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

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

- Board Meeting - February 7, 2020*
 - Formal Hearing - February 7, 2020* (For informational purposes only)
 - Informal Conferences - February 28, 2020 (For informational purposes only)
-

Ordering of Agenda

Public Comment

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

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

Chair Report - Dr. Brendel

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

- Report on Regulatory Actions
 - Update on Art Therapy Advisory Board and Next Steps
-

Committee Reports

- Legislative/Regulatory Committee - Holly Tracy, LPC, LMFT, Regulatory Committee Chairperson
 - Report of the Legislative Committee
 - Response to Petition for Rulemaking* -- Elaine Yeatts
 - Consideration of Legislative Committee Recommendations*
 - Consideration of any waiver of experience requirements for spouse of active duty military or veteran* -- Elaine Yeatts
 - Review of Guidance Documents* -- Elaine Yeatts
 - 115-1.4: Guidance on Technology-Assisted Counseling and Technology-Assisted Supervision
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- 115-1.8: Examinations approved by the Board for Certification as a Rehabilitation Counselor
 - 115-7: Supervised Experience Requirements for the Delivery of Clinical Services for Professional Counselor Licensure
 - Board of Health Professions Report – Kevin Doyle, Ed.D., LPC, LSATP
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Unfinished Business

- Supervisor Summit
-
-

New Business

- Counseling Compacts – Daniel Logsdon, Director, National Center for Interstate Compacts, The Council of State Governments
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-

Staff Reports

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

Board Counsel Report – James Rutkowski, Assistant Attorney General

Recommended Decisions** -- Ms. Lang

Next Meeting – November 6, 2020

Meeting Adjournment

*Indicates a Board Vote is required.

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

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

Virginia Board of Counseling

Instructions for Accessing August 21, 2020 Virtual Quarterly Board Meeting and Providing Public Comment

- **Access:** Perimeter Center building access is closed to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.
- **Public comment:** Comments will be received during the public comment period from those persons who have submitted an email to jaimе.һoуlе@dһp.virginia.gov **no later than 8 am on August 21, 2020** indicating that they wish to offer comment. Comment may be offered by these individuals when their names are announced by the Chairperson. Comments must be restricted to 3-5 minutes each.
- Public participation connections will be muted following the public comment periods.
- Please call from a location without background noise and ensure your line is muted.
- Dial (804) 938-6243 to report an interruption during the broadcast.
- FOIA Council *Electronic Meetings Public Comment* form for submitting feedback on this electronic meeting may be accessed at <http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>

JOIN WEBEX MEETING

<https://virginia-dhp.my.webex.com/virginia-dhp.my/j.php?MTID=mf5026e3d2c653b4f7a09523019d38c0b>

Meeting number (access code): 132 916 9647

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

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

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

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

You can also dial 173.243.2.68 and enter your meeting number.



Virginia Department of
Health Professions
Board of Counseling

MISSION STATEMENT

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

DRAFT
BOARD OF COUNSELING
FULL BOARD MEETING
Friday, February 7, 2020
DRAFT MINUTES

TIME AND PLACE: Dr. Johnston Brendel, called the meeting to order at 10:00 a.m. on Friday, February 7, 2020, in Board Room 4 at the Department of Health Professions (“DHP”), 9960 Mayland Drive, Henrico, Virginia.

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

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

STAFF PRESENT: Sandie Cotman, Licensing Specialist
Christy Evans, Discipline Case Specialist
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Deputy Executive Director-Licensing
Brenda Maida, Licensing Specialist

OTHERS PRESENT: David E. Brown, D.C., DHP Director
James Rutkowski, Assistant Attorney General
Elaine Yeatts, DHP Senior Policy Analyst

WELCOME & INTRODUCTIONS: Dr. Brendel welcomed Board members, staff and public and acknowledged the lack of electricity in the building. Dr. Brendel thanked the Board members and staff for their willingness to conduct the meeting under difficult conditions.

SUMMARY SUSPENSION CONSIDERATION: See “Attachment A”

APPROVAL OF MINUTES: Upon a motion made by Vivian Sanchez-Jones, and seconded by Maria Stransky, the Board voted unanimously to approve the November 22, 2019 meeting minutes.

ADOPTION OF AGENDA: The Board adopted the agenda after agreeing to move the legislation and regulatory report to the end of the meeting.

- PUBLIC COMMENT:** There were no public comments.
- AGENCY REPORT:** Dr. Brown provided an update on the General Assembly. Dr. Brown discussed staffing issues and needs for the agency and for the Board.
- CHAIRPERSON REPORT:** Dr. Brendel discussed the backlog of probable cause case reviews and the need for immediate action from Board members. Dr. Brendel asked Ms. Lang to provide a weekly report to Board members on the status of pending cases. Dr. Brendel also thanked board staff for their hard work and dedication.
- BOARD COUNSEL REPORT:** Nothing to report
- LEGISLATION AND REGULATORY REPORTS:** Ms. Yeatts discussed the report on the 2020 General Assembly legislative actions as presented in the agenda packet.
- Ms. Yeatts provided a chart of current regulatory actions as of January 28, 2020.
- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Resident License (action 5371); Emergency/NOIRA – Register
Date: 12/23/2019
Board to adopt proposed regulations 2/7/2020
 - 18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Unprofessional conduct – conversion therapy (action 5225); Proposed – At Secretary’s Office for 67 days.
 - 18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Periodic review (action 5230); At Attorney General’s Office
 - 18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Handling fee - returned check (action 5436); Fast-Track - At Secretary’s Office for 14 days.
 - 18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Credential review for foreign graduates (Action 5089);
Final – Register Date: 2/3/2020
Effective: 3/4/2020
 - 18VAC 115-30 Regulations Governing the Certification of Substance Abuse Counselors updating and clarifying regulations (Action 4691);

Final – Register Date: 1/20/2020
Effective: 2/19/2020

- 18VAC 115-40 Regulations Governing the Certification of Rehabilitation Providers - Periodic review (Action 5305);
NOIRA – Register Date: 11/11/2019
Proposed regulations to be adopted 2/7/2020
- 18VAC 115-80 Regulations Governing the Registration of Qualified Mental Health Professionals - Registration of QMHP-Trainees (Action 5444);
Fast-Track – At Attorney General’s Office
- 18VAC 115-80 Regulations Governing the Registration of Qualified Mental Health Professionals-Reduction in fee for trainees (Action 5437);
Final – Register Date: 1/20/2020
Effective: 2/19/2020

Regulatory Actions:

Consideration of public comment and adoption of proposed regulations related to the issuance of temporary license for resident in counseling, marriage and family therapy and substance abuse treatment. The Board voted unanimously to accept the Regulatory Committee recommendations related to the issuance of temporary resident licenses.

Adoption of proposed Regulations Governing the Regulations Governing the Certification of Rehabilitation Providers. The Board reviewed and discussed the proposed changes to the regulations. Mr. Alvarez moved, and Ms. Harris seconded, to adopt the proposed regulations as presented. The motion passed unanimously.

Petition for Rulemaking to amend regulations to accept 1500 direct/indirect service hours, 50 hours of supervision, and one year of experience from a master’s level internship. After discussion, Ms. Tracy moved, and Ms. Hunt seconded, to deny the petitioner’s request as recommended by the Regulatory Committee. The motion passed unanimously.

Discussion and Recommendations from the Regulatory Committee:

Consideration of delaying the requirements for continuing education for Certified Substance Abuse Counselors (CSAC) and Certified Substance Abuse Counseling Assistants (CSAC-A) to

2021. After discussion, Ms. Tracy moved, and Mr. Alvarez seconded, to delay the requirements for continuing education for CSAC and CSAC-As for the 2020 renewal to allow certificate holders a full year to obtain their hours as recommended by the Regulatory Committee. The motion passed unanimously.

Proposed Guidance Document on Emotional Support Animals. After discussion, Ms. Tracy moved, and Ms. Harris seconded, to accept the Guidance Documents as presented with minor changes. The motion passed unanimously.

2020 Supervisor Summit Training. After discussion, the Board agreed to hold a Supervisor Summit Training on May 14, 2020 in Board Room 2 of the Department of Health Professions location in Richmond. The Board also discussed the possibility of presenting at the Virginia Counselor Association conference in November 2020.

STAFF REPORTS:

Executive Director's Report – Jaime Hoyle

Ms. Hoyle reported on number of applications received and licensees, certification and registrations issued this year compared to previous years as presented in the agenda. Dr. Brendel asked about the organizational structure of the staff. Ms Hoyle and Dr. Brown discussed the current staffing situation and the need for additional staffing. Dr. Doyle commented that the current staff does an excellent job, but he fears they will get promotions to other jobs because of their skills, and the Board will suffer and so will applicants.

Discipline Report – Jennifer Lang, Deputy Executive Director

Reported that the Board closed 87 cases since last Board meeting. There are seven (7) Informal Conference Committee dates scheduled. Ms. Lang state that she is receiving more boundary issue cases. Ms. Lang discussed her role on the Regulatory Excellence Committee of the American Association of State Counseling Boards (AASCB) and its discussion on endorsement requirements.

Licensing Report – Charlotte Lenart, Deputy Executive Director-Licensing

Ms. Lenart discussed the applications received, licensed, certification and registrations issued the last three months, satisfaction survey results, reported on the Credentials Committee process and review, and staff's work on providing information to applicants, licensees, and stakeholders on the recent changes to the regulations. Ms. Lenart thanked her staff for taking on additional responsibilities and their continued dedication to excellence.

COMMITTEE REPORTS

Board of Health Professions Report - Kevin Doyle

Dr. Doyle provided the minutes for the Board of Health Profession's last Board meeting.

Dr. Doyle also discussed his position as the President Elect for the American Association of State Counseling Boards (AASCB). The annual meeting will be held in August of 2020 in Denver, Colorado and encouraged Board members to attend.

Legislative/Regulatory Committee – Holly Tracy

Ms. Tracy discussed the Regulatory Committee's discussions and decisions earlier in the meeting when discussing specific regulatory actions.

Ad Hoc Committee on Tele-Assisted Counseling and Supervision – Terry Tinsley

Dr. Tinsley discussed the need for the Committee to provide feedback to Ms. Lenart so that she can gather all information to present to the Regulatory Committee meeting in May.

NEXT MEETING:

Next scheduled Quarterly Board Meeting is May 15, 2020 at 10:00 a.m.

ADJOURN:

The meeting adjourned at 12:28 p.m.

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

Jaime Hoyle, J.D
Executive Director

Attachment A

Summary Suspension Consideration:

Re: Christopher Clotez, RIC, RMFT, Substance Abuse Trainee

License #: 0704011734 (Resident in Counseling)

License #: 0730000274 (Resident in Marriage and Family Therapy)

Registration#: 0709024048 (Substance Abuse Trainee)

Case #: 195927

Commonwealth's Representation: Sean Murphy, Assistant Attorney General
Claire Foley, Adjudication Specialist, APD

Purpose of the Meeting: Mr. Murphy presented a summary of evidence in case #195927 for the Board's consideration of a summary suspension of the licenses and registration of Mr. Clotez.

Closed Meeting: Ms. Hunt moved that the Board convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Christopher Clotez. Additionally, she moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, Charlotte Lenart, Christy Evans, Brenda Maida, and Sandie Cotman attend the closed session because their presence was deemed necessary and would aid the Board in its deliberations. The motion was seconded by Mr. Alvarez and passed unanimously.

Reconvene: Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the *Code of Virginia*, the Board reconvened in open meeting and announced the decision.

Decision: Dr. Doyle moved to summarily suspend the licenses and registration of Christopher Clotez and to offer a Consent Order for revocation in lieu of a formal hearing. The motion was seconded by Ms. Tracy and passed with a unanimous vote.

**VIRGINIA BOARD OF COUNSELING
FORMAL HEARING
MINUTES
February 7, 2020**

CALL TO ORDER: A panel of the Board of Counseling convened on February 7, 2020 at 1:12 pm, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, VA in Board Room 4.

MEMBERS PRESENT: Maria Stransky, LPC, CSAC, CSOTP, Chairperson
Jane Engelken, LPC, LSATP
Natalie Harris, LPC, LMFT
Vivian Sanchez-Jones, Citizen Member
Terry Tinsley, Ph.D., LPC, LMFT, CSOTP
Holly Tracy, LPC, LMFT
Tiffinee Yancey, Ph.D., LPC

BOARD COUNSEL: James Rutkowski, Assistant Attorney General

STAFF PRESENT: Jaime Hoyle, Executive Director
Christy Evans, Discipline Case Specialist

COURT REPORTER: Cindy Ferrell, Court Reporter, Farnsworth & Taylor Reporting

RESPONDENT: Luis Adriazola Zevallos, LMFT Residency Applicant
License #: N/A
Case #: 185472

WITNESSES ON BEHALF OF THE RESPONDENT: Patricia Adriazola, Wife
Patrizia Adriazola, Daughter

PARTIES ON BEHALF OF THE COMMONWEALTH: Emily Tatum, APD

WITNESSES ON BEHALF OF THE COMMONWEALTH: N/A

DISCUSSION: Luis Adriazola Zevallos appeared in person before the Board, without legal counsel, and fully discussed the allegations contained in the Notice of Formal Hearing dated September 26, 2019 and an Amended Notice dated October 22, 2019. The Board received evidence and sworn testimony regarding the allegations contained in the Notice.

CLOSED SESSION: Upon a motion by Jane Engelken, and duly seconded by Tiffinee Yancey, the Board voted to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter. Additionally, Ms. Engelken moved that Ms. Hoyle, Ms. Evans and Mr. Rutkowski attend the closed meeting because their presence was deemed necessary and would aid the Board in its deliberation.

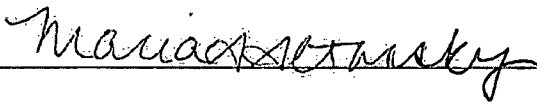
RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session and announced its decision.

DECISION: Upon a motion by Jane Engelken, and duly seconded by Tiffinee Yancey, the Board made certain findings of fact and conclusions of law, and voted to approve the residency application.

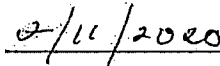
VOTE: The vote was unanimous.

ADJOURNMENT: The Board adjourned at 2:37pm.

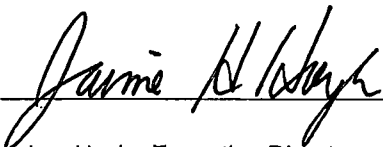
The decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions and decisions of this formal hearing panel.



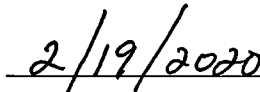
Maria Stransky, LPC, CSAC, CSOTP, Chairperson



Date



Jaime Hoyle, Executive Director



Date

**VIRGINIA BOARD OF COUNSELING
SPECIAL CONFERENCE COMMITTEE
INFORMAL CONFERENCE MINUTES – FEBRUARY 28, 2020**

CALL TO ORDER: A Special Conference Committee (“Committee”) of the Board of Counseling (“Board”) convened on February 28, 2020 at 10:02 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Board Room 1.

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

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

RESPONDENT: Paul Mueller, QMHP-C Applicant
Case No.: 195870

DISCUSSION: Mr. Mueller appeared in person before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated October 1, 2019, and an Amended Notice dated February 24, 2020.

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

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

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee made certain findings of facts and conclusions of law and voted to deny Mr. Mueller’s application for registration as a QMHP-C. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 10:20 a.m.

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

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

03/05/2020
Date

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

03/09/2020
Date

**VIRGINIA BOARD OF COUNSELING
SPECIAL CONFERENCE COMMITTEE
INFORMAL CONFERENCE MINUTES – FEBRUARY 28, 2020**

CALL TO ORDER: A Special Conference Committee ("Committee") of the Board of Counseling ("Board") convened on February 28, 2020 at 11:05 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Board Room 1.

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

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

RESPONDENT: Mikelle Murray, Applicant for Residency in Professional Counseling
Case No.: 193947

DISCUSSION: Ms. Murray appeared in person before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated October 1, 2019.

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee made certain findings of facts and conclusions of law and voted to deny Ms. Murray's application for residency in professional counseling. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 11:14 a.m.

