Virginia Department of Health Professions
Board of Counseling

FINAL-APPROVED
Virginia Board of Counseling
Public Hearing & Quarterly Board Meeting Minutes
Friday, January 24, 2025, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 2

PRESIDING OFFICER:	Terry R. Tinsley, PhD, LPC, LMFT, CSOTP, Board Chairperson
BOARD MEMBERS PRESENT:	Maria Anastasiou, LMFT Marlo Burdge, Citizen Member Nakeisha Gordon, LPC *(left meeting at 2:03pm)* Luanne Griffin, LPC *(arrived at 10:16am)* Shannon Kuschel, PhD, LPC Gerard Lawson, PhD, LPC, LSATP, NCC Matthew Scott, LMFT Maria Stransky, LPC, CSAC, CSOTP, Board Vice-Chairperson
BOARD MEMBERS ABSENT:	Benjamin Allison, Citizen Member Lester Paul Bernard, PhD, LPC Tiffinee Yancey, PhD, LPC
BOARD STAFF PRESENT:	Latasha Austin, Licensing & Operations Manager Krystal Blanton, Discipline & Compliance Case Specialist Trasean Boatwright, Sr. Licensing Specialist Shannon Brogan, Sr. Licensing Specialist Sandie Cotman, Registration Program Supervisor Jaime Hoyle, JD, Executive Director Jennifer Lang, Deputy Executive Director- Discipline Charlotte Lenart, Deputy Executive Director- Licensing Dalyce Logan, Sr. Licensing Specialist
DHP STAFF PRESENT:	Matthew Novak, Policy Analyst, Department of Health Professions
BOARD COUNSEL PRESENT:	James Rutkowski, Assistant Attorney General
PRESENTATION SPEAKERS:	Barbara Hodgdon, PhD, Deputy Director, DHP Healthcare Workforce Data Center Trinette Randolph, Boost 200 Program Manager, Virginia Health Care Foundation Yetty Shobo, PhD, Executive Director, DHP Healthcare Workforce Data Center
PUBLIC ATTENDEES:	Eileen Douglas, Associate Professor, Old Dominion University Deborah Oswalt, Executive Director, Virginia Health Care Foundation Spencer Powers, Assistant Professor, Old Dominion University Mary Roberts, Professor, Old Dominion University
CALL TO ORDER:	Dr. Tinsley called the meeting to order at 10:02 a.m.
MOMENT OF SILENCE:	Moment of silence was observed.
ROLL CALL/ESTABLISHMENT OF A QUORUM:	A formal introduction of all Board members and staff was conducted. At the time of roll call, eight Board members were present, establishing a quorum.
MISSION STATEMENT:	Dr. Tinsley read the mission statement of the Department of Health Professions, which was also the mission statement of the Board. Dr. Tinsley also read the

emergency egress instructions.

ADOPTION OF AGENDA: Mr. Novak informed the Board that the Regulatory and Legislation Reports were not included on the agenda or in the agenda package and needed to be added and discussed.

Motion: Dr. Lawson made a motion, which Mr. Scott properly seconded to adopt the agenda with the amendments from Mr. Novak. The motion passed unanimously.

PUBLIC HEARING: A Public Hearing was held for the Board to receive public comment regarding the proposed regulatory action to license art therapist.

PUBLIC HEARING COMMENT: No public comment was provided during the public hearing.

The Public Hearing concluded at 10:08a.m.

PUBLIC COMMENT: No public comment was provided regarding other items on the agenda.

APPROVAL OF MINUTES: The Board reviewed the minutes from the last quarterly board meeting held on October 4, 2024.

Motion: Dr. Lawson made a motion, which Ms. Stransky properly seconded to approve the minutes from the October 4, 2024 meeting as presented. The motion passed unanimously.

AGENCY REPORT: No report

BOARD CHAIR REPORT: Dr. Tinsley welcomed new board member Dr. Kuschel. Dr. Tinsley also informed the Board that the Regulatory Committee would continue its discussion regarding the use of ChatGPT and other artificial intelligence at the next Regulatory Committee meeting scheduled for March 2025.

PRESENTATIONS:

- **Overview of Boost 200 Program**
  Ms. Randolph presented a PowerPoint presentation on how the Boost Program pays for supervision required for licensure and provides exam preparation. ***(See Attachment 1)***

- **Virginia's Licensed Professional Counselor Workforce**
  Dr. Hodgdon presented a PowerPoint presentation on the Licensed Professional Counselor Workforce in Virginia which was included in the agenda packet. The presentation concluded that there is an increase in licensees and the Virginia workforce, the median education debt is higher than the median income, the majority accept cash/self-pay; with an increase in percentage accepting Medicare. The presentation also concluded that there is a decrease in percentage working in community boards and clinics, with an increase in percentage working in private practice. The majority also provide telehealth in state; with over 1in 4 who intend to join the compact.

- **Virginia's Qualified Mental Health Professional Workforce**
  Dr. Hodgdon presented a PowerPoint presentation on the Qualified Mental Health Professional Workforce in Virginia which was included in the agenda packet. The presentation concluded that 95% of registrants are in the workforce, with a majority of the workforce being female, and high diversity index. The presentation also concluded that most of the QMHPs have held their registration for over 5 years, the majority are providing treatment and clinical services, and more than 2 or 5 QMHPs

intend to continue education as a resident.

