2.2-3712 of the Code of Virginia that 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. Scheduled for May 19, 2017 at 10:00 a.m. The motion was seconded and carried unanimously.

**DECISIONS:** ***Jose Hermida, LPC Applicant***  
The Agency Subordinate concluded that Jose Hermida, LPC Applicant, failed to satisfy the requirements of 18VAC115-20-49 and 18VAC115-20-51(A) and recommended that his application for registration of supervision as a preliminary requirement for licensure by examination be denied.

***Tary Hanna, LPC Applicant***  
The Agency Subordinate concluded that Tary Hanna, LPC Applicant, failed to satisfy the requirements of 18VAC115-20-49, 18VAC115-20-51(A), and 18VAC115-20-52(B) and recommended that her application for licensure by examination be denied.

***Natkai Akbar, LPC Applicant***  
The Agency Subordinate concluded that Natkai Akbar, LPC Applicant, failed to satisfy the requirements of 18VAC115-20-49 and 18VAC115-20-51(A) and recommended that her application for registration of supervision as a

preliminary requirement for licensure by examination be denied.

***Kevin Pengelly, LPC Applicant***

The Agency Subordinate concluded that Kevin Pengelly, LPC Applicant, failed to satisfy the requirements of 18VAC115-20-49, 18VAC115-20-51(A), and 18VAC115-20-51(A)(13) and recommended that his application for registration of supervision as a preliminary requirement for licensure by examination be denied.

***Regina Foster, CSAC Reinstatement Applicant***

The Agency Subordinate concluded that Ms. Foster failed to provide evidence that she is able to return to safe and competent practice of substance abuse counseling, and recommended that her application for reinstatement be denied and the certificate be continued on indefinite suspension.

***Jessica Tappel, LPC Applicant***

The Agency Subordinate concluded that Tary Hanna, LPC Applicant, failed to satisfy the requirements of 18VAC115-20-49 and 18VAC115-20-51(A) and recommended that her application for registration of supervision as a preliminary requirement for licensure by examination be denied.

Dr. Brendel moved to accept the recommendations as presented. The motion was seconded by Ms. Malawer and passed unanimously.

**ADJOURN:**

The meeting adjourned at 12:04 p.m.

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

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Jaime Hoyle, Esq.  
Executive Director

# Executive Director's Report



Virginia Department of Health Professions  
Cash Balance  
As of March 31, 2017

	<b><u>109 Counseling</u></b>
<b>Board Cash Balance as of June 30, 2016</b>	\$ 674,099
<b>YTD FY17 Revenue</b>	197,760
<b>Less: YTD FY17 Direct and In-Direct Expenditures</b>	<u>736,422</u>
<b>Board Cash Balance as March 31, 2017</b>	<u><u>135,437</u></u>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10900 - Counseling  
For the Period Beginning July 1, 2016 and Ending March 31, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
<b>4002400</b>	<b>Fee Revenue</b>				
4002401	Application Fee	120,655.00	42,140.00	(78,515.00)	286.32%
4002406	License & Renewal Fee	45,725.00	661,645.00	615,920.00	6.91%
4002407	Dup. License Certificate Fee	635.00	450.00	(185.00)	141.11%
4002408	Board Endorsement - In	845.00	-	(845.00)	0.00%
4002409	Board Endorsement - Out	2,860.00	1,450.00	(1,410.00)	197.24%
4002421	Monetary Penalty & Late Fees	7,630.00	3,410.00	(4,220.00)	223.75%
4002430	Board Changes Fee	19,085.00	-	(19,085.00)	0.00%
4002432	Misc. Fee (Bad Check Fee)	35.00	140.00	105.00	25.00%
4002660	Administrative Fees	150.00	-	(150.00)	0.00%
	<b>Total Fee Revenue</b>	<b>197,620.00</b>	<b>709,235.00</b>	<b>511,615.00</b>	<b>27.86%</b>
<b>4003000</b>	<b>Sales of Prop. &amp; Commodities</b>				
4003020	Misc. Sales-Dishonored Payments	140.00	-	(140.00)	0.00%
	<b>Total Sales of Prop. &amp; Commodities</b>	<b>140.00</b>	<b>-</b>	<b>(140.00)</b>	<b>0.00%</b>
	<b>Total Revenue</b>	<b>197,760.00</b>	<b>709,235.00</b>	<b>511,475.00</b>	<b>27.88%</b>
<b>5011110</b>	<b>Employer Retirement Contrib.</b>				
5011120	Fed Old-Age Ins- Sal St Emp	8,910.09	6,388.00	(2,522.09)	139.48%
5011140	Group Insurance	1,365.23	1,094.00	(271.23)	124.79%
5011150	Medical/Hospitalization Ins.	14,780.50	37,512.00	22,731.50	39.40%
5011160	Retiree Medical/Hospitalizatn	1,228.81	986.00	(242.81)	124.63%
5011170	Long term Disability Ins	690.40	552.00	(138.40)	125.07%
	<b>Total Employee Benefits</b>	<b>39,997.47</b>	<b>57,796.00</b>	<b>17,798.53</b>	<b>69.20%</b>
<b>5011200</b>	<b>Salaries</b>				
5011230	Salaries, Classified	106,169.43	83,494.00	(22,675.43)	127.16%
5011250	Salaries, Overtime	14,101.20	-	(14,101.20)	0.00%
	<b>Total Salaries</b>	<b>120,270.63</b>	<b>83,494.00</b>	<b>(36,776.63)</b>	<b>144.05%</b>
<b>5011300</b>	<b>Special Payments</b>				
5011310	Bonuses and Incentives	1,000.00	-	(1,000.00)	0.00%
5011380	Deferred Compnstrn Match Pmts	215.00	960.00	745.00	22.40%
	<b>Total Special Payments</b>	<b>1,215.00</b>	<b>960.00</b>	<b>(255.00)</b>	<b>126.56%</b>
<b>5011600</b>	<b>Terminatn Personal Svce Costs</b>				
5011660	Defined Contribution Match - Hy	1,116.25	-	(1,116.25)	0.00%
	<b>Total Terminatn Personal Svce Costs</b>	<b>1,116.25</b>	<b>-</b>	<b>(1,116.25)</b>	<b>0.00%</b>
<b>5011930</b>	<b>Turnover/Vacancy Benefits</b>				
	<b>Total Personal Services</b>	<b>162,599.35</b>	<b>142,250.00</b>	<b>(20,349.35)</b>	<b>114.31%</b>
<b>5012000</b>	<b>Contractual Svcs</b>				
<b>5012100</b>	<b>Communication Services</b>				
5012110	Express Services	31.68	295.00	263.32	10.74%
5012140	Postal Services	5,968.47	8,232.00	2,263.53	72.50%
5012150	Printing Services	-	120.00	120.00	0.00%
5012160	Telecommunications Svcs (VITA)	615.28	900.00	284.72	68.36%
5012190	Inbound Freight Services	17.11	-	(17.11)	0.00%
	<b>Total Communication Services</b>	<b>6,632.54</b>	<b>9,547.00</b>	<b>2,914.46</b>	<b>69.47%</b>
<b>5012200</b>	<b>Employee Development Services</b>				

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10900 - Counseling  
For the Period Beginning July 1, 2016 and Ending March 31, 2017

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
5012210	Organization Memberships	-	500.00	500.00	0.00%
5012240	Employee Training/Workshop/Conf	1,265.00	-	(1,265.00)	0.00%
	<b>Total Employee Development Services</b>	<b>1,265.00</b>	<b>500.00</b>	<b>(765.00)</b>	<b>253.00%</b>
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	140.00	140.00	0.00%
	<b>Total Health Services</b>	<b>-</b>	<b>140.00</b>	<b>140.00</b>	<b>0.00%</b>
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	12,082.51	9,280.00	(2,802.51)	130.20%
5012440	Management Services	90.35	134.00	43.65	67.43%
5012460	Public Infrmtnl & Relatn Svcs	514.00	5.00	(509.00)	10280.00%
5012470	Legal Services	350.00	475.00	125.00	73.68%
	<b>Total Mgmnt and Informational Svcs</b>	<b>13,036.86</b>	<b>9,894.00</b>	<b>(3,142.86)</b>	<b>131.77%</b>
5012500	Repair and Maintenance Svcs				
5012530	Equipment Repair & Maint Srvc	169.00	-	(169.00)	0.00%
5012560	Mechanical Repair & Maint Srvc	-	34.00	34.00	0.00%
	<b>Total Repair and Maintenance Svcs</b>	<b>169.00</b>	<b>34.00</b>	<b>(135.00)</b>	<b>497.06%</b>
5012600	Support Services				
5012630	Clerical Services	52,064.66	110,551.00	58,486.34	47.10%
5012640	Food & Dietary Services	2,553.17	1,075.00	(1,478.17)	237.50%
5012660	Manual Labor Services	1,219.53	1,170.00	(49.53)	104.23%
5012670	Production Services	5,387.16	5,380.00	(7.16)	100.13%
5012680	Skilled Services	12,244.08	16,764.00	4,519.92	73.04%
	<b>Total Support Services</b>	<b>73,468.60</b>	<b>134,940.00</b>	<b>61,471.40</b>	<b>54.45%</b>
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	4,736.06	4,979.00	242.94	95.12%
5012830	Travel, Public Carriers	752.50	-	(752.50)	0.00%
5012850	Travel, Subsistence & Lodging	2,510.00	1,950.00	(560.00)	128.72%
5012880	Trvl, Meal Reimb- Not Rprtble	1,230.25	988.00	(242.25)	124.52%
	<b>Total Transportation Services</b>	<b>9,228.81</b>	<b>7,917.00</b>	<b>(1,311.81)</b>	<b>116.57%</b>
	<b>Total Contractual Svcs</b>	<b>103,800.81</b>	<b>162,972.00</b>	<b>59,171.19</b>	<b>63.69%</b>
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	1,061.73	597.00	(464.73)	177.84%
5013130	Stationery and Forms	24.01	-	(24.01)	0.00%
	<b>Total Administrative Supplies</b>	<b>1,085.74</b>	<b>597.00</b>	<b>(488.74)</b>	<b>181.87%</b>
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	3.37	-	(3.37)	0.00%
	<b>Total Repair and Maint. Supplies</b>	<b>3.37</b>	<b>-</b>	<b>(3.37)</b>	<b>0.00%</b>
5013600	Residential Supplies				
5013630	Food Service Supplies	-	183.00	183.00	0.00%
	<b>Total Residential Supplies</b>	<b>-</b>	<b>183.00</b>	<b>183.00</b>	<b>0.00%</b>
	<b>Total Supplies And Materials</b>	<b>1,089.11</b>	<b>780.00</b>	<b>(309.11)</b>	<b>139.63%</b>
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10900 - Counseling  
For the Period Beginning July 1, 2016 and Ending March 31, 2017