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



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

03/05/2020

Date



Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

03/09/2020

Date

**VIRGINIA BOARD OF COUNSELING
SPECIAL CONFERENCE COMMITTEE
INFORMAL CONFERENCE MINUTES – FEBRUARY 28, 2020**

CALL TO ORDER: A Special Conference Committee (“Committee”) of the Board of Counseling (“Board”) convened on February 28, 2020 at 11:33 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Board Room 1.

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

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

RESPONDENT: Courtney Camden, QMHP-C Applicant
Case No.: 193941

DISCUSSION: Ms. Camden appeared in person before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated October 1, 2019.

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

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

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee made certain findings of facts and conclusions of law and voted to deny Ms. Camden's application for registration as a QMHP-C. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 12:22 p.m.

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

Danielle Hunt

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

03/05/2020

Date

Jennifer Lang

Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

03/09/2020

Date

**VIRGINIA BOARD OF COUNSELING
SPECIAL CONFERENCE COMMITTEE
INFORMAL CONFERENCE MINUTES – FEBRUARY 28, 2020**

CALL TO ORDER: A Special Conference Committee (“Committee”) of the Board of Counseling (“Board”) convened on February 28, 2020 at 12:56 p.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Board Room 1.

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

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

RESPONDENT: Denise McKaig-Phillips, LPC Applicant
Case No.: 195875

DISCUSSION: Ms. McKaig-Phillips appeared in person before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated October 1, 2019.

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

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

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee made certain findings of facts and conclusions of law and voted to deny Ms. McKaig-Phillip's application for licensure as a professional counselor. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 1:44 p.m.

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

Danielle Hunt

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

03/05/2020

Date

Jennifer Lang

Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

03/09/2020

Date

**VIRGINIA BOARD OF COUNSELING
SPECIAL CONFERENCE COMMITTEE
INFORMAL CONFERENCE MINUTES – FEBRUARY 28, 2020**

CALL TO ORDER: A Special Conference Committee ("Committee") of the Board of Counseling ("Board") convened on February 28, 2020 at 1:52 p.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Board Room 1.

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

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

RESPONDENT: Ophera Davis, LPC Applicant
Case No.: 195874

DISCUSSION: Ms. Davis appeared in person before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated October 1, 2019.

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

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

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee made certain findings of facts and conclusions of law and voted to deny Dr. Davis' application for licensure as a professional counselor. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 2:38 p.m.

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

Danielle Hunt

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

03/05/2020

Date

Jennifer Lang

Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

03/09/2020

Date

10 August 2020

To the Virginia Board of Counseling,

My name is Savanna Martin. I moved here in March from South Dakota due to my husband getting military orders. In South Dakota, I hold two licenses – LPC (licensed professional counselor) and LAC (licensed addiction counselor). I have been in the field for over nine years and worked hard to get both of them. I did not imagine I would ever move from South Dakota prior to meeting my husband.

I understand you are meeting 21 August 2020 to discuss some sort of reciprocity for military spouses. As you know, military families are at the mercy of those passing down orders. This makes it difficult for those of us who have professional licenses especially with states that do not offer reciprocity. Since Virginia has many military bases in and around the state, it would be beneficial to have an easier route for the spouses to transfer their credentials.

I look forward to hearing the Board's decision and hope that I will be able to start working in Virginia soon.

Thank you for your time.

A handwritten signature in black ink that reads "Savanna Martin LAC, LPC". The signature is written in a cursive, flowing style.

Savanna Martin LAC, LPC

To the Virginia Board of Counseling,

COVID-19 has forced the world into a new reality. Governments, regulatory boards, businesses, and individuals alike have had to demonstrate immense flexibility in response. I applaud the Virginia Board of Counseling for the immediate extension on obtaining continuing education hours, the temporary waiver of internship hours, and the temporary recognition of license by endorsement. I urge the Board of Counseling to continue this spirit of flexibility and reasonableness when examining the expectation of residents in counseling acquiring direct hours in the time of COVID-19. Specifically, the definition of “**direct hours**” needs to be temporarily expanded to include the therapy conducted via **telephone**. The current definition of “direct hours” discounts the value of service providers that are already serving the most at-risk populations in a community setting, which are usually clients of a lower socioeconomic status and those who often do not have access to qualifying telehealth options.

The Virginia Board of Counseling has stated explicitly that currently only face-to-face hours can count for direct hours for LPC licensure. This includes in-person face-to-face interactions and via technology that provides real-time, visual contact (administered by smart phone or laptop, referred to hereafter as telehealth). Governor Northam’s Executive Order 53 (issued on March 23), which limited any non-essential in-person business operations, and his Executive Order 55, his stay-at-home order (issued March 30), greatly minimized or completely eliminated opportunities for residents to acquire face-to-face direct hours as currently defined. Counselors and clients were immediately expected to provide and receive the same level of mental health services despite being unable to meet in person. The way the regulations are currently written, all clients are presumed to have access to telehealth. This may be a reasonable expectation for clients from middle and high socioeconomic statuses, as they already possess these technologies and have the resources to utilize them. However, clients served in community settings often possess less access to resources and technology.

Consider the barriers that my own clients have experienced in transitioning to telehealth:

- Clients do not possess smartphones or laptops to support telehealth.
- Clients do not possess data plans or Wi-Fi, or their data plans are too limited to support telehealth.
- Clients are not able to access their usual community resources such as libraries or free Wi-Fi to support telehealth.
- Clients lack basic needs (food, shelter) and are therefore focused on accessing these basic needs, as opposed to purchasing new technology.

It should be noted that these barriers to telehealth are not ones that can be attributed to or helped by a learning curve; these clients’ economic hardships are only being intensified as the spread of COVID-19 is prolonged. The way the Virginia Board of Counseling’s regulations are written today disproportionately disadvantages LPC residents working with these clients on the basis of their lack of access to telehealth.

Therapists engaging in community-based treatment must be adaptable and persistent when engaging clients; one cannot simply move on to another client or put that client’s treatment on

hold when they lack the resources to engage in telehealth. Treatment is still fully taking place by telephone: personal goals are still being explored, resources are still being coordinated and accessed, crisis prevention and intervention are still being performed, coping strategies are being taught daily. Most importantly, therapeutic relationships are still being cultivated, regardless of the technology used.

Community practitioners have had to creatively and proactively engage with clients, and this has resulted in therapy being conducted by telephone at times, a practice we expect to continue for the foreseeable future. To not recognize the hours spent providing counseling by telephone is to disadvantage an entire subset of resident therapists on the basis of their clients' access to resources. As such, I urge the Virginia Board of Counseling to temporarily expand the definition of **direct hours** to include interactions made by **telephone** in order to include the services provided to many vulnerable individuals served primarily in community-based settings during the period of Governor Northam's Executive Order issuing a State of Emergency (March 12, 2020) and beyond.

Thank you for your time and attention to this matter.

Nicole Kazuba

Dear CSAC Board Chair/Representative,

By way of introduction, I serve as Program Head and Professor in the Human Services program at Reynolds Community College, in the School of Humanities and Social Sciences.

At Reynolds, we offer a 24-credit hour Career Studies Certificate in Substance Abuse Counseling Education. In addition to completing course requirements in the curriculum, a final requirement of the certificate is completion of 180 clock-hour experiential, learning assignment in an agency delivering services in addiction and substance use/abuse under supervision of a CSAC.

To this end, while in the midst of teaching two internship classes of students this semester, my students 180 clock hour internships were abruptly disrupted and suspended the week of March 16, 2020 due to local safety concerns caused by COVID 19 and followed by the Governor's order.

With another 7 weeks left before the internship course would have ended, the pandemic prevented students, eligible to apply for your CSAC-A and CSAC, from completing the 180 clock hours.

With many of the internship drug treatment agencies our program uses now being done only remote and our semester having ended, here at the college, has caused major concerns and impacts on our students enrolled in this certificate program who desire to apply for the CSAC credentials you offer.

In closing, I ask that you strongly consider some form of assistance and support for these students and please advise me, as the instructor of both classes and program head, what the options are on your end.

Thank you very much.

Best regards,

*Pamela P. Ratliff, Ph.D, MSW, CLC
Human Services Program Head & Professor
School of Humanities and Social Sciences
Reynolds Community College*

Chairperson's Report: Quarterly Accomplishments

01/25/2020 – 07/30/2020

**51 more probable cause reviews were completed to date in 2020, compared to the same time frame in 2019 **

Board Member/ Meeting Attendance	Case Reviews	Board Service (11/01/2019 – 01/24/2020)
Alvarez, Barry, LMFT 02/07/20 (Board Meeting)	<ul style="list-style-type: none"> 13 prob. cause reviews 	<ul style="list-style-type: none"> Ad Hoc Committee (Telehealth)
Brendel, Johnston, Ed.D., LPC, LMFT 02/07/20 (Board Meeting)	<ul style="list-style-type: none"> 25 prob. cause reviews Credential reviews 	<ul style="list-style-type: none"> Board Chairperson Regulatory Committee Credentials Committee
Doyle, Kevin, Ed.D., LPC, LSATP 02/07/20 (Board Meeting) 02/27/20 (Board of Health Professions) 06/25/20 (Board of Health Professions)	<ul style="list-style-type: none"> 12 prob. cause reviews Credential reviews 	<ul style="list-style-type: none"> Regulatory Committee Board of Health Professions – Board Member
Engelken, Jane, LPC, LSATP 02/07/20 (Board Meeting) 02/07/20 (Formal Hearing)	<ul style="list-style-type: none"> 3 prob. cause reviews 1 FH case review 	
Harris, Natalie, LPC, LMFT 02/07/20 (Board Meeting) 02/07/20 (Formal Hearing)	<ul style="list-style-type: none"> 20 prob. cause reviews 1 FH case review 	<ul style="list-style-type: none"> Special Conference Committee (Alternate)
Hunt, Danielle, LPC 02/07/20 (Board Meeting) 02/28/20 (5 Informal Conferences)	<ul style="list-style-type: none"> 9 prob. cause reviews 6 IFC case reviews Credential reviews 	<ul style="list-style-type: none"> Board Vice-Chairperson Special Conference Committee-A Chairperson Ad Hoc Committee (Telehealth)
Jackson, Bev-Freda, PhD, MA, Citizen Member 02/07/20 (Board Meeting)	n/a	<ul style="list-style-type: none"> Special Conference Committee-B
Sanchez-Jones, Vivian, Citizen Member 02/07/20 (Board Meeting) 02/07/20 (Formal Hearing)	<ul style="list-style-type: none"> 1 FH case review 	
Stransky, Maria, LPC, CSAC, CSOTP 02/07/20 (Board Meeting) 02/07/20 (Formal Hearing) 02/28/20 (5 Informal Conferences)	<ul style="list-style-type: none"> 29 prob. cause reviews 5 IFC case reviews 1 FH case review Credential reviews 	<ul style="list-style-type: none"> Special Conference Committee-A
Tinsley, Terry, Ph.D., LPC, LMFT, CSOTP 02/07/20 (Board Meeting) 02/07/20 (Formal Hearing)	<ul style="list-style-type: none"> 19 prob. cause reviews 1 FH case review 	<ul style="list-style-type: none"> Regulatory Committee Special Conference Committee-B Chairperson Ad Hoc Committee (Telehealth) Chairperson
Tracy, Holly, LPC, LMFT 02/07/20 (Board Meeting) 02/07/20 (Formal Hearing)	<ul style="list-style-type: none"> 6 prob. cause reviews 1 FH case review Credential reviews 	<ul style="list-style-type: none"> Regulatory Committee Chairperson Special Conference Committee (Alternate)
Yancey, Tiffinee, Ph.D., LPC 02/07/20 (Board Meeting) 02/07/20 (Formal Hearing)	<ul style="list-style-type: none"> 2 prob. cause reviews 1 FH case review 	<ul style="list-style-type: none"> Special Conference Committee (Alternate) Ad Hoc Committee (Telehealth)

Discipline Case Reviews:

- 57 cases awaiting assignment for Board member review.
- Goal for review time is 2 weeks.
- Except in extenuating circumstances, cases should be completed within 30 days.

Agenda Item: Regulatory Actions - Chart of Regulatory Actions

Staff Note: Attached is a chart with the status of regulations for the Board as of August 4, 2020

Chapter		Action / Stage Information
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<u>Unprofessional conduct - conversion therapy</u> [Action 5225] Proposed - At Governor's Office for 61 days
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<u>Periodic review</u> [Action 5230] Proposed - At Secretary's Office for 104 days
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<u>Resident license</u> [Action 5371] Proposed - At Governor's Office for 61 days
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<u>Handling fee - returned check</u> [Action 5436] Fast-Track - At Governor's Office for 61 days
[18 VAC 115 - 40]	Regulations Governing the Certification of Rehabilitation Providers	<u>Periodic review</u> [Action 5305] Proposed - At Governor's Office for 59 days
[18 VAC 115 - 80]	Regulations Governing the Registration of Qualified Mental Health Professionals	<u>Registration of QMHP-trainees</u> [Action 5444] Fast-Track - At Governor's Office for 59 days

VIRGINIA ACTS OF ASSEMBLY -- 2020 SESSION

CHAPTER 301

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

[S 713]

Approved March 11, 2020

Be it enacted by the General Assembly of Virginia:

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

§ 54.1-3500. Definitions.

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

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

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

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

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

"Board" means the Board of Counseling.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 54.1-3503. Board of Counseling.

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

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

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

Article 3.

Art Therapists.

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

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

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

education.

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

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

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

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

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

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

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

Consideration of any waiver of experience requirements for spouse of active duty military or veteran

VIRGINIA ACTS OF ASSEMBLY -- 2020 SESSION

CHAPTER 28

An Act to amend and reenact § 54.1-119 of the Code of Virginia, relating to professions and occupations; expediting the issuance of credentials to spouses of military service members.

[H 967]

Approved March 2, 2020

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-119 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-119. **Expediting the issuance of licenses, etc., to spouses of military service members; issuance of temporary licenses, etc.**

A. Notwithstanding any other law to the contrary and unless an applicant is found by the board to have engaged in any act that would constitute grounds for disciplinary action, a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board named in this title shall expedite the issuance of a license, permit, certificate, or other document, however styled or denominated, required for the practice of any business, profession, or occupation in the Commonwealth to an applicant whose application has been deemed complete by the board and (i) who holds the same or similar license, permit, certificate, or other document required for the practice of any business, profession, or occupation issued by another jurisdiction; (ii) whose spouse is the subject of a military transfer to the Commonwealth (a) on federal active duty orders pursuant to Title 10 of the United States Code or (b) a veteran, as that term is defined in § 2.2-2000.1, who has left active-duty service within one year of the submission of an application to a board; and (iii) who accompanies the applicant's spouse to Virginia the Commonwealth or an adjoining state or the District of Columbia, if, in the opinion of the board, the requirements for the issuance of the license, permit, certificate, or other document in such other jurisdiction are substantially equivalent to those required in the Commonwealth. A board may waive any requirement relating to experience if the board determines that the documentation provided by the applicant supports such a waiver.

B. If a board is unable to (i) complete the review of the documentation provided by the applicant or (ii) make a final determination regarding substantial equivalency within 20 days of the receipt of a completed application, the board shall issue a temporary license, permit, or certificate, provided the applicant otherwise meets the qualifications set out in subsection A. Any temporary license, permit, or certification issued pursuant to this subsection shall be limited for a period not to exceed 12 months and shall authorize the applicant to engage in the profession or occupation while the board completes its review of the documentation provided by the applicant or the applicant completes any specific requirements that may be required in Virginia that were not required in the jurisdiction in which the applicant holds the license, permit, or certificate.

C. The provisions of this section shall apply regardless of whether a regulatory board has entered into a reciprocal agreement with the other jurisdiction pursuant to subsection B of § 54.1-103.

D. Any regulatory board may require the applicant to provide documentation it deems necessary to make a determination of substantial equivalency.

Language included in Proposed Regulations for Periodic Review

18VAC115-20-45. Prerequisites for licensure by endorsement.

A. Every applicant for licensure by endorsement shall hold or have held a professional counselor license for independent clinical practice in another jurisdiction of the United States and shall submit the following:

1. A completed application;
2. The application processing fee and initial licensure fee as prescribed in 18VAC115-20-20;
3. Verification of all mental health or health professional licenses, ~~or certificates, or registrations~~ the applicant holds or has ever held in any other jurisdiction. In order to qualify for endorsement the applicant shall have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;
4. Documentation of having completed education and experience requirements as specified in subsection B of this section;
5. Verification of a passing score on an examination required for counseling licensure in the jurisdiction in which licensure was obtained;
6. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and
7. An affidavit attestation of having read and understood the regulations and laws governing the practice of professional counseling in Virginia.