Action Item: The Board engaged in a discussion regarding the need to collect data on the salary range of QMHPs and to update the survey questions in order to gain a clearer understanding of the services currently being provided by QMHPs.

LEGISLATION & REGULATORY REPORT:

- **Current Regulatory Actions**
  Mr. Novak provided the Board with an overview of the current regulatory actions for the Board of Counseling, as of January 22, 2025. ***(See Attachment 2)***

  Action Item: After review, board members suggested that staff add language to the Board website about the Counseling Compact.

- **Legislation Report**
  Mr. Novak gave a brief description of the general assembly. He reviewed with the Board current House Bill and Senate Bills related to health and human services, behavioral health, and licensure and certification regulations. ***(See Attachment 3)***

- **Petition for Rulemaking #1**
  Mr. Novak reviewed and discussed a petition for rulemaking received to establish a licensure pathway for LSATPs to become LPCs.

  The Board received three public comments regarding the petition.

  Motion: Dr. Lawson made a motion, which Ms. Stransky properly seconded, to deny the petition for rulemaking as the Board feels LSATPs and LPCs are different professional tracks with distinct educational requirements. The Board concluded that, as a result, a distinct pathway for LSATPs to become LPCs is not viable. The motion passed unanimously.

- **Petition for Rulemaking #2**
  Mr. Novak reviewed and discussed a petition for rulemaking received to allow previous clinical experience obtained by an LPC or LMFT who also holds a license as a psychologist, LCSW, or psychiatrist to satisfy requirements for two years of post-licensure clinical experience to become a supervisor.

  The Board received 24 public comments regarding the petition. Twenty-one public comments were submitted in opposition to the petition, while three comments expressed support for the petition.

  Motion: Dr. Kuschel made a motion, which Ms. Stransky properly seconded, to deny the petition for rulemaking as the Board feels the current standards of supervision are sufficient. The motion passed unanimously.

- **Petition for Rulemaking #3**
  Mr. Novak reviewed and discussed a petition for rulemaking received to accept passage of the National MFT exam in place of the NCMHCE or NCE for marriage and family counselors applying for licensure as an LPC.

  The Board received 24 public comments regarding the petition. Thirteen public comments were submitted in opposition to the petition, two were in support, and one comment did not take a position on the petition.

  Motion: Ms. Gordon made a motion, which Ms. Burdge properly seconded, to deny the petition for rulemaking. The Board feels there is not sufficient information on

the equivalence of the LMFT exam to the currently accepted exams by the Board for licensure as an LPC. The motion passed, with one opposed.

- **Petition for Rulemaking #4**
  Mr. Novak reviewed and discussed a petition for rulemaking requesting creation of a regulatory pathway for LMFTs to become LPCs similar to that provided for LPCs to become LMFTs.

  Nine public comments were received in response to the petition, with eight expressing opposition and one showing support.

  Motion: Dr. Lawson made a motion, which Ms. Gordon properly seconded, to deny the petition for rulemaking as the Board feels current regulations are sufficient for individuals who hold a LMFT license to obtain LPC credentials. The motion passed unanimously.

- **Petition for Rulemaking #5**
  Mr. Novak reviewed and discussed a petition for rulemaking received requesting that the Board amend 18VAC115-20-52(C)(2) and 18VAC115-50-60(C)(3) to require supervisors complete two hours of continuing education in ethics yearly.

  Fifteen public comments were received in response to the petition, with three expressing opposition and twelve in support of the petition.

  Motion: Ms. Gordon made a motion, which Ms. Burdge properly seconded, to deny the petition for rulemaking and send the issue to the Regulatory Committee. While the Board supported the idea of the petition, they preferred the Regulatory Committee look at the issue to identify all potential changes that would need to be made. The motion passed unanimously.

  The Board took a break at 12:08pm. The meeting reconvened at 12:20pm

- **Consideration of Fast-track regulatory amendments for the reduction of residency requirements**

  Mr. Novak reviewed and discussed with the Board the recommendation from the Regulatory Committee to considered reductions to residency requirements to become a licensed professional counselor, licensed marriage and family therapist, and licensed substance abuse treatment provider. The amendments generally included:
  - Removing the requirement to obtain 3,400 hours of residency, leaving in place the requirement of a minimum of 2,000 hours fast-to-face client contact;
  - Requiring that 1,000 hours face-to-face experience and 100 hours of supervision be completed within two years preceding application to the Board for licensure;
  - Removing the maximum time that an applicant must complete supervised experience;
  - Creating an option for residents to move to inactive status;
  - Making other changes consistent with changes described here (for example, eliminating the definition of "ancillary counseling services").

  After review and discussed, the Board suggested the following additional amendments to the draft document:

- 18VAC115-50-60(B)(2); Clarify regulations by adding wording that the 2,000 hours in clinical marriage and family services shall at least be 2,000 hours face-to-face client contact in clinical marriage and family services.
- 18VAC115-50-60(B)(4); Clarify that the resident in marriage and family therapy must complete a minimum of 1,000 hours of face-to-face client contact in clinical marriage and family services and 500 hours in face-to-face client contact with couples or families or both and 100 hours of supervision within two years immediately preceding application.

