Virginia Department of Health Professions
Board of Counseling

Agenda
Full Board Meeting
February 5, 2020
VIRTUAL

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

- Roll Call/Welcome and Introductions
- Mission of the Board Page 4

Approval of Minutes

- Board Meeting – November 6, 2020* Page 5
- Informal Conferences – November 16, 2020 (For informational purposes only) Page 12

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 Page 13

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

- Report on Regulatory Actions Page 14
- Report on General Assembly

Committee Reports

- Legislative/Regulatory Committee – Holly Tracy, LPC, LMFT, Regulatory Committee Chairperson
  - Summary of the Report on Multi-Systemic Therapy & Functional Family Therapy- - Alyssa M. Ward, Ph.D., Behavioral Health Clinical Director, DMAS and Aexis Aplasca, MD, FAAP, FAPA, Chief Clinical Officer, DBHDS (See Appendix A, Page 159)
- Board of Health Professions Report – Kevin Doyle, Ed.D., LPC, LSATP

Unfinished Business

- Counselor Interstate Compact – Dr. Doyle Page 15
- Update on AASCB Conference – Dr. Doyle Page 26

New Business

- Recommedations from the Regulatory Committee – Ms. Yeatts
  - Adoption of Final Regulation on Conversion Therapy* Page 29

Listening Session-Telemental Health Needs -- LoriAnn S. Stretch, PhD, LCMHC-S, NCC, ACS, BC-TMH, Clinal Asociate Professor, Online Counseling Program Coordinator, William & Mary Page 117

Staff Reports

Board Counsel Report – James Rutkowski, Assistant Attorney General

Recommended Decisions -- Ms. Lang**

Next Meeting – May 14, 2021

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 February 5, 2021 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 jaime.hoyle@dhp.virginia.gov **no later than 8 am on February 5, 2021** 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.ht

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Meeting number (access code): 132 897 4286
Meeting password: KDbGWeax287 (53249329 from phones and video systems)

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You can also dial 173.243.2.68 and enter your meeting number. If you are a host, click here to view host information: https://virginia-dhp.my.webex.com/virginia-dhp.my/j.php?MTID=m0583cd8d9b94d6f5c3a40fa8aa6afd45

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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, November 6, 2020
DRAFT MINUTES

TIME AND PLACE:	Consistent with Amendment 28 to HB29 (the Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the Freedom of Information Act, the Committee convened the meeting virtually to consider such regulatory and business matters as are presented on the agenda necessary for the committee to discharge its lawful purposes, duties, and responsibilities.
PRESIDING:	Johnston Brendel, Ed.D., LPC, LMFT, Chairperson
BOARD MEMBERS PRESENT:	Barry Alvarez, LMFT Kevin Doyle, Ed.D., LPC, LSATP Natalie Harris, LPC, LMFT Danielle Hunt, LPC, Vice-Chairperson Bev-Freda L. Jackson, Ph.D., MA, Citizen Member Maria Stransky, LPC, CSAC, CSOTP Terry R. Tinsley, Ph.D., LPC, LMFT, CSOTP Holly Tracy, LPC, LMFT Tiffinee Yancey, Ph.D., LPC
ABSENT BOARD MEMBER:	Jane Engelken, LPC, LSATP Vivian Sanchez-Jones, Citizen Member
STAFF PRESENT:	Victoria Cunningham, Licensing Specialist Jaime Hoyle, JD, Executive Director Jennifer Lang, Deputy Executive Director Charlotte Lenart, Deputy Executive Director-Licensing Brenda Maida, Licensing Specialist Jared McDonough, Administrative Assistant Sharniece Vaughan, Licensing Specialist
OTHER STAFF 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. After completing a roll call of Board members and staff, Ms. Hoyle indicated that with 10 Board members present a quorum was established.
APPROVAL OF MINUTES:	Upon a motion made by Ms. Tracy, and seconded by Ms. Stransky, the Board voted unanimously to approve the August 21, 2020 meeting minutes.
ADOPTION OF AGENDA:	The Board adopted the agenda as written.

PUBLIC IN ATTENDANCE: Lori Cowan, LPC, LMFT, CRP
Matthew Shurka, Co-Founder, Born Perfect
Adam Trimmer, Virginia Ambassador, Born Perfect

PUBLIC COMMENT: Ms. Cowan stated that the International Association Rehabilitation Professionals, Virginia Chapter is in support of the proposed changes to the Regulations Governing Certified Rehabilitation Providers.

AGENCY REPORT: Dr. Brown reported that Dr. Allison-Bryan would not attend today as she is representing the Agency at a Virginia Healthcare Work Force Advisor Counsel.

The Agency continues to telework extensively. Boards are conducting meetings and disciplinary hearings virtually and in person depending on the preferences of the Board or the respondent.

Dr. Brown indicated that Ms. Hoyle has submitted several regulatory waivers on the Board's behalf. These waivers would help the Board of Counseling workforce during the COVID-19 crisis. The waivers must be approved by the Agency, Attorney General's office and then by the Office of the Secretary.

Dr. Brown provided information on the three workgroups studying marijuana/cannabis in Virginia. Secretary of Health and Human Resources (HHS) is examining the expansion of medical marijuana program. The Virginia Department of Agriculture and Consumer Services (VDACS) is looking into the legalization and recreational use of cannabis for adults. The General Assembly has asked the Joint Legislative Audit and Review Commission (JLARC) to make recommendations on the legalization of marijuana.

CHAIRPERSON REPORT: Dr. Brendel provided the quarterly accomplishment report and thanked Board members for their involvement in the various endeavors of the Board. Dr. Brendel acknowledge several Board members and staff for their support with two virtual presentations for the Virginia Counseling Association (VCA) annual conference.

Dr. Doyle provided a brief summary of the American Association of State Counseling Board (AASCB) annual business meeting. Dr. Doyle thanked staff and Board members for their attendance and commented on the importance of the Boards involvement in the AACSB.

LEGISLATION AND REGULATORY REPORTS:

Regulatory Actions:

Ms. Yeatts provided an update on the changes to the chart in the agenda packet regarding current regulatory actions dated October 30, 2020.

- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Unprofessional conduct-conversion therapy (Action 5225); Proposed – Register Date: 8/31/2020 Public Hearing: 10/23/2020, Public Comment closed on 10/30/2020. There were six commenters on Virginia TownHall, five in support and one in opposition. The Board will take action at the next Board meeting.

- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Periodic review (action 5230); Proposed - At Secretary's Office.

- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Resident license (action 5371); Proposed – Register Date: 9/14/2020; Public Hearing: 10/23/2020; Public Comment closes on 11/13/2020.

- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Handling fee - returned check (action 5436); Fast-Track –Effective 10/15/2020.

- 18VAC 115-40 Regulations Governing the Certification of Rehabilitation Providers - Periodic review (Action 5305); Proposed – Register Date: 9/14/2020; Public Hearing: 10/23/2020; Public Comment closes 11/13/2020.

- 18VAC 115-80 Regulations Governing the Registration of Qualified Mental Health Professionals - Registration of QMHP-Trainees (Action 5444); Fast-Track – Effective 10/29/2020.

Petition for Rulemaking:

Ms. Yeatts discussed the petition for rule making received by Sharon Watson *requesting amendments to regulations to clarify that certified substance abuse counselors are not independent practitioners and must practice under supervision*. Mr. Alvarez moved, which was properly seconded, to support the petition. After Board discussion, Mr. Alvarez withdrew his motion that was properly seconded.

Mr. Alvarez provided a substitute motion, which was properly seconded, not to initiate rulemaking but to defer this issue to the Regulatory Committee for development of a guidance document. Upon a vote, the motion passed unanimously.

COMMITTEE REPORT:

Regulatory Committee:
Ms. Tracy providing information on the three public hearings held on October 23, 2020.

Board of Health Professions Report:
Dr. Doyle and Ms. Yeatts provided a summary of the last Board of Health Profession Meeting. A copy of the minutes from that meeting were included in the agenda packet.

UNFINISHED BUSINESS:

Dr. Brendel indicated that the Board recorded a Board Conversation and a Supervisor Information presentation that will be presented at the Virginia Counselor's Association annual conference.

NEW BUSINESS:

Ms. Yeatts discussed the proposed bylaws for the Art Therapy Advisory Board. After reviewing the proposed bylaws, Dr. Yancey moved, which was properly seconded, to adopt the bylaws for the Art Therapy Advisory Board as presented. The Board voted unanimously to accept the bylaws as presented.

Mr. Alvarez moved, which was properly seconded, to accept the recommendation of the Art Therapy Advisory Board for publication of a Notice of Intended Regulatory Action (NOIRA) to establish a new chapter 90 under the Board of Counseling. The Board voted unanimously to accept the recommendations of the Advisory Board.

Ms. Yeatts also recognized and welcomed Brenda Bonuccelli, Art Therapy Advisory Board Member to the meeting.

PRESENTATION:

Dr. Shobo presented a PowerPoint Presentation to the Board on the 2020 survey finding for Virginia licensed professional counselor workforce.

STAFF REPORTS:

Executive Director's Report – Jaime Hoyle
Ms. Hoyle reported that the Board has an excess of funds; however, due to the unknown expenditures related to the increasing number of disciplinary investigations and cases, staff is not recommending a one-time reduction in fees at this time.

Ms. Hoyle indicated that staff is working primarily remotely and continue to do a fantastic job.

Ms. Hoyle provided an update on Senate Bill 431 that requested a Study of Mental Health needs for minors.

Discipline Report – Jennifer Lang, Deputy Executive Director
Ms. Lang thanked the Board members for their work in reviewing discipline cases for probable cause. She reminded the Board of the goal to complete reviews within two weeks.

Ms. Lang stated that the Special Conference Committee held virtual Informal Formal Conferences (IFCs) in September and October. Ms. Lang informed the Board that although IFCs have been routinely held virtually, in-person IFCs would be available to respondents if requested.

Ms. Lang indicated that the Board continues to consider the option of settling cases with Consent Order when appropriate.

Licensing Report – Charlotte Lenart, Deputy Executive Director-Licensing

Ms. Lenart went over the report listed in the agenda packet. She indicated that the Board is receiving over 500 applications per month.

Ms. Lenart indicated that staff continues to work from home with one person coming into the office each day to process the mail. She thanked staff for doing a wonderful job.

Ms. Lenart indicated that the Board issued 685 temporary license from April to September.

Ms. Lenart reported the Board has received over 50 pre-review of education applications which is a new service offered by the Board. This pre-review has been very helpful to applicants who are seeking guidance on their education prior to applying for the resident license. Lenart indicated that year to date the Board has deferred approximately 140 applicants who did not provide evidence that they met the minimum requirements outlined in the Regulations.

BOARD COUNSEL REPORT: Mr. Rutkowski had nothing to report.

RECOMMENDED DECISIONS: See Attachment A.

NEXT MEETING: Next scheduled Quarterly Board Meeting is January 22, 2021 at 10:00 a.m.

ADJOURN: The meeting adjourned at 11: 57a.m.

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

_____
Jaime Hoyle, J.D
Executive Director

Attachment A

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

CLOSED MEETING:

Ms. Stransky moved that the Board of Counseling convene in closed session pursuant to §2.2-3711(A)(27) of the *Code of Virginia* to consider agency subordinate recommendations. She further moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, Charlotte Lenart, Sharniece Vaughan, and Jared McDonough attend the closed meeting because their presence in the meeting was deemed necessary and would aid the Board in its consideration of the matters.

RECONVENE:

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

Dr. Tinsley moved that the Board of Counseling accept the recommended decisions of the agency subordinate. The motion was seconded by Mr. Alvarez and passed unanimously by a roll call.

DECISIONS:

Eric Pustmueller, Resident in Counseling

Lic. #: 0704008169

Case # 192491

Mr. Pustmueller did not appear at the board meeting. The board considered the agency subordinate's recommendation to suspend Mr. Pustmueller's license to practice as a Resident in Counseling.

Heidi Flood, QMHP-A, QMHP-C

Reg. #: 0732007039

0733006269

Case # 198399

Ms. Flood did not appear at the board meeting. The board considered the agency subordinate's recommendation to suspend Ms. Flood's registrations to practice as a QMHP-A and as a QMHP-C.

Carla Villarroel Soler, QMHP-A, QMHP-C

Reg. #: 0732004157

0733004044

Case # 200470

Ms. Villarroel Soler did not appear at the board meeting. The board considered the agency subordinate's recommendation to suspend Ms. Villarroel Soler's registrations to practice as a QMHP-A and as a QMHP-C.

Virginia Board of Counseling
Informal Conferences – Agency Subordinate
November 16, 2020

Time and Place:
Virtual informal conferences, held before an Agency Subordinate of the Board of Counseling, were convened at 9:32 a.m. on November 16, 2020 via WebEx.

Agency Subordinate: Patricia Mullen, LPC
Staff Present: Jennifer Lang, Deputy Executive Director, Board of Counseling
Christy Evans, Discipline and Compliance Case Manager
Others Present: Emily Tatum, Adjudication Specialist, APD

CONFERENCES SCHEDULED

Kimberly Stanfield, QMHP-A, QMHP-C
Case # 199046
QMHP-A Registration #: 0732001542
QMHP-C Registration #: 0733000029
The respondent appeared via WebEx and discussed the allegations in the Notice of the Board dated October 14, 2020. She was not represented by legal counsel.

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

Courtney Estler, QMHP-A
Case # 202198
QMHP-A Registration #: 0732005029
The respondent appeared via WebEx and discussed the allegations in the Notice of the Board dated October 14, 2020. She was not represented by legal counsel.

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

Adjournment: The informal conferences concluded at 10:54 a.m.

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

11/16/2020
Date

Chairperson's Report: Quarterly Accomplishments

10/23/2020 – 01/21/2021

Board Member/ Meeting Attendance	Case Reviews	Board Service, Committees, etc.
Alvarez, Barry, LMFT 11/06/20 (Board Meeting)	• 3 probable cause reviews	• Ad Hoc Committee (Telehealth)
Brendel, Johnston, Ed.D., LPC, LMFT 11/06/20 (Board Meeting) 01/22/21 (Regulatory Committee Mtg)	• 7 probable cause reviews • Credentials reviews	• Board Chairperson • Regulatory Committee member • Credentials Committee member
Doyle, Kevin, Ed.D., LPC, LSATP 11/06/20 (Board Meeting) 01/21/21 (Board of Health Professions) 01/22/21 (Regulatory Committee Mtg)	• 4 probable cause reviews • Credentials reviews	• Regulatory Committee • Board of Health Professions – Board Member
Engelken, Jane, LPC, LSATP		
Harris, Natalie, LPC, LMFT 11/06/20 (Board Meeting)		• Special Conference Committee (Alternate)
Hunt, Danielle, LPC 11/06/20 (Board Meeting)	• 6 probable cause reviews	• Board Vice-Chairperson • Special Conference Committee-A Chairperson • Ad Hoc Committee (Teleheath)
Jackson, Bev-Freda, PhD, MA, Citizen Member 11/06/20 (Board Meeting)		• Special Conference Committee-B
Sanchez-Jones, Vivian, Citizen Member 01/22/21 (Regulatory Committee Mtg)	n/a	
Stransky, Maria, LPC, CSAC, CSOTP 11/06/20 (Board Meeting)	• 15 probable cause reviews	• Special Conference Committee-A
Tinsley, Terry, Ph.D., LPC, LMFT, CSOTP 11/06/20 (Board Meeting) 01/22/21 (Regulatory Committee Mtg)	• 4 probable cause reviews	• Regulatory Committee • Special Conference Committee-B Chairperson • Ad Hoc Committee (Telehealth) Chairperson
Tracy, Holly, LPC, LMFT 10/23/20 (Public Hearing) 10/23/20 (Public Hearing) 10/23/20 (Public Hearing) 11/06/20 (Board Meeting) 01/22/21 (Regulatory Committee Mtg)	• Credentials reviews	• Regulatory Committee Chairperson • Special Conference Committee (Alternate)
Yancey, Tiffinee, Ph.D., LPC 11/06/20 (Board Meeting)		• Special Conference Committee (Alternate) • Ad Hoc Committee (Telehealth)

Discipline Case Reviews:

- 59 cases awaiting assignment for Board member review (in addition to cases already assigned for review).
- Goal for review time is 2 weeks per case.
- 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 January 24, 2021

Board of Counseling

Chapter		Action / Stage Information
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Unprofessional conduct - conversion therapy [Action 5225] Proposed - *Register Date: 8/31/20* *Comment period closed: 10/30/20* *Board to adopt final regulations: 2/5/21*
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Periodic review [Action 5230] Proposed - *At Governor's Office for 48 days*
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Resident license [Action 5371] Proposed - *Register Date: 9/14/20* *Comment period closed: 11/13/20* *Board to adopt final regulations: 2/5/21*
[18 VAC 115 - 40]	Regulations Governing the Certification of Rehabilitation Providers	Periodic review [Action 5305] Proposed - *Register Date: 9/14/20* *Comment period closed: 11/13/20* *Board to adopt final regulations: 2/5/21*
[18 VAC 115 - 90]	Regulations Governing the Licensure of Art Therapists (under development)	New chapter for licensure [Action 5656] NOIRA - *At Governor's Office for 19 days*

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.
- Facilitate interstate practice by licensed professional counselors who meet uniform 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.
- 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 licensure data system.
- Notify the commission of any adverse action against or current significant investigative information regarding a licensee.
- Conduct criminal background checks of candidates for an initial privilege to practice.
- Comply with the rules of the commission, the governing body of the compact.
- Grant the privilege to practice professional counseling to a licensee holding a valid, unencumbered license in another member state.
- Provide for the state's commissioner to attend the meetings of the commission.

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

A licensed professional counselor may only utilize the compact if their *home state* joins the compact.

SECTION 4: PRIVILEGE TO PRACTICE

To exercise the privilege to practice professional counseling in a remote state, a licensee must:

- Hold a license in their home state, which must be a member of the compact.
- Have had no encumbrance or restriction against on any license or privilege to practice within the previous two years.
- Meet any jurisprudence requirements of the remote state and pay all 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.

A privilege to practice is valid until the expiration date of the practitioner's home state license.

If a licensee's home state license is revoked, the licensee loses the privilege to practice in *all* member states for the next two years.

If a licensee' privilege to practice is revoked by a member state, the licensee *may* lose the privilege to practice in other member states for the next two years.

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

This section creates an alternative pathway to licensure for privilege holders who change their primary state of residence between compact member states.

A licensee who moves from one member state to another member state may obtain a new, expedited home state license in the new state of residence if they hold a privilege to practice in the new state.

The licensee will be required to complete a new FBI fingerprint based criminal background check, any required state-level background check, and any jurisprudence requirements of the new home state.

If a practitioner moves from a non-member state to a member state, or from a member state to a non-member state, the practitioner must apply for a single-state license in the new state, under the new state's licensure requirements.

A licensee may hold more than one single-state license concurrently, but only the license tied to the individual's primary state of residence may serve as the individual's "home state license" for the purposes of the compact.

Nothing in the compact affects a member state's requirements for issuance of 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 the duration of the servicemember's 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 services in a remote state must adhere to the laws and regulations, including scope of practice, of the remote state.

SECTION 8: ADVERSE ACTIONS

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

However, remote states may take adverse action against a counselor's privilege to practice 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 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.

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 board's members and/or employees.
- Each delegate has one (1) vote on commission affairs.
- The commission is directed to establish a term of office for delegates and may establish term limits.
- 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 licensure 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 professional counselors utilizing the compact.

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.

Member states may designate information submitted to the data system that may not be shared with the public without the express permission of the state in question.

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.
- If the commission issues a rule that exceeds its authority under the compact, such a rule shall be void and have no force or effect.

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
- 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 any compact-related disputes that may arise between states.

SECTION 13: DATE OF IMPLEMENTATION, 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 a 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 its purposes.

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 licensees must adhere to the laws and regulations, including scope of practice, of the state in which they are practicing.

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

According to legal precedent, 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

FACT SHEET: STATES AND THE COUNSELING COMPACT

The **Counseling Compact** will allow qualified professional counselors to practice in *all states that join the compact*. This will remove the need for counselors to obtain a separate license in each state in which they want to practice.

THE BASICS

- The Counseling Compact is an *interstate compact* – a constitutionally authorized, legally binding contract between states.
- The Counseling Compact is the same in form and function as other occupational licensure compacts like the Nurse Licensure Compact, the EMS Compact, the Physical Therapy Compact, and the Interstate Medical Licensure Compact.
- The Counseling Compact authorizes interstate practice, both in-person and through telehealth, by professional counselors who hold a valid, unrestricted home state license in a Compact member state.
- The practice of professional counseling takes place in the state in which the client is located at the time of the counselor-client encounter. Counselors must observe the laws and rules of the state in which they are practicing.
- The Counseling Compact takes effect upon its enactment by ten states.
- The National Center for Interstate Compacts at the Council of State Governments facilitated the development of the Counseling Compact and is providing technical assistance to states as they consider the Compact.

BENEFITS

- Preserves and strengthens state licensure systems
- Enhances public safety through a shared interstate database of licensure and disciplinary information, allowing for rapid verification of license status
- Improves access to professional counseling services
- Increases market opportunities for professional counselors by authorizing practice in member states, including via telehealth
- Enhances mobility for professional counselors
- Supports relocating military spouses
- Improves continuity of care when clients travel or relocate
- Ensures cooperation among compact member states in regulating the practice of professional counseling

DISPELLING THE MYTHS

- As with the existing licensure compacts, the Counseling Compact has no impact on a state's scope of practice – this is *not* a takeover of state regulatory authority.
- As with existing licensure compacts, the Counseling Compact leaves state-specific licensure requirements in place – this is *not* a takeover of state licensing systems.
- The Counseling Compact enhances states' authority to protect the public and regulate the counseling profession.
- The Counseling Compact will have no significant fiscal implications for states.

COUNSELING COMPACT

FACT SHEET: PRACTITIONERS AND THE COUNSELING COMPACT

The **Counseling Compact** will allow professional counselors in good standing to practice in *all states that join the compact*. This will remove the hurdle of getting an individual license in each state where they want to practice. The broad goal is to eliminate barriers to practice for counselors and barriers to treatment for clients, by ensuring cooperation among member states in regulating the counseling profession.

THE BASICS

- The Counseling Compact is an *interstate compact*, which is a constitutionally authorized contract between states.
- The Counseling Compact is the same in form and function as other occupational licensure compacts like the Nurse Licensure Compact, the Physical Therapy Compact, and the Interstate Medical Licensure Compact.
- The Counseling Compact authorizes in-person practice and telepractice in other compact member states based on a valid, unrestricted home state license.
- The practice of professional counseling takes place in the state in which the client is located at the time of the counselor-client encounter. Counselors must observe the laws and rules of the state in which they are practicing.
- The Counseling Compact will take effect when 10 states have enacted authorizing legislation.
- The National Center for Interstate Compacts at the Council of State Governments facilitated the development of the Compact and is providing technical assistance.

BENEFITS

- Preserves and strengthens state licensure systems
- Enhances public safety through a shared interstate database of licensure and disciplinary information, allowing for rapid verification of license status
- Improves access to professional counseling services
- Increases market opportunities for professional counselors by authorizing practice in all member states (including via telehealth)
- Enhances mobility for professional counselors
- Supports relocating military spouses
- Improves continuity of care when counselors or clients travel or relocate
- Ensures cooperation among compact member states in regulating the practice of professional counseling

DISPELLING THE MYTHS

- The compact will have no impact on scope of practice; state counseling practice acts will not be affected.
- Professional counselors are licensed in all 50 states, with consistency in licensure requirements.
- The compact will not affect the authority of states to protect public health and safety or to regulate the counseling profession as they do currently.
- There is no financial beneficiary of the Counseling Compact, and it is not intended to generate profits. Any fees collected will offset basic administrative costs.

WHAT'S NEXT?

- Interstate compacts require a great deal of time to develop and implement.
- Each state must enact the Counseling Compact model legislation into its statutes in order to join the Compact.
- The goal is for this legislation to be introduced in several states during the 2021 legislative sessions, following a months-long stakeholder review and revision process (during fall 2020) of the draft legislation.
- The Counseling Compact will take effect when 10 states have enacted legislation. The goal is to begin state participation by 2024.

COUNSELING COMPACT

COUNSELING COMPACT

FREQUENTLY ASKED QUESTIONS

What is an interstate compact?

An interstate compact is a contract between two or more states creating an agreement on a particular policy issue, adopting a certain standard or cooperating on regional or national matters. Compacts are the most powerful, durable and adaptive tools for ensuring cooperative action among states. Unlike the rigid and often unfunded mandates imposed by the federal government, interstate compacts provide a state-developed structure for collaborative action and consensus-building among states and federal partners.

How many professions use an interstate compact to facilitate interstate practice?

Currently, licensure compacts exist for nurses, physicians, physical therapists, psychologists, emergency management personnel, speech-language pathologists and audiologists. Licensure compacts for occupational therapists and occupational therapy assistants, physician assistants, and advanced practice nurses are under development.