B. Every applicant for licensure by endorsement shall meet one of the following:

1. Educational requirements consistent with those specified in 18VAC115-20-49 and 18VAC115-20-51 and experience requirements consistent with those specified in 18VAC115-20-52. If 60 graduate hours in counseling were completed prior to April 12, 2000, the board may accept those hours if they meet the regulations in effect at the time the 60 hours were completed; or
2. ~~If an applicant does not have~~ In lieu of documentation of educational and experience credentials consistent with those required by this chapter, ~~he shall~~ the applicant may provide:
 - a. ~~Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials; and~~
 - b. Evidence of post-licensure clinical practice in counseling, as defined in § 54.1-3500 of the Code of Virginia, at the highest level for independent practice for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical counseling services, or clinical supervision of counseling services or teaching graduate-level courses in counseling; or
3. ~~In lieu of transcripts verifying education and documentation verifying supervised experience, the board may accept verification~~
 - b. Verification from the credentials registry of the American Association of State Counseling Boards, of the Certified Clinical Mental Health Counselor (CCMHC) credential from the National Board of Certified Counselors (NBCC) or any other board-recognized entity; or

c. Evidence of an active license at the highest level of counselor licensure for independent practice for at least 10 years prior to the date of application; or

d. Evidence of an active license at the highest level of counselor licensure for independent practice for at least three years prior to the date of application and one of the following:

(1) The National Certified Counselor (NCC) credential, in good standing, as issued by the National Board of Certified Counselors (NBCC); or

(2) A graduate-level degree from a program accredited in clinical mental health counseling by CACREP.

Agenda Item: Response to Petitions for Rulemaking

Included in your agenda package are:

A copy of the petition received from **James Christmas** requesting LCSWs be exempted from examination for licensure as a LSATP

Copy of comments on petition

Section of regulation

Staff note:

The Regulatory Committee recommended that the petition be rejected because the Board has already eliminated the exemption from examination for LPCs in proposed regulations.

Board action on petition:

To recommend initiation of rulemaking by adoption of a Notice of Intended Regulatory Action or a fast-track action; or

To reject the petitioner's request (*The Board will need to discuss or state its reasons for denial*).



COMMONWEALTH OF VIRGINIA

Board of Counseling

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

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

Petition for Rule-making

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

Please provide the information requested below. (Print or Type)		
Petitioner's full name (Last, First, Middle initial, Suffix,) Christmas, James G. III		
Street Address: 2609 The Terrace	Area Code and Telephone Number 804-683-6590	
City: Richmond	State: Virginia	Zip Code: 23222
Email Address (optional): jchristmas@rivercityccs.com	Fax (optional)	

Respond to the following questions:

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

18VAC115-60-50. Prerequisites for licensure by endorsement.
(5) Verification of a passing score on a substance abuse licensure examination as established by the jurisdiction in which licensure was obtained. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor within the Commonwealth of Virginia;
2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule. The Board states that if the applicant "holds a current and unrestricted license as a professional counselor within the Commonwealth of Virginia" the exam will be waived. I am requesting that this statement include Social Workers, as up until just a few years ago, Social Workers provided clinical supervision to those seeking LPC and LSATP.
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 Board governs the licensing of LSATPs, so it has the authority to do so.

Signature: Jimmy Christmas, LCSW, CSAC, CCTP, MYT

Date: April 20, 2020



Q Christmas petition

Compose

Inbox 1

Starred

Snoozed

Sent

Drafts

2018

elaine.yeatts.pst

2015

Meet

Start a meeting

Join a meeting

Chat



Elaine +

No recent chats

Start a new one

FW: Petition to Board of Counseling Inbox x

Charlotte Lenart

I have not read this yet but I received this petition today. From: Jimmy

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

to Charlotte, Jaime

Jaime,

Can you email to Mr. Christmas this response:

The Board of Counseling has received your petition for rulemaking to an licensed as substance abuse treatment practitioners without examinatio

The petition has been posted on the Virginia Regulatory Townhall and w
signup for notification of the comment period at www.townhall.virginia.gov
August 21, 2020.

For your information, the Board has adopted proposed amendments to 1
proposed is the deletion of the examination waiver for licensed professic
a Governor, so it is not yet open for public comment.

Virginia.gov Agencies | Governor


VIRGINIA
 REGULATORY TOWN HALL

Secretarial Health and Human Resources

Agency Department of Health Professions

Board Board of Counseling

[Edit Petition](#)

Petition 321

Petition Information	
Petition Title	Waiver of examination for licensure as a substance abuse treatment practitioner for LCSWs
Date Filed	4/20/2020 [Transmittal Sheet]
Petitioner	James Christmas
Petitioner's Request	To amend section 50 to allow persons who are licensed as clinical social workers to be licensed as substance abuse treatment practitioners without examination.
Agency's Plan	The petition will be published in the Register of Regulations with a comment period from May 11, 2020 to June 10, 2020. All comments will be considered by the Board at it next meeting, scheduled for August 21, 2020.
Comment Period	Ended 6/10/2020 24 comments
Agency Decision	Pending

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VIRGINIA
REGULATORY TOWN HALL



Agency Department of Health Professions

Board Board of Counseling

Chapter

Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners
[18 VAC 115 - 60]

24 comments

All comments for this forum

[Back to List of Comments](#)

Commenter: Shenay Wharton Eastern Shore CSB

5/20/20 2:01 pm

grandfathering of LCSWs

I would be reluctant to see this petition move forward unless the clinicians have documented education and training in addictions. Being a licensed provider does not mean that they are also skilled in the treatment of substance use disorders.

CommentID: 80163

Commenter: Candace Roney

5/21/20 7:55 am

Grandfathering LCSW

Addiction treatment is a specialized area of behavior health that requires academic and practical training. I do not support grandfathering unless an adequate level of knowledge can be proven in the area.

CommentID: 80167

Commenter: Rebecca Hogg

5/29/20 6:39 pm

Against waiving exam for LSATP for LCSW

MSW programs do not generally require a substance use course in order to reach graduation and LCSW in VA also does not require this education for initial licensure. Substance use counseling requires specialized training which an LCSW may not have and the SW exam does not cover. The LPC in VA requires a substance use course for licensure. Additionally, the LPC exam in VA is scenario based which is significantly different than the exam for social workers. I am not in favor of waiving the requirement of the MAC exam for LCSW applicants to earn the LSATP.

CommentID: 80173

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

5/31/20 11:00 pm

ABSOLUTELY NOT IN FAVOR

To put it simply:

SATP Residency (200 hours supervision) + education & experience + exam = LSATP

LPC (200 hours supervision) + CSAC (100 hours supervision) + CSAC exam = LSATP

Does not and should not equate to:

LCSW (100 hours supervision) + NOTHING = LSATP

Becoming a Licensed Substance Abuse Treatment Practitioner requires either: 1. Substance abuse specific education, internship, and experience; 3,400 hours of total work and 2000 hours of face-to-face substance abuse treatment with 200 hours of supervision from a Supervisor with 20 hours of Clinical Supervision Training who also has met specific substance abuse education and experience requirements, and passing the examination; or 2. A license as an LPC plus certification as a CSAC; the LPC education requirement already requires a course in substance abuse, the same number of hours of work and supervision noted above and a CSAC which requires specific education, experience, the CSAC exam, and 100 hours of supervision over the course of 2000 hours of total work; therefore this option requires a total of 300 hours of supervision.

It's extremely important to note that in order to become an LCSW there is no requirement for substance abuse education and social work residents are required to only have 100 hours of supervision from a supervisor who is required to only have 14 hours of Clinical Supervision Training over the course of 3000 hours of work and 1,380 hours of face-to-face client contact, not the higher work and client contact hours or the 200 or 300 hours of supervision required for either of the scenarios above.

This petition doesn't request a waiver for the examination for an LCSW with any requirements for substance abuse education, experience, internship, or supervision specifically in substance abuse.

Please do not denigrate licensure as an LSATP by allowing this petition to pass without requiring the same education and experience as those required for LSATP licensure or those required for endorsement that would include a CSAC in addition to licensure as a LCSW.

CommentID: 80175

Commenter: Linda G. Ritchie, Ph.D; LMFT, LPC

6/1/20 3:02 pm

STRONGLY AND ABSOLUTELY NOT IN FAVOR

I find it absurd that it is even being considered to allow a LCSW to become a Licensed Substance Abuse Treatment Practitioner without any documentation of education, training or experience in substance abuse treatment. To simply award the title of LSATP to a person because they are a LCSW is a slap in the face to those clinicians who have invested their time, energy and money in training to gain the knowledge and proficiency required to be competent in the area of substance abuse treatment. I fail to understand any reasoning that would make approving this petition reasonable.

CommentID: 80178

Commenter: Monica Whitlock

6/6/20 5:04 pm

Strongly not im favor

I am strongly not in favor of this, they should not be except from all of the hard work that we had to put in to get our license.

CommentID: 80188

Commenter: LaToya Ray, LPC

6/7/20 4:11 pm

Training Requirements for LCSWs and Substance Abuse

I would suggest that LCSW engage in additional educational training and require additional substance abuse credentials as does the Virginia Board of Counseling.

CommentID: 80189

Commenter: Marjorie Knight, LPC

6/7/20 4:17 pm

Opposed to LCSW approval as LSATP without education and supervision

I am opposed to the approval of LCSWs as LSATPs unless they have met the same stringent educational and supervision requirements met by LPCs.

CommentID: 80190

Commenter: Guy Strawder, LMFT, Revelations Counseling & Consulting

6/7/20 4:28 pm

Strongly Oppose

I strongly oppose the petition for this rule. From a clinical perspective, the hours required for this specialized field of practice are extensive, and they appear to have been scrutinized and established previously by the Board for the purpose of engendering greater competency among licensed professionals in treatment of substance use disorders. If the requirements are watered-down for one credential, then the precedence is set for others--and the result is a lowered level of competency throughout the Commonwealth to meet an essential need. If the purpose of waiving the exam and education to increase the number of licensed practitioners with this specialized training in the Commonwealth to meet the need, I would request the Board would take a more thoughtful approach on the training and number of direct client hours under supervised residency in substance abuse treatment that would be amenable to all licensed practitioners in the state.

I am not currently an LSATP, but I know the the commitment in training, education, residency and examination are quite extensive. I find it very discouraging for our profession that we are picking winners and losers among different credentials that can circumvent these requirements for what appear to be arbitrary factors.

CommentID: 80191

Commenter: Mary Linda Sara, PhD

6/7/20 5:25 pm

opposed to LCSW being grandfathered

I am absolutely opposed to having LCSWs being allowed to practice as substance abuse counselors. It is impossible to know when allowing LCSWs, as a group, who has adequate course work and supervision to practice in this specialty as recognized in Virginia.

I still have my Virginia license.

CommentID: 80192

Commenter: Salma Abugideiri LPC

6/7/20 6:42 pm

Opposed to LCSW's being endorsed as LSATP

It does not make sense to me for any clinician to have a shortcut on the preparation and training for becoming a licensed or certified substance abuse therapist.

CommentID: 80193

Commenter: Ed Andrews

6/7/20 6:55 pm

Opposed to LCSW's being endorsed as LSATP

Strongly opposed to allowing LCSW to become LSATP without any training and exam.

CommentID: 80194

Commenter: Ed Andrews

6/7/20 6:57 pm

Opposed to LCSW's being endorsed as LSATP

Opposed to waiving Exam or grandfathering LCSW to be LSTAP.

CommentID: 80195

Commenter: Kirsten M. Lundeberg, LPC, LMFT

6/7/20 8:58 pm

Opposed to waiving Exam or grandfathering LCSW to be LSTAP.

I am opposed to waiving Exam or grandfathering LCSW to be LSTAP.

CommentID: 80196

Commenter: DENISE COOPER

6/7/20 9:25 pm

Opposed to LCSW endorsement as LSATP; they must test!

I am amazed at the number of professionals who have desired the LSATP for the monetary gain, since the ARTS but were never interested in the credential before. I AM OPPOSED TO LCSW's NOT HAVING TO TEST FOR THE LSATP - for several reasons (1) the LSATP is already given to the LPC's , who have no training in addictions and only recently have been required to complete one (1) graduate level SUD class, (2) I had to test for the LSATP in 2004 after completion of graduate school and LSATP's are not given the opportunity to obtain the LPC or any other graduate level credential without testing, (3) I dont think that the Board of Counseling has any respect for or maintains any integrity for addictions professionals because they are ALWAYS giving the LSATP to some other already credentialed professional and does nothing for us - those with only the LSATP. If this seems hostile , it isa the waythat I feel because it just seems so disrespectful to be in a profession for over 25 years without any recognition, respect or equitable opportunity for obtaining other graduate level credentials from the Board of Counseling - while my credential, the LSATP, is just given away like candy to anyone who asks for it.

CommentID: 80197

Commenter: Michelle Market, LPC, CEDS

6/8/20 6:04 am

Opposed to waiving Exam or grandfathering LCSW to be LSTAP

I am opposed to waiving Exam or grandfathering LCSW to be LSTAP

CommentID: 80198

Commenter: Durriya Augelli

6/8/20 7:00 am

Opposed to waiving Exam or grandfathering LCSW to be LSTAP.

I am opposed to LCSWs being granted LSTAP licensure without the proper training, and without training that is equivalent to that required of other fields like LPC. I believe it sends the wrong message to the professional community about standards and quality of care.

CommentID: 80199

Commenter: Eric McClerren

6/8/20 7:18 am

Strongly oppose

I'm in favor of giving those with an LCSW a path toward addiction certification. We need more competently trained professionals to treat this population. However, I have to oppose the petition the way it currently stands. As Sharon Watson pointed out in her comment, it is possible for an individual to receive an LCSW credential without one single hour of addiction-specific training. To give someone a certification to treat addiction with no actual training in how to treat addiction would put many lives at risk. I would be in favor of any petition amended to include requirements for training in substance abuse treatment in line with what is required for LPC and LSATP.

CommentID: 80200

Commenter: Michelle M. May, LPC

6/8/20 9:59 am

OPPOSED to waiving the exam

I am opposed to waiving the exam for LCSWs for the LSTAP certification . We need to keep a high standard of training and education in order to most effectively help.

CommentID: 80201

Commenter: Colette Brooks

6/8/20 5:19 pm

OPPOSED

Strongly opposed waiving the exam and education requirements for LCSW to be LSTAP.

CommentID: 80207

Commenter: Nicole Jordan, LCSW

6/9/20 10:40 pm

IN FAVOR

I am fully in favor of LCSWs being afforded a similar opportunity as LPCs, to waive the examination and be endorsed for LSATP. The Board of Counseling already outlines the path to endorsement to include training, education and experience working in substance abuse treatment. Many LCSWs DO work in the substance abuse field and are recognized by many insurance networks without the credential. LCSWs are still guided by ethical code to practice within our scope

of expertise which would still require us to be trained and educated prior to providing services to this population.

CommentID: 80218

Commenter: John-Mike Nelson, PhD, LPC, LASTP, MAC, SAP

6/10/20 1:58 pm

STRONGLY Oppose!!

I am writing to you to state that I strongly oppose the petition that asking for LCSWs to be endorsed into licensure as a LSATP without taking the examination and without having education and experience in substance abuse treatment. As a substance abuse specialist for the past 15 years, I understand the need for more professionals working with this population. At the same time, substance abuse is a vast and complicated area needing many MANY hours of education and training to adequately provide help for those suffering from substance use disorders. I have worked with many consumers that have actually been damaged by working with ill-equipped mental health professionals that have a "basic" understanding (or none at all) of the complications of substance use. They have walked away from those sessions with unprepared clinicians with reinforced guilt, shame, embarrassment, and trauma. I believe this is solely due to lack of training, education, and experience provided by helping professionals.