Motion: Dr. Lawson made a motion, which Ms. Gordon properly second to accept the recommendation of the Regulatory Committee with the additional amendments and adopt the proposed language as a fast-track regulatory action. The motion passed unanimously.

Action Item: In addition, board members suggested that 18VAC115-20-52(B)(3)(a) in the draft proposed reduction of residency requirements *(18VAC115-20-52(B)(2) in the current regulations)* be reviewed and discussed at a future meeting by the Regulatory Committee.

- **Adoption of proposed regulatory language to implement the Counseling Compact**
  Mr. Novak reviewed and discussed with the Board the proposed regulatory language. No public comment was received.

Motion: Dr. Lawson made a motion, which Ms. Griffin properly seconded, to adopt proposed regulatory language to implement the Counseling Compact. The motion passed unanimously

The Board took a break at 1:12pm. The meeting reconvened at 1:24pm

COMMITTEE REPORTS:

Regulatory Committee
Ms. Stransky indicated that, since the Regulatory Committee report had already been covered in the Legislative and Regulatory section of the meeting, she had no additional report to provide.

UNFINISHED BUSINESS:

- **Consideration of policy document regarding approved trainings for BHTAs, BHTs, and QMHPs**

The Board reviewed the documents included in the agenda packet for approved training for registration as a BHT and BHTA and qualifications and approved training as a QMHP and QMHP-Trainee.

Motion: Ms. Stransky made a motion, which Ms. Gordon properly seconded, to accept the documentation provided as policy. The motion passed unanimously

The approved and accepted documents will be posted on the Board's website under Policies.

- **Required Supervisor Training**

Ms. Hoyle reviewed and discussed with the board the Board of Social Work's Guidance Document 140-9 for training on supervision for Clinical Social Work as a reference ***(Attachment 4)*** and an overall chart of current supervision requirements and approved providers of supervision training. ***(Attachment 5)***

Ms. Hoyle posed several questions to the Board to help staff create a policy document for supervision training for QMHPs, QMHP-Trainees, BHTs and BHTAs. Who can train a QMHP? What does training look like? How many hours of supervision training should be required?

After discussion, the Board recommends that prior to supervising a QMHP, QMHP-Trainee, BHT or BHTA, the supervisor complete the following hours of supervision training:

- Licensed Mental Health Providers (LMHPs) complete 4 hours of continuing education in supervision training.
- Resident in Counseling, Residents in Marriage and Family Therapy, Residents in Substance Abuse Treatment, Residents in Psychology, and Supervisees in Social Work complete 8 hours of continuing education in supervision training.
- QMHPs with 3 years of experience complete 16 hours of continuing education in supervision training.
- BHTs with 3 years of experience complete 16 hours of continuing education in supervision training.

The board recommends that the supervision training curriculum include the following content areas:

- Scope of practice
- Professional boundaries
- Nature of a professional relationship
- Confidentiality
- Record-keeping
- Ethics
- Leadership

Motion: Ms. Gordon made a motion, which Ms. Stransky properly seconded, for board staff to create a document outlining the supervisor qualifications, training requirement and training content areas in a policy. The motion passed unanimously.

NEW BUSINESS:

- **Appointment of alternate Commissioner to the Counseling Compact**

Motion: Dr. Tinsley made a motion, which Ms. Griffin properly seconded, to appoint Charlotte Lenart, Deputy Executive Director as the alternate commissioner to the Counseling Compact. The motion passed unanimously.

EXECUTIVE DIRECTOR'S REPORT:

No report

DISCIPLINE REPORT:

Ms. Lang reported on the discipline case information from September 21, 2024 to January 10, 2025. A copy of the report was included in the agenda packet. She noted that in 2024, the Board of Counseling received 493 new cases and closed 435. For the three behavioral science boards (Counseling, Psychology, and Social Work), discipline staff received 884 new cases and closed 732, with 578 open cases. Since 2021, the new cases received for the three boards has increased by 55%. With the new credentials created for the boards of Counseling and Psychology, staff expects this number to continue to rise.

Ms. Lang acknowledged Dr. McAdams for his hard work on the probable cause reviews and noted that he completed 270 case reviews in 2024. She also thanked Christy Palmore for her continued hard work and dedication to the public and the Board of Counseling, as well as to the Boards of Psychology and Social Work.

Ms. Lang introduced Krystal Blanton, the newly hired Discipline and Compliance Case Specialist for the three behavioral science boards. Ms. Blanton has been at DHP for almost 18 years, with the Boards of Medicine and Nursing, and has a master's degree in public administration. She is continuing to learn the discipline processes but has already been a wonderful addition to the team.

Ms. Lang advised that she gave a presentation to students at William & Mary. Additionally, she continues to meet with the Virginia Department of Education to provide information relevant to the CTE program in mental health. VADOE is creating a second-year curriculum for the program, with the help of Dr. Yancey who served on the curriculum review panel. Ms. Lang further advised that she will bring this issue back to the board in the future for discussion on how the curriculum might meet the requirements for the CSAC-A credential.

LICENSING REPORT:

Ms. Lenart referenced the licensure report included in the agenda packet that reported on the licensure stats for the Board of Counseling as of January 6, 2025. Sahe highlighted that the Board is currently regulating 42,000 licensee, certificate holder and registrants.