Account Number	Account Description	Amount			
		Amount	Budget	Under/(Over) Budget	% of Budget
5014130	Premiums	325.00	-	(325.00)	0.00%
	Total Awards, Contrib., and Claims	325.00	-	(325.00)	0.00%
	Total Transfer Payments	325.00	-	(325.00)	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	46.00	46.00	0.00%
	Total Insurance-Fixed Assets	-	46.00	46.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	402.35	540.00	137.65	74.51%
5015350	Building Rentals	46.17	-	(46.17)	0.00%
5015360	Land Rentals	-	60.00	60.00	0.00%
5015390	Building Rentals - Non State	8,612.96	11,046.00	2,433.04	77.97%
	Total Operating Lease Payments	9,061.48	11,646.00	2,584.52	77.81%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	170.00	170.00	0.00%
5015540	Surety Bonds	-	11.00	11.00	0.00%
	Total Insurance-Operations	-	181.00	181.00	0.00%
	Total Continuous Charges	9,061.48	11,873.00	2,811.52	76.32%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	366.00	-	(366.00)	0.00%
5022180	Computer Software Purchases	256.98	-	(256.98)	0.00%
	Total Computer Hrdware & Sftware	622.98	-	(622.98)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	77.00	77.00	0.00%
	Total Educational & Cultural Equip	-	77.00	77.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	42.00	42.00	0.00%
5022620	Office Furniture	52.59	-	(52.59)	0.00%
	Total Office Equipment	52.59	42.00	(10.59)	125.21%
	Total Equipment	675.57	119.00	(556.57)	567.71%
	Total Expenditures	277,551.32	317,994.00	40,442.68	87.28%
<b>Allocated Expenditures</b>					
20100	Behavioral Science Exec	108,110.27	198,994.00	90,883.73	54.33%
30100	Data Center	107,410.03	172,208.82	64,798.80	62.37%
30200	Human Resources	13,545.12	30,041.86	16,496.74	45.09%
30300	Finance	48,261.78	53,220.18	4,958.40	90.68%
30400	Director's Office	26,336.13	31,302.39	4,966.26	84.13%
30500	Enforcement	101,803.81	141,845.22	40,041.41	71.77%
30600	Administrative Proceedings	24,006.51	34,288.08	10,281.57	70.01%
30700	Impaired Practitioners	199.11	266.04	66.93	74.84%
30800	Attorney General	2,196.22	2,890.15	693.93	75.99%
30900	Board of Health Professions	12,179.30	20,640.36	8,461.07	59.01%
31100	Maintenance and Repairs	-	673.47	673.47	0.00%

Virginia Department of Health Professions  
 Revenue and Expenditures Summary  
 Department 10900 - Counseling  
 For the Period Beginning July 1, 2016 and Ending March 31, 2017

Account		Amount			
Number	Account Description	Amount	Budget	Under/(Over) Budget	% of Budget
31300	Emp. Recognition Program	393.40	384.46	(8.94)	102.32%
31400	Conference Center	315.64	354.11	38.47	89.14%
31500	Pgm Devlpmnt & Implmentn	14,112.94	15,970.58	1,857.65	88.37%
Total Allocated Expenditures		<u>458,870.24</u>	<u>703,079.73</u>	<u>244,209.49</u>	<u>65.27%</u>
Net Revenue in Excess (Shortfall) of Expenditures		<u>\$ (538,661.56)</u>	<u>\$ (311,838.73)</u>	<u>\$ 226,822.83</u>	<u>172.74%</u>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10900 - Counseling  
For the Period Beginning July 1, 2016 and Ending March 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March	Total
4002400	Fee Revenue										
4002401	Application Fee	12,100.00	13,820.00	14,835.00	11,965.00	11,145.00	11,115.00	10,815.00	17,475.00	17,385.00	120,655.00
4002406	License & Renewal Fee	20,830.00	3,850.00	1,335.00	1,390.00	895.00	4,745.00	10,460.00	1,035.00	1,185.00	45,725.00
4002407	Dup. License Certificate Fee	40.00	125.00	105.00	30.00	58.00	37.00	75.00	90.00	75.00	635.00
4002408	Board Endorsement - In	795.00	-	-	50.00	-	-	-	-	-	845.00
4002409	Board Endorsement - Out	100.00	350.00	400.00	175.00	300.00	175.00	450.00	310.00	600.00	2,860.00
4002421	Monetary Penalty & Late Fees	4,395.00	1,265.00	355.00	315.00	270.00	150.00	270.00	250.00	360.00	7,630.00
4002430	Board Changes Fee	2,125.00	2,175.00	1,750.00	1,925.00	2,025.00	1,825.00	2,500.00	2,235.00	2,525.00	19,085.00
4002432	Misc. Fee (Bad Check Fee)	-	-	35.00	-	-	-	-	-	-	35.00
4002660	Administrative Fees	150.00	-	-	-	-	-	-	-	-	150.00
	Total Fee Revenue	40,535.00	21,585.00	18,815.00	15,850.00	14,693.00	18,047.00	24,570.00	21,395.00	22,130.00	197,620.00
4003000	Sales of Prop. & Commodities										
4003020	Misc. Sales-Dishonored Payments	-	-	140.00	-	-	-	-	-	-	140.00
	Total Sales of Prop. & Commodities	-	-	140.00	-	-	-	-	-	-	140.00
	Total Revenue	40,535.00	21,585.00	18,955.00	15,850.00	14,693.00	18,047.00	24,570.00	21,395.00	22,130.00	197,760.00
5011000	Personal Services										
5011100	Employee Benefits										
5011110	Employer Retirement Contrib.	1,615.36	1,057.26	1,555.20	1,555.20	1,555.20	1,555.20	1,376.34	1,376.34	1,376.34	13,022.44
5011120	Fed Old-Age Ins- Sal St Emp	939.04	852.67	953.23	1,076.95	1,008.07	1,046.25	932.68	1,102.81	998.39	8,910.09
5011140	Group Insurance	153.77	105.74	157.96	157.96	157.96	157.96	157.96	157.96	157.96	1,365.23
5011150	Medical/Hospitalization Ins.	2,276.50	1,563.00	1,563.00	1,563.00	1,563.00	1,563.00	1,563.00	1,563.00	1,563.00	14,780.50
5011160	Retiree Medical/Hospitalizatn	137.61	95.24	142.28	142.28	142.28	142.28	142.28	142.28	142.28	1,228.81
5011170	Long term Disability Ins	79.92	53.28	79.60	79.60	79.60	79.60	79.60	79.60	79.60	690.40
	Total Employee Benefits	5,202.20	3,727.19	4,451.27	4,574.99	4,506.11	4,544.29	4,251.86	4,421.99	4,317.57	39,997.47
5011200	Salaries										
5011230	Salaries, Classified	12,108.12	10,065.41	11,643.46	12,058.74	12,058.74	12,058.74	12,058.74	12,058.74	12,058.74	106,169.43
5011250	Salaries, Overtime	861.36	593.72	1,329.95	2,532.19	1,631.79	2,130.74	646.21	2,870.07	1,505.17	14,101.20
	Total Salaries	12,969.48	10,659.13	12,973.41	14,590.93	13,690.53	14,189.48	12,704.95	14,928.81	13,563.91	120,270.63
5011310	Bonuses and Incentives	-	1,000.00	-	-	-	-	-	-	-	1,000.00
5011380	Deferred Comprstn Match Pmts	15.00	10.00	10.00	10.00	10.00	10.00	50.00	50.00	50.00	215.00
	Total Special Payments	15.00	1,010.00	10.00	10.00	10.00	10.00	50.00	50.00	50.00	1,215.00
5011600	Terminatn Personal Svce Costs										
5011660	Defined Contribution Match - Hy	47.49	31.66	71.52	71.52	71.52	71.52	250.34	250.34	250.34	1,116.25
	Total Terminatn Personal Svce Costs	47.49	31.66	71.52	71.52	71.52	71.52	250.34	250.34	250.34	1,116.25
	Total Personal Services	18,234.17	15,427.98	17,506.20	19,247.44	18,278.16	18,815.29	17,257.15	19,651.14	18,181.82	162,599.35
5012000	Contractual Svcs										
5012100	Communication Services										
5012110	Express Services	-	-	-	-	-	31.68	-	-	-	31.68
5012140	Postal Services	1,621.14	1,683.00	572.36	684.34	72.71	267.63	204.66	369.66	492.97	5,968.47
5012160	Telecommunications Svcs (VITA)	55.20	74.07	56.35	-	78.29	71.25	141.37	78.37	60.38	615.28
5012190	Inbound Freight Services	-	-	-	-	-	16.67	-	0.44	-	17.11
	Total Communication Services	1,676.34	1,757.07	628.71	684.34	151.00	387.23	346.03	448.47	553.35	6,632.54
5012200	Employee Development Services										
5012240	Employee Training/Workshop/Conf	-	-	-	-	-	365.00	-	900.00	-	1,265.00
	Total Employee Development Services	-	-	-	-	-	365.00	-	900.00	-	1,265.00
5012400	Mgmtnt and Informational Svcs										
5012420	Fiscal Services	4,155.41	6,799.51	532.59	87.05	22.36	197.38	93.53	-	194.68	12,082.51
5012440	Management Services	-	48.16	-	27.23	-	9.44	-	5.52	-	90.35
5012460	Public Infrmtl & Relatn Svcs	195.00	99.00	108.00	-	-	66.00	-	34.00	12.00	514.00
5012470	Legal Services	-	175.00	-	-	-	-	-	-	175.00	350.00
	Total Mgmtnt and Informational Svcs	4,350.41	7,121.67	640.59	114.28	22.36	272.82	93.53	39.52	381.68	13,036.86
5012500	Repair and Maintenance Svcs										
5012530	Equipment Repair & Maint Svc	-	169.00	-	-	-	-	-	-	-	169.00
	Total Repair and Maintenance Svcs	-	169.00	-	-	-	-	-	-	-	169.00
5012600	Support Services										
5012630	Clerical Services	4,282.98	5,769.93	7,069.79	-	-	8,471.52	-	19,654.30	6,816.14	52,064.66
5012640	Food & Dietary Services	265.78	63.33	45.75	-	-	1,418.86	-	367.65	391.80	2,553.17
5012660	Manual Labor Services	6.84	19.17	3.81	672.44	32.27	62.23	-	422.77	-	1,219.53
5012670	Production Services	60.20	90.22	23.75	4,489.88	160.16	305.67	-	232.48	24.80	5,387.16
5012680	Skilled Services	1,204.08	1,099.91	1,643.66	845.84	1,503.98	1,773.22	1,155.37	1,453.54	1,564.48	12,244.08