By waiving the requirements for LCSWs without the same rigorous requirements as any other individual that attempts to acquire the LSATP credential, you will be putting the substance using population in jeopardy. This is exactly what we all attempt to prevent for our consumers. If an LCSW is able to use those credentials, it will falsely be presenting to consumers that they are highly trained substance abuse specialists who have undergone rigorous training and education. This gives a false sense of security giving this vulnerable population! The damage that may be done in those sessions, if the LCSW is unequipped to work with this population, will hinder any success consumers may have a chance of!

Please do not waive the requirements for LCSWs to be endorsed for LSATP credentials without the same training/examination/supervision requirements as all others who hold this credential. It is up to the board of counseling to protect the populations we attempt to help and I strongly believe that by allowing this petition to go through, the Board will be extremely jeopardizing the well-being of substance using populations.

CommentID: 80224

Commenter: Candice Arnold, LPC, LSATP

6/10/20 2:54 pm

Strongly disagree

Working with clients with substance use disorders is a specialty. I do not agree with this petition to allow for getting the LSATP licensure without taking the exam and meeting the additional requirements regarding hours, supervision, etc. I believe it is imperative that therapists who work with clients with substance use disorders have had appropriate education, training and supervision prior to being licensed as an LSATP. It is important that one has experience to be able to properly assess for substance use disorders, make appropriate recommendations for levels of care needed for treatment, know how to implement therapeutic techniques with clients and their and loved ones.

CommentID: 80225

Commenter: Chandell Miller, LPC resident, CSAC, NCAC II, SAP, NDS, ADS

6/10/20 2:58 pm

Totally Opposed

I am totally opposed to LSCW's receiving an LSATP license. Social Work is not counseling nor is it substance abuse. Please stop forcing the practice of social work into counseling now substance abuse. There are many individuals with an educational background in substance abuse and counseling that would be more appropriately suited for the LSATP license.

The substance abuse counseling community suffers enough from jobs in addiction slotted to social workers. General practitioners (MD) do not perform surgery for a reason, it's not their specialty.

CommentID: 80226

Language included in Proposed Regulations for Periodic Review

18VAC115-60-90. General examination requirements; schedules; time limits.

A. Every applicant for initial licensure as a substance abuse treatment practitioner by examination shall pass a written examination as prescribed by the board. An applicant is required to pass the prescribed examination no later than six years from the date of initial issuance of a resident license by the board.

B. Every applicant for licensure as a substance abuse treatment practitioner by endorsement shall have passed a substance abuse examination deemed by the board to be substantially equivalent to the Virginia examination.

~~C. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.~~

~~D. A candidate approved by the board to sit for the examination shall pass the examination within two years from the date of such initial board approval. If the candidate has not passed the examination within two years from the date of initial approval:~~

- ~~1. The initial board approval to sit for the examination shall then become invalid; and~~
- ~~2. The applicant shall file a complete new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the reapplication for examination. If approved by the board, the applicant shall pass the examination within two years of such approval. If the examination is not passed within the additional two-year period, a new application will not be accepted.~~

~~E. The board shall establish a passing score on the written examination.~~

~~F.D. A candidate for examination or an applicant shall not provide clinical services unless he is under supervision approved by the board resident shall remain in a residency practicing under supervision until he has passed the licensure examination and been granted a license as a substance abuse treatment practitioner.~~

Agenda Item: Review of Guidance documents

Staff Note:

Guidance documents must be reviewed every four years. Recommendations from the Regulatory Committee are:

115-1.7 – Reaffirm current guidance

115-1.4 – Amend to include additional guidance on technology assisted supervision (Technology-assisted counseling will be revised after consultation and further review)

Board action:

Approve recommendations of the Regulation Committee or other action by Board

Virginia Board of Counseling

Guidance on Technology-Assisted Counseling and Technology-Assisted Supervision

The Board's regulations for Standards of Practice (18VAC115-20-130) are prefaced by the following:

The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of counseling.

Therefore, the standards of practice set forth in section 130 of the regulations and in the Code of Virginia apply regardless of the method of delivery. The Board of Counseling recommends the following when a licensee uses technology-assisted counseling as the delivery method:

1. Counseling is most commonly offered in a face-to-face relationship. Counseling that from the outset is delivered in a technology-assisted manner may be problematic in that the counseling relationship, client identity and other issues may be compromised.
2. The counselor must take steps to protect client confidentiality and security.
3. The counselor should seek training or otherwise demonstrate expertise in the use of technology-assisted devices, especially in the matter of protecting confidentiality and security.
4. When working with a client who is not in Virginia, counselors are advised to check the regulations of the state board in which the client is located. It is important to be mindful that certain states prohibit counseling by an individual who is unlicensed by that state.
5. Counselors must follow the same code of ethics for technology-assisted counseling as they do in a traditional counseling setting.

Guidance for Technology-assisted Supervision

The Board of Counseling recommends the following when a licensee uses in the use of technology-assisted supervision:

1. Supervision is most commonly offered in a face-to-face relationship. Supervision that from the outset is delivered in a technology-assisted manner may be problematic in that the supervisory relationship, client identity and other issues may be compromised. Face-to-face means the in-person delivery of clinical services. For the purposes of meeting the 2,000 hours of face-to-face client contact, in-person may include the use of secured technology that maintains client

confidentiality and provides real-time, visual contact between the resident and the client. Telephonic services may be used toward ancillary counseling service hours.

2. The ~~counselor~~ supervisor must take steps to protect ~~supervisee~~ resident confidentiality and security.
3. The ~~counselor~~ supervisor should seek training or otherwise demonstrate expertise in the use of technology-assisted devices, especially in the matter of protecting ~~supervisee~~ resident confidentiality and security.
4. ~~Counselors~~ Supervisors must follow the same code of ethics for technology assisted supervision as they do in a traditional counseling/supervision setting. Licensed residents in counseling, marriage and family therapy and substance abuse treatment are allowed to provide tele-assisted counseling to clients in Virginia. The resident must adhere to standards of practice, ensure confidentiality, and seek training as needed to be competent in the services they provide.
5. The Board of Counseling governs the practice of counseling in Virginia. Counselors who are working with a client who is not in Virginia are advised to check the regulations of the state board in which a ~~supervisee~~/resident is located. It is important to be mindful that certain states may regulate or prohibit supervision by an individual who is unlicensed by that state.

DRAFT

Board of Counseling

Supervised Experience Requirements for the Delivery of Clinical Services for Professional Counselor Licensure

The Virginia Board of Counseling requires that an individual who proposes to obtain supervised experience in Virginia, in any setting, shall submit a supervisory contract stating the proposed plans for the resident to provide clinical services using recognized counseling and counseling treatment interventions while under the supervision of a qualified licensed practitioner as listed in the *Regulations Governing the Practice of Professional Counseling*. The supervisory contract, submitted on a board approved form, completed by the supervisor and the resident, must receive board approval prior to the beginning of the supervised experience.

The supervisor is currently required to assume full responsibility for the counseling activities of the resident and must verify and document the resident's experience in the delivery of 2000 hours of face to face clinical counseling as defined in the **Code of Virginia**:

"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.

If the Board's designated credentials reviewers are unable to determine, based on the registered supervision contract submitted, that the resident will be providing clinical counseling services while under supervision, the resident and supervisor shall, upon request by the Board, submit additional information to document that the proposed supervised experience meets the requirements of the *Regulations Governing the Practice of Counseling 18VAC115-20-52*.

Until the resident receives Board approval for the supervision contract, no supervised experience will be permitted to count towards licensure.

Counseling Compact – Summary of Key Provisions

Section 1: Purpose

The purpose of this compact is to facilitate interstate practice of licensed professional counseling with the goal of improving public access to professional counseling services.

The compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

The compact is designed to:

- Provide for the mutual recognition of other member state licenses.
- Enhance states' abilities to protect the public's health and safety.
- Encourage the cooperation of member states in regulating multistate practice for licensed professional counselors.
- Support active duty military personnel and their spouses.
- Enhance the exchange of licensure, investigative, and disciplinary information among member states.
- Allow for the use of telehealth technology to increase access to counseling services.
- Support the uniformity of professional counseling licensure requirements throughout the states.
- Eliminate the necessity for licenses in multiple states.
- Provide opportunities for interstate practice by licensed professional counselors who meet uniform licensure requirements.

Section 2: Definitions

Establishes the definitions of key terms as used throughout the compact, to alleviate confusion on the part of practitioners and jurisdictions. Defined terms are capitalized throughout the document.

Section 3: State Participation in the Compact

This section establishes the duties of the compact's member states.

A member state must:

- License and regulate licensed professional counselors.
- Require licensees to pass a nationally recognized exam approved by the compact commission.
- Require licensees to have a 60-hour master's degree in counseling or 60 hours of graduate coursework in relevant areas.
- Require licensees to complete a supervised postgraduate professional experience.
- Have a mechanism in place for receiving and investigating complaints about licensees.
- Participate fully in the compact commission's data collection system.
- Notify the commission of any adverse action against or current significant investigative information regarding a licensee.
- Conduct criminal background checks of applicants for an initial privilege to practice.
- Comply with the rules of the commission.
- Grant the privilege to practice to a licensee holding a valid, unencumbered license in another member state.
- Provide for the state's commissioner to attend the meetings of the compact commission.

Member states may charge a fee for granting the privilege to practice.

A single state license issued by a member state to an individual *not residing* in that state does *not* confer the privilege to practice in other member states.

Section 4: Privilege to Practice

To exercise the privilege to practice, a licensee shall:

- Hold a license in their home state, which is a member of the compact.
- Have no encumbrance or restriction against on any license or privilege to practice within the previous two years.
- Notify the commission of intent to seek the privilege to practice within a remote state.
- Meet any state jurisprudence requirements and pay any applicable fees.
- Report to the commission any adverse action, encumbrance, or restriction imposed on the licensee by a non-member state within 30 days from the date of the action.

The privilege to practice is valid until the expiration date of the home license.

A licensee loses the privilege to practice in all member states if the licensee's home license is encumbered or if the licensee' privilege to practice is revoked by a member state. Such licensee remains ineligible for the privilege to practice in any member state for two years from the date of the action.

Section 5: Converting Compact Privileges

This section addresses licensees who change their primary state of residence to another compact member state in which they hold a compact privilege. This section establishes requirements for licensees to convert their compact privilege to a license in their new primary state of residence in accordance with rules established by the compact commission, as well as requirements of the member states to facilitate the conversion.

Nothing in the compact prohibits a licensee from holding multiple single-state licenses.

Nothing in the compact affects a member state's ability to issue a single-state license.

Section 6: Active Duty Military Personnel or their Spouses

This section allows an active duty servicemember, or their spouse, to designate a home state where the individual has a current license in good standing. This state then serves as the individual's home state for as long as the servicemember is on active duty.

Section 7: Compact Privilege to Practice Telehealth

This section establishes that privilege to practice under the compact shall include provision of telehealth services to patients in remote states.

Licensees providing telehealth in a remote state shall adhere to the laws and regulations of that state.

Section 8: Adverse Actions

This section clarifies that *only* a counselor's home state may take adverse action against a *home* license.

However, remote states may take adverse action against a counselor's privilege to practice in that state and may issue enforceable subpoenas for witnesses and evidence from other member states.

Home states must take reported adverse action from any member state into account, in accordance with the home state's own laws.

Member states may initiate joint investigations of licensees and are required to share investigative materials in furtherance of any joint *or* single-state investigation of a licensee. Member states must report any adverse action to the compact data system, which then promptly alerts the home state of this adverse action. Any member state may take adverse action based on the factual findings of a remote state.

If a licensee changes their home state during an active investigation by their former home state, the former home state completes the investigation, takes appropriate action under its laws, and then reports its findings to the compact commission's data system. The data system administrator then notifies the licensee's new home state of any adverse action taken by the former home state.

Member states retain the right to require a licensee to participate in an alternative program for mental health-related concerns in lieu of adverse action.

Section 9: Establishment of Counseling Compact Commission

This section outlines the composition and powers of the compact commission and executive committee. The compact is not a waiver of sovereign immunity.

- Each member state is entitled to exactly one delegate selected by that state's licensing board from among the state board's members.
- Each delegate has one (1) vote on commission affairs, including rules and bylaws.
- Delegates terms are three years, with a limit of two terms.
- The commission may establish and maintain a code of ethics, bylaws, rules, a budget and financial records in order to carry out the compact.
- The commission shall elect an executive committee composed of up to eleven members: seven members of the commission and up to four ex-officio, nonvoting members from four recognized national professional counselor organizations.
- All commission meetings shall be open to the public unless confidential or privileged information must be discussed.
- Commission members and employees are immune from liability related to their positions except in cases of wanton misconduct.

Section 10: Data System

This section requires the sharing of licensee information by all compact states. A member state shall submit a uniform dataset to the data system on all counselors to whom this compact is applicable as required by the rules of the commission. This database will allow for the expedited sharing of adverse action or significant investigative information against compact counselors.

Adverse action information pertaining to a licensee in any member state will be available to any other member state, except that any submitted information that subsequently must be expunged from the submitting state's records will also be removed from the data system.

Investigative information pertaining to a licensee in a member state shall not be available to non-member states.

Section 11: Rulemaking

- Rules carry the force of law in all member states.
- A simple majority of member state legislatures may veto a rule of the commission.

- Changes to the rules require a 30-day notice of proposed rulemaking, with an opportunity for a public hearing if one is requested by 25 people or by a government agency.

Section 12: Oversight, Dispute Resolution, and Enforcement

Ensures compliance with the compact by member states. The procedures to be followed in the event of a failure by a member state to comply with the compact include

- A period of technical assistance in remedying the situation
- Improved dispute resolution processes; and
- Termination from the compact in the event no other means of compliance has been successful.

The commission shall attempt to resolve compact-related disputes that may arise between states.

Section 13: Date of Implementation of the Interstate Commission for Counseling Profession Compact, Practice and Associate Rules, Withdrawal, and Amendment

The compact takes effect on the date of enactment by the tenth state.

States that join after this date are subject to the rules of the commission as they exist on the date when the compact becomes law in that state.

Member states may enact a law to repeal their membership in the compact. A state's withdrawal takes effect 6 months after enactment of such law.

The member states may amend the compact, but changes do not take effect until enacted into the laws of all member states.

Section 14: Construction and Severability

The compact is to be liberally construed so as to effectuate the purposes thereof.

The compact's provisions are severable, meaning that:

- If a provision of the compact is declared to conflict with the United States constitution, all other provisions remain valid for all member states, and
- If a provision is held contrary to a member state's constitution, the compact retains its full force in all other states, and all other provisions remain valid in the affected state.

Section 15: Binding Effect of Compact and Other Laws

Reiterates that rules and bylaws of the commission are binding on member states.

In the event of a conflict between a law of a member state and the compact, the state law is superseded to the extent of the conflict.

COUNSELING COMPACT DRAFT DOCUMENT

SECTION 1: PURPOSE

The purpose of this Compact is to facilitate interstate practice of Licensed Professional Counselors with the goal of improving public access to Professional Counseling services. The practice of Professional Counseling occurs in the State where the client is located at the time of the counseling services. The Compact preserves the regulatory authority of States to protect public health and safety through the current system of State licensure.

This Compact is designed to achieve the following objectives:

- A. Increase public access to Professional Counseling services by providing for the mutual recognition of other Member State licenses;
- B. Enhance the States' ability to protect the public's health and safety;
- C. Encourage the cooperation of Member States in regulating multistate practice for Licensed Professional Counselors;
- D. Support spouses of relocating Active Duty Military personnel;
- E. Enhance the exchange of licensure, investigative and disciplinary information among Member States;
- F. Allow for the use of Telehealth technology to facilitate increased access to Professional Counseling services.
- G. Support the uniformity of Professional Counseling licensure requirements throughout the States to promote public safety and public health benefits
- H. Invest all Member States with the authority to hold a Licensed Professional Counselor accountable for meeting all State practice laws in the State in which the client is located at the time care is rendered through the mutual recognition of Member State licenses
- I. Eliminate the necessity for licenses in multiple States
- J. Provide opportunities for interstate practice by Licensed Professional Counselors who meet uniform licensure requirements

COUNSELING COMPACT DRAFT DOCUMENT

SECTION 2. DEFINITIONS

As used in this compact, and except as otherwise provided, the following definitions shall apply:

- A. **“Active Duty Military”** means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Chapter 1209 and Section 1211.
- B. **“Adverse Action”** means any administrative, civil, equitable or criminal action permitted by a State’s laws which is imposed by a licensing board or other authority against a Licensed Professional Counselor, including actions against an individual’s license or Privilege to Practice such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee’s practice, or any other encumbrance on licensure affecting a Licensed Professional Counselor’s authorization to practice, including issuance of a cease and desist action.
- C. **“Alternative Program”** means a non-disciplinary monitoring or practice remediation process approved by a Professional Counseling Licensing Board to address Impaired Practitioners.
- D. **“Counseling Compact Commission” or “Commission”** means the national administrative body whose membership consists of all States that have enacted the Compact.
- E. **“Current Significant Investigative Information”** means:
 - 1. Investigative Information that a Licensing Board, after a preliminary inquiry that includes notification and an opportunity for the Licensed Professional Counselor to respond, if required by State law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
 - 2. Investigative Information that indicates that the Licensed Professional Counselor represents an immediate threat to public health and safety regardless of whether the Licensed Professional Counselor has been notified and had an opportunity to respond.
- F. **“Data System”** means a repository of information about Licensees, including, but not

COUNSELING COMPACT DRAFT DOCUMENT

limited to, continuing education, examination, licensure, investigative, Privilege to Practice and Adverse Action information.