Ms. Lenart acknowledged the Counseling Licensing staff for their dedication and hard work, noting that the recent satisfaction survey, which reflected a 95.1% satisfaction rate, is a testament to their commitment.

She also announced that a restructuring process is underway to both retain current staff and establish a clear succession pathway. Ms. Lenart introduced Alesia Baskin as the newly hired Senior Licensing Specialist, who brings over 20 years of experience at DHP and will assist Ms. Cotman in managing the growing volume of QMHP and Peer applications.

Additionally, Ms. Lenart informed the Board that the reengineering efforts for the Board's website have been completed, including updates to online application handbooks, a step-by-step guide for applying, updated forms, applications, license verifications, FAQs, and automatic emails for all license types, CSAC, and CSAC-As. She noted that work is now underway on updates for BHT, BHTA, as well as QMHP and QMHP Trainee processes.

Mr. Novak, Mr. Boatwright, Ms. Brogan, Ms. Cotman, Ms. Logan and all public attendees left the meeting at 2:15p.m. for the Board of Counseling to move into a closed session.

CONSENT ORDER CONSIDERATION:

(Attachment 6)

NEXT MEETING DATES:

The next meeting is scheduled for Friday, April 25, 2025.

ADJOURNMENT:

Dr. Tinsley adjourned the January 24, 2025, meeting at 2:25 p.m.

Terry R. Tinsley, PhD, LPC, LMFT, CSOTP, Board Chairperson

Jaime Hoyle, JD, Executive Director

Attachment 1

Boost!
Making Mental Health Happen

Board of Counseling Meeting

January 24, 2025

VIRGINIA
HEALTH CARE
FOUNDATION

BOOST 200+
MAKING MENTAL HEALTH HAPPEN

About the Virginia Health Care Foundation

VHCF is a statewide public/private partnership initiated 33 years ago by the Virginia General Assembly and its Joint Commission on Health Care.

VHCF's **mission** is to increase access to primary health care, including behavioral health services, for uninsured and medically underserved Virginians.

One critical component of access is a sufficient health workforce with adequate distribution throughout the state.

VIRGINIA HEALTH CARE FOUNDATION

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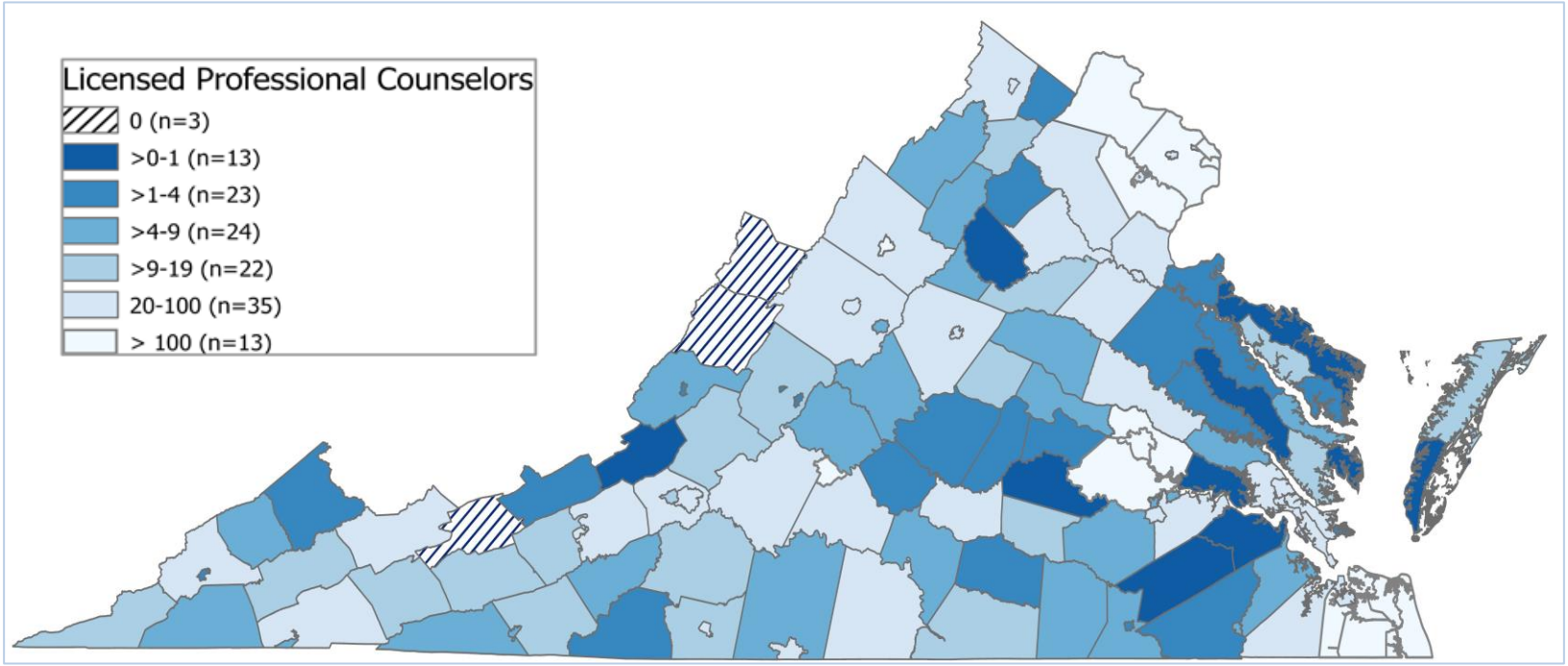
Significant Shortages in All BH Professions