Are all occupational licensure compacts the same?

Not exactly, but most are similar in form and function. There are two types of occupational licensure compacts – the *expedited licensure* model and the *mutual recognition* model. The Interstate Medical Licensure Compact is the only expedited licensure compact. The remaining licensure compacts utilize the mutual recognition model, in which a practitioner's home state license is "mutually recognized" by other compact member states. Mutual recognition model compacts allow a practitioner to practice in the compact member states either using a multi-state license or by obtaining a "privilege to practice" (see below).

How does the Counseling Compact work?

The Counseling Compact is a mutual recognition model compact that is similar in form and function to occupational licensure compacts for nursing, physical therapy, psychology, and speech-language pathology and audiology. The Counseling Compact allows licensed professional counselors to practice in all other compact member states – either in-person or via telehealth – through a *privilege to practice*, which is equivalent to a license.

The Counseling Compact establishes an interstate commission, made up of delegates from compact member states, to administer the Compact. The Counseling Compact also creates a licensure data system for Compact member state boards to communicate and exchange information, including verification of licensure and disciplinary sanctions. An interstate commission and data system are standard features of all occupational licensure compacts.

What is a "privilege to practice"?

A privilege to practice is the authorization to practice in a compact member state other than your home state. To be eligible for a privilege to practice, you must hold an active professional counselor license in your home state (which must be a member of the compact) and meet other eligibility criteria, such as having no disciplinary action against your license for at least two years. When eligibility is verified, jurisprudence requirements are met, and all fees are paid, you receive the privilege to practice and may begin legally working in the new state.

What are the requirements for a privilege to practice?

A licensed professional counselor must notify the commission of their intent to seek the privilege to practice in another compact state, and meet the following criteria to get a privilege to practice:

- Have a Social Security Number or a National Provider Identifier
- Hold a valid license in their home state, which must be a member of the compact
- Have no encumbrances on any state license currently, and no adverse actions or restrictions against any license within the previous two years
- Pass an FBI Fingerprint-Based Criminal Background Check
- Meet any jurisprudence requirements for the member state in which they are seeking a privilege
- Complete any continuing education requirements required by their *home state* only
- Pay any fees for the privilege to practice

Privilege holders must adhere to the laws and regulations of the Compact member state in which they are practicing and report to the commission any adverse action taken by a non-member state within 30 days after the action is taken.

Does a privilege to practice allow the privilege holder to practice via telehealth in a remote state?

A privilege to practice allows the holder to provide professional counseling services in another member state under the scope of practice of the state where the client is located, whether the practice is in person or via telehealth. Privilege holders should consult laws and rules of the state in which they wish to practice in order to determine the specific telehealth requirements.

Do professional counselors have to complete continuing education requirements in states where they are practicing via privilege to practice?

No. Professional counselors utilizing the compact are only responsible for completing continuing education requirements for their home state license.

Do professional counselors need a separate privilege to practice for each state in which they want to provide counseling services?

Yes. A privilege to practice is not a multi-state license. A practitioner will need to get a privilege to practice in *each* state in which they want to provide counseling services.

A practitioner may work legally in a *member* state via either a license or a privilege to practice. A practitioner will need to hold a state-specific license to practice in *non-member* states.

What are the advantages of the Counseling Compact?

The Counseling Compact allows eligible professional counselors to practice in all states that join the Compact. It removes the need for practitioners to get a license in each Compact state in which they want to practice. The goal of the Counseling Compact, like all licensure compacts, is to eliminate barriers to practice and to client care by ensuring cooperation among member-state regulatory boards.

Other benefits include:

- Preserving and strengthening state licensure systems
- Enhancing public safety
- Improving access to professional counseling services
- Increasing market opportunities for professional counselors by authorizing both in-person practice and telehealth
- Enhancing mobility of professional counselors
- Supporting relocating military spouses
- Improving continuity of care when clients travel or relocate
- Encouraging cooperation among Compact member states in regulating the practice of professional counseling

How can a state/jurisdiction become a member of the Counseling Compact?

Each state's legislature must enact the Counseling Compact language into law to become a member of the Compact.

Why is the Counseling Compact important to consumers?

Through the Counseling Compact, consumers have greater access to care. The Counseling Compact allows licensed professional counselors to ensure continuity of care when clients relocate. Professional counselors also will be able to reach populations that are currently underserved, geographically isolated or lack specialty care.

Additionally, states gain a supplementary layer of oversight of professional counselors who may enter their state to practice. The Counseling Compact data system will allow member states to verify instantaneously that professional counselors based in other states have met defined standards and competencies and are in good standing with other states' regulatory boards. The Counseling Compact data system will help states better protect the public.

COUNSELING COMPACT

Commonwealth of Virginia

Hoyle, Jaime <jaime.hoyle@dhp.virginia.gov>

2021 AASCB Annual Conference Registration Reminder!

1 message

AASCB <long@aascb.org> Fri, Jan 22, 2021 at 1:45 PM
To: jaime.hoyle@dhp.virginia.gov

To view this bulletin in a web browser, click here.

January 22, 2021

*******Reminder to Register!*****

Please join us for the first-ever AASCB Virtual Annual Conference! The new conference dates will span two days in February and March! Registration for this two-day event is now open and we are offering one- and 2-day registration options for your convenience. We hope you will be part of this special event!

LOG IN AND REGISTER (Current AASCB Members)

Register today using our online event registration system! Simply log in with the information below, establish your password and register for the event!

You have been provided with your log-in and a temporary password below: (If you know your log-in credentials, please disregard and log in using those. If you are unsure of your current password, click log in and "forgot password" and follow the steps to reset your password).

Login: jaime.hoyle@dhp.virginia.gov
Password: XM2taJLh

****When entering your temporary password, we recommend using the copy (control + c) and paste (control + v) function to avoid confusion between letters and numbers.****

Log in Now!

When you log in to the system for the first time, using your temporary password, you will automatically be prompted to establish a new password. Be sure to update your password information to something you can easily remember. If you happen to forget your password, an automated 'Forgot My Password' utility will send a new temporary password to your email address on file.

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You must create an account to register. To do so, click the "Create Account" button after you click the link to register below.

Register Online Today!

Agenda Item: Adoption of final regulation on Conversion Therapy

Included in your agenda package are:

Copy of announcement on Townhall

Copy of minutes of public hearing on proposed regulations (10/23)

Copies of comments received on Townhall

Copy of Code section as added by the 2020 General Assembly

Copy of proposed regulations with change in definition for consistency with the definition in the Code

Staff note:
The Regulation Committee recommended adoption of final regulations as presented in the agenda package.

Board action:

To adopt final regulations as amended to conform definition to the definition now included in 54.1-2409.5 of the Code of Virginia;

Or

To take other action.

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VIRGINIA REGULATORY TOWN HALL

Agency Department of Health Professions

Board Board of Counseling

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

Action: Unprofessional conduct - conversion therapy

Proposed Stage

Action 5225 / Stage 8743

Edit Stage | Withdraw Stage | Go to RIS Project

Documents		
Proposed Text	11/18/2019 3:20 pm	Sync Text with RIS
Agency Background Document	9/4/2019	Upload / Replace
Attorney General Certification	10/8/2019	
DPB Economic Impact Analysis	11/22/2019 (modified 12/19/2019)	
Agency Response to EIA	2/25/2020	Upload / Replace
Governor's Review Memo	8/6/2020	
Registrar Transmittal	8/6/2020	

Status	
Incorporation by Reference	No
Exempt from APA	No, this stage/action is subject to article 2 of the *Administrative Process Act* and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 9/4/2019 Review Completed: 10/8/2019 Result: Certified
DPB Review	Submitted on 10/8/2019 Economist: Jini Rao Policy Analyst: Jeannine Rose Review Completed: 11/22/2019 *DPB's policy memo is "Governor's Confidential Working Papers"*
Secretary Review	Secretary of Health and Human Resources Review Completed: 5/29/2020
Governor's Review	Review Completed: 8/6/2020 Result: Approved
Virginia Registrar	Submitted on 8/6/2020 The Virginia Register of Regulations Publication Date: 8/31/2020 Volume: 37 Issue: 1
Public Hearings	10/23/2020 9:45 AM

Comment Period	**Ended 10/30/2020** **6 comments**

Contact Information	
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This person is the primary contact for this board.
This stage was created by Elaine J. Yeatts on 09/04/2019
16

VIRGINIA BOARD OF COUNSELING
PUBLIC HEARING
Friday, October 23, 2020

TIME AND PLACE: Consistent with Amendment 28 to HB29 (the Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the Freedom of Information Act, the Committee convened the meeting virtually to consider such regulatory and business matters as are presented on the agenda necessary for the committee to discharge its lawful purposes, duties, and responsibilities.

PRESIDING: Holly Tracy, LPC, LMFT, Chairperson

BOARD STAFF PRESENT: Jaime Hoyle, JD, Executive Director
Charlotte Lenart, Deputy Executive Director-Licensing
Jared McDonough, Administrative Assistant
Sharniece Vaughan, Licensing Specialist

OTHER STAFF PRESENT: Elaine Yeatts, DHP Senior Policy Analyst

PURPOSE OF HEARING: To received public comment on the Board's proposed regulatory change to amend its regulations to specify in regulations that the standard of practice requiring persons license, certified or registered by the Board to" *Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare*" precludes the provision of conversion therapy and to define what conversion therapy is and is not.

CALL TO ORDER: Ms. Tracy called the virtual hearing to order at 9:45 a.m.

VIRTUAL PUBLIC ATTENDEES: Adam Trimmer, Born Perfect Virginia Ambassador
Dr. MurielAzia-Evans, LPC
Ari Loach, LPC
Calvin Bartella
Lindsay Goodrich Komline

PUBLIC COMMENT: Adam Trimmer stated that he is a survivor of conversion therapy and he appreciates and supports the Board's efforts on the regulatory changes on conversion therapy.

Dr. Azia-Evans, LPC, advocated that there is no scientific evidence that conversion therapy is helpful, and it has shown to be harmful and unethical. Expressed support for the Board's intended regulations.

Ari Loach, LPC, comments echoed Dr. Azia-Evans comments and supported the intended regulatory changes.

ADJOURNMENT: Ms. Tracy adjourned the Public Hearing at 9:52 a.m.

Holly Tracy, LPC, LMFT
Chairperson

11/4/2020
Date

Jaimie Hoyle, JD
Executive Director

11/6/2020
Date

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VIRGINIA REGULATORY TOWN HALL

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Agency: Department of Health Professions

Board: Board of Counseling

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

Action	Unprofessional conduct - conversion therapy
Stage	Proposed
Comment Period	Ends 10/30/2020

6 comments

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

Back to List of Comments

Commenter: Regan Price, Virginia Tech Graduate School 9/27/20 5:19 pm

In Support of Proposed Regulatory Change

As a private citizen, a policy student, and an LGBTQ ally, I would like to voice my approval for the proposed rule change to ban conversion therapy by accredited/licensed counseling professionals. In my anecdotal experience, I have heard from many LGBTQ persons who were forced to endure conversion therapy and it caused emotional harm to their sense of well-being and acceptance of identity. Not only is conversion therapy harmful to the wellbeing of its clients, but it has also been discredited by almost all of the scientific community ("Conversion Therapy," 2020). I am pleased that policymakers and public administrators are working to create an equitable Commonwealth and ensure that we support the LGBTQ members of our community and not cause further harm through this discredited and harmful form of "therapy."

Conversion Therapy (2020). *Southern Poverty Law Center.* Retrieved: https://www.splcenter.org/issues/lgbt-rights/conversion-therapy

CommentID: 86693

Commenter: Carrie Hartwell, PhD, LCSW 10/23/20 1:42 pm

Ban Conversion "therapy"

I am an LCSW who has been in practice for over 20 years, serving a wide range of clientele including members of the LGBTQ+ community. I am also a professor in a social work graduate program. There is no scientific basis for "conversion therapy" and substantial research demonstrating the significant harm it can cause. It is based on the religious and associated political perspectives of those who believe (falsely) that sexual orientation is a choice and something that individuals can "overcome" through through coercive practices. Science has consistently shown, however, that sexual orientation is not a "lifestyle" or a "choice" but rather a biologically based, inborn trait. We are ethically bound to refrain from imposing our own religious, social, or political perspectives on those we work with, and we are ethically and legally bound to provide appropriate, evidence-based services. Conversion therapy is based on intolerance for human diversity and a biased moralistic perspective that conflicts with science. As with any practices that have been consistently

shown to cause harm or to be ineffective, licensed professionals in Virginia and elsewhere must be prohibited from engaging in conversion "therapy" as it violates the principles to which we are ethically and legally bound.

CommentID: **87379**

Commenter: Ari Laoch

10/26/20 8:43 am

Conversion 'therapy' is unprofessional conduct

I am a Virginia Licensed Professional Counselor, a Certified Rehabilitation Counselor, and a Certified Brain Injury Specialist-Trainer working in Richmond, VA. I provide mental health counseling and substance use counseling at a community-based organization and in private practice.
There is no scientifically validated or ethically acceptable way to change sexual orientation or gender identity and there is a consensus among professional organizations regarding the harmful effects of those attempts. Conversion (aka reparative) 'therapy' is harmful, unethical, and unprofessional conduct for any counselor; conversion 'therapy' is not in the best interest of the public.
The ACA Code of Ethics directs counselors to challenge our own provider bias, to provide competent services, and to challenge discrimination in all its forms. It is unethical to participate in conversion/reparative 'therapy' just as it is unethical to deny services to someone based on sexual orientation and/or gender. Counselors do no harm (nonmaleficence), we do good (beneficence), tell the truth (veracity), uphold and keep our word (fidelity), apply equal treatment to all (justice), and support persons in achieving their self-identified goals (autonomy), these are the ethical principles of a counselor.
The idea of changing a person's gender identity or their sexual orientation is unfounded and clearly unethical behavior.
CommentID: **87380**

Commenter: Muriel Azria-Evans

10/26/20 9:26 am

Ban Conversion "therapy"

Please stop PROFESSIONALS from doing harm to their clients by banning this "practice." Virginia must be on the right side of history on this. We must believe in the research that clearly supports conversion therapy is harmful to others. We must ensure that our regulations reflect our fundamental principle of professional ethical behavior specifically ***nonmaleficence***: avoiding actions that cause harm. Thank you

CommentID: **87381**

Commenter: Melissa Andersen, LPC

10/29/20 4:59 pm

Unconditional Positive Regard

I am a Licensed Professional Counselor working as an Outpatient Therapist with a history in community work with in-home mental health services. I have worked with a very diverse background of people and there has been one common need, acceptance. There is no evidence of any benefit from conversion therapies or any treatment approach to change a persons sexual or gender identity. What we have seen evidence for is the harm created by these therapies and the rejection of a persons identity. It depletes their resiliency through removing social support, reducing self-worth, creating fractured ideas of themselves, and a lack of trust in others, in addition to increasing suicidal ideation. Though individual people maintain the right to hold a belief system, we as professionals have a responsibility to use evidence based practices and do no harm. We should not allow for personal belief systems to affect a clients treatment and we are obligated to be open to their actual needs for acceptance and unconditional positive regard. The attempt to actively

change them, violates that. Also, to allow any professional in the mental health field to hold a license and practice conversion therapy, threatens the trust that any of us can hold with people who seek that acceptance. There are many people who experience fear and distrust because of their circumstances, and mental health treatment and services should be a place where they feel safe, not as risk of further harm and estrangement. Thank you for your time and consideration.

CommentID: **87406**

Commenter: Todd Gathje, Ph.D., The Family Foundation 10/30/20 12:37 pm

Support Biologically Affirming Counseling

The Family Foundation is deeply concerned about this regulatory action that would prevent licensed practitioners to have conversations to help a minor patient overcome unwanted sexual desires or to feel comfortable in their own body. Therefore, we believe it's important that this board understand some of the inherent problems with this policy and its ultimate consequences.

First, and foremost, Virginia law makes clear that parents, not the government and its regulatory agencies, have a "fundamental right to make decisions concerning the upbringing, education, and care of the parent's child,", which includes seeking counseling that is consistent with their values and their judgement about their child's best interests. However, by prohibiting licensed professionals from simply talking about these issues, this regulatory action excludes an otherwise viable option for parents and their children to pursue.

Second, the law passed by the 2020 General Assembly along with this regulatory action expressly allows a licensed professional to promote the transgender lifestyle, including hormone treatments and surgery. It states: "Conversion therapy" does not include – meaning these things are not prohibited - counseling that facilitates a person's coping and identity exploration and development. It prohibits licensed professionals from helping kids resolve confusing or unwanted feelings about their identity by simply engaging in talk therapy with them in a way that affirms their biological and genetic characteristics.

Moreover, the law, and this proposed regulation, actually promotes so-called "conversion therapy" because it will permit a licensed professional to encourage a boy or girl to explore or affirm their unnatural and often unwanted same-sex attractions or to undergo the process of changing their physical bodies and to present as the opposite sex.

Third, there are serious mental and physical health concerns that we cannot and must not overlook if licensed professionals are only allowed to encourage patients to expand their sexuality, and even to undergo physical bodily changes in order to look more like the opposite sex. This policy proposal comes at a time when young teens are being overwhelmed with what could only be described as a sexual revolution in our culture. And it shouldn't be shocking that the number and also the suicide rates of children who struggle with unwanted sexual desires or gender dysphoria are on the rise.

A corrected 2019 study in the "American Journal of Psychiatry" also that found that transgender surgeries offer no mental health benefits for those who receive them. If this will not make a person happier or provide mental health benefits, should a licensed health professional then be allowed to encourage a child to embrace these transgender feelings even to the point of hormone treatment or mutilating the bodies they were born in, let alone be prohibited from encouraging that child to embrace the body they were born with?

To subject a licensed professional to disciplinary action for working with a willing client using talk therapy to overcome same sex desires, or the desire to project a new identity of the opposite sex, but not apply the same disciplinary action should their ideologically-based opinions lead to serious outcomes like suicide or more mental anguish after going through medical treatments, is hypocritical and frankly outrageous.

Finally, this proposed action will violate the constitutionally-protected free speech rights of health professionals willing to help those who are struggling with their sexuality by implementing viewpoint-based restrictions, or more commonly "viewpoint discrimination." Viewpoint discrimination is clearly evident in the law and the draft regulation before this board.

A prohibition on some talk therapy but not others is a complete double standard. It doesn't actually prohibit licensed professionals from engaging in any sexual orientation or gender identity change efforts requested by a patient; indeed, it gives licensed professionals the ability to encourage and support patients to explore their sexuality in various ways, and even to undergo physical bodily changes in order to look more like the opposite sex. However, the same counselor would now be prohibited from encouraging a minor to accept their biological sex. Those who do could face the loss of their professional license.

Recently, the U.S. Supreme Court rejected this type of restriction on professional speech in *NIFLA v. Bacerra*, which struck down a California law that forced certain speech requirements on pro-life pregnancy centers. In his majority opinion, Justice Thomas stated that "states cannot choose the protection that speech receives under the First Amendment, as that would give them a powerful tool to impose "invidious discrimination of disfavored subjects."

Justice Kennedy made an even more compelling and forceful admonition of viewpoint discrimination in his concurring opinion, opining that the California law "is a paradigmatic example of the serious threat presented when government seeks to impose its own message in the place of individual speech, thought, and expression" ... and that it "compels individuals to contradict their most deeply held beliefs, beliefs grounded in basic philosophical, ethical, or religious precepts, or all of these." *In that case, the Supreme Court actually reversed several similar bans on so-called "conversion therapy."*

We should expect that any regulatory action that subjects licensed health professionals to misconduct for engaging in this form of speech would receive the same judicial treatment.

Fort these reasons, we are notifying this board that this regulatory language is wholly inconsistent with the Constitution, and will thus be ripe for a legal challenge if you approve it.

CommentID: **87407**

Code of Virginia
Title 54.1. Professions and Occupations
Chapter 24. General Provisions

§ 54.1-2409.5. Conversion therapy prohibited.

A. As used in this section, "conversion therapy" means any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. "Conversion therapy" does not include counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity.

B. No person licensed pursuant to this subtitle or who performs counseling as part of his training for any profession licensed pursuant to this subtitle shall engage in conversion therapy with a person under 18 years of age. Any conversion therapy efforts with a person under 18 years of age engaged in by a provider licensed in accordance with the provisions of this subtitle or who performs counseling as part of his training for any profession licensed pursuant to this subtitle shall constitute unprofessional conduct and shall be grounds for disciplinary action by the appropriate health regulatory board within the Department of Health Professions.

2020, cc. 41, 721.

Project 5842 - Proposed

BOARD OF COUNSELING

Unprofessional conduct - conversion therapy

Part I

General Provisions

18VAC115-20-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Counseling"

"Professional counselor"

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Ancillary counseling services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a professional counselor.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"Candidate for licensure" means a person who has satisfactorily completed all educational and experience requirements for licensure and has been deemed eligible by the board to sit for its examinations.

"Clinical counseling services" means activities such as assessment, diagnosis, treatment planning, and treatment implementation.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

"Conversion therapy" means any practice or treatment [~~that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. Conversion therapy does not include:~~

~~1. Counseling that provides assistance to a person undergoing gender transition; or~~

~~2. Counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity in any direction.~~

as defined in § 54.1-2409.5 (A) of the Code of Virginia.]

"CORE" means Council on Rehabilitation Education.

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of counseling according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

"Face-to-face" means the in-person delivery of clinical counseling services for a client.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Internship" means a formal academic course from a regionally accredited college or university in which supervised, practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Jurisdiction" means a state, territory, district, province, or country that has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting that does not meet the conditions of exemption from the requirements of licensure to engage in the practice of counseling as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a postgraduate, supervised, clinical experience registered with the board.

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

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual or group consultation, guidance, and instruction that is specific to the clinical counseling services being performed with respect to the clinical skills and competencies of the person supervised.

Part V

Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement

18VAC115-20-130. Standards of practice.

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

B. Persons licensed or registered by the board shall:

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

2. Practice only within the boundaries of their competence, based on their education, training, supervised experience, and appropriate professional experience and represent their education, training, and experience accurately to clients;

3. Stay abreast of new counseling information, concepts, applications, and practices that are necessary to providing appropriate, effective professional services;

4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;

6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;

7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;

8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;

9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;

10. Select tests for use with clients that are valid, reliable, and appropriate and carefully interpret the performance of individuals not represented in standardized norms;

11. Determine whether a client is receiving services from another mental health service provider, and if so, refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional;

12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the U.S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature; ~~and~~

13. Advertise professional services fairly and accurately in a manner that is not false, misleading, or deceptive; and

14. Not engage in conversion therapy with any person younger than 18 years of age.

C. In regard to patient records, persons licensed by the board shall:

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;

2. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality;

3. Disclose or release records to others only with the client's expressed written consent or that of the client's legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from the client or the client's legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations; and

5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or 10 years following termination, whichever comes later;

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have been transferred to another mental health service provider or given to the client or his legally authorized representative.

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

1. Avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include~~, but are not limited to,~~ familial, social, financial, business, bartering, or close personal relationships with clients. Counselors shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and not counsel persons with whom they have had a romantic relationship or sexual intimacy. Counselors shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Counselors who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of, or participation in sexual behavior or involvement with a counselor does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any romantic relationship or sexual intimacy or establish a counseling or psychotherapeutic relationship with a supervisee or student. Counselors shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student or the potential for interference with the supervisor's professional judgment; and

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

E. Persons licensed by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of professional counseling.

F. Persons licensed by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent, or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

Part I

General Provisions

18VAC115-30-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Certified substance abuse counselor"

"Certified substance abuse counseling assistant"

"Licensed substance abuse treatment practitioner"

"Practice of substance abuse treatment"

"Substance abuse" and "substance dependence"

"Substance abuse treatment"

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Applicant" means an individual who has submitted a completed application with documentation and the appropriate fees to be examined for certification as a substance abuse counselor or substance abuse counseling assistant.

"Candidate" means a person who has been approved to take the examinations for certification as a substance abuse counselor or substance abuse counseling assistant.

"Clinical supervision" means the ongoing process performed by a clinical supervisor who monitors the performance of the person supervised and provides regular, documented face-to-face consultation, guidance and education with respect to the clinical skills and competencies of the person supervised.

"Clinical supervisor" means one who provides case-related supervision, consultation, education and guidance for the applicant. The supervisor must be credentialed as defined in 18VAC115-30-60 C.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

"Contact hour" means the amount of credit awarded for 60 minutes of participation in and successful completion of a continuing education program.

"Conversion therapy" means any practice or treatment [~~that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. Conversion therapy does not include:~~

~~1. Counseling that provides assistance to a person undergoing gender transition; or~~

~~2. Counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual orientation neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity in any direction.~~

as defined in § 54.1-2409.5 (A) of the Code of Virginia.]