- G. **“Encumbered License”** means a license in which an Adverse Action restricts the practice of licensed Professional Counseling by the Licensee and said Adverse Action has been reported to the National Practitioners Data Bank (NPDB).
- H. **“Encumbrance”** means a revocation or suspension of, or any limitation on, the full and unrestricted practice of Licensed Professional Counseling by a Licensing Board.
- I. **“Executive Committee”** means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.
- J. **“Home State”** means the Member State that is the Licensee’s primary State of residence.
- K. **“Impaired Practitioner”** means an individual who has a condition(s) that may impair their ability to practice as a Licensed Professional Counselor without some type of intervention and may include, but are not limited to, alcohol and drug dependence, mental health impairment, and neurological or physical impairments.
- L. **“Investigative Information”** means information, records, and documents received or generated by a Professional Counseling Licensing Board pursuant to an investigation.
- M. **“Jurisprudence Requirement”** if required by a Member State, means the assessment of an individual’s knowledge of the laws and Rules governing the practice of Professional Counseling in a State.
- N. **“Licensed Professional Counselor”** shall mean a counselor licensed by a Member State, regardless of the title used by that State, to independently assess, diagnose, and treat behavioral health conditions.
- O. **“Licensee”** means an individual who currently holds an authorization from the State to practice as a Licensed Professional Counselor.
- P. **“Licensing Board”** means the agency of a State, or equivalent, that is responsible for the licensing and regulation of Licensed Professional Counselors.
- Q. **“Member State”** means a State that has enacted the Compact.
- R. **“Privilege to Practice”** means a legal authorization, which is equivalent to a license, permitting the practice of Professional Counseling in a Remote State.
- S. **“Professional Counseling”** means the assessment, diagnosis, and treatment of behavioral health conditions by a Licensed Professional Counselor.
- T. **“Remote State”** means a Member State other than the Home State, where a

COUNSELING COMPACT DRAFT DOCUMENT

Licensee is exercising or seeking to exercise the Privilege to Practice.

- U. **“Rule”** means a regulation promulgated by the Commission that has the force of law.
- V. **“Single State License”** means a Licensed Professional Counselor license issued by a Member State that authorizes practice only within the issuing State and does not include a Privilege to Practice in any other Member State.
- W. **“State”** means any State, commonwealth, district, or territory of the United States of America that regulates the practice of Professional Counseling.
- X. **“Telehealth”** means the application of telecommunication technology to deliver Professional Counseling services remotely to assess, diagnose, and treat behavioral health conditions.
- Y. **“Unencumbered License”** means a license that authorizes a Licensed Professional Counselor to engage in the full and unrestricted practice of Professional Counseling.

SECTION 3. STATE PARTICIPATION IN THE COMPACT

- A. To Participate in the Compact, a State must currently:
 - 1. License and regulate Licensed Professional Counselors
 - 2. Require Licensees to pass a nationally recognized exam approved by the Commission
 - 3. Require Licensees to have a 60-hour master’s degree in counseling or 60 hours of graduate course work in the following areas:
 - a. Professional Counseling Orientation and Ethical Practice
 - b. Social and Cultural Diversity
 - c. Human Growth and Development
 - d. Career Development
 - e. Counseling and Helping Relationships
 - f. Group Counseling and Group Work
 - g. Assessment and Testing
 - h. Research and Program Evaluation

COUNSELING COMPACT DRAFT DOCUMENT

4. Require Licensees to complete a supervised postgraduate professional experience as defined by the Commission
5. Have a mechanism in place for receiving and investigating complaints about Licensees;

B. A Member State shall:

1. Participate fully in the Commission's Data System, including using the Commission's unique identifier as defined in Rules;
2. Notify the Commission, in compliance with the terms of the Compact and Rules, of any Adverse Action or the availability of Investigative Information regarding a Licensee;
3. Implement or utilize procedures for considering the criminal history records of applicants for an initial Privilege to Practice. These procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that State's criminal records
 - a. A Member State must fully implement a criminal background check requirement, within a time frame established by Rule, by receiving the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions.
 - b. Communication between a Member State, the Commission and among Member States regarding the verification of eligibility for licensure through the Compact shall not include any information received from the Federal Bureau of Investigation relating to a federal criminal records check performed by a Member State under Public Law 92-544.
4. Comply with the Rules of the Commission;
5. Require an applicant to obtain or retain a license in the Home State and meet

COUNSELING COMPACT DRAFT DOCUMENT

the Home State's qualifications for licensure or renewal of licensure, as well as, all other applicable State laws.

6. Grant the Privilege to Practice to a Licensee holding a valid Unencumbered License in another Member State in accordance with the terms of the Compact and Rules.
 7. Provide for the attendance of the State's commissioner to the Counseling Compact Commission meetings
- C. Member States may charge a fee for granting the Privilege to Practice
- D. Individuals not residing in a Member State shall continue to be able to apply for a Member State's Single State License as provided under the laws of each Member State. However, the Single State License granted to these individuals shall not be recognized as granting a Privilege to Practice Professional Counseling in any other Member State.
- E. Nothing in this Compact shall affect the requirements established by a Member State for the issuance of a Single State License.
- F. A license issued to a Licensed Professional Counselor by a Home State to a resident in that State shall be recognized by each Member State as authorizing a Licensed Professional Counselor to practice Professional Counseling, under a Privilege to Practice, in each Member State.

SECTION 4. PRIVILEGE TO PRACTICE

- A. To exercise the Privilege to Practice under the terms and provisions of the Compact, the Licensee shall:
1. Hold a license in the Home State;
 2. Have no encumbrances on any State license;
 3. Be eligible for a Privilege to Practice in any Member State in accordance with Section 4D, G and H;
 4. Have not had any Encumbrance or restriction against any license or Privilege to Practice within the previous two (2) years;

COUNSELING COMPACT DRAFT DOCUMENT

5. Notify the Commission that the Licensee is seeking the Privilege to Practice within a Remote State(s);
 6. Pay any applicable fees, including any State fee, for the Privilege to Practice;
 7. Meet any Jurisprudence Requirements established by the Remote State(s) in which the Licensee is seeking a Privilege to Practice; and
 8. Report to the Commission any Adverse Action, Encumbrance, or restriction on license taken by any non-Member State within 30 days from the date the action is taken.
- B. The Privilege to Practice is valid until the expiration date of the home license. The Licensee must comply with the requirements of Section 4(A) to maintain the Privilege to Practice in the Remote State.
- C. A Licensee providing Professional Counseling in a Remote State under the Privilege to Practice shall adhere to the laws and regulations of the Remote State.
- D. A Licensee providing Professional Counseling services in a Remote State is subject to that State's regulatory authority. A Remote State may, in accordance with due process and that State's laws, remove a Licensee's Privilege to Practice in the Remote State for a specific period of time, impose fines, and/or take any other necessary actions to protect the health and safety of its citizens. The Licensee is not eligible for a Privilege to Practice in any Member State until the specific time for removal has passed and all fines are paid.
- E. If a Home State license is encumbered, the Licensee shall lose the Privilege to Practice in any Remote State until the following occur:
1. The Home State license is no longer encumbered; and
 2. Have not had any Encumbrance or restriction against any license or Privilege to Practice within the previous two (2) years.
- F. Once an Encumbered License in the Home State is restored to good standing, the Licensee must meet the requirements of Section 4A to obtain a Privilege to Practice in any Remote State.
- G. If a Licensee's Privilege to Practice in any Remote State is removed, the individual shall

COUNSELING COMPACT DRAFT DOCUMENT

lose the Privilege to Practice in all other Remote States until the following occur:

1. The specific period of time for which the Privilege to Practice was removed has ended;
2. All fines have been paid; and
3. Have not had any Encumbrance or restriction against any license or Privilege to Practice within the previous two (2) years.

H. Once the requirements of Section 4G have been met, the license must meet the requirements in Section 4A to obtain a Privilege to Practice in a Remote State.

SECTION 5: OBTAINING A NEW HOME STATE LICENSE BASED UPON THE PRIVILEGE TO PRACTICE

- A. A Licensed Professional Counselor may hold a license, issued by the Home State which allows for a Privilege to Practice, in only one Member State at a time.
- B. If a Licensed Professional Counselor changes their primary State of residence by moving between two Member States:
 1. The Licensed Professional Counselor shall notify the current Home State and new Home States in accordance with applicable Rules adopted by the Commission.
 2. The new Home State of the Licensed Professional Counselor shall activate the new Home State license and the former Home State shall then deactivate the current Home State license in accordance with applicable Rules adopted by the Commission.
 3. The activation of the license in the new Home State shall be based upon the same criteria as in Section Four (4), which allows a Licensed Professional Counselor to obtain a Privilege to Practice in a Member State.
 4. If a Licensed Professional Counselor does not meet the criteria for a Privilege to Practice described in Section Four (4) of this compact, the new Home State for the Licensed Professional Counselor shall apply its requirements for issuing a new Single-State License.
 5. The Licensed Professional Counselor who obtains a new Home State License by the criteria described in Section Five (5) of this compact shall pay all applicable fees to the new Home State in order to be issued a new Home State license.

COUNSELING COMPACT DRAFT DOCUMENT

- C. If a Licensed Professional Counselor changes their primary State of residence by moving from a Member State to a non-Member State, or from a non-Member State to a Member State, the State criteria shall apply for issuance of a Single-State License in the new State.
- D. Nothing in this compact shall interfere with a Licensee's ability to hold a Single-State License in multiple States, however for the purposes of this compact, a Licensee shall have only one Home State license.
- E. Nothing in this Compact shall affect the requirements established by a Member State for the issuance of a Single-State License.

SECTION 6. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

Active Duty Military personnel, or their spouse, shall designate a Home State where the individual has a current license in good standing. The individual may retain the Home State designation during the period the service member is on active duty. Subsequent to designating a Home State, the individual shall only change their Home State through application for licensure in the new State.

SECTION 7. COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

- A. Member States shall recognize the right of a Licensed Professional Counselor, licensed by a Home State in accordance with Section 3 and under Rules promulgated by the Commission, to practice Professional Counseling in any Member State via Telehealth under a Privilege to Practice as provided in the Compact and Rules promulgated by the Commission.
- B. A Licensee providing Professional Counseling services in a Remote State under the Privilege to Practice shall adhere to the laws and regulations of the Remote State.

SECTION 8. ADVERSE ACTIONS

- A. In addition to the other powers conferred by State law, a Remote State shall have the authority, in accordance with existing State due process law, to:
 - 1. Take Adverse Action against a Licensed Professional Counselor's Privilege to Practice within that Member State.
 - 2. Issue subpoenas for both hearings and investigations that require

COUNSELING COMPACT DRAFT DOCUMENT

the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a Licensing Board in a Member State for the attendance and testimony of witnesses or the production of evidence from another Member State shall be enforced in the latter State by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the State in which the witnesses or evidence are located.

3. Only the Home State shall have the power to take Adverse Action against a Licensed Professional Counselor's license issued by the Home State.
- B. For purposes of taking Adverse Action, the Home State shall give the same priority and effect to reported conduct received from a Member State as it would if the conduct had occurred within the Home State. In so doing, the Home State shall apply its own State laws to determine appropriate action.
- C. The Home State shall complete any pending investigations of a Licensed Professional Counselor who changes primary State of residence during the course of the investigations. The Home State shall also have the authority to take appropriate action(s) and shall promptly report the conclusions of the investigations to the administrator of the Data System. The administrator of the coordinated licensure information system shall promptly notify the new Home State of any Adverse Actions.
- D. A Member State, if otherwise permitted by State law, may recover from the affected Licensed Professional Counselor the costs of investigations and disposition of cases resulting from any Adverse Action taken against that Licensed Professional Counselor.
- E. A Member State may take Adverse Action based on the factual findings of the Remote State, provided that the Member State follows its own procedures for taking the Adverse Action.

COUNSELING COMPACT DRAFT DOCUMENT

F. Joint Investigations:

1. In addition to the authority granted to a Member State by its respective Professional Counseling practice act or other applicable State law, any Member State may participate with other Member States in joint investigations of Licensees.
2. Member States shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

G. If Adverse Action is taken by the Home State against the license of a Licensed Professional Counselor, the Licensed Professional Counselor's Privilege to Practice in all other Member States shall be deactivated until all encumbrances have been removed from the State license. All Home State disciplinary orders that impose Adverse Action against the license of a Licensed Professional Counselor shall include a Statement that the Licensed Professional Counselor's Privilege to Practice is deactivated in all Member States during the pendency of the order.

H. If a Member State takes Adverse Action, it shall promptly notify the administrator of the Data System. The administrator of the Data System shall promptly notify the Home State of any Adverse Actions by Remote States.

I. Nothing in this Compact shall override a Member State's decision that participation in an Alternative Program may be used in lieu of Adverse Action.

SECTION 9. ESTABLISHMENT OF COUNSELING COMPACT COMMISSION

A. The Compact Member States hereby create and establish a joint public agency known as the Counseling Compact Commission:

1. The Commission is an instrumentality of the Compact States.
2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to

COUNSELING COMPACT DRAFT DOCUMENT

participate in alternative dispute resolution proceedings.

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, Voting, and Meetings

1. Each Member State shall have and be limited to one (1) delegate selected by that Member State's Licensing Board.
2. The delegate shall be a current member of the Licensing Board at the time of appointment, who is a Licensed Professional Counselor, public member, or the board administrator.
3. Any delegate may be removed or suspended from office as provided by the law of the State from which the delegate is appointed.
4. The Member State Licensing Board shall fill any vacancy occurring on the Commission within 60 days.
5. Each delegate shall be entitled to one (1) vote with regard to the promulgation of Rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission.
6. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.
7. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.
8. Each delegate shall serve a three (3) year term.
9. Delegates shall be limited to two (2) terms.

C. The Commission shall have the following powers and duties:

1. Establish the fiscal year of the Commission;

COUNSELING COMPACT DRAFT DOCUMENT

2. Establish bylaws;
3. Maintain its financial records in accordance with the bylaws;
4. Meet and take such actions as are consistent with the provisions of this Compact and the bylaws;
5. Promulgate Rules which shall be binding to the extent and in the manner provided for in the compact;
6. Bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any State counselor Licensing Board to sue or be sued under applicable law shall not be affected;
7. Purchase and maintain insurance and bonds;
8. Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a Member State;
9. Hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
10. Accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall avoid any appearance of impropriety and/or conflict of interest;
11. Lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall avoid any appearance of impropriety;
12. Sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

COUNSELING COMPACT DRAFT DOCUMENT

13. Establish a budget and make expenditures;
14. Borrow money;
15. Appoint committees, including standing committees composed of members, State regulators, State legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the bylaws;
16. Provide and receive information from, and cooperate with, law enforcement agencies;
17. Establish and elect an Executive Committee; and
18. Perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the State regulation of Professional Counseling licensure and practice.

D. The Executive Committee

1. The Executive Committee shall have the power to act on behalf of the Commission according to the terms of this Compact
2. The Executive Committee shall be composed of up to eleven (11) members:
 - a. Seven voting members who are elected by the Commission from the current membership of the Commission;
 - b. Up to four (4) ex-officio, nonvoting members from four (4) recognized national professional counselor organizations;
 - c. The ex-officio members will be selected by their respective organizations.
3. The Commission may remove any member of the Executive Committee as provided in bylaws.
4. The Executive Committee shall meet at least annually.