Key Findings

1. Aging Workforce
2. Insufficient Diversity
3. Inadequate Pipeline
4. Insufficient Distribution across the state

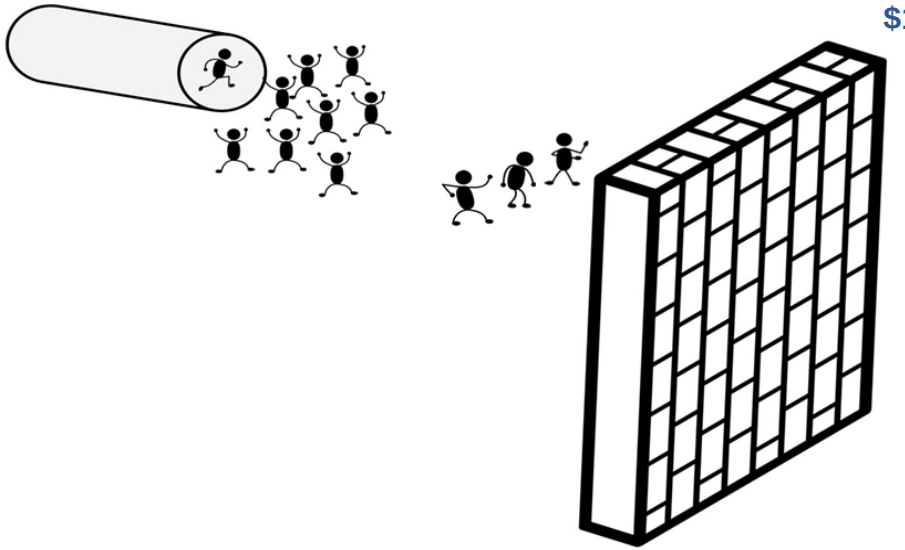
VHCF *Assessment of the Capacity of Virginia's Licensed Behavioral Health Workforce*

Distribution of LPCs in Virginia



Barrier to Licensure of Counselors and Social Workers

Cost of Supervision
Required for Licensure
$10,000 (MSWs)-$20,000 (MCs)



VIRGINIA
HEALTH CARE
FOUNDATION

BOOST 200+
MAKING MENTAL HEALTH HAPPEN

Boost!

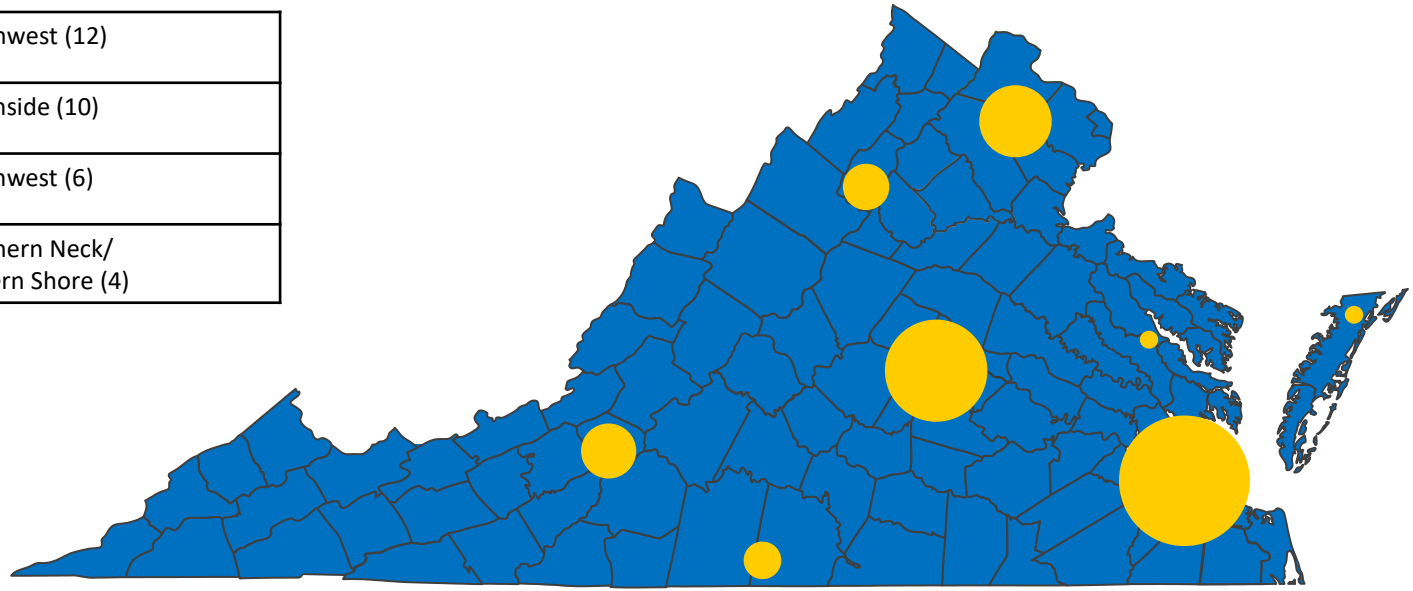
- **Pays for supervision required for licensure** of MCs, MSWs and provides exam prep.
- In return, *Boost!* enrollees commit to practice in Virginia for 2 years, once licensed.
- Prioritizes therapists who are persons of color, fluently bilingual, or practice in a mental health professional shortage area.
- Launched in September 2022 and **90 are already licensed** with more coming soon!