"Didactic" means teaching-learning methods that impart facts and information, usually in the form of one-way communication (includes directed readings and lectures).

"Group supervision" means the process of clinical supervision of no less than two nor more than six persons in a group setting provided by a clinical supervisor.

"NAADAC" means the Association of Addiction Professionals.

"NCC AP" means the National Certification Commission for Addiction Professionals, an affiliate of NAADAC.

"Regionally accredited" means accredited by one of the regional accreditation agencies recognized by the U.S. Department of Education as responsible for accrediting senior postsecondary institutions.

"Substance abuse counseling" means applying a counseling process, treatment strategies and rehabilitative services to help an individual to:

1. Understand his substance use, abuse, or dependency; and

2. Change his drug-taking behavior so that it does not interfere with effective physical, psychological, social, or vocational functioning.

Part V

Standards of Practice; Disciplinary Actions; Reinstatement

18VAC115-30-140. Standards of practice.

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

B. Persons certified by the board shall:

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

2. Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes.

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

4. Report to the board known or suspected violations of the laws and regulations governing the practice of certified substance abuse counselors or certified substance abuse counseling assistants.

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

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

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

assistance provided in making arrangements for the continuation of treatment for clients when necessary, following termination of a counseling relationship.

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

9. Not engage in conversion therapy with any person younger than 18 years of age.

C. In regard to client records, persons certified by the board shall:

1. Disclose counseling records to others only in accordance with applicable law.

2. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.

3. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from the client or the client's legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third-party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations.

4. Maintain timely, accurate, legible, and complete written or electronic records for each client, to include counseling dates and identifying information to substantiate the substance abuse counseling plan, client progress, and termination.

5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years);

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have been transferred to another mental health service provider or given to the client or the client's legally authorized representative.

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

1. Not engage in dual relationships with clients, former clients, supervisees, and supervisors that are harmful to the client's or supervisee's well-being or that would impair the substance abuse counselor's, substance abuse counseling assistant's, or supervisor's objectivity and professional judgment or increase the risk of client or supervisee exploitation. This prohibition includes such activities as counseling close friends, former sexual partners, employees, or relatives or engaging in business relationships with clients.

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

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

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

18VAC115-50-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia: (i) "board," (ii) "marriage and family therapy," (iii) "marriage and family therapist," and (iv) "practice of marriage and family therapy."

B. The following words and terms when used in this chapter shall have the following meanings~~,~~ unless the context clearly indicates otherwise:

"Ancillary counseling services" means activities such as case management, recordkeeping, referral, and coordination of services.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Clinical marriage and family services" means activities such as assessment, diagnosis, and treatment planning and treatment implementation for couples and families.

"Conversion therapy" means any practice or treatment [~~that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. Conversion therapy does not include:~~

~~1. Counseling that provides assistance to a person undergoing gender transition; or~~

~~2. Counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity in any direction.~~

as defined in § 54.1-2409.5 (A) of the Code of Virginia.]

"Face-to-face" means the in-person delivery of clinical marriage and family services for a client.

"Internship" means a formal academic course from a regionally accredited university in which supervised practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education as responsible for accrediting senior post-secondary institutions and training programs.

"Residency" means a postgraduate, 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 marriage and family therapy under supervision.

"Supervision" means an ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented, individual or group consultation, guidance, and instruction with respect to the clinical skills and competencies of the person or persons being supervised.

18VAC115-50-110. Standards of practice.

A. The protection of the public's 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 marriage and family therapy.

B. Persons licensed or registered by the board shall:

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

2. Practice only within the boundaries of their competence, based on their education, training, supervised experience, and appropriate professional experience and represent their education, training, and experience accurately to clients;

3. Stay abreast of new marriage and family therapy information, concepts, applications, and practices that are necessary to providing appropriate, effective professional services;

4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;

6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;

7. Disclose to clients all experimental methods of treatment and inform client of the risks and benefits of any such treatment. Ensure that the welfare of the client is not compromised in any experimentation or research involving those clients;

8. Neither accept nor give commissions, rebates or other forms of remuneration for referral of clients for professional services;

9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;

10. Select tests for use with clients that are valid, reliable, and appropriate and carefully interpret the performance of individuals not represented in standardized norms;

11. Determine whether a client is receiving services from another mental health service provider, and if so, refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional;

12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the U.S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature; ~~and~~

13. Advertise professional services fairly and accurately in a manner that is not false, misleading or deceptive; and

14. Not engage in conversion therapy with any person younger than 18 years of age.

C. In regard to patient records, persons licensed by the board shall:

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;

2. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality;

3. Disclose or release client records to others only with clients' expressed written consent or that of their legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations; and

5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or 10 years following termination, whichever comes later;

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have transferred to another mental health service provider or given to the client or his legally authorized representative.

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

1. Avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include~~, but are not limited to,~~ familial, social, financial, business, bartering, or close personal relationships with clients. Marriage and family therapists shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and also not counsel persons with whom they have had a sexual intimacy or romantic relationship. Marriage and family therapists shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Marriage and family therapists who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a marriage and family therapist does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any romantic relationships or sexual relationship or establish a counseling or psychotherapeutic relationship with a supervisee or student. Marriage and family therapists shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student or the potential for interference with the supervisor's professional judgment; and

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

E. Persons licensed by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of marriage and family therapy.

F. Persons licensed by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

Part I

General Provisions

18VAC115-60-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Licensed substance abuse treatment practitioner"

"Substance abuse"

"Substance abuse treatment"

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Ancillary services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a substance abuse treatment practitioner.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"Candidate for licensure" means a person who has satisfactorily completed all educational and experience requirements for licensure and has been deemed eligible by the board to sit for its examinations.

"Clinical substance abuse treatment services" means activities such as assessment, diagnosis, treatment planning, and treatment implementation.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

"Conversion therapy" means any practice or treatment [~~that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. Conversion therapy does not include:~~

~~1. Counseling that provides assistance to a person undergoing gender transition; or~~

~~2. Counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity in any direction.~~

as defined in § 54.1-2409.5 (A) of the Code of Virginia.]

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of substance abuse treatment according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

"Face-to-face" means the in-person delivery of clinical substance abuse treatment services for a client.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Internship" means a formal academic course from a regionally accredited university in which supervised, practical experience is obtained in a clinical setting in the application of counseling principles, methods and techniques.

"Jurisdiction" means a state, territory, district, province, or country ~~which~~ that has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting ~~which~~ that does not meet the conditions of exemption from the requirements of licensure to engage in the practice of substance abuse treatment as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a postgraduate, supervised, clinical experience registered with the board.

"Resident" means an individual who has submitted a supervisory contract and has received board approval to provide clinical services in substance abuse treatment under supervision.

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

Part V

Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement

18VAC115-60-130. Standards of practice.

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

B. Persons licensed or registered by the board shall:

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

2. Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education, training and experience accurately to clients;

3. Stay abreast of new substance abuse treatment information, concepts, application, and practices that are necessary to providing appropriate, effective professional services;

4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;

6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;

7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;

8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;

9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;

10. Select tests for use with clients that are valid, reliable, and appropriate and carefully interpret the performance of individuals not represented in standardized norms;

11. Determine whether a client is receiving services from another mental health service provider, and if so, refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional;

12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or

university accredited by an accrediting agency recognized by the U.S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature; ~~and~~

13. Advertise professional services fairly and accurately in a manner that is not false, misleading or deceptive; and

14. Not engage in conversion therapy with any person younger than 18 years of age.

C. In regard to patient records, persons licensed by the board shall:

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;

2. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality;

3. Disclose or release records to others only with clients' expressed written consent or that of their legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

4. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the substance abuse treatment relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or 10 years following termination, whichever comes later;

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have been transferred to another mental health service provider or given to the client; and

5. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing or public presentations.

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

1. Avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include~~, but are not limited to,~~ familial, social, financial, business, bartering, or close personal relationships with clients. Counselors shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and not counsel persons with whom they have had a romantic relationship or sexual intimacy. Licensed substance abuse treatment practitioners shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Licensed substance abuse treatment practitioners who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of or participation in sexual

behavior or involvement with a licensed substance abuse treatment practitioner does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any sexual intimacy or romantic relationship or establish a counseling or psychotherapeutic relationship with a supervisee or student. Licensed substance abuse treatment practitioners shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or the potential for interference with the supervisor's professional judgment; and

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

E. Persons licensed by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of substance abuse treatment.

F. Persons licensed by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

Agenda Item: Adoption of Amendments for a Resident License

Included in your agenda package are:

Copy of announcement on Townhall

Summary of comments on proposed regulations

Copies of comments received on Townhall

Copy of proposed regulations

Staff note:
The Regulation Committee recommended adoption of final regulations as presented in the agenda package.

Board Action:

To adopt final amendments to regulations identical to emergency regulations and to the proposed regulations; or

To take another action.

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VIRGINIA REGULATORY TOWN HALL

Agency: Department of Health Professions

Board: Board of Counseling

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

Action: Resident license

Proposed Stage

Action 5371 / Stage 8897

Edit Stage | Withdraw Stage | Go to RIS Project

Documents		
Proposed Text	9/9/2020 2:44 pm	Sync Text with RIS
Agency Background Document	2/20/2020	Upload / Replace
Attorney General Certification	3/3/2020	
DPB Economic Impact Analysis	4/13/2020	
Agency Response to EIA	6/1/2020	Upload / Replace
Governor's Review Memo	8/12/2020	
Registrar Transmittal	8/16/2020	

Status	
Changes to Text	The proposed text has changed from that of the **emergency stage**.
Incorporation by Reference	No
Exempt from APA	No, this stage/action is subject to article 2 of the *Administrative Process Act* and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 2/20/2020 Review Completed: 3/3/2020 Result: Certified
DPB Review	Submitted on 3/3/2020 Economist: Oscar Ozfidan Policy Analyst: Cari Corr Review Completed: 4/16/2020 *DPB's policy memo is "Governor's Confidential Working Papers"*
Secretary Review	Secretary of Health and Human Resources Review Completed: 5/29/2020
Governor's Review	Review Completed: 8/12/2020 Result: Approved
Virginia Registrar	Submitted on 8/16/2020 **The Virginia Register of Regulations** Publication Date: 9/14/2020 **Volume: 37 Issue: 2**
Public Hearings	**10/23/2020 10:20 AM**

Comment Period	**Ended 11/13/2020** **13 comments**

Contact Information	
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This person is the primary contact for this board.
This stage was created by Elaine J. Yeatts on 02/20/2020
16

VIRGINIA REGULATORY TOWN HALL

Proposed Text

highlight

Action: Resident license
Stage: Proposed 9/9/20 2:44 PM [latest]

18VAC115-20-10
Part I
General Provisions

18VAC115-20-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Counseling"

"Professional counselor"

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Ancillary counseling services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a professional counselor.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"Candidate for licensure" means a person who has satisfactorily completed all educational and experience requirements for licensure and has been deemed eligible by the board to sit for its examinations.

"Clinical counseling services" means activities such as assessment, diagnosis, treatment planning, and treatment implementation.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

"CORE" means Council on Rehabilitation Education.

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of counseling according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

"Face-to-face" means the in-person delivery of clinical counseling services for a client.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

Summary of Public Comment

Regulations Governing the Practice of Professional Counseling

Proposed regulations for licensure of residents in counseling were published on September 14, 2020 with comment accepted through November 13, 2020. A public hearing was conducted on October 23, 2020; no comment was received at the hearing.

The following comments were received through the Virginia Regulatory Townhall:

Commenter	Comment
Bob Horne	Requests hours provided via audio (telephone) be counted towards required residency hours.
Sandy Irby	Same as above
Kathryn Anderson	Same as above
Danyell Collins-Facteau	Same as above
Dr. Stacey Fernandes	Same as above
Andrea	Same as above
Dr. Melanie Burgess	Same as above
Jodie Burton	Same as above
Dillon Woods	Same as above
Jordan Frijas	Same as above; emergency regulations should allow for issuance of temporary licenses
M. Phillips, PhD	Same as above
Kristy Walker	Same as above
Andrew Leonard LCSW	Same as above

The Board will consider the comment and respond at the time of adoption of final regulations.

However, given that promulgation of an amended regulation is a lengthy process that will likely not be completed until sometime in 2021, the Board has requested a waiver of the current regulation to allow licensed residents, during the state of emergency, to count a maximum **of 10%** (200 hours) of their hours providing clinical services via audio communication (that does not have a visual component) toward the 2,000 hours of face-to-face client contact. If and when the waiver of regulations is approved, the Board will post that information for all licensees.

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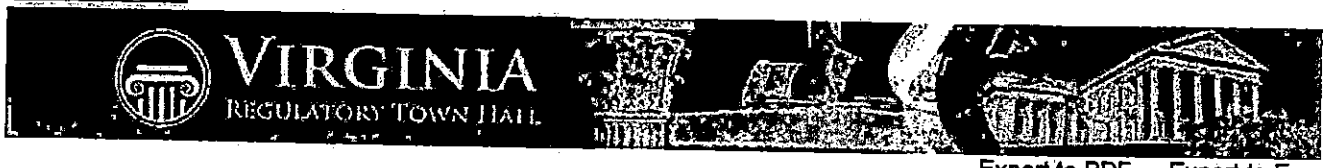

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Agency **Department of Health Professions**

Board **Board of Counseling**

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

Action	**Resident license**
Stage	**Proposed**
Comment Period	Ends 11/13/2020

13 comments

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

Back to List of Comments

Commenter: Bob Horne

10/21/20 10:21 am

Audio

Please consider allowing (at least a portion of) hours provided via audio to be counted toward heir hours. If DMAS is allowing for reimbursement for both Audio/Visual and audio only telehealth sessions, then these hours should be considered to count by the BHP as well.

CommentID: **87377**

Commenter: Sandy Irby, Danville-Pittsylvania Community Services

10/23/20 1:06 pm

audio services

Please allow audio telephonic services to be allowed to count toward licensure hours. DMAS allows both visual and audio services to be billed.

CommentID: **87378**

Commenter: Kathryn Anderson

10/26/20 1:46 pm

We didn't shut down.

Please allow audio telephonic services to be allowed to count toward licensure hours. When the pandemic hit we didn't stop "counseling" just because we had to use precautions to keep our communities and selves safer! We kept going, assisting our clients, and had to adapt to keep them stable through this pandemic without accidental exposure. Please don't make all the work and struggles we had to endure because of this pandemic mean nothing. We kept fighting because we were "essential", but doesn't that mean our work is important regardless if it's on the phone, in an office, out in the community, or somewhere else? Please allow these hours to count, they matter to us just as they mattered to our clients who received them when they were in need and couldn't/were too scared to leave home. Thank you.

CommentID: **87383**

Commenter: Danyell Collins-Facteau

10/26/20 2:35 pm

Audio

These unprecedented times have required all (DMAS, DBHDS, clinicians) to be flexible and adaptable in an effort to meet the behavioral health needs of all. To echo others who have also commented, DMAS's flexibilities allow for both audio/video AND audio alone. This swift adaptation in billing/documentation and telephonic options has not only benefited service recipients as they did not experience an interruption to much needed services during a time of increased anxieties, but also Residents in Counseling, who with this invaluable experience, are paving the way in the field of behavioral telehealth. Not counting audio hours would imply that their service was not worthy of recognition and would be a disservice to an ever changing field.

CommentID: 87384

Commenter: Dr. Stacey Fernandes

10/26/20 3:38 pm

Audio residency hours

It is absolutely reprehensible that in times when counselors are in higher need than ever, we are penalizing residents by not allowing them to use audio hours to count towards their 3,400 hour residency. Despite much of the economy being in turmoil, one business that has picked up more than ever is mental health services. Now, more than ever, providing mental, behavioral, and emotional support is crucial as Virginians navigate their way through a seemingly never-ending pandemic, further complicated by job loss, schooling/childcare complications, and increasing political tensions. With counselors being essential during this time, it seems absurd that Virginia would place such a detrimental restriction on residents becoming licensed. Within the context of the four-year completion requirement, considering that at least one year is going to be telehealth (if not more, depending on what 2021 has in store), this is postponing the licensure of many hard-working residents and potentially putting them in a position where they will be required to petition the board for more time.

Virginia is well-known in the counseling world for having stringent requirements for becoming an LPC, which has helped showcase the high quality of counselors that are educated here. However, removing the ability to count audio-only sessions toward licensure--sessions which are being billed and accepted by insurances, by the way--is not something that will continue ensuring counselors have the best training, and does not seem to be anyone's benefit. It is only an unnecessary and, in these times, frankly cruel, further roadblock toward becoming professionals in an already under-funded, under-appreciated, and very difficult career field.

CommentID: 87386

Commenter: Andrea

10/26/20 5:08 pm

Audio residency hours

The COVID-19 pandemic has brought forth many challenges for a variety of different fields. Not only has the mental health field adapted to these challenges, but the number of people seeking out mental health treatment has increased since this pandemic has started. Resident's in counseling are being provided an opportunity to grow with this field and to grow as clinician's in ways that many of them probably never saw coming. They have had to adapt to different forms of providing therapy, many of which most residents would probably consider more challenging than the typical face-to-face format, which is what they were trained for. To be prevented from being able to utilize these hours would be like being told that their efforts have gone unnoticed and the hard work they are doing is not worthy of moving forward in their careers. Residents did not ask for this pandemic

to happen, but they are doing the best they can do adapt to that and they should not be punished for this.

CommentID: 87388

Commenter: Dr. Melanie Burgess 10/26/20 6:09 pm

Audio Hours

I strongly urge you to include audio hours towards residency licensure hours. Especially during a pandemic, counseling is an essential service that is effectively improving the lives of clients, regardless of the format (e.g., audio, video, or in-person modalities). Counselors have been flexible to adapt to the needs of their clients during an unprecedented pandemic; therefore, it is shocking that this barrier is being intentionally placed between mental health residents achieving well-deserved licensure.

Failing to count audio hours toward licensure makes the audacious and faulty assumption that audio hours are not worthy of recognition. This could not be further from the truth. Behavioral telehealth services are rescuing lives during unrest, turmoil, and existential crises related to this pandemic. Failure to recognize audio hours as worthy towards total residency licensure hours is disgraceful and appalling.

CommentID: 87389

Commenter: Jodie Burton, DPCS 10/29/20 9:53 am

audio services

Please allow audio services to count toward residency hours.

CommentID: 87405

Commenter: Dillon Woods 11/1/20 1:28 pm

Audio Hours

As someone who's mother has PTSD and cannot complete in-person treatment with a health professional, it seems apparent, if not necessary, to not allow residents making their way into the mental health professions the ability to procure hours toward licensing requirements by means of audio communication. While perhaps not suitable to ascertain analysis of in-person modality with a patient, you cannot expect all individuals, depending upon which part of the state they are in, to be able to fulfill these requirements amidst a pandemic. If not applicable, perhaps a cut-off or a codified timeframe in which audio is counted and then back to in-person requirements? At the minimum until the end of 2021, in hopes of a vaccine, whenever that will come to culmination. I am unjust in stating I understand all of the implications leading up to the conclusion to keep audio hours out of the legislation, but I implore you to reconsider. Even a phone call has shown exemplary aid in my mother's overall mental wellbeing. I am sure residents are eager to begin work during these tumultuous times, as they are utmost vital to combat the understated hardships of the pandemic. Please give them equal opportunity in all modalities of modern communication.

CommentID: 87409

Commenter: Jordan Frijas 11/8/20 9:45 pm

Pass Emergency Regulations

Many of my family members are professional counselors. It is imperative that emergency regulations make it easier for them to work during this pandemic. Emergency regulations for the issuance of temporary licenses to individuals should be granted. With this pandemic and its effects on health, now more than ever, changes and reforms must be accepted. Audio meetings should also count toward licensure hours.

CommentID: 87412

Commenter: M Phillips, PhD

11/13/20 4:35 pm

Essential workers must be acknowledged in all modalities.

At a time of pandemic, with the country in various states of quarantine, and with the dire need for mental health counseling in all its delivery modes made obvious, it is only just and fair, and respectful of these essential workers, to give them all credit towards licensure. This should be obvious, not something requiring petition. Anything less causes harm to all, including state government.

CommentID: 87423

Commenter: Kristy Walker

11/13/20 4:54 pm

Telephone contact is therapeutic

I cannot impress enough to the Board how imperative telephone counseling has been for my rural, lower SES, immunocompromised, and disabled clients during this pandemic. As resident counselors, we have had to embrace flexibility to meet the myriad of mental health needs that have been exacerbated by the uncertainty of these times we are living in. We are truly working in a proving ground, and to disallow the hours we have put into helping others amid a pandemic due to a lack of an electronic interface does not feel adaptive, but restrictive. If DMAS is allowing for reimbursement via telephone contact, how can not including those same hours in pursuit towards licensure be considered? Telephone counseling has a precedence - Suicide Hotlines save lives.

CommentID: 87424

Commenter: Andrew Leonard, LCSW

11/13/20 4:58 pm

The need for Residents in Counseling to count telehealth hours toward licensure.

In the light of the current pandemic, it has become necessary for supervisees and residents to do their contact via video chat and telephone. Many of our consumers, especially in impoverished areas, do not have access to computers, etc. Residents in Counseling need to be able to count their contact hours toward licensure, including telephone contacts.

CommentID: 87425

"Internship" means a formal academic course from a regionally accredited college or university in which supervised, practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Jurisdiction" means a state, territory, district, province, or country that has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting that does not meet the conditions of exemption from the requirements of licensure to engage in the practice of counseling as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a postgraduate, supervised, clinical experience ~~registered with the board~~.

"Resident" means an individual who has ~~submitted~~ a supervisory contract and has ~~received board approval~~ been issued a temporary license by the board to provide clinical services in professional counseling under supervision.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual or group consultation, guidance, and instruction that is specific to the clinical counseling services being performed with respect to the clinical skills and competencies of the person supervised.

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

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

A. The board has established the following fees applicable to licensure as a professional counselor or a resident in counseling:

~~Active annual license renewal~~	~~$130~~
~~Inactive annual license renewal~~	~~$65~~
Initial licensure by examination: Application processing and initial licensure as a professional counselor	$175
Initial licensure by endorsement: Application processing and initial licensure as a professional counselor	$175
~~Registration of supervision~~ Application and initial licensure as a resident in counseling	$65
~~Add or change supervisor~~ Pre-review of education only	~~$30~~ $75
Duplicate license	$10
Verification of licensure to another jurisdiction	$30
Active annual license renewal for a professional counselor	$130
Inactive annual license renewal for a professional counselor	$65
Annual renewal for a resident in counseling	$30
Late renewal for a professional counselor	$45

Late renewal for a resident in counseling	$10
Reinstatement of a lapsed license for a professional counselor	$200
Reinstatement following revocation or suspension	$600
Replacement of or additional wall certificate	$25
Returned check	$35
~~Reinstatement following revocation or suspension~~	~~$600~~

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

18VAC115-20-40
Part II
Requirements for Licensure as a Professional Counselor

18VAC115-20-40. Prerequisites for licensure by examination.

Every applicant for licensure examination by the board shall:

1. Meet the degree program requirements prescribed in 18VAC115-20-49, the ~~course work~~ coursework requirements prescribed in 18VAC115-20-51, and the experience requirements prescribed in 18VAC115-20-52;

2. Pass the licensure examination specified by the board;

3. Submit the following to the board:

a. A completed application;

b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-20-49 and 18VAC115-20-51. Transcripts previously submitted for ~~registration of supervision~~ board approval of a resident license do not have to be resubmitted unless additional coursework was subsequently obtained;

c. Verification of ~~Supervision~~ supervision forms documenting fulfillment of the residency requirements of 18VAC115-20-52 and copies of all required evaluation forms, including verification of current licensure of the supervisor if any portion of the residency occurred in another jurisdiction;

d. Verification of any other mental health or health professional license or certificate ever held in another jurisdiction;

e. The application processing and initial licensure fee as prescribed in 18VAC115-20-20; and

f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-20-52
18VAC115-20-52. ~~Residency~~ Resident license and requirements for a residency.

A. ~~Registration~~ Resident license. Applicants ~~who render~~ for temporary licensure as a resident in counseling ~~services~~ shall:

1. ~~With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision~~ Apply for licensure on a form provided by the board to include the following: (i) verification of a supervisory contract, (ii) the name and licensure number of the clinical supervisor and location for the supervised practice, and (iii) an attestation that the applicant will be providing clinical counseling services;

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

3. Pay the registration fee;

4. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

5. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider the history of disciplinary action on a case-by-case basis.

B. Residency requirements.

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

a. Assessment and diagnosis using psychotherapy techniques;

b. Appraisal, evaluation, and diagnostic procedures;

c. Treatment planning and implementation;

d. Case management and recordkeeping;

e. Professional counselor identity and function; and

f. Professional ethics and standards of practice.

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

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

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

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

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

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

8. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue. A resident shall meet the renewal requirements of subsection C of 18VAC115-20-100 in order to maintain a license in current, active status.