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10900 - Counseling  
For the Period Beginning July 1, 2016 and Ending March 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March	Total
	Total Support Services	5,819.88	7,042.56	8,786.76	6,008.16	1,696.41	12,031.50	1,155.37	22,130.74	8,797.22	73,468.60
5012800	Transportation Services										
5012820	Travel, Personal Vehicle	69.12	362.88	1,121.44	393.12	1,443.96	-	-	1,073.22	272.32	4,736.06
5012830	Travel, Public Carriers	-	-	-	-	-	504.20	-	44.00	204.30	752.50
5012850	Travel, Subsistence & Lodging	-	-	349.77	201.68	513.24	-	-	805.80	639.51	2,510.00
5012880	Trvl, Meal Reimb- Not Rprtbl	-	-	239.50	87.25	274.00	-	-	379.50	250.00	1,230.25
	Total Transportation Services	69.12	362.88	1,710.71	682.05	2,231.20	504.20	-	2,302.52	1,366.13	9,228.81
	Total Contractual Svcs	11,915.75	16,453.18	11,766.77	7,488.83	4,100.97	13,560.75	1,594.93	25,821.25	11,098.38	103,800.81
5013000	Supplies And Materials										
5013100	Administrative Supplies										-
5013120	Office Supplies	28.20	36.61	186.07	-	-	424.64	-	371.42	14.79	1,061.73
5013130	Stationery and Forms	-	-	-	-	-	24.01	-	-	-	24.01
	Total Administrative Supplies	28.20	36.61	186.07	-	-	448.65	-	371.42	14.79	1,085.74
5013500	Repair and Maint. Supplies										
5013520	Custodial Repair & Maint Matr	-	-	-	-	-	-	-	-	3.37	3.37
	Total Repair and Maint. Supplies	-	-	-	-	-	-	-	-	3.37	3.37
	Total Supplies And Materials	28.20	36.61	186.07	-	-	448.65	-	371.42	18.16	1,089.11
5014000	Transfer Payments										
5014100	Awards, Contrib., and Claims										
5014130	Premiums	-	-	260.00	-	-	65.00	-	-	-	325.00
	Total Awards, Contrib., and Claims	-	-	260.00	-	-	65.00	-	-	-	325.00
	Total Transfer Payments	-	-	260.00	-	-	65.00	-	-	-	325.00
5015000	Continuous Charges										
5015300	Operating Lease Payments										
5015340	Equipment Rentals	46.00	44.08	44.08	-	-	90.01	-	134.10	44.08	402.35
5015350	Building Rentals	-	15.39	-	-	15.39	-	-	15.39	-	46.17
5015390	Building Rentals - Non State	914.20	1,054.53	914.20	914.20	1,037.39	916.14	914.20	1,033.90	914.20	8,612.96
	Total Operating Lease Payments	960.20	1,114.00	958.28	914.20	1,052.78	1,006.15	914.20	1,183.39	958.28	9,061.48
	Total Continuous Charges	960.20	1,114.00	958.28	914.20	1,052.78	1,006.15	914.20	1,183.39	958.28	9,061.48
5022000	Equipment										
5022170	Other Computer Equipment	-	-	-	-	-	199.00	-	167.00	-	366.00
5022180	Computer Software Purchases	-	-	-	-	-	256.98	-	-	-	256.98
	Total Computer Hrdware & Sftware	-	-	-	-	-	455.98	-	167.00	-	622.98
5022620	Office Furniture	-	-	-	-	-	52.59	-	-	-	52.59
	Total Office Equipment	-	-	-	-	-	52.59	-	-	-	52.59
	Total Equipment	-	-	-	-	-	508.57	-	167.00	-	675.57
	Total Expenditures	31,138.32	33,031.77	30,677.32	27,650.47	23,431.91	34,404.41	19,766.28	47,194.20	30,256.64	277,551.32
	Allocated Expenditures										
20100	Behavioral Science Exec	17,164.25	11,325.03	10,989.27	10,594.40	10,975.25	11,752.78	10,613.89	11,689.99	13,005.43	108,110.27
30100	Data Center	11,236.76	16,936.25	6,745.47	16,060.35	4,784.69	12,713.06	16,490.12	12,486.63	9,956.69	107,410.03
30200	Human Resources	70.91	1,401.20	92.93	93.96	95.02	11,469.52	82.44	148.02	91.14	13,545.12
30300	Finance	9,598.81	6,026.91	3,793.22	10,631.21	10,827.31	(837.72)	8,753.24	(5,028.95)	4,497.75	48,261.78
30400	Director's Office	3,425.77	2,556.14	2,737.00	2,725.97	3,033.20	2,821.18	2,751.94	3,310.75	2,974.18	26,336.13
30500	Enforcement	15,332.56	9,226.20	8,605.67	9,620.41	10,161.29	13,249.24	12,964.61	13,346.29	9,297.53	101,803.81
30600	Administrative Proceedings	302.79	2,533.86	2,792.46	4,251.61	2,327.76	1,888.38	5,864.08	962.76	3,082.82	24,006.51
30700	Impaired Practitioners	41.69	19.58	19.24	19.23	19.34	20.50	19.00	20.94	19.58	199.11
30800	Attorney General	-	-	732.07	732.07	-	-	732.07	-	-	2,196.22
30900	Board of Health Professions	1,463.13	1,272.98	1,163.24	1,161.62	1,478.45	1,581.03	1,108.57	1,376.13	1,574.16	12,179.30
31300	Emp. Recognition Program	66.29	251.30	-	-	-	50.82	-	16.69	8.30	393.40
31400	Conference Center	29.09	26.95	158.72	(16.60)	12.43	25.67	12.33	47.87	19.17	315.64
31500	Pgm Devlpmt & Implmentn	1,682.78	1,206.45	1,344.95	1,262.70	1,234.37	2,377.64	1,405.68	2,155.06	1,443.29	14,112.94
	Total Allocated Expenditures	60,414.82	52,782.84	39,174.23	57,136.93	44,949.11	57,112.10	60,797.99	40,532.20	45,970.03	458,870.24
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (51,018.14)	\$ (64,229.61)	\$ (50,896.55)	\$ (68,937.40)	\$ (53,688.02)	\$ (73,469.51)	\$ (55,994.27)	\$ (66,331.40)	\$ (54,096.67)	\$ (538,661.56)

# Deputy Executive Director's Report



# CASES RECEIVED, OPEN, & CLOSED REPORT SUMMARY BY BOARD

FISCAL YEAR 2017, QUARTER ENDING 03/31/2017

Quarter Breakdown	
Quarter 1	July 1 <sup>st</sup> – September 30 <sup>th</sup>
Quarter 2	October 1 <sup>st</sup> – December 31 <sup>st</sup>
Quarter 3	January 1 <sup>st</sup> – March 31 <sup>st</sup>
Quarter 4	April 1 <sup>st</sup> – June 30 <sup>th</sup>

The “Received, Open, Closed” table below shows the number of received and closed cases during the quarters specified and a “snapshot” of the cases still open at the end of the quarter.

<b>COUNSELING</b>	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Number of Cases Received	32	29	20	19	23	24	21	32	26	27	17	40
Number of Cases Open	59	73	80	87	94	91	108	117	116	98	69	58
Number of Cases Closed	31	15	14	12	21	31	11	25	27	44	43	60

<b>PSYCHOLOGY</b>	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Number of Cases Received	19	23	16	19	8	19	18	19	14	18	26	13
Number of Cases Open	33	44	61	65	64	78	84	74	68	76	87	49
Number of Cases Closed	13	15	4	16	13	8	12	32	20	9	17	52

<b>SOCIAL WORK</b>	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Number of Cases Received	50	24	25	11	15	22	31	19	15	19	12	28
Number of Cases Open	71	73	80	82	96	95	126	120	127	78	70	54
Number of Cases Closed	36	23	18	13	9	27	8	27	8	62	17	46

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

FISCAL YEAR 2017, QUARTER ENDING 03/31/2017

Quarter Breakdown	
Quarter 1	July 1 <sup>st</sup> – September 30 <sup>th</sup>
Quarter 2	October 1 <sup>st</sup> – December 31 <sup>st</sup>
Quarter 3	January 1 <sup>st</sup> – March 31 <sup>st</sup>
Quarter 4	April 1 <sup>st</sup> – June 30 <sup>th</sup>

\*The average age of cases closed is a measurement of how long it takes, on average, for a case to be processed from entry to closure. These calculations include only cases closed within the quarter specified.

<b>BOARD</b>	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Counseling	170.4	204.6	238.2	315.6	252.2	284.1	193.5	415.6	323.7	375.5	292.8	247.9
Psychology	176.5	210.0	129.0	171.1	181.1	216.0	287.0	437.0	287.3	380.0	291.7	357.7
Social Work	171.2	183.9	314.4	198.9	202.9	199.4	132.5	342.0	226.0	469.7	407.6	366.2
Agency Totals	170.1	178.3	187.6	207.2	186.7	200.1	190.8	201.6	188.5	202.7	207.7	222.8

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

FISCAL YEAR 2017, QUARTER ENDING 09/30/2016

Quarter Breakdown	
Quarter 1	July 1 <sup>st</sup> – September 30 <sup>th</sup>
Quarter 2	October 1 <sup>st</sup> – December 31 <sup>st</sup>
Quarter 3	January 1 <sup>st</sup> – March 31 <sup>st</sup>
Quarter 4	April 1 <sup>st</sup> – June 30 <sup>th</sup>

\*The percent of cases closed in fewer than 365 days shows, from the total of all cases closed during the specified period, the percent of cases that were closed in less than one year.

<b>BOARD</b>	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017
Counseling	96.8%	86.7%	78.6%	75.0%	76.2%	64.3%	72.7%	36.0%	55.6%	45.5%	78.6%	84.7%
Psychology	100.0%	93.3%	100.0%	87.5%	100.0%	75.0%	50.0%	37.5%	50.0%	44.4%	50.0%	44.2%
Social Work	91.7%	95.7%	72.2%	92.3%	77.8%	65.5%	87.5%	46.2%	75.0%	30.7%	62.5%	41.3%
Agency Totals	97.4%	90.9%	88.6%	87.9%	883.3%	84.4%	85.8%	84.8%	85.6%	82.0%	85.1%	81.7%

# Licensing Manager's Report



## COUNT OF CURRENT LICENSES\* BOARD SUMMARY

FISCAL YEAR 2017, QUARTER ENDING MARCH 31st, 2017

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

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

	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	CURRENT Q3 2017
<b>Audiology/Speech Pathology</b>	4,104	4,418	4,674	4,653	4,840	4,944	4,992	4,720	4,802	4,951	5,056	<b>4,855</b>
<b>Counseling</b>	6,545	7,026	7,183	7,256	7,042	7,249	7,490	7,597	7,808	13,237	13,603	<b>13,922</b>
<b>Dentistry</b>	13,140	13,390	13,507	12,782	13,753	13,999	14,186	14,319	14,184	14,382	14,522	<b>14,657</b>
<b>Funeral Directing</b>	2,471	2,521	2,543	2,313	2,506	2,540	2,573	2,618	2,497	2,526	2,561	<b>2,609</b>
<b>Long Term Care</b>	2,054	2,107	2,176	1,922	2,058	2,115	2,165	2,206	2,087	2,141	2,188	<b>2,235</b>
<b>Medicine</b>	61,789	62,714	62,617	62,816	64,137	65,337	65,922	66,177	67,447	66,941	66,773	<b>67,320</b>
<b>Nurse Aide</b>	53,098	54,250	54,491	53,695	53,834	54,568	54,402	54,374	54,477	54,044	53,681	<b>53,434</b>
<b>Nursing</b>	159,974	162,346	161,891	161,569	163,058	164,128	163,594	163,637	164,199	166,107	166,039	<b>166,796</b>
<b>Optometry</b>	1,906	1,927	1,946	1,856	1,915	1,931	1,963	1,874	1,914	1,936	1,955	<b>1,867</b>
<b>Pharmacy</b>	34,398	35,424	36,750	34,226	35,476	36,365	37,218	34,741	35,972	37,125	37,844	<b>35,289</b>
<b>Physical Therapy</b>	10,901	11,401	11,647	10,533	11,000	10,908	11,075	11,240	11,702	12,682	11,751	<b>11,652</b>
<b>Psychology</b>	3,624	3,893	4,017	4,093	3,876	4,028	4,141	4,253	4,360	4,994	5,128	<b>5,227</b>
<b>Social Work</b>	6,350	6,481	6,590	6,741	6,306	6,544	6,690	6,828	7,057	8,900	9,144	<b>9,340</b>
<b>Veterinary Medicine</b>	6,897	7,029	7,108	6,888	7,187	7,304	7,370	7,112	7,376	7,489	7,565	<b>7,320</b>
<b>AGENCY TOTAL</b>	<b>367,251</b>	<b>374,927</b>	<b>377,140</b>	<b>371,343</b>	<b>376,988</b>	<b>381,960</b>	<b>383,781</b>	<b>381,696</b>	<b>385,882</b>	<b>397,455</b>	<b>397,810</b>	<b>396,523</b>