VIRGINIA HEALTH CARE FOUNDATION

BOOST 200+
MAKING MENTAL HEALTH HAPPEN

336 Enrollees by Region

Hampton Roads (133)	Northwest (12)
Central (106)	Southside (10)
Northern (44)	Southwest (6)
Roanoke Valley (21)	Northern Neck/ Eastern Shore (4)



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Profile of *Boost!* Counselors

- **65% are people of color; 10% are bilingual**
- **45% are first-generation graduates (*parents did not complete a 4-year college program*)**
- 36 years old (*average*)
- Majority female (*76%*)
- Average salary of $58,000
- 85% carry student loan debt with an average debt load of $117,000
- 100% paid out of pocket or would have had to for their supervision prior to *Boost!*

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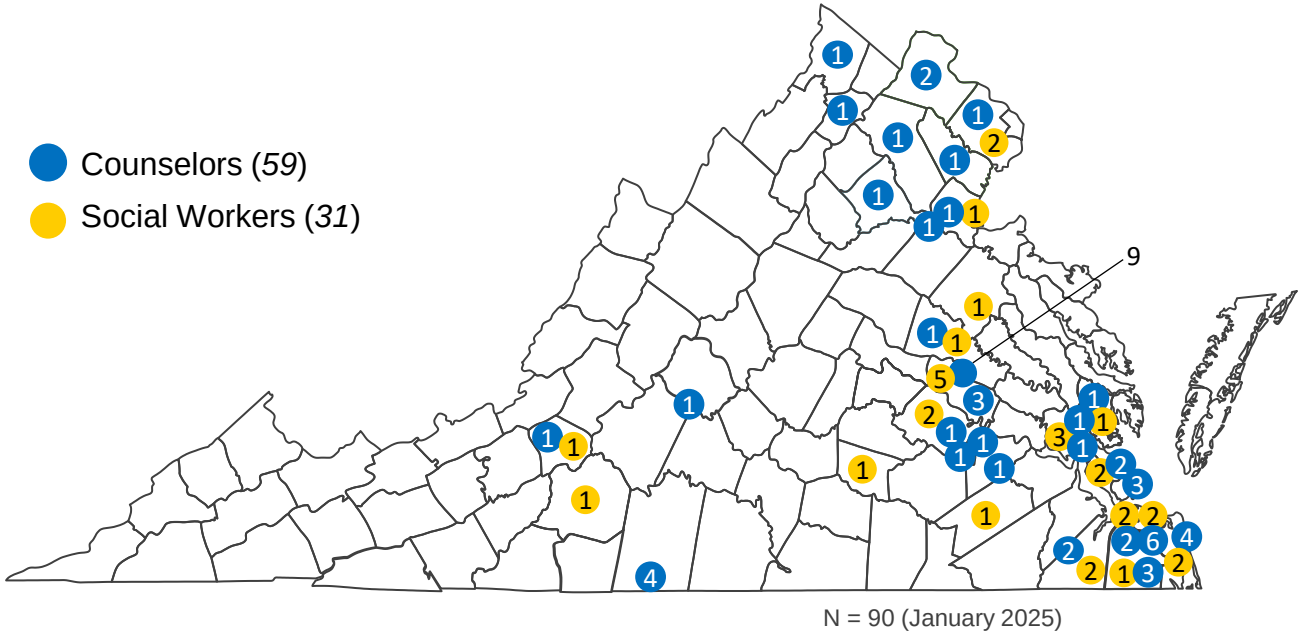
Newly Licensed *Boost!* Therapists



N = 90 (January 2025)

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Licensure is the Goal

Licensure as an LPC or LMFT requires

- ✓ 3400 clinical hours
- ✓ 200 supervised hours
- ✓ Passing the licensure exam

Different rules apply to the timing of licensure exams for counselors and social workers.

- **Counselors** can take the licensure exam at any point after they graduate with their Masters of Counseling degree, including during their residency.
- **Social workers** are only allowed to take their exam after their required supervision and clinical hours have been completed.

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Counselors

- To date,106 *Boost!* counselors have passed the National Clinical Mental Health Counseling Examination or the National Counselor Examination.
- Counselors are strongly encouraged to take the licensure exam while *Boost!* is paying for their supervision, if they have not passed it already.
- This will enable these counselors to become licensed immediately after completing their supervision hours.
- Licensure exam prep resources are offered to those who have not already passed exam. (*Many thanks to United Healthcare*)

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Lessons Learned

- All *Boost!* enrollees have needed help with understanding the pathway to licensure
- Licensure exam prep should be given to all *Boost!* enrollees
- Obtaining applications from rural areas requires targeted marketing
- Some enrollees experience life changes that impact their participation
- Program is not a fit for everyone-requires a steady pace to finish in a timely manner

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Feedback from *Boost!* Counselor Enrollees

- *"Boost* has supported me throughout my entire journey to licensure and even provided an amazing licensure exam prep course that assisted me in passing my exam*."*-**A. Goss, LPC**