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

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

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

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

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

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

2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-20-106; and

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

D. Supervisory responsibilities.

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

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

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

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

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

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

18VAC115-20-70
Part III
Examinations

18VAC115-20-70. General examination requirements; schedules; time limits.

A. Every applicant for initial licensure by examination by the board as a professional counselor shall pass a written examination as prescribed by the board. An applicant is required to have passed the prescribed examination within six years from the date of initial issuance of a resident license by the board.

B. Every applicant for licensure by endorsement shall have passed a licensure examination in the jurisdiction in which licensure was obtained.

~~C. A candidate approved to sit for the examination shall pass the examination within two years from the date of such initial approval. If the candidate has not passed the examination by the end of the two-year period here prescribed:~~

~~1. The initial approval to sit for the examination shall then become invalid; and~~

~~2. The applicant shall file a 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.~~

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

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

18VAC115-20-100
Part IV
Licensure Renewal; Reinstatement

18VAC115-20-100. Annual renewal of licensure.

~~A. All licensees shall renew licenses on or before June 30 of each year.~~

~~B.~~ A. Every ~~license holder~~ licensed professional counselor who intends to continue an active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing competency requirements prescribed in this chapter; and

2. The renewal fee prescribed in 18VAC115-20-20.

~~C.~~ B. A ~~licensee~~ licensed professional counselor who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-20-20. No person shall practice counseling in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in subsection C of 18VAC115-20-110 ~~C~~.

C. For renewal of a resident license in counseling, the following shall apply:

1. A resident license shall expire annually in the month the resident license was initially issued and may be renewed up to five times by submission of the renewal form and payment of the fee prescribed in 18VAC115-20-20.

2. On the annual renewal, the resident shall attest that a supervisory contract is in effect with a board-approved supervisor for each of the locations at which the resident is currently providing clinical counseling services.

3. On the annual renewal, the resident in counseling shall attest to completion of three hours in continuing education courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia, offered by an approved provider as set forth in subsection B of 18VAC115-20-106.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. Practice with an expired license is prohibited and may constitute grounds for disciplinary action.

18VAC115-20-9998
FORMS (18VAC115-20)

Registration of Supervision - Post Graduate Degree Supervised Experience, LPC Form 1 (rev. 2/2011)

Quarterly Evaluation, LPC Form 1-QE (rev. 2/2011)

Licensure Verification of Out-of-State Supervisor, LPC Form 1-LV (rev. 2/2011)

Licensure Application, LPC Form 2 (rev. 2/2011)

Verification of Supervision Post-Graduate Degree Supervised Experience, LPC Form 2-VS (rev. 2/2011)

Coursework Outline Form, LPC Form 2-CO (rev. 2/2011)

Verification of Internship Hours Towards the Residency, LPC Form 2-IR (rev. 2/2011)

Verification of Internship, LPC Form 2-VI (rev. 2/2011)

Verification of Licensure, LPC Form 2-VL (rev. 2/2011)

Supervision Outline - Examination Applicants Only, LPC Form 2-SO (rev. 2/2011)

Verification of Clinical Practice, 5 of Last 6 Years Immediately Preceding Submission of Application for Licensure, LPC Form-ECP (rev. 2/2011)

Continuing Education Summary Form (LPC) (rev. 3/2009)

Application for Reinstatement of a Lapsed License (rev. 8/2007)

Application for Reinstatement of a Revoked, Suspended, or Surrendered License (rev. 8/2007)

Application Instructions for Temporary Licensure as a Resident in Counseling (rev. 12/2019)

18VAC115-50-10
18VAC115-50-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia: (i) "board," (ii) "marriage and family therapy," (iii) "marriage and family therapist," and (iv) "practice of marriage and family therapy."

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Ancillary counseling services" means activities such as case management, recordkeeping, referral, and coordination of services.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Clinical marriage and family services" means activities such as assessment, diagnosis, and treatment planning and treatment implementation for couples and families.

"Face-to-face" means the in-person delivery of clinical marriage and family services for a client.

"Internship" means a formal academic course from a regionally accredited university in which supervised practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education as responsible for accrediting senior post-secondary institutions and training programs.

"Residency" means a postgraduate, supervised, clinical experience ~~registered with the board~~.

"Resident" means an individual who has ~~submitted~~ a supervisory contract ~~to the board~~ and has ~~received~~ been issued a temporary license by the board ~~approval~~ to provide clinical services in marriage and family therapy under supervision.

"Supervision" means an ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented, individual or group consultation, guidance, and instruction with respect to the clinical skills and competencies of the person ~~or persons~~ being supervised.

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

18VAC115-50-20
18VAC115-50-20. Fees.

A. The board has established fees for the following:

	$65

~~Registration of supervision~~ Application and initial licensure as a resident	
~~Add or change supervisor~~ Pre-review of education only	~~$30~~ $75
Initial licensure by examination: Processing and initial licensure as a marriage and family therapist	$175
Initial licensure by endorsement: Processing and initial licensure as a marriage and family therapist	$175
Active annual license renewal for a marriage and family therapist	$130
Inactive annual license renewal for a marriage and family therapist	$65
Annual renewal for a resident in marriage and family therapy	$30
Penalty for late renewal for a marriage and family therapist	$45
Late renewal for resident in marriage and family therapy	$10
Reinstatement of a lapsed license for a marriage and family therapist	$200
Verification of license to another jurisdiction	$30
Additional or replacement licenses	$10
Additional or replacement wall certificates	$25
Returned check	$35
Reinstatement following revocation or suspension	$600

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

18VAC115-50-30
18VAC115-50-30. Application for licensure as a marriage and family therapist by examination.

Every applicant for licensure by examination by the board shall:

1. Meet the education and experience requirements prescribed in 18VAC115-50-50, 18VAC115-50-55, and 18VAC115-50-60;

2. Meet the examination requirements prescribed in 18VAC115-50-70;

3. Submit to the board office the following items:

a. A completed application;

b. The application processing and initial licensure fee prescribed in 18VAC115-50-20;

c. Documentation, on the appropriate forms, of the successful completion of the residency requirements of 18VAC115-50-60 along with documentation of the supervisor's out-of-state license where applicable;

d. Official ~~transcript or~~ transcripts submitted from the appropriate institutions of higher education, verifying satisfactory completion of the education requirements set forth in 18VAC115-50-50 and 18VAC115-50-55. Previously submitted transcripts for ~~registration of supervision~~ board approval of a resident license do

not have to be resubmitted unless additional coursework was subsequently obtained;

e. Verification on a board-approved form of any mental health or health out-of-state license, certification, or registration ever held in another jurisdiction; and

f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-50-60

18VAC115-50-60. ~~Residency~~ Resident license and requirements for a residency.

A. ~~Registration~~ Resident license. Applicants ~~who render~~ for temporary licensure as a resident in marriage and family therapy ~~services~~ shall:

1. ~~With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision~~ Apply for licensure on a form provided by the board to include the following: (i) verification of a supervisory contract, (ii) the name and licensure number of the supervisor and location for the supervised practice, and (iii) an attestation that the applicant will be providing marriage and family services.

2. Have submitted an official transcript documenting a graduate degree as that meets the requirements specified in 18VAC115-50-50 to include completion of the coursework and internship requirement specified in 18VAC115-50-55; ~~and~~

3. Pay the registration fee;

4. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

5. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider the history of disciplinary action on a case-by-case basis.

B. Residency requirements.

1. The applicant for licensure as a marriage and family therapist shall have completed no fewer than 3,400 hours of supervised residency in the role of a marriage and family therapist, to include 200 hours of in-person supervision with the supervisor in the consultation and review of marriage and family services provided by the resident. For the purpose of meeting the 200 hours of supervision required for a residency, in-person may also include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist.

a. Residents shall receive a minimum of one hour and a maximum of four hours of supervision for every 40 hours of supervised work experience.

b. No more than 100 hours of the supervision may be acquired through group supervision, with the group consisting of no more than six residents. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

c. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed marriage and family therapist or a licensed professional counselor.

2. The residency shall include documentation of at least 2,000 hours in clinical marriage and family services of which 1,000 hours shall be face-to-face client contact with couples or families or both. The remaining hours may be spent in the performance of ancillary counseling services. For applicants who hold current, unrestricted licensure as a professional counselor, clinical psychologist, or clinical social worker, the remaining hours may be waived.

3. The residency shall consist of practice in the core areas set forth in 18VAC115-50-55.

4. The residency shall begin after the completion of a master's degree in marriage and family therapy or a related discipline as set forth in 18VAC115-50-50.

5. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-50-50, may count for up to an additional 300 hours towards the requirements of a residency.

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

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

8. Residents shall not call themselves marriage and family therapists, directly bill for services rendered, or in any way represent themselves as marriage and family therapists. During the residency, residents may use their names, the initials of their degree, and the title "Resident in Marriage and Family Therapy." Clients shall be informed in writing ~~of the resident's status~~ that the resident does not have authority for independent practice and is under supervision, along with the name, address, and telephone number of the resident's supervisor.

9. Residents shall not engage in practice under supervision in any areas for which they do not have appropriate education.

10. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue. A resident shall meet the renewal requirements of subsection C of 18VAC115-50-90 in order to maintain a resident license in current, active status.

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

C. Supervisory qualifications. A person who provides supervision for a resident in marriage and family therapy shall:

1. Hold an active, unrestricted license as a marriage and family therapist or professional counselor in the jurisdiction where the supervision is being provided;

2. Document two years post-licensure marriage and family therapy experience; and

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

20 hours of continuing education in supervision offered by a provider approved under 18VAC115-50-96. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist. Supervisors who are clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period. The supervisor shall report the total hours of residency and evaluate the applicant's competency to the board.

2. Supervision by an individual whose relationship to the resident is deemed by the board to compromise the objectivity of the supervisor is prohibited.

3. The supervisor shall provide supervision as defined in 18VAC115-50-10 and shall assume full responsibility for the clinical activities of residents as specified within the supervisory contract~~,~~ for the duration of the residency.

18VAC115-50-70
18VAC115-50-70. General examination requirements.

A. All applicants for initial licensure shall pass an examination, as prescribed by the board, with a passing score as determined by the board. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.

B. ~~The examination shall concentrate on the core areas of marriage and family therapy set forth in subsection A of 18VAC115-50-55~~ An applicant is required to pass the prescribed examination within six years from the date of initial issuance of a resident license by the board.

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

~~1. The initial approval to sit for the examination shall then become invalid; and~~

~~2. The applicant shall file a 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 candidate 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.~~

~~D. Applicants or candidates for examination shall not provide marriage and family services unless they are under supervision approved by the board~~ C. A resident shall remain in a residency practicing under supervision until the resident has passed the licensure examination and been granted a license as a marriage and family therapist.

18VAC115-50-90
18VAC115-50-90. Annual renewal of license.

~~A. All licensees shall renew licenses on or before June 30 of each year.~~

~~B.~~ A. All ~~licensees~~ licensed marriage and family therapists who intend to continue an active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing competency requirements prescribed in this chapter; and

2. The renewal fee prescribed in 18VAC115-50-20.

~~C.~~ B. A ~~licensee~~ licensed marriage and family therapist who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-50-20. No person shall practice marriage and family therapy in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in 18VAC115-50-100 C.

C. For renewal of a resident license in marriage and family therapy, the following shall apply:

1. A resident license shall expire annually in the month the license was initially issued and may be renewed up to five times by submission of the renewal form and payment of the fee prescribed in 18VAC115-50-20.

2. On the annual renewal, the resident shall attest that a supervisory contract is in effect with a board-approved supervisor for each of the locations at which the resident is currently providing marriage and family therapy.

3. On the annual renewal, residents in marriage and family therapy shall attest to completion of three hours in continuing education courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia, offered by an approved provider as set forth in subsection B of 18VAC115-50-96.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. After the renewal date, the license is expired; practice with an expired license is prohibited and may constitute grounds for disciplinary action.

18VAC115-50-9998
FORMS (18VAC115-50)

Licensure Application - Marriage and Family Therapist, MFT Form 2 (rev. 2/2011)

Verification of Licensure, MFT Form 2-VL (rev. 2/2011)

Verification of Supervision Post-Graduate Degree Supervised Experience, MFT Form 2-VS (rev. 2/2011)

Licensure Verification of Out-of-State Supervisor, MFT Form 1-LV (rev. 2/2011),

Quarterly Evaluation, MFT Form 1-QE (rev. 2/2011)

Coursework Outline Form, MFT Form 2-CO (rev. 2/2011)

Verification of Internship, MFT Form 2-VI (rev. 2/2011)

Verification of Internship Hours Towards the Residency, MFT Form 2-IR (rev. 2/2011)

Supervision Outline - Examination Applicants Only, MFT Form 2-SO (rev. 2/2011)

Verification of Clinical Practice 5 of Last 6 Years Immediately Preceding Submission for Application of Licensure, Endorsement Applicants Only, Form MFT-ECP (rev. 2/2011)

Registration of Supervision - Post Graduate Degree Supervised Experience, MFT Form 1 (rev. 2/2011)

Application for Reinstatement of a Lapsed License (rev. 8/2007)

Continuing Education Summary Form (LMFT) (rev. 3/2009)

Applications Instructions - Temporary Licensure as a Resident in Marriage and Family Therapy (rev. 12/2019)

18VAC115-60-10
Part I
General Provisions

18VAC115-60-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Licensed substance abuse treatment practitioner"

"Substance abuse"

"Substance abuse treatment"

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Ancillary services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a substance abuse treatment practitioner.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"Candidate for licensure" means a person who has satisfactorily completed all educational and experience requirements for licensure and has been deemed eligible by the board to sit for its examinations.

"Clinical substance abuse treatment services" means activities such as assessment, diagnosis, treatment planning, and treatment implementation.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of substance abuse treatment according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

"Face-to-face" means the in-person delivery of clinical substance abuse treatment services for a client.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Internship" means a formal academic course from a regionally accredited university in which supervised, practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Jurisdiction" means a state, territory, district, province, or country ~~which~~ that has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting ~~which~~ that does not meet the conditions of exemption from the requirements of licensure to engage in the practice of substance abuse treatment as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a postgraduate, supervised, clinical experience ~~registered with the board~~.

"Resident" means an individual who has ~~submitted~~ a supervisory contract and has ~~received board approval~~ been issued a temporary license by the board to provide clinical services in substance abuse treatment under supervision.

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

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

18VAC115-60-20
18VAC115-60-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as a substance abuse treatment practitioner or resident in substance abuse treatment:

~~Registration of supervision (initial)~~ Application and initial licensure as a resident in substance abuse treatment	$65
~~Add/change supervisor~~ Pre-review of education only	~~$30~~ $75
Initial licensure by examination: Processing and initial licensure as a substance abuse treatment practitioner	$175
Initial licensure by endorsement: Processing and initial licensure as a substance abuse treatment practitioner	$175
Active annual license renewal for a substance abuse treatment practitioner	$130
Inactive annual license renewal for a substance abuse treatment practitioner	$65
Annual renewal for a resident in substance abuse treatment	$30
Duplicate license	$10
Verification of license to another jurisdiction	$30
Late renewal for a substance abuse treatment practitioner	$45
Late renewal for a resident in substance abuse treatment	$10
Reinstatement of a lapsed license of a substance abuse treatment practitioner	$200
Replacement of or additional wall certificate	$25

Returned check	$35
Reinstatement following revocation or suspension	$600

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

18VAC115-60-40
Part II
Requirements for Licensure as a Substance Abuse Treatment Practitioner

18VAC115-60-40. Application for licensure by examination.

Every applicant for licensure by examination by the board shall:

1. Meet the degree program, coursework, and experience requirements prescribed in 18VAC115-60-60, 18VAC115-60-70, and 18VAC115-60-80;

2. Pass the examination required for initial licensure as prescribed in 18VAC115-60-90;

3. Submit the following items to the board:

a. A completed application;

b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-60-60 and 18VAC115-60-70. Transcripts previously submitted for ~~registration of supervision~~ board approval of a resident license do not have to be resubmitted unless additional coursework was subsequently obtained;

c. Verification of supervision forms documenting fulfillment of the residency requirements of 18VAC115-60-80 and copies of all required evaluation forms, including verification of current licensure of the supervisor of any portion of the residency occurred in another jurisdiction;

d. Documentation of any other mental health or health professional license or certificate ever held in another jurisdiction;

e. The application processing and initial licensure fee as prescribed in 18VAC115-60-20; and

f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-60-80
18VAC115-60-80. ~~Residency~~ Resident license and requirements for a residency.

A. ~~Registration~~ Licensure. Applicants ~~who render~~ for a temporary resident license in substance abuse treatment ~~services~~ shall:

1. ~~With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision~~ Apply for licensure on a form provided by the board to include the following: (i) verification of a supervisory contract, (ii) the name and licensure number of the supervisor and location for the supervised practice, and (iii) an attestation that the applicant will be providing substance abuse treatment services;

2. Have submitted an official transcript documenting a graduate degree ~~as~~ that meets the requirements specified in 18VAC115-60-60 to include completion of the coursework and internship requirement specified in 18VAC115-60-70; ~~and~~

3. Pay the registration fee;

4. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

5. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider the history of disciplinary action on a case-by-case basis.

B. Applicants who are beginning their residencies in exempt settings shall register supervision with the board to assure acceptability at the time of application.

C. Residency requirements.

1. The applicant for licensure as a substance abuse treatment practitioner shall have completed no fewer than 3,400 hours in a supervised residency in substance abuse treatment with various populations, clinical problems and theoretical approaches in the following areas:

a. Clinical evaluation;

b. Treatment planning, documentation, and implementation;

c. Referral and service coordination;

d. Individual and group counseling and case management;

e. Client family and community education; and

f. Professional and ethical responsibility.

2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident occurring at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency.

a. No more than half of these hours may be satisfied with group supervision.

b. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

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

d. For the purpose of meeting the 200-hour supervision requirement, in-person supervision may include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident.

e. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.

3. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical substance abuse treatment services with individuals, families, or groups of individuals suffering from the effects of substance abuse or dependence. The remaining hours may be spent in the performance of ancillary services.

4. A graduate level degree internship in excess of 600 hours, which is completed in a program that meets the requirements set forth in 18VAC115-60-70, may count for up to an additional 300 hours towards the requirements of a residency.

5. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue. A resident shall meet the renewal requirements of subsection C of 18VAC115-60-110 in order to maintain a license in current, active status.

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

7. Residents may not call themselves substance abuse treatment practitioners, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or substance abuse treatment practitioners. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Substance Abuse Treatment" in all written communications. Clients shall be informed in writing ~~of the resident's status,~~ that the resident does not have authority for independent practice and is under supervision and shall provide the supervisor's name, professional address, and telephone number.

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

9. Residency hours that are approved by the licensing board in another United States jurisdiction and that meet the requirements of this section shall be accepted.

D. Supervisory qualifications.

1. A person who provides supervision for a resident in substance abuse treatment shall hold an active, unrestricted license as a professional counselor or substance abuse treatment practitioner in the jurisdiction where the supervision is being provided. Supervisors who are marriage and family therapists, school psychologists, clinical psychologists, clinical social workers, clinical nurse specialists, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

2. All supervisors shall document two years post-licensure substance abuse treatment experience and at least 100 hours of didactic instruction in substance abuse treatment. Supervisors must document a three-credit-hour course in supervision, a 4.0-quarter-hour course in supervision, or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-60-116.

E. Supervisory responsibilities.

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

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

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

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

F. Documentation of supervision. Applicants shall document successful completion of their residency on the Verification of Supervision form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet.

18VAC115-60-90
Part III
Examinations

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. Such applicant is required to pass the prescribed examination within 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.~~ D. The board shall establish a passing score on the written examination.

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

18VAC115-60-110
Part IV
Licensure Renewal; Reinstatement

18VAC115-60-110. Renewal of licensure.

~~A. All licensees shall renew licenses on or before June 30 of each year.~~

~~B.~~ A. Every ~~license holder~~ substance abuse treatment practitioner who intends to continue an active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing competency requirements prescribed in this chapter; and

2. The renewal fee prescribed in 18VAC115-60-20.

~~C.~~ B. A ~~licensee~~ substance abuse treatment practitioner who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-60-20. No person shall practice substance abuse treatment in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in subsection C of 18VAC115-60-120 ~~C~~.

C. For renewal of a resident license in substance abuse treatment, the following shall apply:

1. A resident license shall expire annually in the month the resident license was initially issued and may be renewed up to five times by submission of the renewal form and payment of the fee prescribed in 18VAC115-60-20.

2. On the annual renewal, the resident shall attest that a supervisory contract is in effect with a board-approved supervisor for each of the locations at which the resident is currently providing substance abuse treatment services.

3. On the annual renewal, residents in substance abuse treatment shall attest to completion of three hours in continuing education courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia, offered by an approved provider as set forth in subsection B of 18VAC115-60-116.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. After the renewal date, the license is expired; practice with an expired license is prohibited and may constitute grounds for disciplinary action.

18VAC115-60-9998
FORMS (18VAC115-60)

Licensure Application, Licensed Substance Abuse Treatment Practitioner, LSATP Form 2 (rev. 1/2011)

Verification of Licensure, Form LSATP 2-VL (rev. 1/2011)

Verification of Supervision Post Graduate Degree Supervised Experience, LSATP 2-VS (rev. 1/2011)

Supervisor's Experience and Education (rev. 1/2011)

Licensure Verification of Out-of-State Supervisor, LSATP Form 1-LV (rev. 1/2011)

Coursework Outline Form, Form LSATP 2-CO (rev. 1/2011)

Verification of Internship, Form LSATP 2-VI (rev. 1/2011)

Verification of Internship Hours Towards the Residency, Form LSATP 2-IR (rev. 1/2011)

Registration of Supervision Post Graduate Degree Supervised Experience, LSATP Form 1 (rev. 1/2011)

Quarterly Evaluation Form, LSATP Form 1-QE (rev. 1/2011)

Supervision Outline Form Examination Applicants Only, Form LSATP 2-SO (rev. 1/2011).

Verification of Post-Licensure Clinical Practice, Endorsement Applicants Only, Form LSATP-ECP (rev. 1/2011)

Licensed Substance Abuse Treatment Practitioner Application for Reinstatement of a Lapsed Certificate (rev. 7/2011)

Continuing Education Summary Form (LSATP) (rev. 3/2009)

Application Instructions for Temporary Licensure as a Resident in Substance Abuse Treatment (rev. 12/2019)

Agenda Item: Adoption of Amendments for Rehabilitation Providers (periodic review action)

Included in your agenda package are:

Copy of announcement on Townhall

Copy of comment

Copy of proposed regulations

Staff note:
The Regulation Committee recommended adoption of final regulations as presented in the agenda package.

Committee Action:

To adopt final amendments to regulations identical to the proposed regulations; or

To take other action.

Virginia.gov Agencies | Governor

Agency **Department of Health Professions**

Board **Board of Counseling**

Chapter **Regulations Governing the Certification of Rehabilitation Providers [18 VAC 115 - 40]**

Action: Periodic review

Proposed Stage

Action 5305 / Stage 8908

Edit Stage | Withdraw Stage | Go to RIS Project

Documents		
Proposed Text	9/9/2020 2:45 pm	Sync Text with RIS
Agency Background Document	2/25/2020	Upload / Replace
Attorney General Certification	3/2/2020	
DPB Economic Impact Analysis	4/16/2020	
Agency Response to EIA	6/1/2020	Upload / Replace
Governor's Review Memo	8/12/2020	
Registrar Transmittal	8/12/2020	

Status	
Incorporation by Reference	No
Exempt from APA	No, this stage/action is subject to article 2 of the *Administrative Process Act* and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 2/25/2020 Review Completed: 3/2/2020 Result: Certified
DPB Review	Submitted on 3/2/2020 Economist: Jini Rao Policy Analyst: Jeannine Rose Review Completed: 4/16/2020 *DPB's policy memo is "Governor's Confidential Working Papers"*
Secretary Review	Secretary of Health and Human Resources Review Completed: 5/31/2020
Governor's Review	Review Completed: 8/12/2020 Result: Approved
Virginia Registrar	Submitted on 8/12/2020 **The Virginia Register of Regulations** Publication Date: 9/14/2020 **Volume: 37 Issue: 2**
Public Hearings	**10/23/2020 10:05 AM**

Comment Period	Ended 11/13/2020 0 comments

Contact Information	
Name / Title:	Jaime Hoyle / *Executive Director*
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Email Address:	**jaime.hoyle@dhp.virginia.gov**
Telephone:	(804)367-4406 FAX: (804)527-4435 TDD: ()-

This person is the primary contact for this board.
This stage was created by Elaine J. Yeatts on 02/25/2020
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PUBLIC IN ATTENDANCE: Lori Cowan, LPC, LMFT, CRP
Matthew Shurka, Co-Founder, Born Perfect
Adam Trimmer, Virginia Ambassador, Born Perfect

PUBLIC COMMENT: Ms. Cowan stated that the International Association Rehabilitation Professionals, Virginia Chapter is in support of the proposed changes to the Regulations Governing Certified Rehabilitation Providers. *

AGENCY REPORT: Dr. Brown reported that Dr. Allison-Bryan would not attend today as she is representing the Agency at a Virginia Healthcare Work Force Advisor Counsel.