**COUNT OF CURRENT LICENSES \***

FISCAL YEAR 2017, QUARTER ENDING MARCH 31st, 2017

**Quarter Breakdown**

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

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

Board	Occupation	CURRENT											
		Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Audiology/Speech Pathology	Audiologist	486	506	513	491	501	517	519	497	507	517	523	494
	Continuing Education Provider	12	0	12	13	14	14	14	14	15	15	15	15
	School Speech Pathologist	130	221	334	431	475	506	513	475	484	507	514	475
	Speech Pathologist	3,476	3,691	3,815	3,718	3,850	3,907	3,946	3,734	3,796	3,912	4,004	3,871
<b>Total</b>		<b>4,104</b>	<b>4,418</b>	<b>4,674</b>	<b>4,653</b>	<b>4,840</b>	<b>4,944</b>	<b>4,992</b>	<b>4,720</b>	<b>4,802</b>	<b>4,951</b>	<b>5,056</b>	<b>4,855</b>
Counseling	Certified Substance Abuse Counselor	1,473	1,617	1,669	1,679	1,558	1,617	1,679	1,691	1,734	1,662	1,712	1,745
	Licensed Marriage and Family Therapist	775	817	828	832	808	825	845	856	870	836	856	872
	Licensed Professional Counselor	3,700	3,950	4,036	4,123	4,072	4,188	4,333	4,435	4,567	4,512	4,653	4,803
	Marriage & Family Therapist Resident	-	-	-	-	-	-	-	-	-	-	131	140
	Registration of Supervision	-	-	-	-	-	-	-	-	37,125	5,491	5,632	5,747
	Rehabilitation Provider	311	312	313	280	285	286	288	259	266	270	273	250
	Substance Abuse Counseling Assistant	117	151	157	162	152	163	169	179	192	164	174	188
	Substance Abuse Treatment Practitioner	169	179	180	180	167	170	176	177	179	170	171	176
Substance Abuse Treatment Residents	-	-	-	-	-	-	-	-	-	1	1	1	
<b>Total</b>		<b>6,545</b>	<b>7,026</b>	<b>7,183</b>	<b>7,256</b>	<b>7,042</b>	<b>7,249</b>	<b>7,490</b>	<b>7,597</b>	<b>7,808</b>	<b>13,237</b>	<b>13,603</b>	<b>13,922</b>
Dentistry	Conscious/Moderate Sedation	182	193	199	178	189	198	206	210	212	221	227	233
	Cosmetic Procedure Certification	30	30	32	31	32	33	34	32	36	37	39	36
	Deep Sedation/General Anesthesia	41	48	50	44	51	56	59	63	51	54	58	61
	Dental Assistant II	3	3	4	6	10	10	10	12	11	11	11	15
	Dental Full Time Faculty	9	9	10	11	12	14	14	15	16	12	12	12
	Dental Hygienist	5,465	5,558	5,596	5,293	5,575	5,643	5,687	5,722	5,719	5,815	5,860	5,906
	Dental Hygienist Faculty	0	1	0	0	0	1	1	1	1	1	1	1
	Dental Hygienist Restricted Volunteer	1	0	1	1	1	1	1	1	1	16	0	0
	Dental Hygienist Temporary Permit	0	0	0	0	0	0	0	0	0	0	0	0
	Dental Hygienist Volunteer Registration	-	-	-	1	0	1	0	0	1	0	0	0
	Dental Restricted Volunteer	13	16	14	14	13	14	14	16	20	0	17	17
	Dental Teacher	0	0	0	0	0	0	0	0	0	0	0	0
	Dental Temporary Permit	0	0	0	0	0	0	0	0	0	0	0	0
	Dentist	6,911	7,022	7,097	6,713	7,052	7,152	7,212	7,292	7,147	7,249	7,321	7,404
	Dentist-Volunteer Registration	2	11	0	7	6	9	3	9	7	5	0	2
	Enteral Conscious/Moderate Sedation	157	163	164	150	152	163	175	180	166	174	176	178

**COUNT OF CURRENT LICENSES \***  
FISCAL YEAR 2017, QUARTER ENDING MARCH 31st, 2017

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

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

Board	Occupation	FY12	Change Between FY13 & FY12	FY13	Change Between FY14 & FY13	FY14	Change Between FY15 & FY14	FY15	Change Between FY16 & FY15	FY16
<b>Audiology/Speech Pathology</b>	Audiologist	451	3.8%	468	3.8%	486	3.1%	501	1.2%	507
	Continuing Education Provider	1	-	0	-	12	16.7%	14	7.1%	15
	School Speech Pathologist	110	5.5%	116	12.1%	130	265.4%	475	1.9%	484
	Speech Pathologist	3022	5.0%	3172	9.6%	3476	10.8%	3850	-1.4%	3796
<b>Total</b>		<b>3584</b>	<b>4.8%</b>	<b>3756</b>	<b>9.3%</b>	<b>4104</b>	<b>17.9%</b>	<b>4840</b>	<b>-0.8%</b>	<b>4802</b>
<b>Counseling</b>	Certified Substance Abuse Counselor	1714	0.6%	1724	-14.6%	1473	5.8%	1558	11.3%	1734
	Licensed Marriage and Family Therapist	790	1.4%	801	-3.2%	775	4.3%	808	7.7%	870
	Licensed Professional Counselor	3538	2.6%	3630	1.9%	3700	10.1%	4072	12.2%	4567
	Rehabilitation Provider	334	-0.3%	333	-6.6%	311	-8.4%	285	-6.7%	266
	Substance Abuse Counseling Assistant	115	11.3%	128	-8.6%	117	29.9%	152	26.3%	192
	Substance Abuse Treatment Practitioner	183	1.1%	185	-8.6%	169	-1.2%	167	7.2%	179
<b>Total</b>		<b>6674</b>	<b>1.9%</b>	<b>6801</b>	<b>-3.8%</b>	<b>6545</b>	<b>7.6%</b>	<b>7042</b>	<b>427.2%</b>	<b>37125</b>
<b>Dentistry</b>	Conscious/Moderate Sedation	-	-	144	26.4%	182	3.8%	189	12.2%	212
	Cosmetic Procedure Certification	27	0.0%	27	11.1%	30	6.7%	32	12.5%	36
	Deep Sedation/General Anesthesia	-	-	32	26.1%	41	24.4%	51	0.0%	51
	Dental Assistant II	-	-	3	0.0%	3	233.3%	10	10.0%	11
	Dental Full Time Faculty	9	0.0%	9	0.0%	9	33.3%	12	33.3%	16
	Dental Hygienist	5021	2.0%	5122	6.7%	5465	2.0%	5575	2.6%	5719
	Dental Hygienist Faculty	1	0.0%	1	-	0	-	0	--	1
	Dental Hygienist Restricted Volunteer	-	-	-	-	1	0.0%	1	0.0%	1
	Dental Hygienist Volunteer Registrations	-	--	-	--	-	--	-	--	1
	Dental Hygienist Temporary Permit	13	-	-	-	0	-	0	--	0
	Dental Restricted Volunteer	-	-	16	-18.8%	13	0.0%	13	53.8%	20
	Dental Teacher	3	33.3%	4	-	0	-	0	--	0
	Dental Temporary Permit	3	-33.3%	2	-	0	-	0	--	0
	Dentist	6293	2.2%	6432	7.4%	6911	2.0%	7052	1.3%	7147
	Dentist-Volunteer Registration	-	-	1	100.0%	2	200.0%	6	16.7%	7
	Enteral Conscious/Moderate Sedation	-	-	94	67.0%	157	-3.2%	152	9.2%	166
	Mobile Dental Facility	-	-	7	28.6%	9	44.4%	13	7.7%	14

# Regulatory/Legislative Report



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

Staff Note: Attached is a chart with the status of regulations for the Board as of May 5, 2017

		Action / Stage Information
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<p><u>Requirement for CACREP accreditation for educational programs</u> [Action 4259]</p> <p>Proposed - Register Date: 5/15/17 Comment period: 5/15/17 to 7/14/17</p>
[18 VAC 115 - 30]	Regulations Governing the Certification of Substance Abuse Counselors	<p><u>Updating and clarifying regulations</u> [Action 4691]</p> <p>NOIRA - Register Date: 1/23/17 Board to adopt proposed regulations 5/19/17</p>

Peer Recovery  
Specialist  
and  
Qualified Mental  
Health Professional

# **Draft Regulations Governing the Registration of Peer Recovery Specialists and Qualified Mental Health Professionals.**

## **Part I. General Provisions**

### **Definitions.**

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

"Board" shall mean the Virginia Board of Counseling.

“Certifying body” means an organization approved by the Board that has as one of its purposes the certification of peer recovery specialists.

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

“DBHDS Peer Recovery Specialist Training” means the curriculum developed and approved by the DBHDS for the training of persons seeking registration as peer recovery specialists.

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

“Peer recovery specialist” means a person who by education and experience is professionally qualified to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness, addiction, or both.

“Qualified mental health professional or QMHP” means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative mental health services for adults or children.

“Qualified Mental Health Professional-Adult or QMHP-Adult” means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to individuals who have a mental illness.

“Qualified Mental Health Professional-Child or QMHP-Child” means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to children who have a mental illness.

“Registrant” means a peer recovery specialist or a QMHP registered with the Board.

**Fees required by the board.**

- A. The board has established the following fees applicable to the registration of peer recovery specialists and qualified mental health professionals:

Registration	\$25
Renewal of registration	\$25
Late renewal	\$10
Reinstatement of a lapsed registration	\$50
Duplicate Registration	\$10
Returned Check	\$35
Reinstatement following revocation or suspension	\$50

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

**Current name and address.**

Each registrant shall furnish the board his current name and address of record. Any change of name or address of record or public address, if different from the address of record, shall be furnished to the board within 30 days of such change. It shall be the duty and responsibility of each peer recovery specialist to inform the board of his current address. Properly updating address of record directly through the board's web-based application or other approved means shall constitute lawful notification. All notices required by law or by these rules and regulations are deemed to be legally given when mailed to the address of record and shall not relieve the registrant of the obligation to comply.

**Part II. Requirements for Registration**

**Requirements for registration as a peer recovery specialist.**

- A. An applicant for registration shall submit a completed application and a fee as prescribed in XXXXX on forms provided by the board.
- B. An applicant for registration as a peer recovery specialist shall: Have a high school diploma or equivalent.
  - a. Sign and abide by the DBHDS Peer Recovery Specialist Code of Ethics.
  - b. Successfully complete the DBHDS Peer Recovery Specialist Training

- c. Hold a current credential as a peer recovery specialist issued by the U.S. Department of Veteran's Affairs or one of the following certifying bodies:
  - i. National Association for Alcoholism and Drug Abuse Counselors ("NAADAC");
  - ii. A member board of the International Certification and Reciprocity Consortium ("IC&RC"); or
  - iii. Any other certifying body approved by the Board.

**Requirements for registration as a Qualified Mental Health Professional - Adult.**

- A. An applicant for registration shall submit a completed application and a fee as prescribed in XXXXX on forms provided by the board.
- B. An applicant for registration as a qualified mental health professional - Adult shall provide evidence of either:
  - a. A Virginia license as a doctor of medicine or osteopathy;
  - b. A Virginia license as a doctor of medicine or osteopathy, specializing in psychiatry.
  - c. A Master's degree in psychology from an accredited college or university with at least one year of clinical experience;
  - d. A bachelor's degree in human services or related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling or other degree deemed by the Board to be equivalent) from an accredited college and with at least one year of clinical experience providing direct services to individuals with a diagnosis of mental illness;
  - e. A bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits (or equivalent) in a human services field and who has at least three years of clinical experience;
  - f. A Certified Psychiatric Rehabilitation Provider (CPRP) registered with the United States Psychiatric Rehabilitation Association (USPRA)
  - g. A registered nurse licensed in Virginia with at least one year of clinical experience; or,
  - h. Licensure as any other mental health professional.

**Requirements for registration as a Qualified Mental Health Professional - Child.**

- A. An applicant for registration shall submit a completed application and a fee as prescribed in XXXXX on forms provided by the board.
- B. An applicant for registration as a qualified mental health professional -Child shall provide evidence of either:
  - a. A Virginia license as a doctor of medicine or osteopathy;

- b. A Master's degree in psychology from an accredited college or university with at least one year of clinical experience with children and adolescents;
- c. A social work bachelor's degree or master's degree from an accredited college or university with at least one year of clinical experience with children or adolescents;
- d. A registered nurse licensed in Virginia with at least one year of clinical experience with children and adolescents;
- e. A bachelor's degree in a human services field or in special education from an accredited college with at least one year of clinical experience with children and adolescents; or,
- f. A license as a mental health professional.