- "My supervision costs are the amount of a car payment! I had to choose which I would pay each month. I am thankful that *Boost* can help with this financial burden!"- **K. Grace, LPC**

- "This program is great, I would not be licensed right now, if it wasn't for this program. Thank you!!" – **M. Brooks, LMFT**

- *Boost* provided the guidance, support, and encouragement I needed throughout the time I was part of the program." **P. Walker, LPC**

Future Focus for *Boost!*

- Seek funding for more *Boost!* slots in the FY26 state budget and from private funders
- Collaborate with key partners to promote *Boost!* to potential applicants from rural areas
- Educate all licensed *Boost!* therapists on Virginia's Behavioral Health Loan Repayment Program
- Continue to track, monitor and support the timely progress of *Boost!* enrollees' clinical and supervision hours
- Track *Boost!* graduates to ensure they meet their 2-year service commitment

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Questions?

Trinette Randolph
Boost! Program Manager
Trinette@vhcf.org
804.773.8037

VIRGINIA HEALTH CARE FOUNDATION

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Attachment 2

Board of Counseling
Current Regulatory Actions
As of January 22, 2025

In the Governor's Office

None.

In the Secretary's Office

VAC	Stage	Subject matter	Submitted from agency	Time in current location	Notes
18VAC115-20	NOIRA	Removal of redundant provisions related to conversion therapy	9/21/2022	Secretary 841 days	Removes language regarding conversion therapy which has been replaced by statutory language.
18VAC115-20	Emergency/ NOIRA	Implementation of the Counseling Compact	5/8/2023	Secretary 357 days	Implements the Counseling Compact.
18VAC115-20	NOIRA	Requirement for supervisors to submit evaluations and confirm resident hours within a set timeframe	10/8/2024	96 days	Result of acceptance of a periodic review

At the Department of Planning and Budget

None.

At the Office of the Attorney General

VAC	Stage	Subject matter	Submitted from agency	Time in current location	Notes
18VAC115-80	Exempt/ Final	Changes pursuant to SB403 of the 2024 Session	10/7/2024	107 days	Implements legislation from 2024
18VAC115-100	Exempt/ Final	Creates registration for behavioral health technicians and behavioral health technician assistants pursuant to SB403 of the 2024 Session	10/7/2024	107 days	Implements legislation from 2024

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC115-20	Emergency/ NOIRA	Implementation of the Counseling Compact	10/7/2024	Comment period 10/7 – 11/7/2024. Proposed stage before the Board for action.
18VAC115-90	Proposed	New licensure for art therapists	12/16/2024	Comment period is underway and will end on 2/14/2025. The Board will vote on a final stage action at its April meeting

Attachment 3

Legislative Report
Board of Counseling
Full Board Meeting
January 24, 2025

HB 1629 - Health care records; fees, certain requests by a patient or his attorney.
Chief Patron: Thomas
Status: In Subcommittee

SUMMARY AS INTRODUCED:
Health care records; fees; certain requests by a patient or his attorney. Prohibits a health care provider from charging a fee for a request by a patient, or his attorney, for such patient's health care records when such records are to be used for the purpose of supporting a claim or appeal under the Social Security Act or any federal or state financial needs-based benefit program.

House
Referred from Health and Human Services and referred to Courts of Justice (Voice Vote)
01/21/2025
House
Assigned Courts sub: Civil

HB 1877 - Barrier crimes; peer recovery specialists; screening requirements.
Chief Patron: Callsen
Status: In Subcommittee

SUMMARY AS INTRODUCED:
Barrier crimes; peer recovery specialists; screening requirements. Modifies the barrier crimes screening assessment requirements for peer recovery specialists applying for employment with the Department of Behavioral Health and Developmental Services, an employer licensed by the Department, or a community services board to require that such specialists have completed all prison or jail terms and have no pending charges in any locality in order to be eligible for a screening assessment. Under current law, an applicant must also have paid all fines, restitution, and court costs for any prior convictions, been free of parole or probation for at least five years for all convictions, and not be under probation or parole supervision.

01/14/2025: Assigned sub: Behavioral Health

HB 1636 - Civil immunity; health care professionals; professional programs related to career fatigue and wellness.
Chief Patron: Hope
Status: In House

SUMMARY AS INTRODUCED:
Civil immunity; health care professionals; professional programs related to career fatigue and wellness. Expands civil immunity for persons who participate in professional programs related to career fatigue and wellness for health care professionals to include those who participate in programs for (i) any health care professionals licensed, registered, or certified by the Department of Health Professions or (ii) students enrolled in programs that are prerequisites to licensure, registration, or certification by the Department of Health Professions. Under current law, civil immunity extends only to persons participating in programs for (a) professionals licensed, registered, or certified by the Boards of Dentistry, Medicine, Nursing, or Pharmacy or (b) students enrolled in a school of dentistry, dental hygiene, medicine, osteopathic medicine, nursing, or pharmacy.