COUNSELING COMPACT DRAFT DOCUMENT

5. The Executive Committee shall have the following Duties and responsibilities:

- a. Recommend to the entire Commission changes to the Rules or bylaws, changes to this Compact legislation, fees paid by Compact Member States such as annual dues, and any commission Compact fee charged to Licensees for the Privilege to Practice;
- b. Ensure Compact administration services are appropriately provided, contractual or otherwise;
- c. Prepare and recommend the budget;
- d. Maintain financial records on behalf of the Commission;
- e. Monitor Compact compliance of Member States and provide compliance reports to the Commission;
- f. Establish additional committees as necessary; and
- g. Other duties as provided in Rules or bylaws.

6. Meetings of the Commission

- a. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the Rulemaking provisions in Section 9.
- b. The Commission or the Executive Committee or other committees of the Commission may convene in a closed, non-public meeting if the Commission or Executive Committee or other committees of the Commission must discuss:
 - i. Non-compliance of a Member State with its obligations under the Compact;
 - ii. The employment, compensation, discipline or other matters, practices or procedures related to specific

COUNSELING COMPACT DRAFT DOCUMENT

- employees or other matters related to the Commission's internal personnel practices and procedures;
- iii. Current, threatened, or reasonably anticipated litigation;
 - iv. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;
 - v. Accusing any person of a crime or formally censuring any person;
 - vi. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
 - vii. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
 - viii. Disclosure of investigative records compiled for law enforcement purposes;
 - ix. Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact; or
 - x. Matters specifically exempted from disclosure by federal or Member State statute.
- c. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.

COUNSELING COMPACT DRAFT DOCUMENT

- d. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

7. Financing of the Commission

- a. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.
- b. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.
- c. The Commission may levy on and collect an annual assessment from each Member State or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a Rule binding upon all Member States.
- d. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the Member States, except by and with the authority of the Member State.

COUNSELING COMPACT DRAFT DOCUMENT

e. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

8. Qualified Immunity, Defense, and Indemnification

a. The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

b. The Commission shall defend any member, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission

COUNSELING COMPACT DRAFT DOCUMENT

employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

- c. The Commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

SECTION 10. DATA SYSTEM

- A. The Commission shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, Adverse Action, and Investigative Information on all licensed individuals in Member States.
- B. Notwithstanding any other provision of State law to the contrary, a Member State shall submit a uniform data set to the Data System on all individuals to whom this Compact is applicable as required by the Rules of the Commission, including:
 - 1. Identifying information;
 - 2. Licensure data;
 - 3. Adverse Actions against a license or Privilege to Practice;

COUNSELING COMPACT DRAFT DOCUMENT

4. Non-confidential information related to Alternative Program participation;
 5. Any denial of application for licensure, and the reason(s) for such denial; and
 6. Other information that may facilitate the administration of this Compact, as determined by the Rules of the Commission.
 7. Current Significant Investigative Information
- C. Investigative Information pertaining to a Licensee in any Member State will only be available to other Member States.
- D. The Commission shall promptly notify all Member States of any Adverse Action taken against a Licensee or an individual applying for a license. Adverse Action information pertaining to a Licensee in any Member State will be available to any other Member State.
- E. Member States contributing information to the Data System may designate information that may not be shared with the public without the express permission of the contributing State.
- F. Any information submitted to the Data System that is subsequently required to be expunged by the laws of the Member State contributing the information shall be removed from the Data System.

SECTION 11. RULEMAKING

- A. The Commission shall promulgate reasonable Rules in order to effectively and efficiently achieve the purpose of the Compact. Notwithstanding the foregoing, in the event the Commission exercises its Rulemaking authority in a manner that is beyond the scope of the purposes of the Compact, or the powers granted hereunder, then such an action by the Commission shall be invalid and have no force or effect.
- B. The Commission shall exercise its Rulemaking powers pursuant to the criteria set forth in this Section and the Rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each Rule or amendment.

COUNSELING COMPACT DRAFT DOCUMENT

- C. If a majority of the legislatures of the Member States rejects a Rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within four (4) years of the date of adoption of the Rule, then such Rule shall have no further force and effect in any Member State.
- D. Rules or amendments to the Rules shall be adopted at a regular or special meeting of the Commission.
- E. Prior to promulgation and adoption of a final Rule or Rules by the Commission, and at least thirty (30) days in advance of the meeting at which the Rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:
1. On the website of the Commission or other publicly accessible platform; and
 2. On the website of each Member State Professional Counseling Licensing Board or other publicly accessible platform or the publication in which each State would otherwise publish proposed Rules.
- F. The Notice of Proposed Rulemaking shall include:
1. The proposed time, date, and location of the meeting in which the Rule will be considered and voted upon;
 2. The text of the proposed Rule or amendment and the reason for the proposed Rule;
 3. A request for comments on the proposed Rule from any interested person; and
 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.
- G. Prior to adoption of a proposed Rule, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.
- H. The Commission shall grant an opportunity for a public hearing before it adopts a Rule or amendment if a hearing is requested by:

COUNSELING COMPACT DRAFT DOCUMENT

1. At least twenty-five (25) persons;
 2. A State or federal governmental subdivision or agency; or
 3. An association having at least twenty-five (25) members.
- I. If a hearing is held on the proposed Rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the Commission shall publish the mechanism for access to the electronic hearing.
1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.
 2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
 3. All hearings will be recorded. A copy of the recording will be made available on request.
 4. Nothing in this section shall be construed as requiring a separate hearing on each Rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
- J. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
- K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed Rule without a public hearing.
- L. The Commission shall, by majority vote of all members, take final action on the proposed Rule and shall determine the effective date of the Rule, if any, based on the Rulemaking record and the full text of the Rule.

COUNSELING COMPACT DRAFT DOCUMENT

M. Upon determination that an emergency exists, the Commission may consider and adopt an emergency Rule without prior notice, opportunity for comment, or hearing, provided that the usual Rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the Rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the Rule. For the purposes of this provision, an emergency Rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare;
2. Prevent a loss of Commission or Member State funds;
3. Meet a deadline for the promulgation of an administrative Rule that is established by federal law or Rule; or
4. Protect public health and safety.

N. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted Rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a Rule. A challenge shall be made in writing and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

SECTION 12. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

A. Oversight

1. The executive, legislative, and judicial branches of State government in each Member State shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the Rules promulgated hereunder shall have standing as statutory law.

COUNSELING COMPACT DRAFT DOCUMENT

2. All courts shall take judicial notice of the Compact and the Rules in any judicial or administrative proceeding in a Member State pertaining to the subject matter of this Compact which may affect the powers, responsibilities or actions of the Commission.
3. The Commission shall be entitled to receive service of process in any such proceeding and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact, or promulgated Rules.

B. Default, Technical Assistance, and Termination

1. If the Commission determines that a Member State has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated Rules, the Commission shall:
 2. Provide written notice to the defaulting State and other Member States of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission; and
 3. Provide remedial training and specific technical assistance regarding the default.

C. If a State in default fails to cure the default, the defaulting State may be terminated from the Compact upon an affirmative vote of a majority of the Member States, and all rights, privileges and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending State of obligations or liabilities incurred during the period of default.

D. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting State's legislature, and each of the Member States.

COUNSELING COMPACT DRAFT DOCUMENT

- E. A State that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.
- F. The Commission shall not bear any costs related to a State that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting State.
- G. The defaulting State may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.
- H. Dispute Resolution
 - 1. Upon request by a Member State, the Commission shall attempt to resolve disputes related to the Compact that arise among Member States and between member and non-Member States.
 - 2. The Commission shall promulgate a Rule providing for both mediation and binding dispute resolution for disputes as appropriate.
- I. Enforcement
 - 1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and Rules of this Compact.
 - 2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a Member State in default to enforce compliance with the provisions of the Compact and its promulgated Rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

COUNSELING COMPACT DRAFT DOCUMENT

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or State law.

SECTION 13. DATE OF IMPLEMENTATION OF THE COMMISSION FOR COUNSELING PROFESSION COMPACT, PRACTICE AND ASSOCIATE RULES, WITHDRAWAL, AND AMENDMENT

- A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the tenth Member State. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of Rules. Thereafter, the Commission shall meet and exercise Rulemaking powers necessary to the implementation and administration of the Compact.
- B. Any State that joins the Compact subsequent to the Commission's initial adoption of the Rules shall be subject to the Rules as they exist on the date on which the Compact becomes law in that State. Any Rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that State.
- C. Any Member State may withdraw from this Compact by enacting a statute repealing the same.
 1. A Member State's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.
 2. Withdrawal shall not affect the continuing requirement of the withdrawing State's Professional Counseling Licensing Board to comply with the investigative and Adverse Action reporting requirements of this act prior to the effective date of withdrawal.
- D. Nothing contained in this Compact shall be construed to invalidate or prevent any Professional Counseling licensure agreement or other cooperative arrangement between a Member State and a non-Member State that does not conflict with the provisions of this Compact.
- E. This Compact may be amended by the Member States. No amendment to this Compact

COUNSELING COMPACT DRAFT DOCUMENT

shall become effective and binding upon any Member State until it is enacted into the laws of all Member States.

SECTION 14. CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any Member State or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any Member State, the Compact shall remain in full force and effect as to the remaining Member States and in full force and effect as to the Member State affected as to all severable matters.

SECTION 15. BINDING EFFECT OF COMPACT AND OTHER LAWS

- A. A Licensee providing Professional Counseling services in a Remote State under the Privilege to Practice shall adhere to the laws and regulations of the Remote State.
- B. Nothing herein prevents the enforcement of any other law of a Member State that is not inconsistent with the Compact.
- C. Any laws in a Member State in conflict with the Compact are superseded to the extent of the conflict.
- D. Any lawful actions of the Commission, including all Rules and bylaws promulgated by the Commission, are binding upon the Member States.
- E. All agreements between the Commission and the Member States are binding in accordance with their terms.
- F. In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any Member State, the provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that Member State.

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

	<u>109 Counseling</u>
Board Cash Balance as June 30, 2019	\$ 1,825,713
YTD FY20 Revenue	1,936,759
Less: YTD FY20 Direct and Allocated Expenditures	<u>1,678,812</u>
Board Cash Balance as June 30, 2020	<u><u>\$ 2,083,660</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10900 - Counseling
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
				Budget	
4002400 Fee Revenue					
4002401	Application Fee	440,899.00	444,600.00	3,701.00	99.17%
4002406	License & Renewal Fee	1,443,760.00	1,206,610.00	(237,150.00)	119.65%
4002407	Dup. License Certificate Fee	3,985.00	825.00	(3,160.00)	483.03%
4002409	Board Endorsement - Out	6,055.00	1,740.00	(4,315.00)	347.99%
4002421	Monetary Penalty & Late Fees	21,320.00	13,960.00	(7,360.00)	152.72%
4002430	Board Changes Fee	18,155.00	-	(18,155.00)	0.00%
4002432	Misc. Fee (Bad Check Fee)	735.00	140.00	(595.00)	525.00%
	Total Fee Revenue	1,934,909.00	1,667,875.00	(267,034.00)	116.01%
4003000 Sales of Prop. & Commodities					
4003020	Misc. Sales-Dishonored Payments	1,850.00	-	(1,850.00)	0.00%
	Total Sales of Prop. & Commodities	1,850.00	-	(1,850.00)	0.00%
	Total Revenue	1,936,759.00	1,667,875.00	(268,884.00)	116.12%
5011110 Employer Retirement Contrib.					
5011110	Employer Retirement Contrib.	13,647.20	15,891.00	2,243.80	85.88%
5011120	Fed Old-Age Ins- Sal St Emp	9,456.54	10,523.00	1,066.46	89.87%
5011140	Group Insurance	1,560.92	1,540.00	(20.92)	101.36%
5011150	Medical/Hospitalization Ins.	15,114.00	16,488.00	1,374.00	91.67%
5011160	Retiree Medical/Hospitalizatn	1,393.97	1,376.00	(17.97)	101.31%
5011170	Long term Disability Ins	738.97	729.00	(9.97)	101.37%
	Total Employee Benefits	41,911.60	46,547.00	4,635.40	90.04%
5011200 Salaries					
5011230	Salaries, Classified	119,489.08	117,537.00	(1,952.08)	101.66%
5011250	Salaries, Overtime	5,655.76	-	(5,655.76)	0.00%
	Total Salaries	125,144.84	117,537.00	(7,607.84)	106.47%
5011300 Special Payments					
5011310	Bonuses and Incentives	1,000.00	1,000.00	-	100.00%
5011340	Specified Per Diem Payment	1,900.00	3,000.00	1,100.00	63.33%
5011380	Deferred Compnsth Match Pmts	344.00	1,288.00	944.00	26.71%
	Total Special Payments	3,244.00	5,288.00	2,044.00	61.35%
5011400 Wages					
5011410	Wages, General	-	20,000.00	20,000.00	0.00%
	Total Wages	-	20,000.00	20,000.00	0.00%
5011600 Terminatn Personal Svce Costs					
5011660	Defined Contribution Match - Hy	2,462.92	-	(2,462.92)	0.00%
	Total Terminatn Personal Svce Costs	2,462.92	-	(2,462.92)	0.00%
5011930 Turnover/Vacancy Benefits					
	Total Personal Services	172,763.36	189,372.00	16,608.64	91.23%
5012000 Contractual Svcs					
5012100 Communication Services					
5012110	Express Services	-	295.00	295.00	0.00%
5012120	Outbound Freight Services	31.10	-	(31.10)	0.00%