The Agency continues to telework extensively. Boards are conducting meetings and disciplinary hearings virtually and in person depending on the preferences of the Board or the respondent.

Dr. Brown indicated that Ms. Hoyle has submitted several regulatory waivers on the Board's behalf. These waivers would help the Board of Counseling workforce during the COVID-19 crisis. The waivers must be approved by the Agency, Attorney General's office and then by the Office of the Secretary.

Dr. Brown provided information on the three workgroups studying marijuana/cannabis in Virginia. Secretary of Health and Human Resources (HHS) is examining the expansion of medical marijuana program. The Virginia Department of Agriculture and Consumer Services (VDACS) is looking into the legalization and recreational use of cannabis for adults. The General Assembly has asked the Joint Legislative Audit and Review Commission (JLARC) to make recommendations on the legalization of marijuana.

CHAIRPERSON REPORT: Dr. Brendel provided the quarterly accomplishment report and thanked Board members for their involvement in the various endeavors of the Board. Dr. Brendel acknowledge several Board members and staff for their support with two virtual presentations for the Virginia Counseling Association (VCA) annual conference.

Dr. Doyle provided a brief summary of the American Association of State Counseling Board (AASCB) annual business meeting. Dr. Doyle thanked staff and Board members for their attendance and commented on the importance of the Boards involvement in the AACSB.

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Proposed Text

highlight

Action: Periodic review
Stage: Proposed 9/9/20 2:45 PM [latest]

18VAC115-40-20
18VAC115-40-20. Fees required by the board.

A. The board has established the following fees applicable to the certification of rehabilitation providers:

Initial certification by examination: Processing and initial certification	$115
Initial certification by endorsement: Processing and initial certification	$115
Certification renewal	$65
Duplicate certificate	$10
Verification of certification	$25
Late renewal	$25
Reinstatement of a lapsed certificate	$125
Replacement of or additional wall certificate	$25
Returned check	$35
Reinstatement following revocation or suspension	$600

B. Fees shall be paid to the board. All fees are nonrefundable.

18VAC115-40-22
Part II
Requirements for Certification

18VAC115-40-22. Criteria for eligibility.

A. Education and experience requirements for certification are as follows:

1. Any baccalaureate degree from a regionally accredited college or university or a current registered nurse license in good standing in Virginia; and

2. Documentation of 2,000 hours of supervised experience in performing those services that will be offered to a workers' compensation claimant under § 65.2-603 of the Code of Virginia. Experience may be acquired through supervised training or experience or both. A supervised internship in rehabilitation services may count toward part of the required 2,000 hours. Any individual who does not meet the experience requirement for certification must practice under the supervision of an individual who meets the requirements of 18VAC115-40-27. Individuals shall not practice in an internship or supervisee capacity for more than five years.

B. A passing score on a board-approved examination shall be required.

C. The board may grant certification without examination to applicants certified as rehabilitation providers in other states or by nationally recognized certifying agencies, boards, associations and commissions by standards substantially equivalent to those set forth in the board's current regulation.

D. The applicant shall have no unresolved disciplinary action against a health, mental health, or rehabilitation-related license, certificate, or registration in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-40-25
18VAC115-40-25. Application process.

The applicant shall submit to the board:

1. A completed application form;

2. The official transcript or transcripts submitted from the appropriate institutions of higher education;

3. Documentation, on the appropriate forms, of the successful completion of the supervised experience requirement of 18VAC115-40-26. Documentation of supervision obtained outside of Virginia must include verification of the supervisor's out-of-state license or certificate;

4. Documentation of passage of the examination required by 18VAC115-40-28;

5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

~~5. Documentation of~~ 6. Verification that the applicant's national or out-of-state license or certificate is in good standing where applicable.

18VAC115-40-26
18VAC115-40-26. Supervised experience requirement.

The following shall apply to the supervised experience requirement for certification:

1. On average, the supervisor and the supervisee shall consult for two hours per week in group or personal instruction. The total hours of personal instruction shall not be less than 100 hours within the 2,000 hours of experience. Group instruction shall not exceed six ~~members~~ persons in a group.

2. Half of the personal instruction contained in the total supervised experience shall be face-to-face between the supervisor and supervisee. A portion of the face-to-face instruction shall include direct observation of the supervisee-rehabilitation client interaction.

18VAC115-40-30
Part IV
Renewal and Reinstatement

18VAC115-40-30. Annual renewal of certificate.

Every certificate issued by the board shall expire on ~~January 31~~ June 30 of each year.

1. To renew certification, the certified rehabilitation provider shall submit a renewal form and fee as prescribed in 18VAC115-40-20.

2. Failure to receive a renewal notice and form shall not excuse the certified rehabilitation provider from the renewal requirement.

18VAC115-40-35

18VAC115-40-35. Reinstatement.

A. A person whose certificate has expired may renew it within one year after its expiration date by paying the renewal fee and the late renewal fee prescribed in 18VAC115-40-20.

B. A person who fails to renew a certificate for one year or more shall apply for reinstatement, pay the reinstatement fee and submit evidence regarding the continued ability to perform the functions within the scope of practice of the certification, such as certificates of completion for continuing education, verification of practice in another jurisdiction, or maintenance of national certification.

18VAC115-40-38
18VAC115-40-38. Change of name or address.

A certified rehabilitation provider whose name has changed or whose address of record or public address, if different from the address of record, has changed shall submit the name change or new address in writing to the board within ~~30~~ 60 days of such change.

18VAC115-40-50
18VAC115-40-50. Grounds for revocation, suspension, probation, reprimand, censure, denial of renewal of certificate; petition for rehearing.

Action by the board to revoke, suspend, decline to issue or renew a certificate, to place such a certificate holder on probation or to censure, reprimand or fine a certified rehabilitation provider may be taken in accord with the following:

1. Procuring, attempting to procure, or maintaining a license, certificate, or registration by fraud or misrepresentation.

2. Violation of, or aid to another in violating, any regulation or statute applicable to the provision of rehabilitation services.

3. The denial, revocation, suspension or restriction of a registration, license, or certificate to practice in another state, or a United States possession or territory or the surrender of any such registration, license, or certificate while an active administrative investigation is pending.

4. Conviction of any felony, or of a misdemeanor involving moral turpitude.

5. Providing rehabilitation services without reasonable skill and safety to clients by virtue of physical, mental, or emotional illness or substance ~~abuse~~ misuse;

6. Conducting one's practice in such a manner as to be a danger to the health and welfare of one's clients or to the public;

7. Performance of functions outside of one's board-certified area of competency;

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

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

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

11. Failure to report evidence of child abuse or neglect as required by § 63.2-1509 of the Code of Virginia or elder abuse or neglect as required by § 63.2-1606 of the Code of Virginia;

12. Knowingly allowing persons under supervision to jeopardize client safety or provide care to clients outside of such person's scope of practice or area of responsibility; or

13. Violating any provisions of this chapter, including practice standards set forth in 18VAC115-40-40.

18VAC115-40-9998
FORMS (18VAC115-40)

~~Application for Certification as a Rehabilitation Provider, Form 1 (rev. 8/07).~~

Application for Certification as a Rehabilitation Provider (rev. 5//2018)

General Information for Certification as a Rehabilitation Provider (rev. 7/2011)

~~Verification of Experience for Rehabilitation Provider Certification, Form 2 (rev. 8/07).~~

~~Rehabilitation Provider Verification of Licensure/Certification (rev. 8/07).~~

~~Licensure/Certification Verification of Out-of-State Supervisor, Form 4 (rev. 8/07 4/18).~~

~~Rehabilitation Provider Application for Reinstatement of a Lapsed Certificate (rev. 8/07 5/18).~~

Verification of Experience for Rehabilitation Provider Certification (rev. 5/2018)

Out-of-State License or Certification Verification (4/2018)

Licensure/Certification Verification of Out-of-State Supervisor (4/2018)

Rehabilitation Provider Application for Reinstatement of a Lapsed Certificate (5/2018)

Agenda Item: Response to Petitions for Rulemaking

Included in your agenda package are:

A copy of the petition received from Tasha Burnett requesting modification of endorsement regulations.

Copy of comments on petition (Comment period closed 1/20/21)

Section of regulation

Staff note:
The petitioner wants to modify the endorsement requirement of 24 of the last 60 months if an applicant does not have the requisite education and experience to be licensed as an LPC.

The Regulation Committee recommended the Board reject the Petition

Board action on petition:

To initiate rulemaking by adoption of a Notice of Intended Regulatory 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. If the board has not met within that 90-day period, the decision will be issued no later then 14 days after it next meets.

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

Petitioner's full name (Last, First, Middle Initial, Suffix) Burnette, Tasha L.	
Street Address 1411 E. Adams Farm Pkwy	**Area Code and Telephone Number** 540-278-3665
City Greensboro	**State** NC — **Zip Code** 27407
Email Address (optional) tshburnette@yahoo.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. 18VAC115-20-45 (provide evidence of post-licensure clinical practice in counseling for 24 of the last 60 months immediately preceding your licensure application, then you must provide the requirements of 18VAC115-20-49, 18VAC115-20-51, 18VAC115-20-52.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule. I am requesting the regulation on required supervision hours of endorsed therapist be modified. As a NC fully licensed therapist I have completed the required amount of supervision as an associate. My completion of the standards for state licensure indicate I have met the qualifications to be a fully licensed therapist. Currently I have clients waiting to be seen due to being granted a temporary license in VA. Lastly, I completed a VA institution for my graduate degree, meeting your standards.

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.

Tasha Burnette — 11/19/20

Signature: Date:

Request for comment on Petition for Rulemaking

Promulgating Board: **Board of Counseling**

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

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

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

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

Statutory Authority: State: Chapter 35 of Title 54.1

Date Petition Received 12/01/2020

Petitioner Tasha Burnette

Petitioner's Request
To modify the regulation on required supervision hours for endorsement.

Agency Plan
In accordance with Virginia law, the petition will be filed with the Register of Regulations and published on December 21, 2020 with comment requested until January 20, 2021. It will also be placed on the Virginia Regulatory Townhall and available for comments to be posted electronically at www.townhall.virginia.gov. At its first meeting following the close of comment, which is scheduled for February 5, 2021, the Board will consider the request to amend regulations and all comment received in support or opposition. The petitioner will be informed of the board's response and any action it approves.

Publication Date 12/21/2020 *(comment period will also begin on this date)*

Comment End Date 01/20/2021

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VIRGINIA REGULATORY TOWN HALL

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Agency **Department of Health Professions**

Board **Board of Counseling**

Chapter

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

2 comments

All good comments for this forum Show Only Flagged

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Commenter: Peggy Brady-Amoon, Alliance for Professional Counselors 1/15/21 12:44 pm

Opposed to lack of transparency and inequitable changes

The Alliance for Professional Counselors (APC), a national organization of counselors and counselor educators that supports interdisciplinary cooperation and licensure portability, is opposed to the lack of transparency and information in the current proposal to change the regulations for licensure by endorsement that does not provide any detail. What exactly would change? To what?

We are concerned given recent attempts to change the requirements for licensure by endorsement to unfairly privilege graduates of programs accredited by CACREP. To illustrate, APC and many other professional organizations and individuals strongly objected to the 2018 proposal to adopt NCLEP and the 2019 proposal to permit licensed counselors who graduated from programs accredited by CACREP to qualify for Virginia licensure in three years while licensed counselors who graduated from other programs would need ten years post-licensure experience. Fortunately, both proposals were withdrawn. Given this history, although we are not opposed to change, per se, we are opposed to the lack of transparency and any change that would unfairly privilege graduates of programs accredited by CACREP.

As we wrote in our 2019 comment:

> Furthermore, this proposal would harm the public by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia. This proposal would also harm the majority of licensed counselors who graduated from programs that are not affiliated with CACREP by making it seem, despite lack of evidence, that they are less qualified. We call your attention to the two successive Virginia Economic Impact Analyses (2016, 2017) for further information. Furthermore, as Virginia has historically been a leader in the profession, this proposal could set a negative precedent.
>
> The American Counseling Association's (ACA) 2016 Portability Plan is a significantly better option for portability than the current (or previous) proposals. The ACA Portability Plan would permit counselors licensed at the independent level in one state (who do not have any disciplinary actions against them) to qualify for independent licensure in any other state in which they are seeking residence. Duly licensed counselors would be treated equally across the nation under this plan. Compared with this – and earlier proposals - the ACA plan respects all counselors, the licenses they hold, and doesn't require a waiting period.

We fully respect that licensure decisions are within the purview of the Commonwealth of Virginia. APC asks for your consideration because any proposed regulation changes that are exclusive of all duly licensed or license-eligible counselors are detrimental to the citizens and economy of Virginia. Furthermore, we urge

you to consider the national implications of any licensure by endorsement regulation change and all proposals to restrict Virginia counselor licensure to graduates of programs accredited by CACREP.

Thank you for your consideration.

Respectfully,

Peggy Brady-Amoon, PhD, LPC
President, Alliance for Professional Counselors
www.apccounseloralliance.org

Associate Professor
Department of Professional Psychology & Family Therapy
Seton Hall University
South Orange, NJ 07079
Margaret.brady-amoon@shu.edu

CommentID: **90168**

Commenter: Larry Epp, Ed.D., Board Member, LCPCM (AMHCA, Maryland Chapter) 1/16/21 5:48 pm

Need for Transparency in Order for Public to Comment

The ability for mental health counselors to transfer their licenses across state lines has important public health implications. The historic efforts of the Commonwealth to create different standards of practice than Maryland is problematic. We see this especially now during a public health emergency where differing standards creates confusion and difficulty in deploying mental health professionals to areas of need, whether in person or through telehealth. We cannot comment on the changes to Virginia licensure, because it is not clear what they are. We ask the Virginia Board to make clear what changes are being proposed and extend the comment period. This action would be consistent with fair and transparent government practice.

CommentID: **90429**

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

A. Every applicant for licensure by endorsement shall hold or have held a professional counselor license 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 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 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;

2. If an applicant does not have educational and experience credentials consistent with those required by this chapter, he shall 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, 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

3. In lieu of transcripts verifying education and documentation verifying supervised experience, the board may accept verification from the credentials registry of the American Association of State Counseling Boards or any other board-recognized entity.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Volume 16, Issue 13, eff. April 12, 2000; amended, Virginia Register Volume 24, Issue 24, eff. September 3, 2008; Volume 25, Issue 20, eff. July 23, 2009; Volume 26, Issue 01, eff. October 14, 2009; Volume 30, Issue 19, eff. July 3, 2014; Volume 32, Issue 24, eff. August 24, 2016.

Agenda Item: Consideration of guidance document

Included in the agenda package:

A copy of the Guidance Document 115-4.3

Staff note:

Guidance documents must be reviewed every four years. The Regulation Committee recommended re-affirmation of guidance document 115-4.3

Action:

Re-affirmation of guidance document (115-4.3) on Direct Client Contact Hours in an Internship

Guidance document: 115-4.3

Adopted: February 19, 2010
Reaffirmed: November 3, 2016

Virginia Board of Counseling

Direct Client Contact Hours in an Internship that can be Applied Towards the Residency

Regulation 18VAC115-20-51(A)(13) states that a supervised internship of 600 hours must include a minimum of 240 hours of face-to-face direct client contact, but it does not specify a *maximum* number of face-to-face hours. The consensus of the Board is that any amount of additional direct client contact hours in excess of 240 hours required in an internship can be counted towards the 2,000 direct client contact hours required for the Residency.

Agenda Item: Regulatory Action – Practice of CSACs

Staff note:

At its last meeting, the Board decided not to initiate rulemaking in response to a petition from Sharon Watson on more specificity about independent practice by certified substance abuse counselors. The Board did refer the issue of practice by certified substance abuse counselors to the Regulation Committee for development of guidance to clarify the law and regulation.

The Committee considered the issue and is recommending additional language in regulation similar to the regulation for counseling residents to clarify that independent, autonomous practice is not permitted and CSACs are not allowed to bill independently for their services.

Board Action:

To accept the recommendation of the Regulation Committee and adopt the amendment by a fast-track action; or

To take other action based on the Committee recommendation.

Project 6684 - Fast-Track

Board Of Counseling

Clarification of practice for certified substance abuse counselors

18VAC115-30-140. Standards of practice.

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

B. Persons certified by the board shall:

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

2. Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes.

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

4. Report to the board known or suspected violations of the laws and regulations governing the practice of certified substance abuse counselors or certified substance abuse counseling assistants.

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

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

7. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making arrangements for the continuation of treatment for clients when necessary, following termination of a counseling relationship.

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

9. Practice under supervision as specified in § 54.1-3507.1of the Code of Virginia. Certified substance abuse counselors shall not directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners.

C. In regard to client records, persons certified by the board shall:

1. Disclose counseling records to others only in accordance with applicable law.

2. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.

3. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from the client or the client's legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third-party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations.

4. Maintain timely, accurate, legible, and complete written or electronic records for each client, to include counseling dates and identifying information to substantiate the substance abuse counseling plan, client progress, and termination.

5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years);

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have been transferred to another mental health service provider or given to the client or the client's legally authorized representative.

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

1. Not engage in dual relationships with clients, former clients, supervisees, and supervisors that are harmful to the client's or supervisee's well-being or that would impair the substance abuse counselor's, substance abuse counseling assistant's, or supervisor's objectivity and professional judgment or increase the risk of client or supervisee exploitation. This prohibition includes such activities as counseling close friends, former sexual partners, employees, or relatives or engaging in business relationships with clients.

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

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

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

Code section referenced:

§ 54.1-3507.1. Scope of practice, supervision, and qualifications of certified substance abuse counselors.

A. A certified substance abuse counselor shall be (i) qualified to perform, under appropriate supervision or direction, the substance abuse treatment functions of screening, intake, orientation, the administration of substance abuse assessment instruments, recovery and relapse prevention planning, substance abuse treatment, case management, substance abuse or dependence crisis intervention, client education, referral activities, record keeping, and consultation with other professionals; (ii) qualified to be responsible for client care of persons with a primary diagnosis of substance abuse or dependence; and (iii) qualified to supervise, direct and instruct certified substance abuse counseling assistants. Certified substance abuse counselors shall not engage in independent or autonomous practice.

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 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 supervisor must take steps to protect resident confidentiality and security.

3. The supervisor should seek training or otherwise demonstrate expertise in the use of technology-assisted devices, especially in the matter of protecting resident confidentiality and security.

4. 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.

Virginia Board of Psychology

Guidance on Electronic Communication and Telepsychology

The Board's opening statement in its Standards of Practice (Regulation 18VAC125-20-150) applies regardless of whether psychological services are being provided face-to-face, by technology, or another method; it is as follows: "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. Psychologists respect the rights, dignity and worth of all people, and are mindful of individual differences."

Electronic communication, such as texts and emails related to client/patient care, are included in the Board's interpretation of telepsychology. Telepsychology has become a burgeoning means of delivering both professional assessment and intervention services. Telepsychology services have been implemented in a number of diverse settings to a broad range of clients, and may even be a preferred modality in some instances. With the advent of these tools in the digital age come risks to privacy and possible disruption to client / patient care.

Not all domains and issues related to electronic transmission and telepsychology can be anticipated, but this document provides guidance to psychologists providing telepsychological services to clients in the Commonwealth of Virginia for compliance with the Standards of Practice in Regulation 18VAC125-20-150. These guidelines pertain to professional exchanges between licensed psychologists and their clients/patients/supervisees. Psychologists who choose to use social media are faced with a variety of additional challenges that are not addressed in this document.

<u>Definition of Telepsychology</u>

For the purposes of this guidance document, the Board has adopted the definition of telepsychology developed by the American Psychological Association (APA)/ Association of State and Provincial Psychology Boards/ APA Insurance Trust and reported in their *Guidelines for the Practice of Telepsychology* (2013, p. 792):

> *Telepsychology is defined, for the purpose of these guidelines, as the provision of psychological services using telecommunication technologies. Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010). Telecommunication technologies include but are not limited to telephone, mobile devices, interactive videoconferencing, e-mail, chat, text, and Internet (e.g., self-help websites, blogs, and social media). The information that is transmitted may be in writing or include images, sounds, or other data. These communications may be synchronous, with multiple parties communicating*

in real time (e.g., interactive videoconferencing, telephone), or asynchronous (e.g., e-mail, online bulletin boards, storing and forwarding of information). Technologies may augment traditional in-person services (e.g., psychoeducational materials posted online after an in-person therapy session) or be used as stand-alone services (e.g., therapy or leadership development provided over videoconferencing). Different technologies may be used in various combinations and for different purposes during the provision of telepsychology services. For example, videoconferencing and telephone may also be utilized for direct service, while e-mail and text are used for nondirect services (e.g., scheduling). Regardless of the purpose, psychologists strive to be aware of the potential benefits and limitations in their choices of technologies for particular clients in particular situations.

Specific Guidance on Electronic Communication

Psychologists should be cognizant of particular risks for disclosure of confidential patient personal health information (PHI) through electronic (i.e., text and email) communications between mental health professionals and their patients. Although these communication methods share with telephone communications some significant security problems, electronic communications (i.e., phone text and email correspondence) carry particular risk as they can leave a written record of detailed information that is more easily retrieved, printed, and shared with others by any person who has or gains access to either computer device used in these two-way communications. Psychologists are advised to avoid using these tools for communicating any information that discloses a patient's personal health information or treatment details. Electronic communications are considered part of the patient's/client's health record.[1] Even for routine patient scheduling arrangements, psychologists should be aware of and advise patient/clients of associated security risks in the use of these tools. Psychologists should be cognizant of whether they are using a secure communication system. Electronic communications should be succinct and minimal in their number.

Specific Guidance on Treatment / Assessment / Supervision

(1) All provision of telepsychology services - therapeutic, assessment, or supervisory – is expected to be in real time, or synchronous.

[1] See Code of Virginia Section 32.1-127.1:03 definition: *"Health record" means any written, printed or electronically recorded material maintained by a health care entity in the course of providing health services to an individual concerning the individual and the services provided. "Health record" also includes the substance of any communication made by an individual to a health care entity in confidence during or in connection with the provision of health services or information otherwise acquired by the health care entity about an individual in confidence and in connection with the provision of health services to the individual.*

(2) Practitioners of telepsychology in the Commonwealth of Virginia must hold a current, valid license issued by the Virginia Board of Psychology or shall be a supervisee of a licensee.

(3) License holders understand that this guidance document does not provide licensees with authority to practice telepsychology in service to clients/ supervisees domiciled in any jurisdiction other than Virginia, and licensees engaged in out-of-state professional activities bear responsibility for complying with laws, rules, and/or policies for the practice of telepsychology set forth by other jurisdictional boards of psychology.

(4) Psychologists should make every effort to verify the client's/patient's/supervisee's geographic location at the start of each session. If the client/ patient/ supervisee is located outside of Virginia and any other jurisdictions where the psychologist holds a license, the psychologist should contact the psychology licensing board in that jurisdiction to determine whether practice would be permitted or reschedule the appointment to a time when the client/ patient/ supervisee is located in Virginia or another jurisdiction where the psychologist holds a current license.

(5) Psychologists who are licensed in Virginia but are not in Virginia at the time they want to provide telepsychology services to a patient/client/supervisee in Virginia should check with the jurisdiction where they are located to determine whether practice would be permitted.

(6) License holders practicing telepsychology shall comply with all of the regulations in 18 VAC 125-20-10 et seq., including the Standards of Practice specified in 18VAC125-20-150 and 18VAC125-20-160, and with requirements incurred in state and federal statutes relevant to the practice of clinical, school, or applied psychology.

(7) License holders practicing telepsychology should establish and maintain current competence in the professional practice of telepsychology through continuing education, consultation, or other procedures, in conformance with prevailing standards of scientific and professional knowledge, and should limit their practice to those areas of competence. License holders should establish and maintain competence in the appropriate use of the information technologies utilized in the practice of telepsychology.

(8) License holders recognize that telepsychology is not appropriate for all psychological problems and clients/ supervisees, and decisions regarding the appropriate use of telepsychology are made on a case-by-case basis. License holders practicing telepsychology are aware of additional risks incurred when practicing clinical, school, or applied psychology through the use of distance communication technologies and should take special care to conduct their professional practice in a manner that protects and makes paramount the welfare of the client/ patient/ supervisee.

(9) Psychologists who provide telepsychology services should make reasonable efforts to protect and maintain the confidentiality of the data and information relating to their clients and

inform them of any possible increased risks of compromised confidentiality that may be inherent in the use of the telecommunication technologies.