### **Part III. Renewal and Reinstatement**

#### **Annual renewal of registration**

- A. All registrants shall renew their registration on or before June 30 of each year.
- B. Along with the renewal form, the registrant shall submit the renewal fee as prescribed in XXXX.
- C. Registrants shall notify the board of a change of address within 30 days. Failure to receive a renewal notice and application forms shall not excuse the registrant from the renewal requirement.

#### **Continued competency requirements for renewal of peer recovery specialist registration.**

- A. Peer recovery specialists shall be required to have completed a minimum of 20 hours of continuing competency by June 30 of each even year renewal. These hours shall be from providers approved by DBHDS and in courses that cover the following topics:
  - a. The current body of mental health and substance abuse knowledge;
  - b. The recovery process;
  - c. Promoting services, supports, and strategies for recovery;
  - d. Peer to peer services;
  - e. Crisis intervention;
  - f. The value of the role of a peer recovery specialist;
  - g. Basic principles related to health and wellness;
  - h. Recovery, resiliency, and wellness plans;
  - i. Stage-appropriate pathways in recovery support;
  - j. Ethics and ethical boundaries;
  - k. Cultural sensitivity and practice;
  - l. Trauma and its impact on recovery;
  - m. Community resources; and,
  - n. Delivering peer services within agencies and organizations.

#### **Reinstatement of registration**

- A. A person whose registration has expired may renew it within one year after its expiration date by paying the reinstatement fee prescribed in XXXX.
- B. A person who fails to renew a registration after one year or more shall apply for reinstatement, pay the reinstatement fee and submit evidence of evidence of a competency. For a peer recovery specialist, competency may be demonstrated by providing evidence of a current credential from a certifying body approved by DBHDS.

#### **Part IV. Standards of Practice; Disciplinary Action; Reinstatement**

##### **Standards of practice.**

- A. The protection of the public health, safety, and, welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board.
- B. A registered peer recovery specialist shall provide such services as an employee or independent contractor of DBHDS, a provider licensed by the DBHDS, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.
- C. A qualified mental health professional shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the DBHDS.
- D. A QMHP-Adult shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the DBHDS.
- E. A QMHP-Child shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the DBHDS.
- F. Persons register by the board shall:
  - a. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare.
  - b. Practice only within the competency area for which they are qualified by training and experience.
  - c. Not engage in dual relationships with clients or former clients that are harmful to the client's well-being, or which would impair the registrant's objectivity and professional judgment, or increase the risk of client exploitation.

##### **Grounds for Revocation, suspension, restriction or denial of a registration, or imposition of a monetary penalty.**

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

1. Conviction of a felony or of a misdemeanor involving moral turpitude;
2. Procuring a registration by fraud or misrepresentation;
3. Conducting one's practice in such a manner so as to make it a danger to the health and welfare of one's clients or to the public; or if one is unable to practice with reasonable

- skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition;
4. Negligence in professional conduct or nonconformance with the standards of practice outlined in XXXX; or,
  5. Performance of functions outside the board-certified area of competency.

DRAFT



# VIRGINIA ACTS OF ASSEMBLY -- 2017 SESSION

## CHAPTER 418

*An Act to amend and reenact §§ 37.2-203, 37.2-304, 54.1-2400.1, 54.1-2400.6, 54.1-3500, 54.1-3505, and 54.1-3506.1 of the Code of Virginia, relating to registration of peer recovery specialists and qualified mental health professionals.*

[H 2095]

Approved March 13, 2017

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 37.2-203, 37.2-304, 54.1-2400.1, 54.1-2400.6, 54.1-3500, 54.1-3505, and 54.1-3506.1 of the Code of Virginia are amended and reenacted as follows:**

**§ 37.2-203. Powers and duties of Board.**

The Board shall have the following powers and duties:

1. To develop and establish programmatic and fiscal policies governing the operation of state hospitals, training centers, community services boards, and behavioral health authorities;

2. To ensure the development of long-range programs and plans for mental health, developmental, and substance abuse services provided by the Department, community services boards, and behavioral health authorities;

3. To review and comment on all budgets and requests for appropriations for the Department prior to their submission to the Governor and on all applications for federal funds;

4. To monitor the activities of the Department and its effectiveness in implementing the policies of the Board;

5. To advise the Governor, Commissioner, and General Assembly on matters relating to mental health, developmental, and substance abuse services;

6. To adopt regulations that may be necessary to carry out the provisions of this title and other laws of the Commonwealth administered by the Commissioner or the Department;

7. To ensure the development of programs to educate citizens about and elicit public support for the activities of the Department, community services boards, and behavioral health authorities;

8. To ensure that the Department assumes the responsibility for providing for education and training of school-age individuals receiving services in state facilities, pursuant to § 37.2-312; ~~and~~

9. To change the names of state facilities; *and*

10. *To adopt regulations that establish the qualifications, education, and experience for registration of peer recovery specialists by the Board of Counseling.*

Prior to the adoption, amendment, or repeal of any regulation regarding substance abuse services, the Board shall, in addition to the procedures set forth in the Administrative Process Act (§ 2.2-4000 et seq.), present the proposed regulation to the Substance Abuse Services Council, established pursuant to § 2.2-2696, at least 30 days prior to the Board's action for the Council's review and comment.

**§ 37.2-304. Duties of Commissioner.**

The Commissioner shall be the chief executive officer of the Department and shall have the following duties and powers:

1. To supervise and manage the Department and its state facilities.

2. To employ the personnel required to carry out the purposes of this title.

3. To make and enter into all contracts and agreements necessary or incidental to the performance of the Department's duties and the execution of its powers under this title, including contracts with the United States, other states, and agencies and governmental subdivisions of the Commonwealth, consistent with policies and regulations of the Board and applicable federal and state statutes and regulations.

4. To accept, hold, and enjoy gifts, donations, and bequests on behalf of the Department from the United States government, agencies and instrumentalities thereof, and any other source, subject to the approval of the Governor. To these ends, the Commissioner shall have the power to comply with conditions and execute agreements that may be necessary, convenient, or desirable, consistent with policies and regulations of the Board.

5. To accept, execute, and administer any trust in which the Department may have an interest, under the terms of the instruments creating the trust, subject to the approval of the Governor.

6. To transfer between state hospitals and training centers school-age individuals who have been identified as appropriate to be placed in public school programs and to negotiate with other school divisions for placements in order to ameliorate the impact on those school divisions located in a jurisdiction in which a state hospital or training center is located.

7. To provide to the Director of the Commonwealth's designated protection and advocacy system, established pursuant to § 51.5-39.13, a written report setting forth the known facts of critical incidents or

deaths of individuals receiving services in facilities within 15 working days of the critical incident or death.

8. To work with the appropriate state and federal entities to ensure that any individual who has received services in a state facility for more than one year has possession of or receives prior to discharge any of the following documents, when they are needed to obtain the services contained in his discharge plan: a Department of Motor Vehicles approved identification card that will expire 90 days from issuance, a copy of his birth certificate if the individual was born in the Commonwealth, or a social security card from the Social Security Administration. State facility directors, as part of their responsibilities pursuant to § 37.2-837, shall implement this provision when discharging individuals.

9. To work with the Department of Veterans Services and the Department for Aging and Rehabilitative Services to establish a program for mental health and rehabilitative services for Virginia veterans and members of the Virginia National Guard and Virginia residents in the Armed Forces Reserves not in active federal service and their family members pursuant to § 2.2-2001.1.

10. To establish and maintain a pharmaceutical and therapeutics committee composed of representatives of the Department of Medical Assistance Services, state facilities operated by the Department, community services boards, at least one health insurance plan, and at least one individual receiving services to develop a drug formulary for use at all community services boards, state facilities operated by the Department, and providers licensed by the Department.

~~11. To certify individuals as peer providers in accordance with regulations adopted by the Board.~~

~~12. To establish and maintain the Commonwealth Mental Health First Aid Program pursuant to § 37.2-312.2.~~

~~13.~~ 12. To submit a report for the preceding fiscal year by December 1 of each year to the Governor and the Chairmen of the House Appropriations and Senate Finances Committees that provides information on the operation of Virginia's publicly funded behavioral health and developmental services system. The report shall include a brief narrative and data on the number of individuals receiving state facility services or community services board services, including purchased inpatient psychiatric services; the types and amounts of services received by these individuals; and state facility and community services board service capacities, staffing, revenues, and expenditures. The annual report shall describe major new initiatives implemented during the past year and shall provide information on the accomplishment of systemic outcome and performance measures during the year.

Unless specifically authorized by the Governor to accept or undertake activities for compensation, the Commissioner shall devote his entire time to his duties.

**§ 54.1-2400.1. Mental health service providers; duty to protect third parties; immunity.**

A. As used in this section:

"Certified substance abuse counselor" means a person certified to provide substance abuse counseling in a state-approved public or private substance abuse program or facility.

"Client" or "patient" means any person who is voluntarily or involuntarily receiving mental health services or substance abuse services from any mental health service provider.

"Clinical psychologist" means a person who practices clinical psychology as defined in § 54.1-3600.

"Clinical social worker" means a person who practices social work as defined in § 54.1-3700.

"Licensed practical nurse" means a person licensed to practice practical nursing as defined in § 54.1-3000.

"Licensed substance abuse treatment practitioner" means any person licensed to engage in the practice of substance abuse treatment as defined in § 54.1-3500.

"Marriage and family therapist" means a person licensed to engage in the practice of marriage and family therapy as defined in § 54.1-3500.

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

"Mental health service provider" or "provider" refers to any of the following: (i) a person who provides professional services as a certified substance abuse counselor, clinical psychologist, clinical social worker, licensed substance abuse treatment practitioner, licensed practical nurse, marriage and family therapist, mental health professional, physician, professional counselor, psychologist, *qualified mental health professional*, registered nurse, *registered peer recovery specialist*, school psychologist, or social worker; (ii) a professional corporation, all of whose shareholders or members are so licensed; or (iii) a partnership, all of whose partners are so licensed.

"Professional counselor" means a person who practices counseling as defined in § 54.1-3500.

"Psychologist" means a person who practices psychology as defined in § 54.1-3600.

*"Qualified mental health professional" means a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative mental health services for adults or children. A qualified mental health professional shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or a provider licensed by the Department of Behavioral Health and Developmental Services.*

"Registered nurse" means a person licensed to practice professional nursing as defined in § 54.1-3000.

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

"School psychologist" means a person who practices school psychology as defined in § 54.1-3600.

"Social worker" means a person who practices social work as defined in § 54.1-3700.

B. A mental health service provider has a duty to take precautions to protect third parties from violent behavior or other serious harm only when the client has orally, in writing, or via sign language, communicated to the provider a specific and immediate threat to cause serious bodily injury or death to an identified or readily identifiable person or persons, if the provider reasonably believes, or should believe according to the standards of his profession, that the client has the intent and ability to carry out that threat immediately or imminently. If the third party is a child, in addition to taking precautions to protect the child from the behaviors in the above types of threats, the provider also has a duty to take precautions to protect the child if the client threatens to engage in behaviors that would constitute physical abuse or sexual abuse as defined in § 18.2-67.10. The duty to protect does not attach unless the threat has been communicated to the provider by the threatening client while the provider is engaged in his professional duties.

C. The duty set forth in subsection B is discharged by a mental health service provider who takes one or more of the following actions:

1. Seeks involuntary admission of the client under Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1 or Chapter 8 (§ 37.2-800 et seq.) of Title 37.2.

2. Makes reasonable attempts to warn the potential victims or the parent or guardian of the potential victim if the potential victim is under the age of 18.