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 10900 - Counseling
 For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
5012140	Postal Services	24,035.66	8,232.00	(15,803.66)	291.98%
5012150	Printing Services	115.99	120.00	4.01	96.66%
5012160	Telecommunications Svcs (VITA)	597.61	900.00	302.39	66.40%
5012190	Inbound Freight Services	652.25	-	(652.25)	0.00%
	Total Communication Services	25,432.61	9,547.00	(15,885.61)	266.39%
5012200	Employee Development Services				
5012210	Organization Memberships	1,400.00	500.00	(900.00)	280.00%
5012240	Employee Training/Workshop/Conf	1,740.00	-	(1,740.00)	0.00%
	Total Employee Development Services	3,140.00	500.00	(2,640.00)	628.00%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	140.00	140.00	0.00%
	Total Health Services	-	140.00	140.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	33,784.64	9,280.00	(24,504.64)	364.06%
5012440	Management Services	406.52	134.00	(272.52)	303.37%
5012460	Public Infrmtnl & Relatn Svcs	104.00	5.00	(99.00)	2080.00%
5012470	Legal Services	200.00	475.00	275.00	42.11%
	Total Mgmnt and Informational Svcs	34,495.16	9,894.00	(24,601.16)	348.65%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	247.27	-	(247.27)	0.00%
5012520	Electrical Repair & Maint Srvc	97.50	-	(97.50)	0.00%
5012530	Equipment Repair & Maint Srvc	3,276.22	-	(3,276.22)	0.00%
5012560	Mechanical Repair & Maint Srvc	-	34.00	34.00	0.00%
	Total Repair and Maintenance Svcs	3,620.99	34.00	(3,586.99)	10649.97%
5012600	Support Services				
5012630	Clerical Services	119,608.59	110,551.00	(9,057.59)	108.19%
5012640	Food & Dietary Services	1,973.06	1,075.00	(898.06)	183.54%
5012660	Manual Labor Services	582.67	1,170.00	587.33	49.80%
5012670	Production Services	3,714.04	5,380.00	1,665.96	69.03%
5012680	Skilled Services	15,550.29	16,764.00	1,213.71	92.76%
	Total Support Services	141,428.65	134,940.00	(6,488.65)	104.81%
5012700	Technical Services				
5012760	C.Operating Svs (By VITA)	73.20	-	(73.20)	0.00%
	Total Technical Services	73.20	-	(73.20)	0.00%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	5,293.09	4,979.00	(314.09)	106.31%
5012830	Travel, Public Carriers	757.73	-	(757.73)	0.00%
5012850	Travel, Subsistence & Lodging	6,054.83	1,950.00	(4,104.83)	310.50%
5012880	Trvl, Meal Reimb- Not Rprtble	2,029.50	988.00	(1,041.50)	205.41%
	Total Transportation Services	14,135.15	7,917.00	(6,218.15)	178.54%
	Total Contractual Svs	222,325.76	162,972.00	(59,353.76)	136.42%
5013000	Supplies And Materials				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10900 - Counseling
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
5013100	Administrative Supplies				
5013110	Apparel Supplies	21.61	-	(21.61)	0.00%
5013120	Office Supplies	5,349.44	597.00	(4,752.44)	896.05%
5013130	Stationery and Forms	408.43	-	(408.43)	0.00%
	Total Administrative Supplies	5,779.48	597.00	(5,182.48)	968.09%
5013400	Medical and Laboratory Supp.				
5013420	Medical and Dental Supplies	24.01	-	(24.01)	0.00%
	Total Medical and Laboratory Supp.	24.01	-	(24.01)	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	92.75	-	(92.75)	0.00%
5013530	Electrcal Repair & Maint Matrl	4.43	-	(4.43)	0.00%
	Total Repair and Maint. Supplies	97.18	-	(97.18)	0.00%
5013600	Residential Supplies				
5013630	Food Service Supplies	-	183.00	183.00	0.00%
5013640	Laundry and Linen Supplies	3.22	-	(3.22)	0.00%
5013650	Personal Care Supplies	86.00	-	(86.00)	0.00%
	Total Residential Supplies	89.22	183.00	93.78	48.75%
	Total Supplies And Materials	5,989.89	780.00	(5,209.89)	767.93%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	173.21	46.00	(127.21)	376.54%
	Total Insurance-Fixed Assets	173.21	46.00	(127.21)	376.54%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	563.82	540.00	(23.82)	104.41%
5015350	Building Rentals	93.60	-	(93.60)	0.00%
5015360	Land Rentals	-	60.00	60.00	0.00%
5015390	Building Rentals - Non State	11,388.64	12,584.00	1,195.36	90.50%
	Total Operating Lease Payments	12,046.06	13,184.00	1,137.94	91.37%
5015400	Service Charges				
5015470	Private Vendor Service Charges:	10.23	-	(10.23)	0.00%
	Total Service Charges	10.23	-	(10.23)	0.00%
5015500	Insurance-Operations				
5015510	General Liability Insurance	938.17	170.00	(768.17)	551.86%
5015540	Surety Bonds	36.68	11.00	(25.68)	333.45%
	Total Insurance-Operations	974.85	181.00	(793.85)	538.59%
	Total Continuous Charges	13,204.35	13,411.00	206.65	98.46%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	10,483.60	-	(10,483.60)	0.00%
	Total Computer Hrdware & Sftware	10,483.60	-	(10,483.60)	0.00%
5022200	Educational & Cultural Equip				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10900 - Counseling
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
5022240	Reference Equipment	-	77.00	77.00	0.00%
	Total Educational & Cultural Equip	-	77.00	77.00	0.00%
5022400	Medical and Laboratory Equip				
5022420	Medical and Dental Equip	17.19	-	(17.19)	0.00%
	Total Medical and Laboratory Equip	17.19	-	(17.19)	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	42.00	42.00	0.00%
5022620	Office Furniture	6,396.53	-	(6,396.53)	0.00%
	Total Office Equipment	6,396.53	42.00	(6,354.53)	15229.83%
5022700	Specific Use Equipment				
5022710	Household Equipment	20.37	-	(20.37)	0.00%
	Total Specific Use Equipment	20.37	-	(20.37)	0.00%
	Total Equipment	16,917.69	119.00	(16,798.69)	14216.55%
	Total Expenditures	431,201.05	366,654.00	(64,547.05)	117.60%
	Net Revenue in Excess (Shortfall) of Expenditures Before Allocated Expenditures	\$ 1,505,557.95	\$ 1,301,221.00	\$ (204,336.95)	115.70%
	Allocated Expenditures				
20100	Behavioral Science Exec	212,622.90	231,276.00	18,653.10	91.93%
30100	Data Center	265,764.32	292,601.92	26,837.61	90.83%
30200	Human Resources	13,031.31	9,347.66	(3,683.65)	139.41%
30300	Finance	139,914.27	145,563.18	5,648.91	96.12%
30400	Director's Office	51,677.52	58,202.09	6,524.58	88.79%
30500	Enforcement	375,052.34	267,195.13	(107,857.21)	140.37%
30600	Administrative Proceedings	123,798.60	65,802.46	(57,996.14)	188.14%
30700	Impaired Practitioners	467.65	223.28	(244.37)	209.44%
30800	Attorney General	1,441.38	1,441.56	0.18	99.99%
30900	Board of Health Professions	39,350.86	42,350.52	2,999.67	92.92%
31100	Maintenance and Repairs	-	1,489.76	1,489.76	0.00%
31300	Emp. Recognition Program	239.21	422.99	183.78	56.55%
31400	Conference Center	171.18	357.03	185.85	47.94%
31500	Pgm Devlpmnt & Implmnt	24,079.22	25,539.18	1,459.96	94.28%
	Total Allocated Expenditures	1,247,610.74	1,141,812.76	(105,797.98)	109.27%
	Net Revenue in Excess (Shortfall) of Expenditures	\$ 257,947.21	\$ 159,408.24	\$ (98,538.97)	161.82%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
4002400 Fee Revenue											
4002401	Application Fee	45,000.00	40,795.00	40,385.00	39,260.00	32,105.00	34,325.00	37,675.00	33,710.00	29,040.00	27,710.00
4002406	License & Renewal Fee	28,860.00	5,665.00	2,295.00	1,805.00	1,935.00	7,380.00	6,490.00	2,085.00	3,110.00	1,200.00
4002407	Dup. License Certificate Fee	280.00	300.00	270.00	165.00	125.00	120.00	155.00	230.00	185.00	260.00
4002409	Board Endorsement - Out	510.00	450.00	510.00	480.00	300.00	450.00	360.00	540.00	720.00	240.00
4002421	Monetary Penalty & Late Fees	12,715.00	2,355.00	1,210.00	740.00	555.00	605.00	370.00	840.00	475.00	310.00
4002430	Board Changes Fee	3,150.00	3,265.00	2,975.00	3,300.00	3,000.00	1,680.00	90.00	95.00	270.00	180.00
4002432	Misc. Fee (Bad Check Fee)	105.00	105.00	-	-	-	35.00	70.00	35.00	-	280.00
	Total Fee Revenue	90,620.00	52,935.00	47,645.00	45,750.00	38,020.00	44,595.00	45,210.00	37,535.00	33,800.00	30,180.00
4003000 Sales of Prop. & Commodities											
4003020	Misc. Sales-Dishonored Payments	115.00	350.00	130.00	-	-	135.00	90.00	5.00	-	255.00
	Total Sales of Prop. & Commodities	115.00	350.00	130.00	-	-	135.00	90.00	5.00	-	255.00
	Total Revenue	90,735.00	53,285.00	47,775.00	45,750.00	38,020.00	44,730.00	45,300.00	37,540.00	33,800.00	30,435.00
5011000 Personal Services											
5011100 Employee Benefits											
5011110	Employer Retirement Contrib.	1,853.83	1,247.02	1,247.02	1,108.78	1,108.78	1,108.78	1,077.54	1,077.54	1,077.54	1,077.54
5011120	Fed Old-Age Ins- Sal St Emp	1,359.98	954.74	894.61	822.66	712.07	721.32	710.07	745.41	729.92	709.56
5011140	Group Insurance	212.02	142.62	142.62	124.54	124.54	124.54	124.54	124.54	124.54	124.54
5011150	Medical/Hospitalization Ins.	2,061.00	1,374.00	1,374.00	-	1,374.00	1,374.00	1,374.00	1,374.00	1,374.00	1,374.00
5011160	Retiree Medical/Hospitalizatn	189.34	127.36	127.36	111.22	111.22	111.22	111.22	111.22	111.22	111.22
5011170	Long term Disability Ins	100.37	67.52	67.52	58.96	58.96	58.96	58.96	58.96	58.96	58.96
	Total Employee Benefits	5,776.54	3,913.26	3,853.13	2,226.16	3,489.57	3,498.82	3,456.33	3,491.67	3,476.18	3,455.82
5011200 Salaries											
5011230	Salaries, Classified	16,330.38	10,886.92	10,886.92	9,692.77	9,507.34	9,507.34	9,507.34	9,507.34	9,507.34	9,507.34
5011250	Salaries, Overtime	1,815.37	1,828.62	1,042.87	28.16	38.84	140.78	25.89	468.87	266.36	-
	Total Salaries	18,145.75	12,715.54	11,929.79	9,720.93	9,546.18	9,648.12	9,533.23	9,976.21	9,773.70	9,507.34
5011310	Bonuses and Incentives	-	-	-	1,000.00	-	-	-	-	-	-
5011340	Specified Per Diem Payment	150.00	400.00	50.00	250.00	50.00	350.00	100.00	450.00	100.00	-
5011380	Deferred Compnstrn Match Prmts	60.00	40.00	40.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00
	Total Special Payments	210.00	440.00	90.00	1,274.00	74.00	374.00	124.00	474.00	124.00	24.00

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
5022710	Household Equipment	-	20.37	-	-	-	-	-	-	-	-
	Total Specific Use Equipment	-	20.37	-	-	-	-	-	-	-	-
	Total Equipment	-	6,416.90	-	-	-	8.75	-	-	-	10,474.85
	Total Expenditures	44,154.99	73,611.46	35,491.44	18,499.16	38,711.20	29,147.64	34,601.11	30,713.40	29,503.87	31,503.36
	Allocated Expenditures										
20100	Behavioral Science Exec	24,657.34	17,093.89	17,333.16	14,762.08	18,205.04	17,651.26	18,170.24	19,403.24	18,076.36	18,049.24
20200	Opt/Vet-Med/ASLP Executive Dir	-	-	-	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	-	-	-	-	-	-	-	-	-	-
20600	Funeral/LTCA/PT	-	-	-	-	-	-	-	-	-	-
30100	Data Center	30,215.98	30,068.40	9,787.44	19,053.81	30,397.96	11,043.96	31,022.50	21,612.77	28,421.03	19,432.71
30200	Human Resources	1,410.32	135.16	86.23	9,122.76	122.24	81.01	114.45	279.44	70.57	245.22
30300	Finance	13,279.94	10,810.33	9,900.28	22,366.25	(2,910.32)	12,173.18	11,121.11	20,314.23	12,496.46	10,393.75
30400	Director's Office	6,355.78	4,430.35	4,378.87	4,029.57	5,349.15	4,640.74	4,114.53	4,218.45	3,949.03	3,924.51
30500	Enforcement	40,177.09	29,127.01	31,118.53	27,307.10	34,204.94	33,472.12	31,490.47	31,213.75	31,543.26	33,942.48
30600	Administrative Proceedings	19,354.37	17,402.37	5,439.10	5,102.26	7,832.13	13,628.29	12,165.19	16,286.18	55.11	4,719.30
30700	Impaired Practitioners	37.50	45.98	67.58	22.03	34.70	23.51	31.67	38.70	24.30	65.02
30800	Attorney General	-	-	-	-	720.60	-	360.39	-	-	360.39
30900	Board of Health Professions	4,570.51	3,784.19	2,861.90	3,402.68	3,693.82	2,786.58	3,117.85	3,210.76	3,453.85	3,384.07
31000	SRTA	-	-	-	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-	-	-	-	-	-	-
31300	Emp. Recognition Program	3.69	-	-	-	4.68	-	-	73.22	140.61	17.01
31400	Conference Center	10.45	24.44	(5.16)	8.08	34.39	15.10	15.07	26.86	(2.68)	15.30
31500	Pgm Devlpmt & Implmentn	2,706.00	2,228.27	1,996.14	1,683.09	2,569.22	1,956.40	2,084.91	1,741.71	2,541.56	1,581.61
98700	Cash Transfers	-	-	-	-	-	-	-	-	-	-
	Total Allocated Expenditures	142,778.96	115,150.39	82,964.08	106,859.69	100,258.56	97,472.15	113,808.38	118,419.31	100,769.46	96,130.61
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (96,198.95)	\$ (135,476.85)	\$ (70,680.52)	\$ (79,608.85)	\$ (100,949.76)	\$ (81,889.79)	\$ (103,109.49)	\$ (111,592.71)	\$ (96,473.33)	\$ (97,198.97)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	May	June	Total
4002400	Fee Revenue			
4002401	Application Fee	39,454.00	41,440.00	440,899.00
4002406	License & Renewal Fee	517,610.00	865,325.00	1,443,760.00
4002407	Dup. License Certificate Fee	865.00	1,030.00	3,985.00
4002409	Board Endorsement - Out	690.00	805.00	6,055.00
4002421	Monetary Penalty & Late Fees	450.00	695.00	21,320.00
4002430	Board Changes Fee	90.00	60.00	18,155.00
4002432	Misc. Fee (Bad Check Fee)	35.00	70.00	735.00
	Total Fee Revenue	<u>559,194.00</u>	<u>909,425.00</u>	1,934,909.00
4003000	Sales of Prop. & Commodities			
4003020	Misc. Sales-Dishonored Payments	545.00	225.00	1,850.00
	Total Sales of Prop. & Commodities	<u>545.00</u>	<u>225.00</u>	1,850.00
	Total Revenue	<u>559,739.00</u>	<u>909,650.00</u>	1,936,759.00
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	1,077.54	585.29	13,647.20
5011120	Fed Old-Age Ins- Sal St Emp	709.54	386.66	9,456.54
5011140	Group Insurance	124.54	67.34	1,560.92
5011150	Medical/Hospitalization Ins.	1,374.00	687.00	15,114.00
5011160	Retiree Medical/Hospitalizatn	111.22	60.15	1,393.97
5011170	Long term Disability Ins	58.96	31.88	738.97
	Total Employee Benefits	<u>3,455.80</u>	<u>1,818.32</u>	41,911.60
5011200	Salaries			
5011230	Salaries, Classified	9,507.34	5,140.71	119,489.08
5011250	Salaries, Overtime	-	-	5,655.76
	Total Salaries	<u>9,507.34</u>	<u>5,140.71</u>	125,144.84
5011310	Bonuses and Incentives	-	-	1,000.00
5011340	Specified Per Diem Payment	-	-	1,900.00
5011380	Deferred Compnstrn Match Prmts	24.00	12.00	344.00
	Total Special Payments	<u>24.00</u>	<u>12.00</u>	3,244.00

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	May	June	Total
5011600	Terminatn Personal Svce Costs			
5011660	Defined Contribution Match - Hy	207.84	109.73	2,462.92
	Total Terminatn Personal Svce Costs	<u>207.84</u>	<u>109.73</u>	<u>2,462.92</u>
	Total Personal Services	13,194.98	7,080.76	172,763.36
5012000	Contractual Svcs			-
5012100	Communication Services			-
5012120	Outbound Freight Services	-	-	31.10
5012140	Postal Services	2,672.55	880.94	24,035.66
5012150	Printing Services	-	-	115.99
5012160	Telecommunications Svcs (VITA)	57.82	50.26	597.61
5012190	Inbound Freight Services	1.04	-	652.25
	Total Communication Services	<u>2,731.41</u>	<u>931.20</u>	<u>25,432.61</u>
5012200	Employee Development Services			
5012210	Organization Memberships	-	-	1,400.00
5012240	Employee Trainng/Workshop/Conf	-	-	1,740.00
	Total Employee Development Services	<u>-</u>	<u>-</u>	<u>3,140.00</u>
5012300	Health Services			
5012360	X-ray and Laboratory Services	-	-	-
	Total Health Services	<u>-</u>	<u>-</u>	<u>-</u>
5012400	Mgmnt and Informational Svcs			
5012420	Fiscal Services	18.48	9,619.98	33,784.64
5012440	Management Services	160.84	-	406.52
5012460	Public Infrmtnl & Relatn Svcs	-	-	104.00
5012470	Legal Services	-	-	200.00
	Total Mgmnt and Informational Svcs	<u>179.32</u>	<u>9,619.98</u>	<u>34,495.16</u>
5012500	Repair and Maintenance Svcs			
5012510	Custodial Services	-	164.85	247.27
5012520	Electrical Repair & Maint Srvc	-	-	97.50
5012530	Equipment Repair & Maint Srvc	6.16	-	3,276.22
	Total Repair and Maintenance Svcs	<u>6.16</u>	<u>164.85</u>	<u>3,620.99</u>
5012600	Support Services			