(10) License holders practicing telepsychology should:

(a) Conduct a risk-benefit analysis and document findings specific to:

(i) The chronological and developmental age of the client/ patient, and the presence of any physical or mental conditions that may affect the utility of telepsychology. Section 508 of the Rehabilitation Act, 29 U.S.C 794(d) is pertinent to making technology available to a client/patient with disabilities.

(ii) Whether the client's/ patient's presenting problems and apparent condition are consistent with the use of telepsychology to the client's/ patient's benefit; and

(iiI) Whether the client/ patient/supervisee has sufficient knowledge and skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.

(b) Not provide telepsychology services to any person or persons when the outcome of the analysis required in paragraphs (10)(a)(i) and (10)(a)(ii) and (10)(a)(iii) is inconsistent with the delivery of telepsychology services, whether related to clinical or technological issues.

(c) Consider the potential impact of multicultural issues when delivering telepsychological services to diverse clients.

(d) Upon initial and subsequent contacts with the client/ patient/ supervisee, make reasonable efforts to verify the identity of the client/ patient/supervisee;

(e) Obtain alternative means of contacting the client/ patient/supervisee (e.g., landline and/or cell phone);

(f) Provide to the client/ patient/supervisee alternative means of contacting the licensee;

(g) Establish a written agreement relative to the client's/ patient's access to face-to-face emergency services in the client's/ patient's geographical area, in instances such as, but not necessarily limited to, the client/ patient experiencing a suicidal or homicidal crisis that is consistent with the jurisdiction's duty to protect and civil commitment statutes;

(h) Whenever feasible, use secure communications with clients/supervisees, such as encrypted text messages via email or secure websites and obtain and document consent for the use of non-secure communications.

(i) Discuss privacy in both the psychologist's room and the client/patient/supervisee's room and how to handle the possible presence of other people in or near the room where the participant is located.

(j) Prior to providing telepsychology services, obtain the written informed consent of the client/ patient/supervisee, in language that is likely to be understood and consistent with accepted professional and legal requirements, relative to:

(i) The limitations of using distance technology in the provision of clinical, school, or applied psychological services / supervision;

(ii) Potential risks to confidentiality of information because of the use of distance technology;

(iii) Potential risks of sudden and unpredictable disruption of telepsychology services and how an alternative means of re-establishing electronic or other connection will be used under such circumstances;

(iv) When and how the licensee will respond to routine electronic messages;

(v) Under what circumstances the licensee and service recipient will use alternative means of communications under emergency circumstances;

(vi) Who else may have access to communications between the client/ patient and the licensee;

(vii) Specific methods for ensuring that a client's/ patient's electronic communications are directed only to the licensee or supervisee;

(viii) How the licensee stores electronic communications exchanged with the client/ patient/supervisee;

(k) Ensure that confidential communications stored electronically cannot be recovered and/or accessed by unauthorized persons while the record is being maintained or when the licensee disposes of electronic equipment and data;

(l) Discuss payment considerations with clients to minimize the potential for misunderstandings regarding insurance coverage and reimbursement.

(11) Documentation should clearly indicate when services are provided through telepsychology and appropriate billing codes should be used.

(12) Psychologists who offer assessment services via telepsychology are expected to have considered and addressed the following broad concerns for any and all tests used with technology:

(a) Preservation of the acceptable psychometric properties (e.g., reliability, validity, normative reference group comparisons);

(b) Maintenance of any expected standardization guidelines in test administration to allow prior psychometric research to remain applicable;

(c) Adherence to scientifically accepted interpretation guidelines;

(d) Acceptability of the evaluation environment;

(e) Full disclosure of the unique risks to clients within a consent to evaluation process;

(f) Anticipation and satisfactory management of technical problems that may arise;

(g) Assurance that the examinee characteristics are adequately matched to normative reference populations;

(h) assurance that examinee identity and associated text results are secure with respect to confidentiality.

(13) In the context of a face-to-face professional relationship, this document does not apply to:

(a) Electronic communication used specific to appointment scheduling, billing, and/or the establishment of benefits and eligibility for services; and,

(b) Telephone or other electronic communications made for the purpose of ensuring client/ patient welfare in accord with reasonable professional judgment.

<u>Recommended References</u>

The Board recommends any psychologist considering the use of telepsychology read and become familiar with the *Guidelines for the Practice of Telepsychology* and the "Practice Guidelines for Video-Based Online Mental Health Services" developed by the American Telemedicine Association (2013). Further, given the complexity associated with telepsychology, psychologists who want to offer such services will want to review other resources. The American Psychological Association (APA) has published several books (e.g., Luxton, Nelson, & Maheu, 2016), including an ethics casebook that is a companion to the APA's *Guidelines for the*

Practice of Telepsychology (Campbell, Millan, & Martin, 2018). In addition, the Ohio Psychological Association has developed a variety of resources, including a model informed consent document and a list of areas of competence for telepsychology (see https://ohpsych.site-ym.com/page/CommunicationandTech).

Other References

American Telemedicine Association. (2013). *Practice guidelines for video-based online mental health services.* Arlington, VA: Author. Available at https://www.integration.samhsa.gov/operations-administration/practice-guidelines-for-video-based-online-mental-health-services_ATA_5_29_13.pdf

Campbell, L. F., Millan, F., & Martin, J. N. (2018). *A telepsychology casebook: Using technology ethically and effectively in your professional practice.* Washington, DC: American Psychological Association.

Joint Task Force for the Development of Telepsychology Guidelines for Psychologists. (2013). Guidelines for the practice of telepsychology. *American Psychologist, 68,* 791-800. Available at http://www.apa.org/pubs/journals/features/amp-a0035001.pdf

Luxton, D. D., Nelson, E.-L., & Maheu, M. M. (2016). *A practitioner's guide to telemental health: How to conduct legal, ethical, and evidence-based telepractice.* Washington, DC: American Psychological Association.

Virginia Department of Health Professions
Cash Balance
As of December 31, 2020

	109 Counseling
Board Cash Balance as June 30, 2020	$ 2,083,660
YTD FY21 Revenue	292,356
Less: YTD FY21 Direct and Allocated Expenditures	839,075
Board Cash Balance as December 31, 2020	$ 1,536,941

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2020 and Ending December 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	216,216.00	294,600.00	78,384.00	73.39%
4002406	License & Renewal Fee	69,065.00	1,533,075.00	1,464,010.00	4.50%
4002407	Dup. License Certificate Fee	1,885.00	825.00	(1,060.00)	228.48%
4002409	Board Endorsement - Out	3,660.00	1,740.00	(1,920.00)	210.34%
4002421	Monetary Penalty & Late Fees	275.00	13,960.00	13,685.00	1.97%
4002430	Board Changes Fee	1,020.00	-	(1,020.00)	0.00%
4002432	Misc. Fee (Bad Check Fee)	105.00	140.00	35.00	75.00%
	Total Fee Revenue	292,226.00	1,844,340.00	1,552,114.00	15.84%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	130.00	-	(130.00)	0.00%
	Total Sales of Prop. & Commodities	130.00	-	(130.00)	0.00%
	Total Revenue	292,356.00	1,844,340.00	1,551,984.00	15.85%
5011110	Employer Retirement Contrib.	10,568.45	22,136.52	11,568.07	47.74%
5011120	Fed Old-Age Ins- Sal St Emp	7,390.17	13,241.23	5,851.06	55.81%
5011140	Group Insurance	1,130.78	2,051.38	920.60	55.12%
5011150	Medical/Hospitalization Ins.	10,992.00	38,112.00	27,120.00	28.84%
5011160	Retiree Medical/Hospitalizatn	948.99	1,714.59	765.60	55.35%
5011170	Long term Disability Ins	516.08	933.84	417.76	55.26%
	Total Employee Benefits	31,546.47	78,189.56	46,643.09	40.35%
5011200	Salaries				
5011230	Salaries, Classified	84,509.19	153,088.00	68,578.81	55.20%
5011250	Salaries, Overtime	14,087.25	-	(14,087.25)	0.00%
	Total Salaries	98,596.44	153,088.00	54,491.56	64.41%
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,150.00	-	(1,150.00)	0.00%
5011380	Deferred Compnstn Match Pmts	156.00	1,728.00	1,572.00	9.03%
	Total Special Payments	1,306.00	1,728.00	422.00	75.58%
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	1,603.25	-	(1,603.25)	0.00%
	Total Terminatn Personal Svce Costs	1,603.25	-	(1,603.25)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	133,052.16	253,005.56	119,953.40	52.59%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	295.00	295.00	0.00%
5012140	Postal Services	5,044.94	8,232.00	3,187.06	61.28%
5012150	Printing Services	6.00	120.00	114.00	5.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2020 and Ending December 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012160	Telecommunications Svcs (VITA)	351.76	900.00	548.24	39.08%
5012190	Inbound Freight Services	4.93	-	(4.93)	0.00%
	Total Communication Services	5,407.63	9,547.00	4,139.37	56.64%
5012200	Employee Development Services				
5012210	Organization Memberships	900.00	1,400.00	500.00	64.29%
5012240	Employee Trainng/Workshop/Conf	100.00	-	(100.00)	0.00%
	Total Employee Development Services	1,000.00	1,400.00	400.00	71.43%
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	14,856.07	9,280.00	(5,576.07)	160.09%
5012440	Management Services	269.50	134.00	(135.50)	201.12%
5012460	Public Infrmtnl & Relatn Svcs	92.00	5.00	(87.00)	1840.00%
5012470	Legal Services	-	475.00	475.00	0.00%
	Total Mgmnt and Informational Svcs	15,217.57	9,894.00	(5,323.57)	153.81%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	315.35	-	(315.35)	0.00%
5012530	Equipment Repair & Maint Srvc	2,177.09	-	(2,177.09)	0.00%
5012560	Mechanical Repair & Maint Srvc	-	34.00	34.00	0.00%
	Total Repair and Maintenance Svcs	2,492.44	34.00	(2,458.44)	7330.71%
5012600	Support Services				
5012630	Clerical Services	14,095.52	110,551.00	96,455.48	12.75%
5012640	Food & Dietary Services	219.09	1,075.00	855.91	20.38%
5012660	Manual Labor Services	342.63	1,170.00	827.37	29.28%
5012670	Production Services	514.60	5,380.00	4,865.40	9.57%
5012680	Skilled Services	11,747.50	16,764.00	5,016.50	70.08%
	Total Support Services	26,919.34	134,940.00	108,020.66	19.95%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	147.20	4,979.00	4,831.80	2.96%
5012850	Travel, Subsistence & Lodging	-	1,950.00	1,950.00	0.00%
5012880	Trvl, Meal Reimb- Not Rprtble	-	988.00	988.00	0.00%
	Total Transportation Services	147.20	7,917.00	7,769.80	1.86%
	Total Contractual Svs	51,184.18	163,872.00	112,687.82	31.23%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013110	Apparel Supplies	19.07	-	(19.07)	0.00%
5013120	Office Supplies	1,226.13	597.00	(629.13)	205.38%
	Total Administrative Supplies	1,245.20	597.00	(648.20)	208.58%
5013400	Medical and Laboratory Supp.				
5013420	Medical and Dental Supplies	3.75	-	(3.75)	0.00%
	Total Medical and Laboratory Supp.	3.75	-	(3.75)	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2020 and Ending December 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5013500	Repair and Maint. Supplies				
5013510	Building Repair & Maint Materl	9.88	-	(9.88)	0.00%
5013520	Custodial Repair & Maint Matrl	1.36	-	(1.36)	0.00%
	Total Repair and Maint. Supplies	11.24	-	(11.24)	0.00%
5013600	Residential Supplies				
5013630	Food Service Supplies	-	183.00	183.00	0.00%
	Total Residential Supplies	-	183.00	183.00	0.00%
	Total Supplies And Materials	1,260.19	780.00	(480.19)	161.56%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	46.00	46.00	0.00%
	Total Insurance-Fixed Assets	-	46.00	46.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	304.63	540.00	235.37	56.41%
5015350	Building Rentals	48.00	-	(48.00)	0.00%
5015360	Land Rentals	-	60.00	60.00	0.00%
5015390	Building Rentals - Non State	5,937.85	11,275.00	5,337.15	52.66%
	Total Operating Lease Payments	6,290.48	11,875.00	5,584.52	52.97%
5015400	Service Charges				
5015470	Private Vendor Service Charges:	9.48	-	(9.48)	0.00%
	Total Service Charges	9.48	-	(9.48)	0.00%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	170.00	170.00	0.00%
5015540	Surety Bonds	-	11.00	11.00	0.00%
	Total Insurance-Operations	-	181.00	181.00	0.00%
	Total Continuous Charges	6,299.96	12,102.00	5,802.04	52.06%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	2,095.51	-	(2,095.51)	0.00%
	Total Computer Hrdware & Sftware	2,095.51	-	(2,095.51)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	77.00	77.00	0.00%
	Total Educational & Cultural Equip	-	77.00	77.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	42.00	42.00	0.00%
	Total Office Equipment	-	42.00	42.00	0.00%
	Total Equipment	2,095.51	119.00	(1,976.51)	1760.93%
	Total Expenditures	193,892.00	429,878.56	235,986.56	45.10%
	Allocated Expenditures				
20100	Behavioral Science Exec	118,767.68	230,164.99	111,397.31	51.60%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2020 and Ending December 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
30100	Technology and Business Services	106,169.40	289,189.12	183,019.72	36.71%
30200	Human Resources	18,036.81	18,464.91	428.10	97.68%
30300	Finance	77,853.67	159,731.02	81,877.34	48.74%
30400	Director's Office	27,100.74	57,392.70	30,291.96	47.22%
30500	Enforcement	219,022.25	413,776.77	194,754.53	52.93%
30600	Administrative Proceedings	41,755.14	69,905.67	28,150.54	59.73%
30700	Health Practitioners' Monitoring Program	568.90	246.30	(322.60)	230.98%
30800	Attorney General	1,616.65	1,522.95	(93.70)	106.15%
30900	Board of Health Professions	23,142.76	43,200.63	20,057.87	53.57%
31100	Maintenance and Repairs	394.47	2,464.19	2,069.72	16.01%
31300	Employee Recognition Program	9.73	1,240.91	1,231.18	0.78%
31400	Conference Center	(120.71)	357.03	477.74	33.81%
31500	Program Development and Implementation	10,865.45	25,731.66	14,866.21	42.23%
	Total Allocated Expenditures	645,182.94	1,313,388.86	668,205.92	49.12%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (546,718.94)	$ 101,072.58	$ 647,791.52	540.92%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2020 and Ending December 31, 2020

Account Number	Account Description	July	August	September	October	November	December	Total
4002400	Fee Revenue							
4002401	Application Fee	41,775.00	42,620.00	33,680.00	33,460.00	32,940.00	31,741.00	216,216.00
4002406	License & Renewal Fee	31,655.00	6,635.00	3,605.00	3,350.00	2,330.00	21,490.00	69,065.00
4002407	Dup. License Certificate Fee	500.00	310.00	270.00	200.00	160.00	445.00	1,885.00
4002409	Board Endorsement - Out	655.00	540.00	710.00	655.00	425.00	675.00	3,660.00
4002421	Monetary Penalty & Late Fees	70.00	135.00	20.00	-	50.00	-	275.00
4002430	Board Changes Fee	30.00	180.00	150.00	270.00	240.00	150.00	1,020.00
4002432	Misc. Fee (Bad Check Fee)	-	-	35.00	70.00	-	-	105.00
	Total Fee Revenue	74,685.00	50,420.00	38,470.00	38,005.00	36,145.00	54,501.00	292,226.00
4003000	Sales of Prop. & Commodities							
4003020	Misc. Sales-Dishonored Payments	-	-	30.00	100.00	-	-	130.00
	Total Sales of Prop. & Commodities	-	-	30.00	100.00	-	-	130.00
	Total Revenue	74,685.00	50,420.00	38,500.00	38,105.00	36,145.00	54,501.00	292,356.00
5011000	Personal Services							
5011100	Employee Benefits							
5011110	Employer Retirement Contrib.	2,249.15	1,663.86	1,663.86	1,663.86	1,663.86	1,663.86	10,568.45
5011120	Fed Old-Age Ins- Sal St Emp	1,527.66	1,212.20	1,189.95	1,162.33	1,124.41	1,173.62	7,390.17
5011140	Group Insurance	244.58	177.24	177.24	177.24	177.24	177.24	1,130.78
5011150	Medical/Hospitalization Ins.	2,748.00	2,061.00	2,061.00	2,061.00	2,061.00	-	10,992.00
5011160	Retiree Medical/Hospitalizatn	208.29	148.14	148.14	148.14	148.14	148.14	948.99
5011170	Long term Disability Ins	112.58	80.70	80.70	80.70	80.70	80.70	516.08
	Total Employee Benefits	7,090.26	5,343.14	5,320.89	5,293.27	5,255.35	3,243.56	31,546.47
5011200	Salaries							
5011230	Salaries, Classified	18,368.79	13,228.08	13,228.08	13,228.08	13,228.08	13,228.08	84,509.19
5011250	Salaries, Overtime	2,118.12	2,999.27	2,708.62	2,347.80	1,851.64	2,061.80	14,087.25
	Total Salaries	20,486.91	16,227.35	15,936.70	15,575.88	15,079.72	15,289.88	98,596.44
5011340	Specified Per Diem Payment	-	-	500.00	50.00	500.00	100.00	1,150.00
5011380	Deferred Compnstn Match Pmts	36.00	24.00	24.00	24.00	24.00	24.00	156.00
	Total Special Payments	36.00	24.00	524.00	74.00	524.00	124.00	1,306.00

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2020 and Ending December 31, 2020

Account Number	Account Description	July	August	September	October	November	December	Total
5011600	Terminatn Personal Svce Costs							
5011660	Defined Contribution Match - Hy	358.65	248.92	248.92	248.92	248.92	248.92	1,603.25
	Total Terminatn Personal Svce Costs	358.65	248.92	248.92	248.92	248.92	248.92	1,603.25
	Total Personal Services	27,971.82	21,843.41	22,030.51	21,192.07	21,107.99	18,906.36	133,052.16
5012000	Contractual Svs							-
5012100	Communication Services							-
5012140	Postal Services	1,313.22	790.82	361.67	1,217.34	408.91	952.98	5,044.94
5012150	Printing Services	-	-	-	-	-	6.00	6.00
5012160	Telecommunications Svcs (VITA)	62.41	64.08	63.27	58.48	43.03	60.49	351.76
5012190	Inbound Freight Services	0.52	-	0.79	-	3.20	0.42	4.93
	Total Communication Services	1,376.15	854.90	425.73	1,275.82	455.14	1,019.89	5,407.63
5012200	Employee Development Services							
5012210	Organization Memberships	-	-	900.00	-	-	-	900.00
5012240	Employee Trainng/Workshop/Conf	-	-	-	-	100.00	-	100.00
	Total Employee Development Services	-	-	900.00	-	100.00	-	1,000.00
5012400	Mgmnt and Informational Svcs							
5012420	Fiscal Services	13,897.45	598.97	144.46	168.92	-	46.27	14,856.07
5012440	Management Services	156.60	-	76.44	-	36.46	-	269.50
5012460	Public Infrmtnl & Relatn Svcs	92.00	-	-	-	-	-	92.00
	Total Mgmnt and Informational Svcs	14,146.05	598.97	220.90	168.92	36.46	46.27	15,217.57
5012500	Repair and Maintenance Svcs							
5012510	Custodial Services	-	63.07	63.07	-	189.21	-	315.35
5012530	Equipment Repair & Maint Srvc	-	4.72	-	2,167.65	4.72	-	2,177.09
	Total Repair and Maintenance Svcs	-	67.79	63.07	2,167.65	193.93	-	2,492.44
5012600	Support Services							
5012630	Clerical Services	11,032.48	1,463.04	-	-	1,600.00	-	14,095.52
5012640	Food & Dietary Services	85.05	55.12	78.92	-	-	-	219.09
5012660	Manual Labor Services	10.00	144.17	-	16.86	23.46	148.14	342.63
5012670	Production Services	90.09	151.97	60.40	74.34	131.80	6.00	514.60
5012680	Skilled Services	2,122.65	1,903.35	1,913.82	1,853.52	1,908.46	2,045.70	11,747.50

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2020 and Ending December 31, 2020

Account Number	Account Description	July	August	September	October	November	December	Total
	Total Support Services	13,340.27	3,717.65	2,053.14	1,944.72	3,663.72	2,199.84	26,919.34
5012800	Transportation Services							
5012820	Travel, Personal Vehicle	-	-	73.60	-	73.60	-	147.20
	Total Transportation Services	-	-	73.60	-	73.60	-	147.20
	Total Contractual Svs	28,862.47	5,239.31	3,736.44	5,557.11	4,522.85	3,266.00	51,184.18
5013000	Supplies And Materials							
5013100	Administrative Supplies							-
5013110	Apparel Supplies	9.94	-	9.13	-	-	-	19.07
5013120	Office Supplies	228.28	217.54	216.83	-	405.74	157.74	1,226.13
	Total Administrative Supplies	238.22	217.54	225.96	-	405.74	157.74	1,245.20
5013400	Medical and Laboratory Supp.							
5013420	Medical and Dental Supplies	-	-	-	-	-	3.75	3.75
	Total Medical and Laboratory Supp.	-	-	-	-	-	3.75	3.75
5013500	Repair and Maint. Supplies							
5013510	Building Repair & Maint Materl	-	9.88	-	-	-	-	9.88
5013520	Custodial Repair & Maint Matrl	-	1.36	-	-	-	-	1.36
	Total Repair and Maint. Supplies	-	11.24	-	-	-	-	11.24
	Total Supplies And Materials	238.22	228.78	225.96	-	405.74	161.49	1,260.19
5015000	Continuous Charges							
5015300	Operating Lease Payments							
5015340	Equipment Rentals	55.74	48.70	48.70	5.39	97.40	48.70	304.63
5015350	Building Rentals	-	-	-	24.00	-	24.00	48.00
5015390	Building Rentals - Non State	1,017.55	1,035.69	993.79	944.67	1,002.28	943.87	5,937.85
	Total Operating Lease Payments	1,073.29	1,084.39	1,042.49	974.06	1,099.68	1,016.57	6,290.48
5015400	Service Charges							
5015470	Private Vendor Service Charges:	9.48	-	-	-	-	-	9.48
	Total Service Charges	9.48	-	-	-	-	-	9.48

Virginia Department of Health Professions

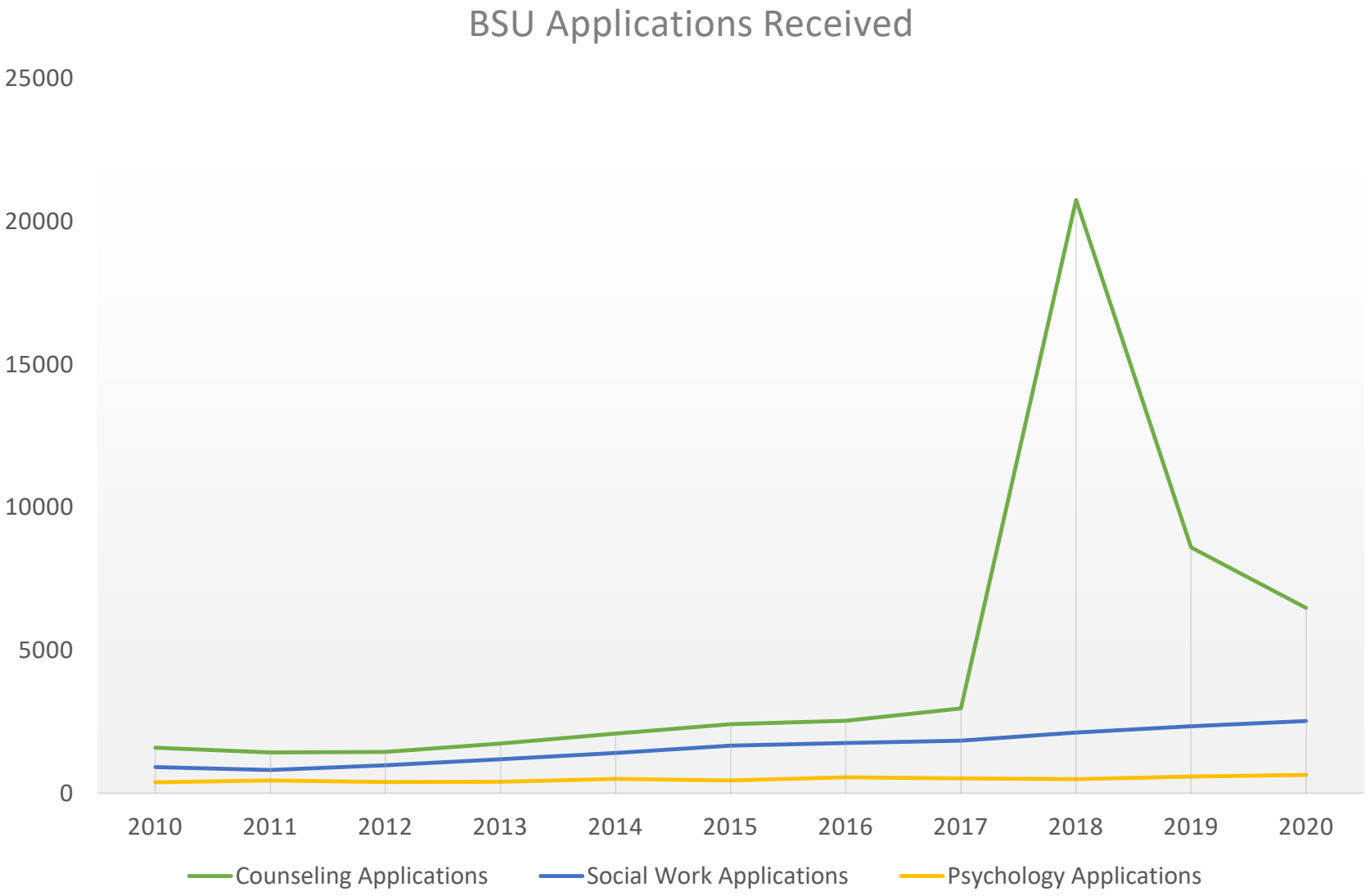
Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2020 and Ending December 31, 2020