3. Makes reasonable efforts to notify a law-enforcement official having jurisdiction in the client's or potential victim's place of residence or place of work, or place of work of the parent or guardian if the potential victim is under age 18, or both.

4. Takes steps reasonably available to the provider to prevent the client from using physical violence or other means of harm to others until the appropriate law-enforcement agency can be summoned and takes custody of the client.

5. Provides therapy or counseling to the client or patient in the session in which the threat has been communicated until the mental health service provider reasonably believes that the client no longer has the intent or the ability to carry out the threat.

6. *In the case of a registered peer recovery specialist or a qualified mental health professional who is not otherwise licensed by a health regulatory board at the Department of Health Professions, reports immediately to a licensed mental health service provider to take one or more of the actions set forth in this subsection.*

D. A mental health service provider shall not be held civilly liable to any person for:

1. Breaching confidentiality with the limited purpose of protecting third parties by communicating the threats described in subsection B made by his clients to potential third party victims or law-enforcement agencies or by taking any of the actions specified in subsection C.

2. Failing to predict, in the absence of a threat described in subsection B, that the client would cause the third party serious physical harm.

3. Failing to take precautions other than those enumerated in subsection C to protect a potential third party victim from the client's violent behavior.

**§ 54.1-2400.6. Hospitals, other health care institutions, home health and hospice organizations, and assisted living facilities required to report disciplinary actions against and certain disorders of health professionals; immunity from liability; failure to report.**

A. The chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, the director of every licensed home health or hospice organization, the director of every accredited home health organization exempt from licensure, ~~and~~ the administrator of every licensed assisted living facility, *and the administrator of every provider licensed by the Department of Behavioral Health and Developmental Services* in the Commonwealth shall report within 30 days, except as provided in subsection B, to the Director of the Department of Health Professions, or in the case of a director of a home health or hospice organization, to the Office of Licensure and Certification at the Department of Health (the Office), the following information regarding any person (i) licensed, certified, or registered by a health regulatory board or (ii) holding a multistate licensure privilege to practice nursing or an applicant for licensure, certification or registration unless exempted under subsection E:

1. Any information of which he may become aware in his official capacity indicating that such a

health professional is in need of treatment or has been committed or admitted as a patient, either at his institution or any other health care institution, for treatment of substance abuse or a psychiatric illness that may render the health professional a danger to himself, the public or his patients.

2. Any information of which he may become aware in his official capacity indicating, after reasonable investigation and consultation as needed with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations. The report required under this subdivision shall be submitted within 30 days of the date that the chief executive officer, chief of staff, director, or administrator determines that a reasonable probability exists.

3. Any disciplinary proceeding begun by the institution, organization, ~~or~~ facility, *or provider* as a result of conduct involving (i) intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, (ii) professional ethics, (iii) professional incompetence, (iv) moral turpitude, or (v) substance abuse. The report required under this subdivision shall be submitted within 30 days of the date of written communication to the health professional notifying him of the initiation of a disciplinary proceeding.

4. Any disciplinary action taken during or at the conclusion of disciplinary proceedings or while under investigation, including but not limited to denial or termination of employment, denial or termination of privileges or restriction of privileges that results from conduct involving (i) intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, (ii) professional ethics, (iii) professional incompetence, (iv) moral turpitude, or (v) substance abuse. The report required under this subdivision shall be submitted within 30 days of the date of written communication to the health professional notifying him of any disciplinary action.

5. The voluntary resignation from the staff of the health care institution, home health or hospice organization, ~~or~~ assisted living facility, *or provider*, or voluntary restriction or expiration of privileges at the institution, organization, ~~or~~ facility, *or provider*, of any health professional while such health professional is under investigation or is the subject of disciplinary proceedings taken or begun by the institution, organization, ~~or~~ facility, *or provider* or a committee thereof for any reason related to possible intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, medical incompetence, unprofessional conduct, moral turpitude, mental or physical impairment, or substance abuse.

Any report required by this section shall be in writing directed to the Director of the Department of Health Professions or to the Director of the Office of Licensure and Certification at the Department of Health, shall give the name and address of the person who is the subject of the report and shall fully describe the circumstances surrounding the facts required to be reported. The report shall include the names and contact information of individuals with knowledge about the facts required to be reported and the names and contact information of individuals from whom the hospital or health care institution, organization, ~~or~~ facility, *or provider* sought information to substantiate the facts required to be reported. All relevant medical records shall be attached to the report if patient care or the health professional's health status is at issue. The reporting hospital, health care institution, home health or hospice organization, ~~or~~ assisted living facility, *or provider* shall also provide notice to the Department or the Office that it has submitted a report to the National Practitioner Data Bank under the Health Care Quality Improvement Act (42 U.S.C. § 11101 et seq.). The reporting hospital, health care institution, home health or hospice organization, ~~or~~ assisted living facility, *or provider* shall give the health professional who is the subject of the report an opportunity to review the report. The health professional may submit a separate report if he disagrees with the substance of the report.

This section shall not be construed to require the hospital, health care institution, home health or hospice organization, ~~or~~ assisted living facility, *or provider* to submit any proceedings, minutes, records, or reports that are privileged under § 8.01-581.17, except that the provisions of § 8.01-581.17 shall not bar (i) any report required by this section or (ii) any requested medical records that are necessary to investigate unprofessional conduct reported pursuant to this subtitle or unprofessional conduct that should have been reported pursuant to this subtitle. Under no circumstances shall compliance with this section be construed to waive or limit the privilege provided in § 8.01-581.17. No person or entity shall be obligated to report any matter to the Department or the Office if the person or entity has actual notice that the same matter has already been reported to the Department or the Office.

B. Any report required by this section concerning the commitment or admission of such health professional as a patient shall be made within five days of when the chief executive officer, chief of staff, director, or administrator learns of such commitment or admission.

C. The State Health Commissioner ~~or the~~ Commissioner of ~~the~~ Department of Social Services, *and Commissioner of Behavioral Health and Developmental Services* shall report to the Department any information of which their agencies may become aware in the course of their duties that a health professional may be guilty of fraudulent, unethical, or unprofessional conduct as defined by the pertinent licensing statutes and regulations. However, the State Health Commissioner shall not be required to report information reported to the Director of the Office of Licensure and Certification pursuant to this

section to the Department of Health Professions.

D. Any person making a report by this section, providing information pursuant to an investigation or testifying in a judicial or administrative proceeding as a result of such report shall be immune from any civil liability alleged to have resulted therefrom unless such person acted in bad faith or with malicious intent.

E. Medical records or information learned or maintained in connection with an alcohol or drug prevention function that is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall be exempt from the reporting requirements of this section to the extent that such reporting is in violation of 42 U.S.C. § 290dd-2 or regulations adopted thereunder.

F. Any person who fails to make a report to the Department as required by this section shall be subject to a civil penalty not to exceed \$25,000 assessed by the Director. The Director shall report the assessment of such civil penalty to the Commissioner of Health or the Commissioner of Social Services, or Commissioner of Behavioral Health and Developmental Services, as appropriate. Any person assessed a civil penalty pursuant to this section shall not receive a license or certification or renewal of such unless such penalty has been paid pursuant to § 32.1-125.01. The Medical College of Virginia Hospitals and the University of Virginia Hospitals shall not receive certification pursuant to § 32.1-137 or Article 1.1 (§ 32.1-102.1 et seq.) of Chapter 4 of Title 32.1 unless such penalty has been paid.

#### **§ 54.1-3500. Definitions.**

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

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

"Board" means the Board of Counseling.

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

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

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

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

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

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

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

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

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

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

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

"Referral activities" means the evaluation of data to identify problems and to determine advisability

of referral to other specialists.

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

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

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

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

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

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

**§ 54.1-3505. Specific powers and duties of the Board.**

In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties:

1. To cooperate with and maintain a close liaison with other professional boards and the community to ensure that regulatory systems stay abreast of community and professional needs.

2. To conduct inspections to ensure that licensees conduct their practices in a competent manner and in conformance with the relevant regulations.

3. To designate specialties within the profession.

4. To administer the certification of rehabilitation providers pursuant to Article 2 (§ 54.1-3510 et seq.) of this chapter, including prescribing fees for application processing, examinations, certification and certification renewal.

5. [Expired.]

6. To promulgate regulations for the qualifications, education, and experience for licensure of marriage and family therapists. The requirements for clinical membership in the American Association for Marriage and Family Therapy (AAMFT), and the professional examination service's national marriage and family therapy examination may be considered by the Board in the promulgation of these regulations. The educational credit hour, clinical experience hour, and clinical supervision hour requirements for marriage and family therapists shall not be less than the educational credit hour, clinical experience hour, and clinical supervision hour requirements for professional counselors.

7. To promulgate, subject to the requirements of Article 1.1 (§ 54.1-3507 et seq.) of this chapter, regulations for the qualifications, education, and experience for licensure of licensed substance abuse treatment practitioners and certification of certified substance abuse counselors and certified substance abuse counseling assistants. The requirements for membership in NAADAC: the Association for Addiction Professionals and its national examination may be considered by the Board in the promulgation of these regulations. The Board also may provide for the consideration and use of the accreditation and examination services offered by the Substance Abuse Certification Alliance of Virginia. The educational credit hour, clinical experience hour, and clinical supervision hour requirements for licensed substance abuse treatment practitioners shall not be less than the educational credit hour, clinical experience hour, and clinical supervision hour requirements for licensed professional counselors. Such regulations also shall establish standards and protocols for the clinical supervision of certified substance abuse counselors and the supervision or direction of certified substance abuse counseling assistants, and reasonable access to the persons providing that supervision or direction in settings other than a licensed facility.

8. To maintain a registry of persons who meet the requirements for supervision of residents. The Board shall make the registry of approved supervisors available to persons seeking residence status.

9. To promulgate regulations for the registration of qualified mental health professionals, including qualifications, education, and experience necessary for such registration.

10. To promulgate regulations for the registration of peer recovery specialists who meet the qualifications, education, and experience requirements established by regulations of the Board of Behavioral Health and Developmental Services pursuant to § 37.2-203.