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	May	June	Total
5012630	Clerical Services	14,785.50	9,367.68	119,608.59
5012640	Food & Dietary Services	-	-	1,973.06
5012660	Manual Labor Services	28.32	24.09	582.67
5012670	Production Services	118.22	282.50	3,714.04
5012680	Skilled Services	1,356.80	1,469.30	15,550.29
	Total Support Services	16,288.84	11,143.57	141,428.65
5012700	Technical Services			
5012760	C.Operating Svs (By VITA)	114.35	(114.35)	73.20
	Total Technical Services	114.35	(114.35)	73.20
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	-	-	5,293.09
5012830	Travel, Public Carriers	-	-	757.73
5012850	Travel, Subsistence & Lodging	-	-	6,054.83
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	2,029.50
	Total Transportation Services	-	-	14,135.15
	Total Contractual Svs	19,320.08	21,745.25	222,325.76
5013000	Supplies And Materials			
5013100	Administrative Supplies			-
5013110	Apparel Supplies	-	21.61	21.61
5013120	Office Supplies	644.10	339.70	5,349.44
5013130	Stationery and Forms	-	-	408.43
	Total Administrative Supplies	644.10	361.31	5,779.48
5013400	Medical and Laboratory Supp.			
5013420	Medical and Dental Supplies	-	6.90	24.01
	Total Medical and Laboratory Supp.	-	6.90	24.01
5013500	Repair and Maint. Supplies			
5013520	Custodial Repair & Maint Matrl	-	-	92.75
5013530	Electrcal Repair & Maint Matrl	-	-	4.43
	Total Repair and Maint. Supplies	-	-	97.18
5013600	Residential Supplies			

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	May	June	Total
5013640	Laundry and Linen Supplies	-	-	3.22
5013650	Personal Care Supplies	-	-	86.00
	Total Residential Supplies	-	-	89.22
	Total Supplies And Materials	644.10	368.21	5,989.89
5015000	Continuous Charges			
5015100	Insurance-Fixed Assets			-
5015160	Property Insurance	-	118.34	173.21
	Total Insurance-Fixed Assets	-	118.34	173.21
5015300	Operating Lease Payments			
5015340	Equipment Rentals	48.70	48.70	563.82
5015350	Building Rentals	24.00	-	93.60
5015390	Building Rentals - Non State	1,015.83	846.99	11,388.64
	Total Operating Lease Payments	1,088.53	895.69	12,046.06
5015400	Service Charges			
5015470	Private Vendor Service Charges:	24.00	-	10.23
	Total Service Charges	24.00	-	10.23
5015500	Insurance-Operations			
5015510	General Liability Insurance	-	741.23	938.17
5015540	Surety Bonds	-	25.06	36.68
	Total Insurance-Operations	-	766.29	974.85
	Total Continuous Charges	1,112.53	1,780.32	13,204.35
5022000	Equipment			
5022170	Other Computer Equipment	-	-	10,483.60
	Total Computer Hrdware & Sftware	-	-	10,483.60
5022420	Medical and Dental Equip	-	17.19	17.19
	Total Medical and Laboratory Equip	-	17.19	17.19
5022620	Office Furniture	-	-	6,396.53
	Total Office Equipment	-	-	6,396.53

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	May	June	Total
5022710	Household Equipment	-	-	20.37
	Total Specific Use Equipment	-	-	20.37
	Total Equipment	-	17.19	16,917.69
	Total Expenditures	34,271.69	30,991.73	431,201.05
Allocated Expenditures				
20100	Behavioral Science Exec	18,761.53	10,459.54	212,622.90
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-
20400	Nursing / Nurse Aid	-	-	-
20600	Funeral\LTCA\PT	-	-	-
30100	Data Center	10,254.07	24,453.69	265,764.32
30200	Human Resources	87.84	1,276.09	13,031.31
30300	Finance	12,895.41	7,073.64	139,914.27
30400	Director's Office	4,129.48	2,157.06	51,677.52
30500	Enforcement	33,746.49	17,709.10	375,052.34
30600	Administrative Proceedings	15,471.90	6,342.39	123,798.60
30700	Impaired Practitioners	50.40	26.24	467.65
30800	Attorney General	-	-	1,441.38
30900	Board of Health Professions	2,592.56	2,492.09	39,350.86
31000	SRTA	-	-	-
31100	Maintenance and Repairs	-	-	-
31300	Emp. Recognition Program	-	-	239.21
31400	Conference Center	14.69	14.65	171.18
31500	Pgm Devlpmnt & Implmntn	1,843.55	1,146.75	24,079.22
98700	Cash Transfers	-	-	-
	Total Allocated Expenditures	99,847.91	73,151.24	1,247,610.74
	Net Revenue in Excess (Shortfall) of Expenditures	\$ 425,619.40	\$ 805,507.03	257,947.21

Discipline Reports

01/25/2020 - 07/30/2020

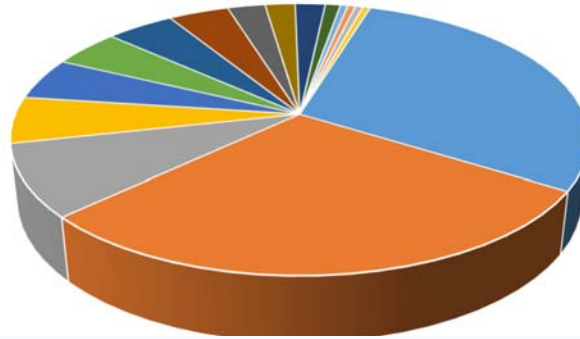
NEW CASES RECEIVED IN BOARD 01/25/2020 - 07/30/2020				
	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	164	60	54	<i>278</i>

OPEN CASES (as of 07/30/2020)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	57	52	6	
Scheduled for Informal Conferences	35	2	5	
Scheduled for Formal Hearings	6	1	0	
Other (pending CCA, PHCO, hold, etc.)	18	7	17	
Cases with APD for processing (IFC, FH, Consent Order)	1	0	2	
TOTAL CASES AT BOARD LEVEL	117	62	30	<i>209</i>
OPEN INVESTIGATIONS	71	30	22	<i>123</i>
TOTAL OPEN CASES	188	92	52	<i>332</i>

UPCOMING CONFERENCES AND HEARINGS	
Informal Conferences	August 10, 2020 (Agency Subordinate) August 14, 2020 (Special Conference Cmte) September 18, 2020 (Special Conference Cmte) October 16, 2020 (Special Conference Cmte)
Formal Hearings	Following scheduled board meetings, as necessary

CASES CLOSED (01/25/2020 - 07/30/2020)	
Closed – no violation	165
Closed – undetermined	21
Closed – violation	2
Credentials/Reinstatement – Denied	8
Credentials/Reinstatement – Approved	3
TOTAL CASES CLOSED	199

Closed Case Categories



- No jurisdiction (58)
- Diagnosis/Treatment (58)
1 violation
- Inability Safety Practice (17)
- Applicant (11)
- Fraud, Patient Care (10)
- Abuse/Abandonment/Neglect (9)
- Business Practice Issues (9)
- Inappropriate Relationship (8)
- Confidentiality (5)
- Fraud, Non-patient care (4)
- Scope of Practice (4)
- Unlicensed Activity (2)
- Advertising (1)
- Continuing Education (1)
1 violation
- Records Release (1)
- Reinstatement (1)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	185
Avg. time in Enforcement (investigations)	109
Avg. time in APD (IFC/FH preparation)	133
Avg. time in Board (includes hearings, reviews, etc).	73
Avg. time with board member (probable cause review)	13

LICENSING REPORT

As of August 1, 2020

Satisfaction Survey Results
3 rd Quarter - 96.2%
4 th Quarter – 87.9%

TOTALS AS OF August 1, 2020

There were 33,319 licensees, certificate holders and registrants as of August 1, 2020. The number of current licenses, certifications and registrations are listed in the below chart.

Current Licenses	
Certified Substance Abuse Counselor	1838
Substance Abuse Trainee	2046
Substance Abuse Counseling Assistant	237
Licensed Marriage and Family Therapist	899
Marriage & Family Therapist Resident	230
Licensed Professional Counselor	6460
Resident in Counseling	4186
Substance Abuse Treatment Practitioner	297
Substance Abuse Treatment Residents	9
Rehabilitation Provider	193
Qualified Mental Health Prof-Adult	7027
Qualified Mental Health Prof-Child	5623
Trainee for Qualified Mental Health Prof	3998
Registered Peer Recovery Specialist	276
Total	33,319



February

There were 423 licenses issued for Counseling for the month of **February**. The number of licenses, certification and registration issued are listed in the below chart. During this month, the Board received 536 applications.

Licenses, Certifications, Registrations issued February 2020	
Certified Substance Abuse Counselor	11
Substance Abuse Trainee	20
Substance Abuse Counseling Assistant	2
Licensed Marriage and Family Therapist	5
Marriage & Family Therapist Resident	3
Pre-Education Review for LMFT	1
Licensed Professional Counselor	59
Resident in Counseling	71
Pre-Education Review for LPC	1
Substance Abuse Treatment Practitioner	7
Substance Abuse Treatment Residents	1
Pre-Education Review for LSATP	1
Rehabilitation Provider	0
Qualified Mental Health Prof-Adult	47
Qualified Mental Health Prof-Child	50
Trainee for Qualified Mental Health Prof	135
Registered Peer Recovery Specialist	9
Total	423

MARCH 2020

There were 460 licenses issued for Counseling for the month of **March**. The number of licenses, certification and registration issued are listed in the below chart. During this month, the Board received 480 applications.

Licenses, Certifications, Registrations issued March 2020	
Certified Substance Abuse Counselor	6
Substance Abuse Trainee	19
Substance Abuse Counseling Assistant	7
Licensed Marriage and Family Therapist	8
Marriage & Family Therapist Resident	4
Licensed Professional Counselor	55
Resident in Counseling	46
Pre-Education Review for LPC	5
Substance Abuse Treatment Practitioner	4
Substance Abuse Treatment Residents	1
Rehabilitation Provider	0
Qualified Mental Health Prof-Adult	93
Qualified Mental Health Prof-Child	63
Trainee for Qualified Mental Health Prof	143
Registered Peer Recovery Specialist	6
Total	460

APRIL 2020

There were 391 licenses issued for Counseling for the month of **April**. The number of licenses, certification and registration issued are listed in the below chart. During this month, the Board received 411 applications.

Licenses, Certifications, Registrations issued April 2020	
Certified Substance Abuse Counselor	0
Substance Abuse Trainee	6
Substance Abuse Counseling Assistant	3
Licensed Marriage and Family Therapist* Includes 19 temporary licenses	21
Marriage & Family Therapist Resident	2
Licensed Professional Counselor* Includes 92 temporary licenses	160
Resident in Counseling	37
Pre-Education Review for LPC	3
Substance Abuse Treatment Practitioner	5
Substance Abuse Treatment Residents	0
Rehabilitation Provider	0
Qualified Mental Health Prof-Adult	39
Qualified Mental Health Prof-Child	29
Trainee for Qualified Mental Health Prof	84
Registered Peer Recovery Specialist	2
Total	391

May 2020

There were 487 licenses issued for Counseling for the month of **May**. The number of licenses, certification and registration issued are listed in the below chart. During this month, the Board received 622 applications.

Licenses, Certifications, Registrations issued May 2020	
Certified Substance Abuse Counselor	3
Substance Abuse Trainee	20
Substance Abuse Counseling Assistant	2
Licensed Marriage and Family Therapist* Includes 36 temporary licenses	37
Marriage & Family Therapist Resident	2
Licensed Professional Counselor* Includes 137 temporary licenses	169
Resident in Counseling	34
Pre-Education Review for LPC	3
Substance Abuse Treatment Practitioner	7
Substance Abuse Treatment Residents	0
Rehabilitation Provider	0
Qualified Mental Health Prof-Adult	52
Qualified Mental Health Prof-Child	49
Trainee for Qualified Mental Health Prof	108
Registered Peer Recovery Specialist	1
Total	487



JUNE 2020

There were 555 licenses issued for Counseling for the month of **June**. The number of licenses, certification and registration issued are listed in the below chart. During this month, the Board received 652 applications.

Licenses, Certifications, Registrations issued June 2020	
Certified Substance Abuse Counselor	8
Substance Abuse Trainee	21
Substance Abuse Counseling Assistant	7
Licensed Marriage and Family Therapist* Includes 26 temporary licenses	27
Marriage & Family Therapist Resident	2
Licensed Professional Counselor* Includes 95 temporary licenses	154
Resident in Counseling	71
Pre-Education Review for LPC	3
Substance Abuse Treatment Practitioner	6
Substance Abuse Treatment Residents	1
Rehabilitation Provider	0
Qualified Mental Health Prof-Adult	65
Qualified Mental Health Prof-Child	45
Trainee for Qualified Mental Health Prof	141
Registered Peer Recovery Specialist	4
Total	555



JULY 2020

There were 563 licenses issued for Counseling for the month of **July**. The number of licenses, certification and registration issued are listed in the below chart. During this month, the Board received 596 applications.

Licenses, Certifications, Registrations issued July 2020	
Certified Substance Abuse Counselor	14
Substance Abuse Trainee	20
Substance Abuse Counseling Assistant	5
Licensed Marriage and Family Therapist* Includes 34 temporary licenses	40
Marriage & Family Therapist Resident	8
Pre-Education Review for LMFT	2
Licensed Professional Counselor* Includes 111 temporary licenses	176
Resident in Counseling	55
Pre-Education Review for LPC	5
Substance Abuse Treatment Practitioner	5
Substance Abuse Treatment Residents	0
Rehabilitation Provider	0
Qualified Mental Health Prof-Adult	64
Qualified Mental Health Prof-Child	37
Trainee for Qualified Mental Health Prof	125
Registered Peer Recovery Specialist	7
Total	563



Additional Information:

- **Staffing and Building Information:**

- The Board recently was able to hire an additional full time employee. Victoria Cunningham who has been with the Board for 3 years as a contractor filled this position.
- The Board currently has three full time staff members to answer phone calls, emails and to process applications with the approval to hire two additional part-time staff.
- The Department of Health Professions reception areas remain closed for walk-in services.
- Board staff continues to work primarily from home, which has caused a slight delay in the processing of applications, but the Board is still well within the 30-day process guidelines established by the Agency.

- **Renewals:**

- Renewal email notifications were sent to all licensees, certification holders and registrants on May 6, 2020 and again on June 10, 2020.
- The Board granted a one-year extension for continuing education (CE) to all licensees and registrants. Each licensee and registrant will have until June 30, 2021 to complete the required CEs. This extension did not apply to those individuals who must complete CEs as part of a Board order.
- During the 2021 renewal, all licensees and registrants will be required to attest to completing the required CE hours for both 2020 and 2021.
- CSAC and CSAC-A's will be required to renew their certification in 2021.
- Residents will be required to renew and complete continuing education each year. Resident licenses expire one year from the month the license was issued. For example, those who previously approved for residency were issued a license on 1/1/2020, therefore their license will expire on 1/31/2020. If an applicant was approved as a resident on June 1, 2020, their expiration date would be June 30, 2021.

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

- Pursuant to Governor Northam's Executive Order No. 57 (effective April 17, 2020 and amended on June 10, 2020) Professional Counselors and Marriage and Family Therapist *with an active license issued by another state may be issued a temporary license by endorsement as a health care practitioner of the same type for which such license is issued in another state upon submission of an application and*



Virginia Department of Health Professions

Board of Counseling

information requested by the applicable licensing board and the board's verification that the applicant's license issued by another state is active in good standing and there are no current reports in the United States Department of Health and Human Services National Practitioner Data Bank. Such temporary license shall expire **September 8, 2020**. During such time the practitioner may seek a full Virginia license or transition patients to Virginia-licensed practitioners.

- Health care practitioners with an active license issued by another state may provide **continuity of care** to their current patients who are Virginia residents through telehealth services for the **duration of Amended Executive Order 51**. Establishment of a relationship with a new patient requires a Virginia license.
- As of July 31, 2020, the Board has issued 556 temporary licenses. (441 LPC temporary licenses and 115 LMFT temporary licenses)