Account Number	Account Description	July	August	September	October	November	December	Total
	Total Continuous Charges	1,082.77	1,084.39	1,042.49	974.06	1,099.68	1,016.57	6,299.96
5022000	Equipment							
5022170	Other Computer Equipment	-	-	2,085.29	(37.66)	47.88	-	2,095.51
	Total Computer Hrdware & Sftware	-	-	2,085.29	(37.66)	47.88	-	2,095.51
	Total Equipment	-	-	2,085.29	(37.66)	47.88	-	2,095.51
	Total Expenditures	58,155.28	28,395.89	29,120.69	27,685.58	27,184.14	23,350.42	193,892.00
	Allocated Expenditures							
20100	Behavioral Science Exec	26,920.61	18,119.38	18,231.79	18,978.75	19,116.55	17,400.62	118,767.68
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	-	-	-	-	-	-	-
20600	Funeral\LTCA\PT	-	-	-	-	-	-	-
30100	Technology and Business Services	22,025.55	15,899.77	17,409.86	15,924.23	11,911.16	22,998.82	106,169.40
30200	Human Resources	95.06	98.59	119.34	17,248.66	166.47	308.69	18,036.81
30300	Finance	15,997.14	11,749.75	12,482.00	19,420.14	6,159.16	12,045.49	77,853.67
30400	Director's Office	5,859.39	4,163.95	4,206.24	4,145.45	4,740.85	3,984.87	27,100.74
30500	Enforcement	45,714.92	32,052.29	33,366.91	34,223.15	38,373.02	35,291.96	219,022.25
30600	Administrative Proceedings	11,614.02	7,892.78	1,817.53	9,061.40	6,668.88	4,700.53	41,755.14
30700	Health Practitioners' Monitoring Program	71.77	480.06	3.81	4.99	4.27	4.01	568.90
30800	Attorney General	1,258.57	-	-	358.08	-	-	1,616.65
30900	Board of Health Professions	4,710.69	2,811.61	5,116.44	2,586.44	5,581.23	2,336.34	23,142.76
31000	SRTA	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	394.47	-	-	-	394.47
31300	Employee Recognition Program	-	6.34	-	-	2.07	1.32	9.73
31400	Conference Center	3.47	16.60	124.92	(3.38)	(12.38)	(249.94)	(120.71)
31500	Program Development and Implementation	2,270.42	1,447.50	1,780.37	1,367.16	1,968.53	2,031.47	10,865.45
98700	Cash Transfers	-	-	-	-	-	-	-
	Total Allocated Expenditures	136,541.61	94,738.61	95,053.68	123,315.06	94,679.82	100,854.17	645,182.94
	Net Revenue in Excess (Shortfall) of Expenditures	$ (120,011.89)	$ (72,714.50)	$ (85,674.37)	$ (112,895.64)	$ (85,718.96)	$ (69,703.59)	$ (546,718.94)

BSU 2020 Year End Report


BSU Applications Received
25000
20000
15000
10000
5000
0
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
Counseling Applications
Social Work Applications
Psychology Applications

Board of Counseling License Applications by Year

Counseling	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
LMFT	76	76	62	61	61	43	45	35	32	25	31
LPC	810	829	703	612	524	503	458	397	270	328	322
MF Res											
Initial	47	52	57	51	43	35	37	44	28	37	26
Add/Change	0	51	36	40	49	49	42	38	23	29	22
Total	**47**	103	93	91	92	84	79	82	51	66	48
ROS											
Initial	806	821	760	732	656	692	610	479	429	420	610
Add/Change	0	1032	991	892	846	794	609	497	430	393	380
Total	**806**	1853	1751	1624	1502	1486	1219	976	859	813	990
LSATP	74	61	61	33	7	9	6	9	7	13	5
SAT Res	15				0	0	0	0	0	0	0
Initial	89	6	2	2	5	2	0	0	1	0	0
Add/Change	0	3	0	0	2	0	0	0	0	0	0
Total	**0**	9	2	2	7	2	6	0	1	0	0
	1917	2931	2672	2423	2193	2127	1813	1499	1220	1245	1396

Board of Counseling Certification Applications by Year

Counseling	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
CSAC	114	189	166	213	115	110	113	92	86	105	112
CRP	3	4	2	5	7	3	5	6	20	12	31
CSAC-A	56	57	47	83	40	33	49	29	44	28	28
SA Trainee											
Initial	193	192	176	216	142	126	109	100	35	34	22
Add/Change	54	52	45	27	37	20	4	2	5	4	1
Total	247	244	221	243	179	146	113	102	40	38	23
Total	**420**	**494**	**436**	**544**	**341**	**292**	**280**	**229**	**190**	**183**	**194**

Board of Counseling Registration Applications by Year

Counseling	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
QMHP-A	1271	1424	8402	0	0	0	0	0	0	0	0
QMHP-C	876	1383	7606	0	0	0	0	0	0	0	0
QMHP-Trainee	1852	2124	1398	0	0	0	0	0	0	0	0
Peer	86	141	250	0	0	0	0	0	0	0	0
	4085	**5072**	**17656**	0	0	0	0	0	0	0	0

Board of Counseling Pre-Education Review Applications by Year

	2020
LPC	58
LMFT	3
LSATP	1
	62

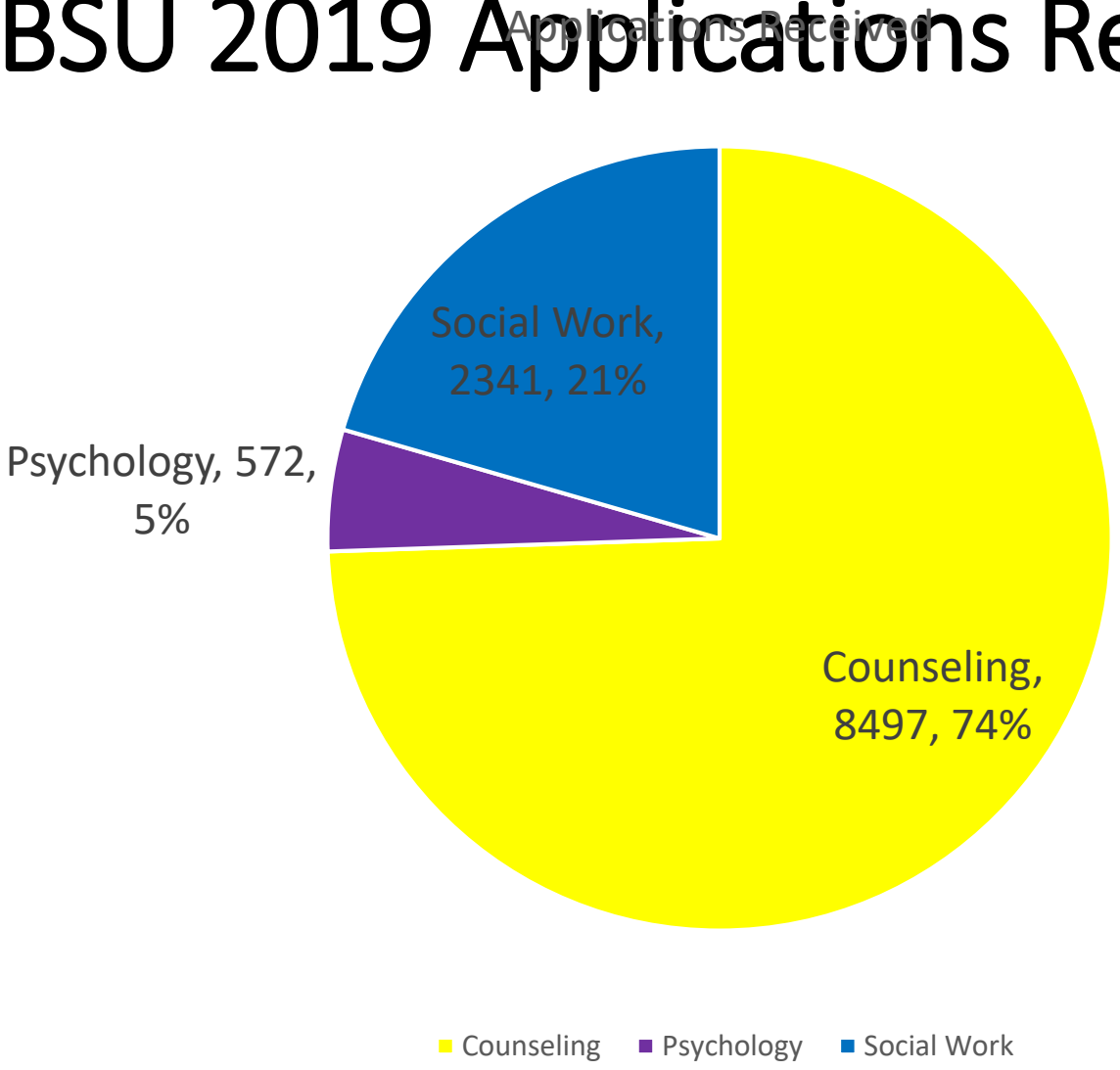
Board of Social Work Applications Year to Year

Social Work	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
LBSW	51	13	2	0	0	0	0	0	0	0	0
LCSW	944	713	726	678	590	548	443	378	454	290	371
LMSW	337	270	285	224	261	222	235	137	107	117	91
LSW											
LSW Supervision		4	3	0	2	3	1	2	0	1	1
LCSW ROS											
Initial	595	730	615	492	548	891	730	675	361	254	358
Add/Change	603	611	496	448	354	4	1	0	60	148	90
Total	1198	1341	1111	940	902	895	731	675	421	402	448
Total	**2530**	**2341**	**2127**	**1842**	**1755**	**1668**	**1410**	**1192**	**982**	**810**	**911**

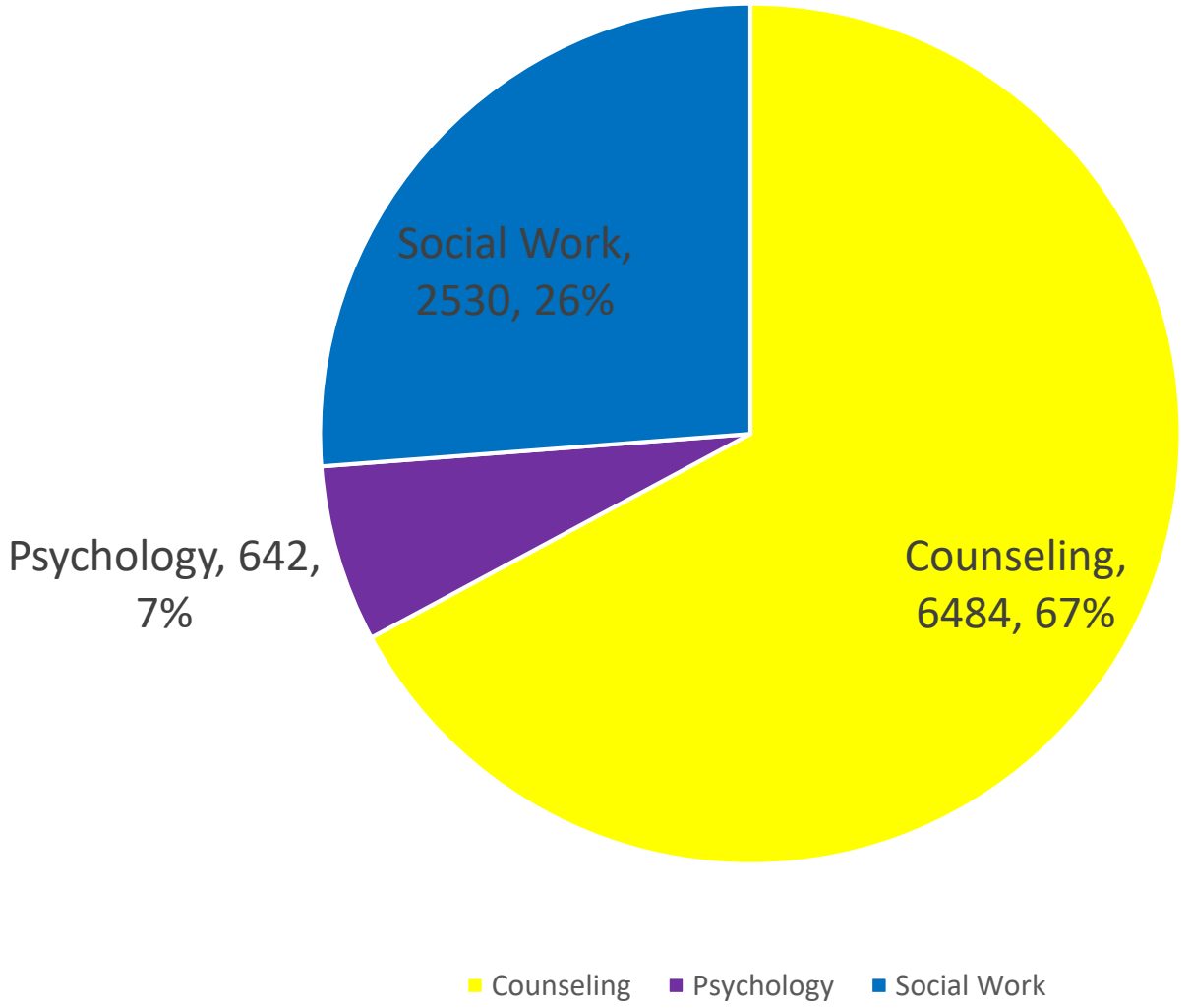
Board of Psychology Applications By Year

Psychology	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Applied	7	3	5	5	2	7	1	2	3	4	6
Clinical	429	333	257	310	274	240	231	226	189	273	212
Initial Resident in Training	60	62	99	113	128	119	116	103	116	72	78
Add/Change Clinical Supervisor	9	15	25								
School	17	3	3	3	11	3	7	9	7	5	4
Resident in School Psychology	4	4									
School Psy Limited	49	81	62	58	120	49	122	44	56	53	58
SOTP	31	26	21	32	23	29	25	19	21	41	24
SOTP Trainee	30	42	25								
Add/Change Trainee Supervisor	6	13	17								
Total	**642**	**572**	**514**	**521**	**558**	**447**	**502**	**403**	**392**	**448**	**382**

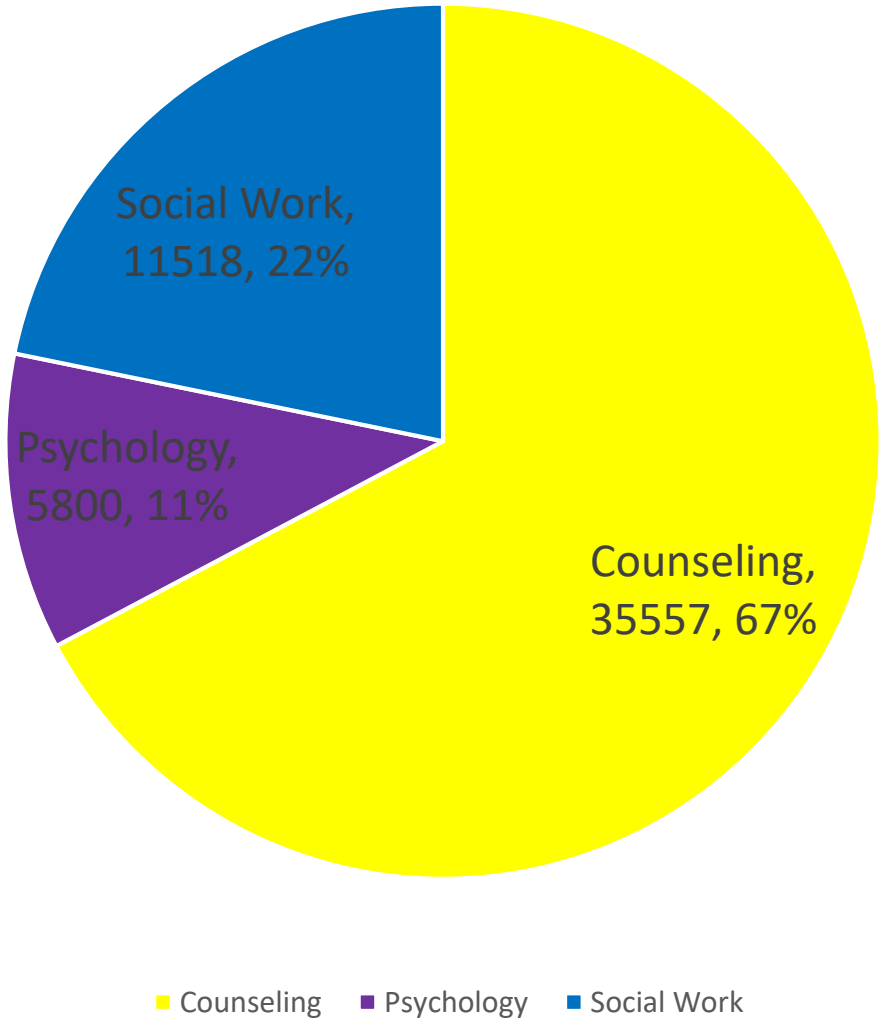
BSU 2019 Applications Received



BSU 2020 Applications Received



BSU 2020 Regulated Professionals by Board



Number of DHP Regulated Professions by Board/Unit (as of January 31,2021)

By Board/Unit	# of Licensees
Nursing	222904
Medicine	75211
BSU	56432
Pharmacy	36982
FUNPALS	18891
VETASLP	15737
Dentistry	15180

Counseling Discipline Cases

Counseling Discipline Cases								
	2020		2019		2018		2017	
Profession	**Received**	**Closed**	**Received**	**Closed**	**Received**	**Closed**	**Received**	**Closed**
CSAC	27	25	24	25	18	13	13	14
LMFT	29	29	37	31	17	13	21	28
LPC	147	140	158	165	103	66	97	95
QMHP-A	70	75	88	55	19	2	0	0
QMHP-C	46	45	54	40	18	1	0	0
Peer	4	1	3	4	1	0	0	0
CRP	0	0	1	1	0	0	1	2
Res in Counseling	36	47	73	53	32	17	26	28
Res in MFT	7	6	4	2	4	2	1	1
CSAC-A	3	3	1	1	1	1	2	1
SA Trainee	7	7	8	5	4	2	3	1
LSATP	11	10	10	9	2	1	2	2
QMHP-T	24	18	8	1	0	0	0	0
Total	**411**	**406**	**469**	**392**	**219**	**118**	**166**	**172**

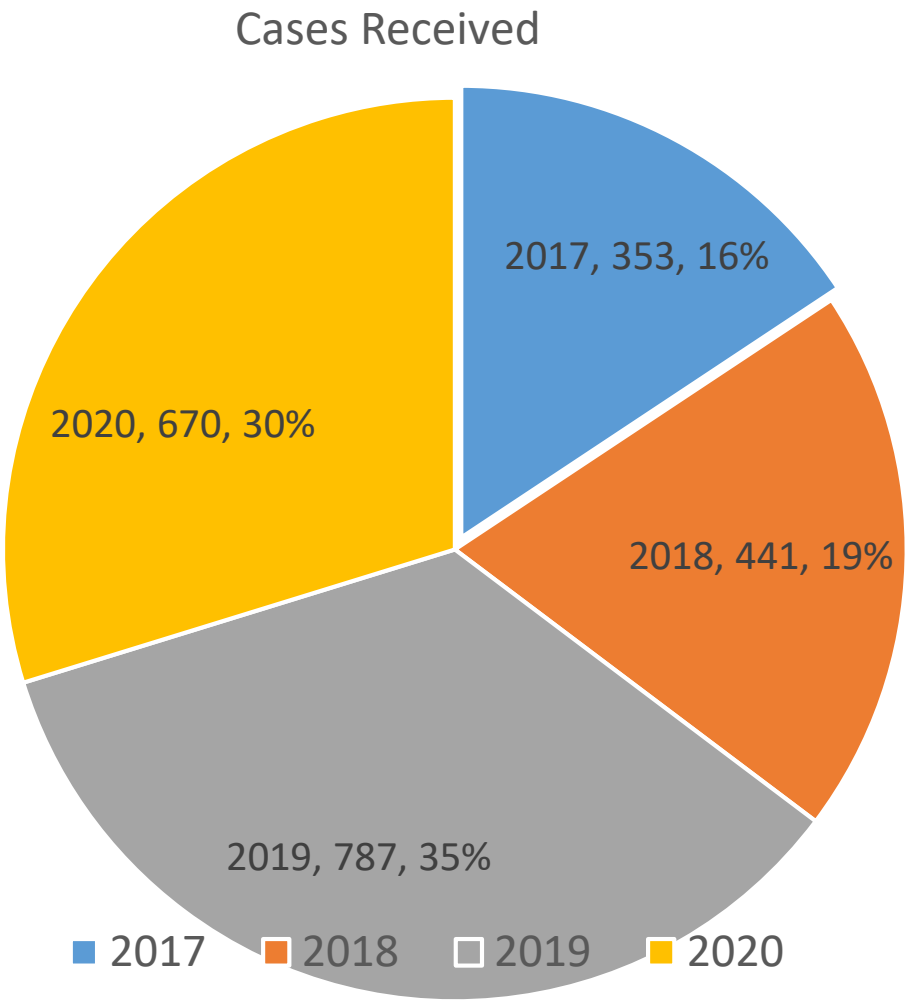
Psychology Discipline Cases

Psychology Discipline Cases								
	2020		2019		2018		2017	
Profession	Received	Closed	Received	Closed	Received	Closed	Received	Closed
Applied	0	0	1	1	0	0	0	0
Clinical	114	102	119	109	85	49	71	109
Clinical Resident	2	3	6	8	6	3	2	0
School	10	5	0	4	2	0	2	3
School-Limited	9	7	2	4	5	1	1	4
SOTP	22	34	45	27	11	5	11	24
SOTP Trainee	1	3	7	5	1	0	0	0
Total	**158**	**154**	**180**	**158**	**110**	**58**	**87**	**140**

Social Work Discipline Cases

Social Work Discipline Cases								
	2020		2019		2018		2017	
Profession	Received	Closed	Received	Closed	Received	Closed	Received	Closed
LCSW	82	137	120	114	98	52	80	111
LMSW	2	3	4	5	4	6	6	3
Registration of Supervision	17	22	14	15	10	7	14	7
Total	**101**	**162**	**138**	**134**	**112**	**65**	**100**	**121**

BSU Discipline Cases Received



Virginia Department of
Health Professions
Board of Counseling

Discipline Reports

10/23/2020 - 01/21/2021

NEW CASES RECEIVED IN BOARD 10/23/2020 - 01/21/2021				
	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	66	28	18	*112*

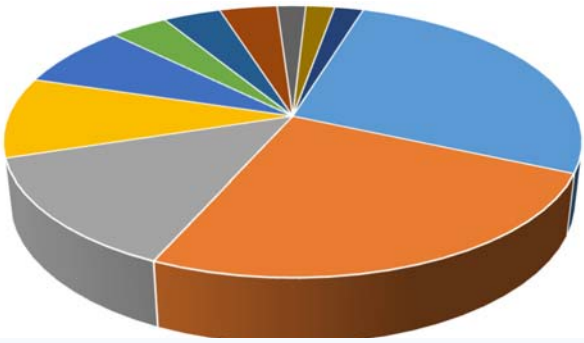
OPEN CASES (as of 01/21/2021)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	74	59	7	
Scheduled for Informal Conferences	23	2	1	
Scheduled for Formal Hearings	6	2	0	
Other (pending CCA, PHCO, hold, etc.)	24	6	7	
Cases with APD for processing (IFC, FH, Consent Order)	2	5	14	
TOTAL CASES AT BOARD LEVEL	129	74	29	*232*
OPEN INVESTIGATIONS	70	33	12	*115*
TOTAL OPEN CASES	199	107	41	*347*

UPCOMING CONFERENCES AND HEARINGS		
Informal Conferences	Conferences Held:	November 16, 2020 (Agency Subordinate)
	Scheduled Conferences:	February 1, 2021 (Agency Subordinate) February 19, 2021 (Special Conference Committee) April 5, 2021 (Agency Subordinate) April 9, 2021 (Special Conference Committee) June 21, 2021 (Agency Subordinate) June 25, 2021 (Special Conference Committee)
Formal Hearings	Hearings Held:	n/a
	Scheduled Hearings:	February 5, 2021

Virginia Department of
Health Professions
Board of Counseling

CASES CLOSED (10/23/2020 - 01/21/2021)	
Closed – no violation	45
Closed – undetermined	1
Closed – violation	5
Credentials/Reinstatement – Denied	0
Credentials/Reinstatement – Approved	1
TOTAL CASES CLOSED	52

Closed Case Categories



- Diagnosis and Treatment (14) 1 Violation
- No jurisdiction (13)
- Inability to Safely Practice (7) 1 Violation
- Confidentiality (5)
- Business Practice Issues (4)
- Fraud, patient care (2) 1 Violation
- Abuse/Abandonment/Neglect (2) 1 Violation
- Inappropriate Relationship (2) 1 Violation
- Application (1)
- Records Release (1)
- Unlicensed Activity (1)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	201
Avg. time in Enforcement (investigations)	121
Avg. time in APD (IFC/FH preparation)	52
Avg. time in Board (includes hearings, reviews, etc).	77
Avg. time with board member (probable cause review)	22

Virginia Department of
Health Professions
Board of Counseling

LICENSING REPORT

As of January 28, 2021

Satisfaction Survey Results
2nd Quarter – 97.6%

Total as of January 28, 2021

Current Licenses	
Certified Substance Abuse Counselor	1,924
Substance Abuse Trainee	1,956
Substance Abuse Counseling Assistant	269
Licensed Marriage and Family Therapist	941
Marriage & Family Therapist Resident	231
Licensed Professional Counselor	6,948
Resident in Counseling	4,238
Substance Abuse Treatment Practitioner	318
Substance Abuse Treatment Residents	11
Rehabilitation Provider	199
Qualified Mental Health Prof-Adult	7,463
Qualified Mental Health Prof-Child	5,974
Trainee for Qualified Mental Health Prof	4,732
Registered Peer Recovery Specialist	318
Total	**35,522**

Virginia Department of
Health Professions
Board of Counseling

NOVEMBER 2020

There were 400 licenses issued for Counseling for the month of **November**. The number of licenses, certification and registration issued are listed in the below chart. During this month, the Board received 469 applications.