**§ 54.1-3506.1. Client notification.**

Any person licensed, certified, or registered by the Board and operating in a nonhospital setting shall

post a copy of his license, *certification, or registration* in a conspicuous place. The posting shall also provide clients with (i) the number of the toll-free complaint line at the Department of Health Professions, (ii) the website address of the Department for the purposes of accessing the licensee's, *certificate holder's, or registrant's* record, and (iii) notice of the client's right to report to the Department if he believes the licensee, *certificate holder, or registrant* may have engaged in unethical, fraudulent, or unprofessional conduct. *If the licensee, certificate holder, or registrant does not operate in a central location at which clients visit, he or his employer shall provide such information on a disclosure form signed by the client and maintained in the client's record.*

**2. That the Board of Behavioral Health and Developmental Services and the Board of Counseling shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment.**

**Department of Behavioral Health and  
Developmental Services**

**Emergency Regulations Governing the  
Registration of Peer Recovery Specialists**



Virginia.gov Agencies | Governor


**Agency** Department of Behavioral Health and Developmental Services

**Board** State Board of Behavioral Health and Developmental Services

**Chapter** Peer Recovery Specialists [12 VAC 35 - 250]

**Action:** New regulation of peer recovery specialists.

Action 4796 / Stage 7902

**Emergency/NOIRA Stage**

Documents	
<b>Emergency Text</b>	4/7/2017 4:24 pm
<b>Agency Statement</b>	4/7/2017 (modified 5/8/2017)
<b>Attorney General Certification</b>	4/12/2017
<b>Governor's Approval Memo</b>	5/5/2017

Status	
<b>Public Hearing</b>	Will be held at the <b>proposed</b> stage
<b>Emergency Authority</b>	Sections 37.2-203 and 37.2-304 of the Code of Virginia
<b>Exempt from APA</b>	No, this stage/action is subject to article 2 of the <i>Administrative Process Act</i> and the standard executive branch review process.
<b>Attorney General Review</b>	Submitted on 4/7/2017 Review Completed: 4/12/2017 Result: Certified
<b>DPB Review</b>	Submitted on 4/12/2017 Review Completed: 4/21/2017 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
<b>Secretary Review</b>	Secretary of Health and Human Resources Review Completed: 4/24/2017
<b>Governor's Review</b>	Review Completed: 5/5/2017 Result: Approved
<b>Virginia Registrar</b>	Submitted on 5/8/2017 <b><u>The Virginia Register of Regulations</u></b> Will be published on 5/29/2017 Volume: 33 Issue: 20
<b>Comment Period</b>	A public comment forum will open on 5/29/2017 and remain open through 6/28/2017
<b>Effective Date</b>	5/12/2017
<b>Expiration Date</b>	11/11/2018

Contact Information	
<b>Name / Title:</b>	Ruth Anne Walker / <i>Regulatory Coordinator</i>
<b>Address:</b>	Jefferson Bldg. 1220 Bank St., 11th Floor Richmond, VA 23219
<b>Email Address:</b>	<a href="mailto:ruthanne.walker@dbhds.virginia.gov">ruthanne.walker@dbhds.virginia.gov</a>
<b>Telephone:</b>	(804)225-2252 FAX: (804)786-8623 TDD: (-)

*This person is the primary contact for this board.*

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## Emergency Text

**Action:** New regulation of peer recovery specialists.

**Stage:** Emergency/NOIRA

4/7/17 4:24 PM

### CHAPTER 250

### PEER RECOVERY SPECIALISTS

#### **12VAC35-250-10. Definitions.**

"Certifying body" means an organization approved by DBHDS that has as one of its purposes the certification of peer recovery specialists.

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

"DBHDS peer recovery specialist training" means the curriculum developed and approved by DBHDS for the training of persons seeking registration as peer recovery specialists.

"Individual" means a person who is receiving peer recovery support services. This term includes the terms "consumer," "patient," "resident," "recipient," and "client."

"Peer recovery support services" means non-clinical, peer to peer activities that engage, educate, and support an individuals self-help efforts to improve his health recovery resiliency and wellness.

"Recovery, resiliency, and wellness plan" means a set of goals, strategies, and actions an individual creates to guide him and his healthcare team to move the individual toward the maximum achievable independence and autonomy in the community.

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

#### **12VAC35-250-20. Peer recovery specialist.**

A. Any person seeking to be a peer recovery specialist under this chapter shall (i) meet the qualifications, education, and experience requirements established in this chapter and (ii) hold a certification as a peer recovery specialist from a certifying body approved by DBHDS.

B. If the conditions in clause (i) and (ii) of subsection A of this section are met, the following person may be:

1. A parent of a minor or adult child with a similar mental illness or substance use disorder or co-occurring mental illness and substance use disorder; or
2. An adult with personal experience with a family member with a similar mental illness or substance use disorder or co-occurring mental illness and substance use disorder.

C. A peer recovery specialist shall provide such services as an employee or independent contractor of DBHDS, a provider licensed by DBHDS, a practitioner licensed by or holding a permit issued from the Department of Health Professions,

or a facility licensed by the Department of Health.

### **12VAC35-250-30. Qualifications.**

A. Any person seeking to be a peer recovery specialist under this chapter shall:

1. Have a high school diploma or equivalent.
2. Sign and abide by the Virginia Peer Recovery Specialist Code of Ethics, Department of Behavioral Health and Developmental Services, (04/2017).
3. Complete the DBHDS peer recovery specialist training by April 1, 2018.
4. Show current certification in good standing by the U.S. Department of Veterans Affairs or one of the following certifying bodies:

- a. National Association for Alcoholism and Drug Abuse Counselors (NAADAC);
- b. A member board of the International Certification and Reciprocity Consortium (IC&RC); or
- c. Any other certifying body approved by DBHDS.

B. Individuals certified through the Virginia member board of the IC&RC between April 16, 2015, through December 31, 2016, shall be exempt from completing the DBHDS peer recovery specialist training.

### **12VAC35-250-40. Minimum standards for certifying bodies.**

DBHDS may approve a certification obtained from a certifying body that requires its certificate holders to:

1. Adhere to a code of ethics that is substantially comparable to the Virginia Peer Recovery Specialist Code of Ethics, Department of Behavioral Health and Developmental Services, (04/2017).
2. Have at least one year of recovery for persons having lived experience with mental illness or substance use disorder conditions, or lived experience as a family member of someone with mental illness or substance use disorder conditions.
3. Complete at least 46 hours of training from the list of curriculum subjects in 12VAC35-250-50.
4. Obtain a passing score on an examination offered by the certifying body testing knowledge of the curriculum subjects identified in 12VAC35-250-50.
5. Obtain and document at least 500 hours of supervised paid or volunteer experience providing peer recovery services in the three years prior to applying for certification. The experience hours shall have been in non-clinical, peer to peer recovery-oriented support activities designed to address an individuals recovery and wellness goals.

### **12VAC35-250-45. Continuing Education.**

Any person seeking to be a peer recovery specialist under this chapter shall be required to complete a minimum of 20 hours of continuing education every two years from the date of his certification by a certifying body. These hours shall be in courses that cover the topics listed in 12VAC35-250-50.

### **12VAC35-250-50. Curriculum requirements.**

A. Any person seeking to be a peer recovery specialist under this chapter shall complete the DBHDS peer recovery specialist training.

B. The curriculum of the peer recovery specialist training shall include training on the following topics

1. The current body of mental health and substance abuse knowledge;
2. The recovery process;
3. Promoting services, supports, and strategies for recovery;
4. Peer to peer services;
5. Crisis intervention;
6. The value of the role of a peer recovery specialist;
7. Basic principles related to health and wellness;
8. Recovery, resiliency, and wellness plans;
9. Stage-appropriate pathways in recovery support;
10. Ethics and ethical boundaries;
11. Cultural sensitivity and practice;
12. Trauma and its impact on recovery;
13. Community resources; and
14. Delivering peer services within agencies and organizations.

DOCUMENTS INCORPORATED BY REFERENCE (12VAC35-250)

The Virginia Peer Recovery Support Specialist Code of Ethics, Department of Behavioral Health and Developmental Services, effective 4/2017

# Petition for Rule-Making

**Agenda Item: Response to Petition for Rulemaking**

**Included in your agenda package are:**

A copy of the petition received from Dominique Adkins

A copy of the *Request for Comment*

A copy of comment on the petition

A copy of regulation 18VAC115-20-52

**Board action:**

The Board may reject the petitioner's request for amendments. If the petition is rejected, the Board must state its reasons for denying the petition.

**OR**

The Board may accept the petitioner's request for amendments to regulations and initiate rulemaking by adoption of a Notice of Intended Regulatory Action or a proposed amendment by Fast-track action.



# COMMONWEALTH OF VIRGINIA

## Board of Counseling

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

EXP **MAR 10 2017**

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

### Petition for Rule-making

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

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

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

Adkins, Dominique, P

Street Address

7759 Legere Ct

Area Code and Telephone Number

516-448-3515

City

McLean

State

VA

Zip Code

22102

Email Address (optional)

Dominique.Adkins14@gmail.com

Fax (optional)

703-360-0899

### Respond to the following questions:

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

**18VAC115-20-52. Residency requirements.**

I would like to add a new rule listed in section 2

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

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



## DOCTORAL-LEVEL PRACTICUM AND INTERNSHIP

### PRACTICUM

1. Doctoral students participate in a supervised doctoral-level counseling practicum of a minimum of 100 hours, of which 40 hours must be providing direct counseling services. The nature of doctoral-level practicum experience is to be determined in consultation with counselor education program faculty and/or a doctoral committee.
2. During the doctoral student's practicum, supervision is provided by a counselor education program faculty member or an individual with a graduate degree (preferably doctoral) in counseling or a related mental health profession with specialized expertise to advance the student's knowledge and skills.
3. Individuals serving as practicum supervisors have (1) relevant certifications and/or licenses, (2) knowledge of the program's expectations, requirements, and evaluation procedures for students, and (3) relevant training in counseling supervision.
4. Doctoral students participate in an average of one hour per week of individual and/or triadic supervision throughout the practicum. When individual/triadic supervision is provided by the counselor education program faculty, practicum courses should not exceed a 1:6 faculty-student ratio.
5. Group supervision is provided on a regular schedule with other students throughout the practicum and must be performed by a counselor education program faculty member. Group supervision of practicum students should not exceed a 1:12 faculty-student ratio.
6. Doctoral students are covered by individual professional counseling liability insurance policies while enrolled in practicum.

### INTERNSHIP

7. Doctoral students are required to complete internships that total a minimum of 600 clock hours. The 600 hours must include supervised experiences in at least three of the five doctoral core areas (counseling, teaching, supervision, research and scholarship, leadership and advocacy). Doctoral students are covered by individual professional counseling liability insurance policies while enrolled in a counseling or supervision internship.
8. During internships, the student receives an average of one hour per week of individual and/or triadic supervision, performed by a supervisor with a doctorate in counselor education or an individual with a graduate degree and specialized expertise to advance the student's knowledge and skills.
9. Group supervision is provided on a regular schedule with other students throughout the internship and must be performed by a counselor education program faculty member.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54-1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

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

1. To establish the qualifications for registration, certification, licensure or the issuance of a multi-state licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.

Signature:

*Dominique Aalkema*

Date:

3/1/17

## Request for Comment on Petition for Rulemaking

Promulgating Board: **Board of Counseling**

Elaine J. Yeatts  
Regulatory Coordinator: (804)367-4688  
elaine.yeatts@dhp.virginia.gov

Agency Contact: Jaime Hoyle  
Executive Director  
(804)367-4406  
jaime.hoyle@dhp.virginia.gov

Contact Address: Department of Health Professions  
9960 Mayland Drive  
Suite 300  
Richmond, VA 23233

Chapter Affected:  
18 vac 115 - 20: Regulations Governing the Practice of Professional Counseling

Statutory Authority: State: Chapter 35 of Title 54.1

Date Petition Received 03/10/2017

Petitioner Dominique Adkins

### Petitioner's Request

To accept supervised hours of a practicum and internship in a CACREP accredited doctoral program towards the required hours for a residency in counseling.

### Agency Plan

In accordance with Virginia law, the petition will be filed with the Register of Regulations and published on April 3, 2017 with comment requested until May 3, 2017. It will also be placed on the Virginia Regulatory Townhall and available for comments to be posted electronically. At its first meeting following the close of comment, scheduled for May 19, 2017, the Board will consider the request to amend regulations and all comment received in support or opposition. The requester will be informed of the board's response and any action it approves.

Publication Date 04/03/2017 *(comment period will also begin on this date)*

Comment End Date 05/03/2017

Virginia.gov Agencies | Governor



Logged in as

Elaine J. Yeatts

Agency

**Department of Health Professions**

Board

**Board of Counseling**

Chapter

**Regulations Governing the Practice of Professional Counseling [18 VAC 115 – 20]**All good comments for this forum [Show Only Flagged](#)[Back to List of Comments](#)**Commenter:** automotiveMastermind, Inc.

4/4/17 4:08 pm

**Supervised Hours for CACREP Program**

I support the petition for doctoral students in CACREP program to get licensed as a professional counselor in Virginia.

**Commenter:** Gen' R LLC

4/4/17 4:30 pm

**CACREP Supervisor Hours**

We support the petition to accept the supervised hours of practicum and internship in a CACREP accredited doctoral program towards the required hours for the residency in counseling in the state of Virginia. We feel that it is wrong for the state to require students to spend additional funds when they have already created substantial debt to complete their education. Since these hours are acceptable from the CACREP Masters program, why is the government making it hard for qualified candidates to get their license?

**Commenter:** V.H.

4/4/17 6:01 pm

**Please accept residency and supervision hours from CACREP accredited Doctoral counseling programs.**

I support this petition. Based on the board's acceptance of hours in a master's program, a doctoral level program is post grad and provides more extensive clinical work, experience, and supervision. Doctoral Level Counseling Programs that adhere to the following CACREP guidelines are stricter than the Master's level program and are carefully overseen by licensed professors and supervisors with NCC and ACS credentials. Additionally, within the Master's level internship course, students are not obligated to register their supervisors and those hours are counted in excess of 600 hours with the acceptance of 20 supervision hours if the supervisor is a LPC. With the increase of CACREP accredited doctoral counseling and counseling education programs, this new rule would address the students' unique clinical experience and acknowledge their commitment to the counseling profession and community.

**Commenter:** K.Holmes

4/5/17 7:15 pm

### **Support Doctoral Students seeking their LPC**

Doctoral students in doctoral level counseling programs receive extensive supervision and are challenged in all areas the VA Board of Counseling asks of master's level counseling programs. I believe it adds unnecessary debt to dismiss their supervised hours from their programs. I support the request to ask the VA Board of Counseling to accept residency and supervision hours from CACREP Doctoral Counseling programs.

**Commenter:** Victoria's Collections

4/5/17 7:18 pm

### **Accept Doctoral Supervision Hours**

Doctoral Level Counseling students deserve the acceptance of their practicum and internship hours. They work too hard to have their hours ignored and dismissed. Reconsider and create a set of standards that is focused on students in doctoral counseling programs.

**Commenter:** WC

4/5/17 10:38 pm

### **Support practicum and internship hours from CACREP Doctoral programs for hours toward residency**

I support this petition. Why is Virginia so difficult? You are losing many great counselors to Maryland and Virginia.

**Commenter:** A. Austin

4/6/17 7:56 pm

### **Change the rules**

I write this on behalf of all doctoral students who are in counseling program and are trying to become licensed. Virginia's counseling rules and regulations have continued to create problems for residents. It seems silly that individuals who are focusing on becoming experts in the field's experience is not counted towards licensure. I don't believe members of the board truly understand how increasingly expensive higher educational programs have become along with paying outside supervisors. If the board accepted at least half of their hours it would reduce the amount of money that they have to pay while still challenging them to seek additional supervision once they complete their doctoral program. Individuals with doctorates sacrifice their time, money, and lives in the pursuit of advancing their clinical skills. Please consider accepting these hours for doc students.

**Commenter:** Dr. Kim Van Wart Ed.D, LPC

4/7/17 8:09 pm

### **Support of the Petition**

I would like to support the proposed petition. The current guidelines and regulations do not address CACREP Doctoral practicum and internship hours/supervision. Doctoral practicum and internship hours/supervision in a CACREP accredited Doctoral Counseling programs should be accepted towards residency hours if the professor/supervisor has an active LPC license and meets the supervision training requirements outlined by the current regulations. This petition should be

approved based the VA Counseling Board's precious decision to accept clinical hours in a CACREP master's program and supervision. Doctoral Level Counseling Programs hours that adhere to the CACREP guidelines provide more extensive clinical work, experience, and supervision. Doctoral students in CACREP program are carefully overseen by licensed professors and supervisors with NCC and ACS credentials. Additionally, within the Master's level internship course, students are not obligated to register their supervisors and those hours are counted in excess of 600 hours up to 900 along with 20 hours of supervision. There continues to be an increase of CACREP accredited doctoral counseling and counseling education programs in Virginia. It is imperative that VA Counseling Board address the doctoral students' unique clinical experience and acknowledge their commitment to the counseling profession and community.

**Commenter:** Lillian Walker Shelton

4/11/17 9:44 am

**I would like to support the petition**

I would like to support the proposed petition. The current guidelines and regulations do not address CACREP Doctoral practicum and internship hours/supervision. Doctoral practicum and internship hours/supervision in a CACREP accredited Doctoral Counseling programs should be accepted towards residency hours if the professor/supervisor has an active LPC license and meets the supervision training requirements outlined by the current regulations. This petition should be approved based the VA Counseling Board's precious decision to accept clinical hours in a CACREP master's program and supervision. Doctoral Level Counseling Programs hours that adhere to the CACREP guidelines provide more extensive clinical work, experience, and supervision. Doctoral students in CACREP program are carefully overseen by licensed professors and supervisors with NCC and ACS credentials. Additionally, within the Master's level internship course, students are not obligated to register their supervisors and those hours are counted in excess of 600 hours up to 900 along with 20 hours of supervision. There continues to be an increase of CACREP accredited doctoral counseling and counseling education programs in Virginia. It is imperative that VA Counseling Board address the doctoral students' unique clinical experience and acknowledge their commitment to the counseling profession and community.

**Commenter:** Wise Family

4/14/17 4:55 pm

**This rule change is necessary**

I would like to support the proposed rule change. The current guidelines fail to address how to evaluate CACREP doctoral hours. CACREP doctoral hours should be assessed in the same regard as CACREP masters hours. It is imperative the Virginia counseling board provide guidance to avoid possible discrimination among applicants.

**Commenter:** Robert Humphrey, GMC retired

4/16/17 1:17 am

**The rule need to be changed**

**Commenter:** L. Cummings

4/30/17 9:57 am

**I support this petition**

The current guidelines makes getting the required residency hours in counseling extremely difficult for doctoral students . Virginia is losing great counselor to other states.

**Commenter:** P. Senzara/Fairfax County CSB

5/2/17 5:20 pm

**The rule change is needed**

More guidance is needed for when considering CACREP doctoral hours. Please address this gap in the guidelines.

**Yeatts, Elaine J. (DHP)**

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**From:** Suzan Thompson <suzan.k.thompson@gmail.com>  
**Sent:** Wednesday, March 15, 2017 1:04 PM  
**To:** Yeatts, Elaine J. (DHP)  
**Subject:** Comment on Petition for Rule-making

This email are comments to be included in comments on the Petition for Rule-Making filed by Ms. D. Adkins.

I agree with the concept that doctoral-level practicum/internship hours should be permitted to count toward Residency hours. However, because the doctoral degree is not a requirement for licensure, I would not support a specific provision to be included in the rules/requirements for Residency. I would request that the Board permit these hours, under appropriate supervision, to count toward licensure.

Suzan K. Thompson, Ph.D., LPC  
757.560.0357 cell  
757-306-9100 office  
[www.IntegrativeCounselingWellness.com](http://www.IntegrativeCounselingWellness.com)  
[www.Toolkit4Transformation.blogspot.com](http://www.Toolkit4Transformation.blogspot.com)

"In a world where you can be anything, be kind." ~ Unknown

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**Yeatts, Elaine J. (DHP)**

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**From:** Teresa Haase - MA in Counseling <teresa.haase@emu.edu>  
**Sent:** Monday, March 13, 2017 6:51 PM  
**To:** Yeatts, Elaine J. (DHP)  
**Subject:** Adkins petition

Hello,

I support Ms. Adkins petition that supervised hours for doctoral internships count toward residency hours. The intensity of doctoral work, alongside the requirement that students do clinical work, complicates the possibility to acquire clinical hours outside of a doctoral program. These clinical hours are also supervised in such a careful way. So glad you are hearing this petition.

Sincerely,

Teresa J. Haase, PhD, LPC, ACS  
Associate Professor/Director  
MA in Counseling Program  
Eastern Mennonite University  
Harrisonburg, VA  
540.432.4248

Every blade of grass has its angel that bends over it and whispers "Grow, grow." ~ The Talmud

The Master of Arts in Counseling program at Eastern Mennonite University is CACREP accredited in Community Counseling. Go to: <http://www.emu.edu/graduate-counseling/> to learn more about our program.



## Yeatts, Elaine J. (DHP)

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**From:** Cgc <cgccaiella@comcast.net>  
**Sent:** Monday, March 20, 2017 11:43 PM  
**To:** Yeatts, Elaine J. (DHP)  
**Subject:** Fwd: Petition for Rule-making  
**Attachments:** Adkins petition.pdf

My response:

IF education meets course requirements, ok. Practicum hours good, if faculty meets criteria.

Apply for Residency and register supervision for licensure. The internship does not count, five areas, only one clinical, not sure meets other criteria, principle of registering before starting to accumulate hours, and Board approves.

To be treated as other Masters's level applicant.

Cinda Caiella, LMFT  
Board of Counseling

Sent from my iPad

Begin forwarded message:

**From:** "Lenart, Charlotte (DHP)" <[Charlotte.Lenart@dhp.virginia.gov](mailto:Charlotte.Lenart@dhp.virginia.gov)>  
**Date:** March 13, 2017 at 1:50:30 PM EDT  
**Cc:** "Hoyle, Jaime (DHP)" <[Jaime.Hoyle@dhp.virginia.gov](mailto:Jaime.Hoyle@dhp.virginia.gov)>, "Yeatts, Elaine J. (DHP)" <[Elaine.Yeatts@DHP.VIRGINIA.GOV](mailto:Elaine.Yeatts@DHP.VIRGINIA.GOV)>, "Lang, Jennifer (DHP)" <[Jennifer.Lang@dhp.virginia.gov](mailto:Jennifer.Lang@dhp.virginia.gov)>  
**Subject:** **Petition for Rule-making**

Hello,

You are being contacted as part of the Virginia Board of Counseling PPG list. Please see the attached Petition for Rule-making which will be published on April 3, 2017. Comments should be provided to Elaine Yeatts no later than May 3, 2017. Ms. Yeatts can be contacted at [Elaine.Yeatts@dhp.virginia.gov](mailto:Elaine.Yeatts@dhp.virginia.gov) or Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233.

If you have any questions or concerns, please let me know.

*Charlotte Lenart*

Licensing Manager, Board of Counseling  
Department of Health Professions  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233

(804) 367-4610 Counseling Work Main Line

## 18VAC115-20-52. Residency Requirements.

### A. Registration. Applicants who render counseling services shall

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;
2. Have submitted an official transcript documenting a graduate degree as specified in 18VAC115-20-49 to include completion of the coursework and internship requirement specified in 18VAC115-20-51; and
3. Pay the registration fee.

### B. Residency requirements.

1. The applicant for licensure shall have completed a 3,400-hour supervised residency in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches in the following areas:
  - a. Assessment and diagnosis using psychotherapy techniques;
  - b. Appraisal, evaluation, and diagnostic procedures;
  - c. Treatment planning and implementation;
  - d. Case management and recordkeeping;
  - e. Professional counselor identity and function; and
  - f. Professional ethics and standards of practice.
2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the resident. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.
3. No more than half of the 200 hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of individual supervision.
4. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.

5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.
6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-20-49, may count for up to an additional 300 hours towards the requirements of a residency.
7. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.
8. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervision.
9. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing of the resident's status and the supervisor's name, professional address, and phone number.
10. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.
11. Residency hours approved by the licensing board in another United States jurisdiction that meet the requirements of this section shall be accepted.

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

1. Document two years of post-licensure clinical experience;
2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-20-106; and
3. Shall hold an active, unrestricted license as a professional counselor or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. Supervisors who are substance abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.
2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.
3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.
4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision B 1 of this section.
5. The supervisor shall provide supervision as defined in 18VAC115-20-10.

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

#### Statutory Authority

§ 54.1-2400 of the Code of Virginia.

#### Historical Notes

Derived from Volume 16, Issue 13, eff. April 12, 2000; amended, Virginia Register Volume 24, Issue 24, eff. September 3, 2008; Volume 30, Issue 19, eff. July 3, 2014; Volume 32, Issue 24, eff. August 24, 2016.