Licenses, Certifications, Registrations issued November 2020	
Certified Substance Abuse Counselor	9
Substance Abuse Trainee	18
Certified Substance Abuse Counseling Assistant	4
Licensed Marriage and Family Therapist	7
Marriage & Family Therapist Resident	3
Pre-Education Review for LMFT	1
Licensed Professional Counselor	71
Resident in Counseling	62
Pre-Education Review for LPC	11
Substance Abuse Treatment Practitioner	1
Substance Abuse Treatment Residents	1
Pre-Education Review for LSATP	0
Rehabilitation Provider	1
Qualified Mental Health Prof-Adult	44
Qualified Mental Health Prof-Child	42
Trainee for Qualified Mental Health Prof	118
Registered Peer Recovery Specialist	7
Total	**400**

Virginia Department of
Health Professions
Board of Counseling

DECEMBER 2020

There were 350 licenses issued for Counseling for the month of **December**. The number of licenses, certification and registration issued are listed in the below chart. During this month, the Board received 477 applications.

Licenses, Certifications, Registrations issued December 2020	
Certified Substance Abuse Counselor	5
Substance Abuse Trainee	20
Substance Abuse Counseling Assistant	6
Licensed Marriage and Family Therapist	4
Marriage & Family Therapist Resident	1
Licensed Professional Counselor	75
Resident in Counseling	50
Pre-Education Review for LPC	4
Substance Abuse Treatment Practitioner	6
Substance Abuse Treatment Residents	0
Rehabilitation Provider	0
Qualified Mental Health Prof-Adult	51
Qualified Mental Health Prof-Child	33
Trainee for Qualified Mental Health Prof	92
Registered Peer Recovery Specialist	3
Total	**350**

Virginia Department of
Health Professions
Board of Counseling

JANUARY 2021

There were 374 licenses issued for Counseling for the month of **January**. The number of licenses, certification and registration issued are listed in the below chart. During this month, the Board received 512 applications.

Licenses, Certifications, Registrations issued January 2021	
Certified Substance Abuse Counselor	7
Substance Abuse Trainee	11
Substance Abuse Counseling Assistant	3
Licensed Marriage and Family Therapist	11
Marriage & Family Therapist Resident	1
Licensed Professional Counselor	52
Resident in Counseling	48
Pre-Education Review for LPC	5
Substance Abuse Treatment Practitioner	2
Substance Abuse Treatment Residents	0
Rehabilitation Provider	0
Qualified Mental Health Prof-Adult	49
Qualified Mental Health Prof-Child	34
Trainee for Qualified Mental Health Prof	143
Registered Peer Recovery Specialist	8
Total	**374**

Virginia Department of
Health Professions
Board of Counseling

Additional Information:

- **Staffing and Building Information:**

  - The Board currently has three full time and two part-time staff members to answer phone calls, emails and to process applications.

  - 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:**
  - Over 4,000 renewal email notifications were sent to all resident licensees and certified rehabilitation providers in December.
    - Residents who were initially approved to start their supervision prior to August 16, 2016 are required to renew on or before January 31, 2021.
    - Residents that were approved in February 2020 are required to renew on or before February 28, 2021.
    - Residents that were approved in March 2020 are required to renew on or before March 31, 2021.

  - 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 complete continuing education for the first time in 2021.

APPENDIX A

MULTI-SYSTEMIC THERAPY & FUNCTIONAL FAMILY THERAPY

Behavioral Health Enhancement Updates

Board of Counseling Regulatory Committee

January 22, 2021

PRESENTERS TODAY

Alyssa M. Ward, Ph.D.

Behavioral Health Clinical Director, DMAS

Alexis Aplasca, M.D.

Chief Clinical Officer, DBHDS

Agenda Today

- Brief Overview: Background on MST & FFT within Enhancement Initiative
- Shared Vision for Workforce Goals
- MST & FFT Description
- Collaborative MH Service Model & Louisiana Medicaid Example
- DMAS Manual Plans
- Questions

Enhanced Behavioral Health Services for Virginia

Vision

Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members. This comprehensive system will focus on access to services that are:

High Quality

Quality care from quality providers in community settings such as home, schools and primary care

Evidence-Based

Proven practices that are preventive and offered in the least restrictive environment

Trauma-Informed

Better outcomes from best-practice services that acknowledge and address the impact of trauma for individuals

Cost-Effective

Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system

Enhancement Brings Alignment Across Initiatives

BH Enhancement Leverages Medicaid Dollars to Support Cross-Secretariat Priorities

Enhancement & Family First Prevention Services Act

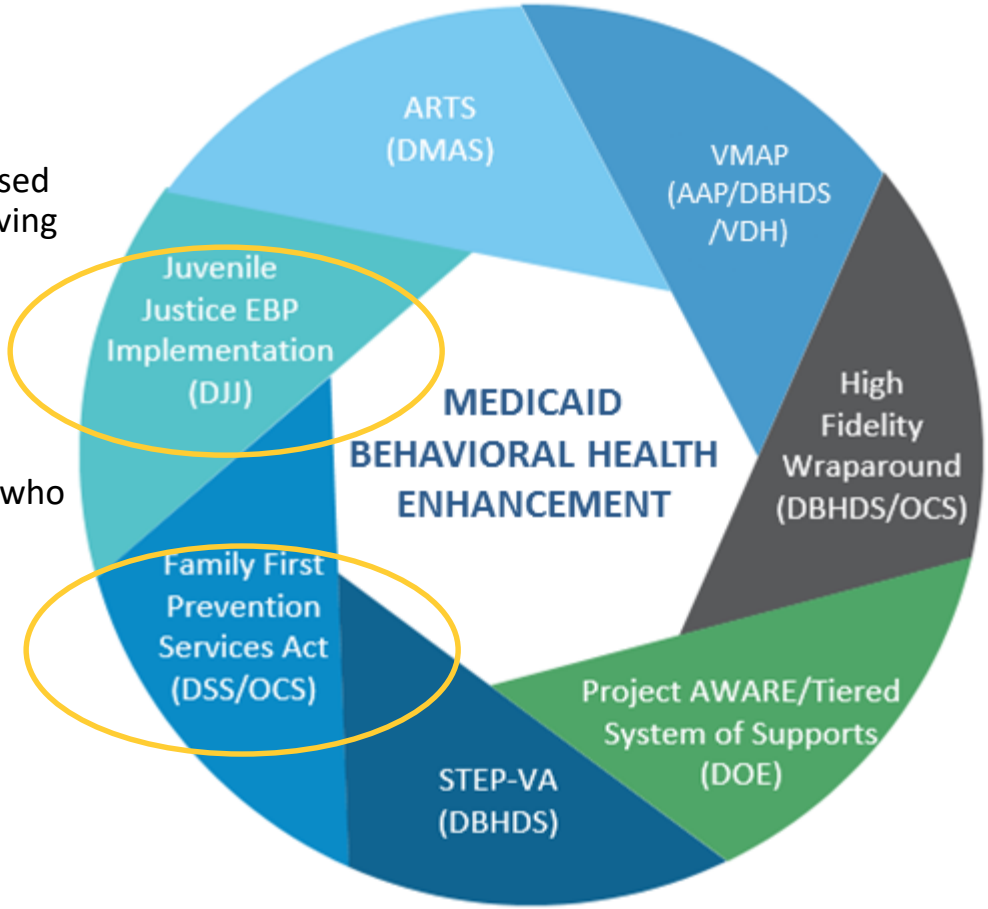
Focused on workforce development, evidence-based programs, prevention-focused investment, improving outcomes, and trauma informed principles

Enhancement & Juvenile Justice Transformation

Supports sustainability of these services for the provider community, particularly in rural settings who have struggled with maintaining caseloads and business models when dependent on DJJ or CSA

Enhancement & Governor's Children's Cabinet on Trauma Informed Care

BH Enhancement continuum is built on trauma-informed principles of prevention and early intervention to address adverse childhood experiences



Enhancement of Behavioral Health Services: *Current Priorities Explained*

What are our top priorities at this time?

Implementation of ***SIX*** high quality, high intensity and evidence-based services that have demonstrated impact and value to patients

Services that currently exist and are licensed in Virginia ***BUT*** **are not covered by Medicaid** ***or the service is not adequately funded through Medicaid***

Partial Hospitalization Program (PHP)	Assertive Community Treatment (ACT)	Multi-Systemic Therapy (MST)
Intensive Outpatient Program (IOP)	Comprehensive Crisis Services (Mobile Crisis, Intervention, Community-Based, Residential, 23Hr Observation)	Functional Family Therapy (FFT)

Why Enhancement of BH for Virginia?

- ✓ Provides alternatives to state psychiatric admissions and offers step-down resources not currently available in the continuum of care, which will assist with the psychiatric bed crisis
- ✓ Demonstrated cost-efficiency and value in other states

Shared Goals for the BH Workforce

Improve Access and Quality in Service Delivery

- The lack of a sufficient workforce of mental health professionals is a problem in most of the country, and Virginia is consistently near the bottom in national rankings (MHA-41st).
- **We have a shortage of LMHPs in Virginia, particularly within our Medicaid System**
  - BHE improves reimbursement for services so that it reflects the true cost of service, including costs of LMHPs
  - BHE integrates evidence-based treatments across levels of care to support LMHP workforce development and career opportunities with specialization and value
  - Drive towards long term vision of integration of evidence-based practice training in education programs that feed our workforce supply
- **QMHPs will always have a role in our system**
  - BHE and EBP implementation on the whole provide opportunities to provide training and strengthen/further clarify their scope within collaborative role in the delivery of care

Virginia's EBP Center of Excellence

OCS-DBHDS-DSS-DMAS-DJJ-VDH

- Support coordinated fidelity and outcome monitoring across state implementations
- Facilitate credentialing database for EBP training and certification status
- VCU as initial Academic partner

Priority Services Summary

Multi-Systemic Therapy & Functional Family Therapy

- High intensity, community-based services for adolescents with significant evidence base as being cost-effective alternatives that significantly reduce reliance on inpatient and residential placements.
- Record of success in Virginia through DJJ Transformation, but not readily available to other adolescents in need due to lack of a sustainable Medicaid rate.

MST & FFT

Service and Training Descriptions

- MST
  - Community-based service, intensive with small caseloads, provider available 24/7
  - Evidence-based and principle-oriented model
  - 5 day initial training, 1.5 day booster trainings each quarter, separate Supervisor trainings to establish sustainability
- FFT
  - Community-based service, intensive with small caseloads
  - Evidence-based and principle-oriented model
  - 1 day initial training and baseline caseload, follow up on-site training, periodic follow up trainings at 6 weeks, 4-5 months, and 8-10 months with a full process taking around 3 years to complete, separate Supervisor trainings to establish sustainability

MST & FFT: *Fidelity and Oversight*

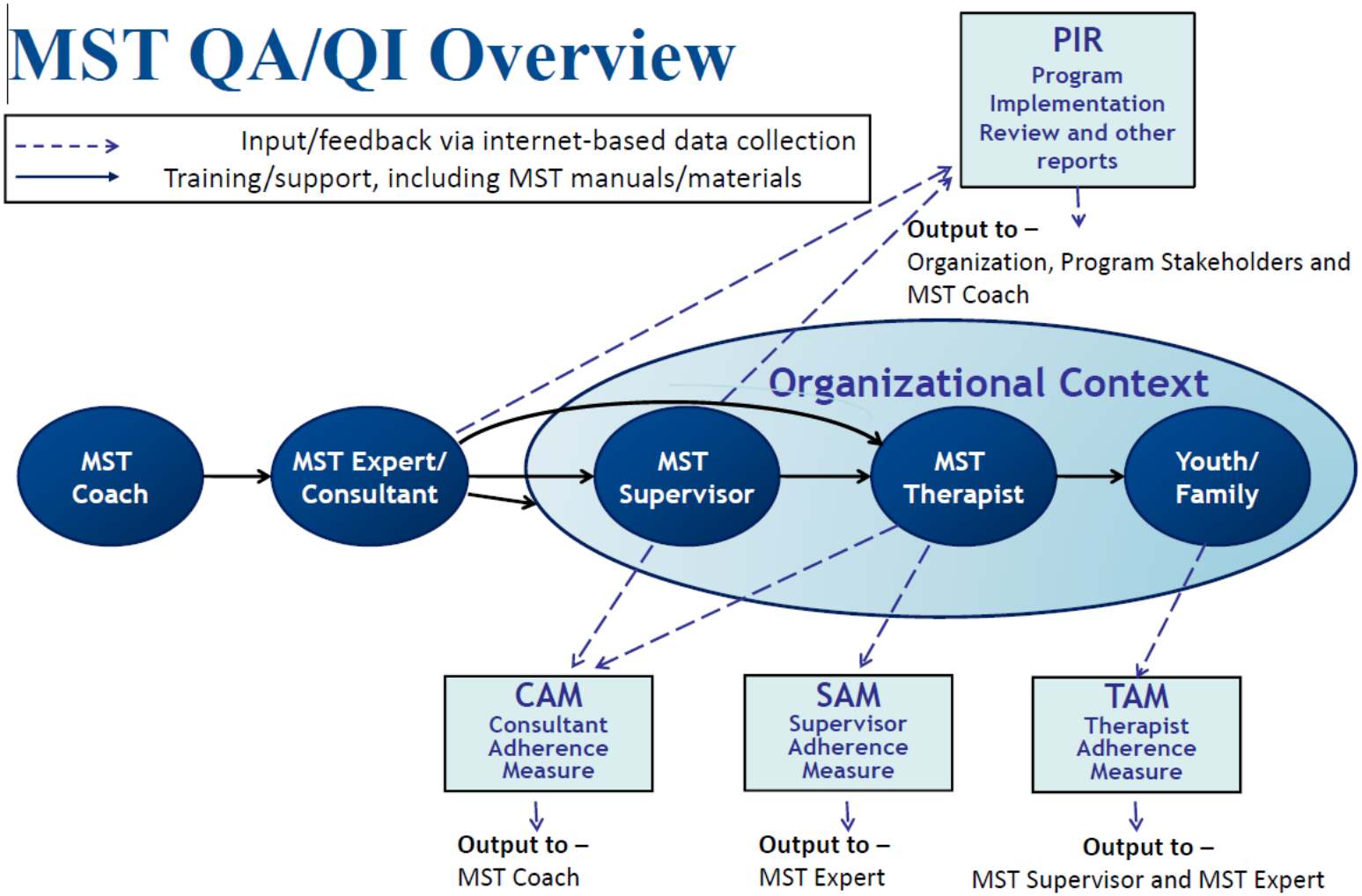
MST

- Weekly supervision with MST Site Supervisor (LMHP) and weekly telephone consult with national consultant with case summary and documentation review
- Each MST provider has professional development plan to guide them to effective adherence to model
- Supervisors available 24/7
- Supervisors are also supervised by system supervisor which includes audiotape review and case reviews
- Monthly adherence measurement that includes ratings from participating youth/family for provider fidelity and bi-monthly adherence rating for supervisors
- Collection of standardized outcome and quality measures that go into database
- Program implementation review every 6 months

FFT

- National consultant provides monitoring, supervision and training during the first 2 years (weekly consultation for the 1st year and bi-weekly in 2nd year)
- During 2nd year, site supervisor takes over weekly supervision role and then supervisor themselves gets weekly supervision with expert consultant
- Team also meets for internal supervision weekly including documentation and fidelity review
- Online database that monitors process and outcome variables for participants and weekly adherence ratings by national consultant
- Tri-annual performance evaluation of all this data for ongoing certification of the team

Example of Required Quality Assurance



MST and FFT Team Structure

Basis for Collaborative Structure

- MST
  - Teams have supervisor and 2-4 team members (therapists)
  - Team members hold their own caseloads and deliver the interventions themselves, but they cannot do so without the structure and affiliation with their team.
  - Team members do not hold the MST role autonomously, they only are able to practice MST when they are functioning in the team and within the supervision and fidelity structure.
- FFT
  - Teams have supervisor and 3-8 team members (therapists)
  - Team members hold their own caseloads and deliver the interventions themselves, but they cannot do so without the structure and affiliation with their team.
  - Team members do not hold the FFT role autonomously, they only are able to practice FFT when they are functioning in the team and within the supervision and fidelity structure.

Defined role of QMHPs in MST and FFT

- QMHPs cannot provide MST and FFT autonomously, they can only work with families in collaboration with their supervisor and the team
- The TEAM and not the individual members are credentialed, so the QMHP does not hold an autonomous ability to practice MST-FFT
- QMHPs would not perform any assessment activities
- Required adherence to fidelity standards in intervention and model is monitored including degree of supervision, collaboration, and tasks completed
- Training and credential held is requirement to serve on MST and FFT teams

Collaborative MH service language

DHP Code Reference

18VAC115-80-10. Definitions.

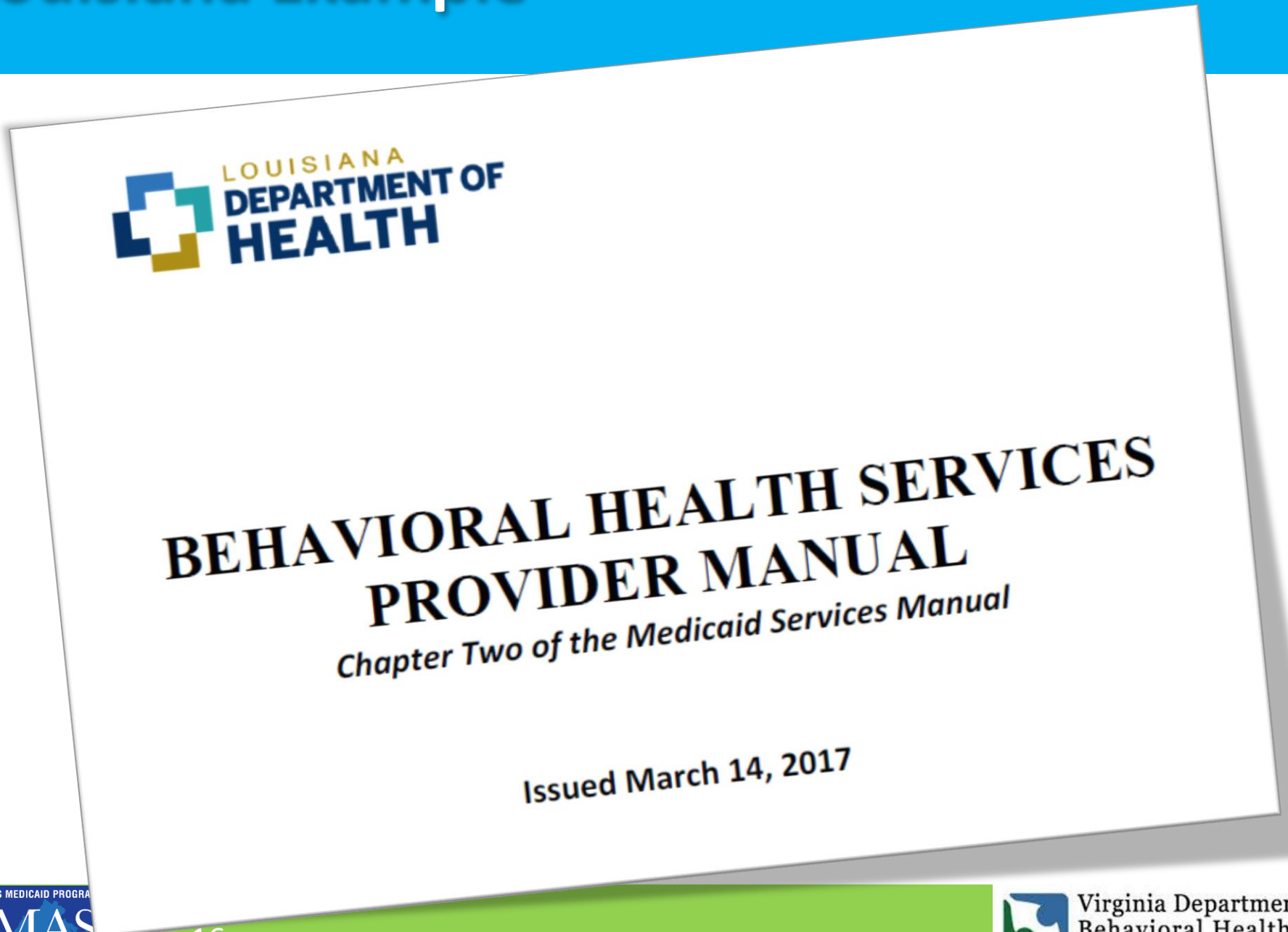
"Accredited" means a school that is listed as accredited on the U.S. Department of Education College Accreditation database found on the U.S. Department of Education website. If education was obtained outside the United States, the board may accept a report from a credentialing service that deems the degree and coursework is equivalent to a course of study at an accredited school.

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

"Board" means the Virginia Board of Counseling.

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

Louisiana Example


LOUISIANA DEPARTMENT OF HEALTH

BEHAVIORAL HEALTH SERVICES
PROVIDER MANUAL

Chapter Two of the Medicaid Services Manual

Issued March 14, 2017

DMAS Manual Specifications

- Define the role of “therapist” as nomenclature specific to these EBPs and separate from LMHP
- Set standard of LMHP supervisor expectation for each team
- Set limits for QMHPs as being at most, 1/3 of the team composition and set conditions for those QMHPs so that they meet provider standards set by the developer
- Set expectation that conditions of hiring of QMHPs into these roles include documented barriers to recruitment of licensed or license-eligible staff (per Louisiana example)
- Make clear in regulation that practice of MST-FFT is not autonomous and that provision of these practices is dependent upon team-affiliation and meeting fidelity standards within that team

Enhancement of Behavioral Health Services

Special Session 2020: Revised Implementation VERSION 2

	Fiscal Year 21-22
General Fund	$10,273,553
Non-General Funds	$14,070,322
TOTAL FUNDS	$24,343,875

Implementation *July 2021*

Assertive Community Treatment
Partial Hospitalization
Intensive Outpatient Programs

Implementation *December 2021*

Multi-Systemic Therapy
Functional Family Therapy
Comprehensive Crisis Services
(23 hour beds, Residential Crisis, Community Based Stabilization, Mobile Crisis Intervention)

Thank you for your partnership, support and participation.

Additional Questions?

Please contact us at:
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