01/16/2025: Subcommittee recommends reporting (8-Y 0-N)
01/21/2025: Reported from Health and Human Services (21-Y 0-N)

HB 1861 - Department of Health Professions; health regulatory boards; regulations; licensure by endorsement.
Chief Patron: Price
Status: In Subcommittee

Agency Bill

SUMMARY AS INTRODUCED:
Department of Health Professions; health regulatory boards; regulations; licensure by endorsement. Directs each health regulatory board regulated by the Department of Health Professions to enact regulations to provide a licensure by endorsement pathway for qualified applicants as practitioners of the particular profession or professions regulated by such board. The bill specifies that the Board of Medicine shall be the first health regulatory board to enact regulations to provide a licensure by endorsement pathway. Companion to SB1438 (Durant)

01/06/2025: Referred to Committee on Health and Human Services
01/14/2025: Assigned sub: Health Professions

HB 1940 - International licensure and certification; regulations.
Chief Patron: Willett
Status: In Subcommittee

SUMMARY AS INTRODUCED:
Department of Professional and Occupational Regulation; international licensure and certification; regulations. Directs the regulatory boards within the Department of Professional and Occupational Regulation to promulgate regulations allowing the issuance of a license or certification to any applicant who holds a comparable international license or certification issued by another country.

01/06/2025: Referred to Committee on General Laws
01/20/2025: Assigned GL sub: Professions/Occupations and Administrative Process

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HB 2399 - Minors; parental access to health records.
Chief Patron: Scott, P.A.
Status: In Subcommittee

SUMMARY AS INTRODUCED:
Parental access to minor's health records. Requires health care entities that provide access to health records of minors through a secure website to make such health records available to the minor's parent or guardian through the same secure website.

01/08/2025: Referred to Committee on Health and Human Services
01/21/2025: Assigned sub: Health

SB 826 - Predetermination for licensing eligibility; prior convictions.
Chief Patron: Locke
Status: In Subcommittee

SUMMARY AS INTRODUCED:
Department of Professional and Occupational Regulation; Department of Health Professions; predetermination for licensing eligibility; prior convictions. Prohibits the use of vague or arbitrary terms by a regulatory board or department within the Department of Professional and Occupational Regulation or Department of Health when refusing a person a license, certificate, or registration to practice, pursue, or engage in any regulated occupation or profession. The bill requires such regulatory board or department denying a registration, license, or certificate based on information in the applicant's criminal history record to notify the applicant in writing of (i) the specific offense or offenses that contributed to such denial; (ii) how the criminal history directly relates to the occupation for which the registration, license, or certificate applies; and (iii) how the regulatory board or department weighed rehabilitation factors when making its decision.

The bill further allows an applicant to request a written predetermination from a regulatory board or department within the Department of Professional and Occupational Regulation concerning whether his criminal record would disqualify him from obtaining a license, certificate, registration, or other authority to engage in a particular occupation, trade, or profession in the Commonwealth.

12/31/2024: Referred to Committee on Education and Health
01/17/2025: Assigned Education sub: Health Professions

SB 876 - Virginia Freedom of Information Act; notice of public meetings, proposed agenda required.
Chief Patron: Ebbin
Status: In Committee
SUMMARY AS INTRODUCED:
Virginia Freedom of Information Act; notice of public meetings; proposed agenda required. Requires public bodies subject to the Virginia Freedom of Information Act to include a proposed agenda listing all items expected to be considered by the public body at its meeting. The bill allows for amendments to be made to any such proposed agenda but provides that the public body shall not take any final action on those amended or additional agenda items.

01/03/2025: Referred to Committee on General Laws and Technology
01/15/2025: Reported from General Laws and Technology with substitute and rereferred to Finance and Appropriations (14-Y 0-N)

SB 1293 - School board employees; health care professionals; professional development and continuing education; optional programs; children with autism spectrum disorder.
Chief Patron: Stanley
Status: In Subcommittee

SUMMARY AS INTRODUCED:
School board employees; health care professionals; professional development and continuing education; optional programs; children with autism spectrum disorder. Directs the Board of Education to provide guidance on and each school board to provide each year an optional program of high-quality professional development for instructional personnel and school board employees whose duties include regular contact with students on communicating with and supporting students with autism spectrum disorder. The bill provides that any instructional personnel or school board employee who completes such professional development shall be eligible for professional development points toward renewal of his license. The bill also requires each health regulatory board to adopt and implement policies providing for an optional continuing education program each year on communicating with children with autism spectrum disorder for any individual who is registered, certified, licensed, or issued a multistate licensure privilege by any health regulatory board whose duties involve direct contact with children and

provides that the completion of such continuing education program shall count toward licensure renewal.

01/08/2025: Referred to Committee on Education and Health
01/23/2025: Assigned Education sub: Public Education

SB 1363 - Elimination of Board of Health Professions; transfer of powers and duties.
Chief Patron: Pillion
Status: In Committee

Agency Bill

SUMMARY AS INTRODUCED:
Elimination of Board of Health Professions; transfer of powers and duties. Eliminates the Board of Health Professions and transfers certain powers and duties from the Board to the Department of Health Professions.

01/13/2025: Referred to Committee on Education and Health

Attachment 4

Guidance document: 140-9

Revised: July 12, 2024
Effective: October 10, 2024

Virginia Board of Social Work

Content for Training on Supervision for Clinical Social Work

Introduction:
18VAC140-20-50(C) of the Regulations Governing the Practice of Social Work applies to those practitioners providing supervision to social workers who intend to apply for clinical licensure in the Commonwealth of Virginia.

The requirement states that supervisors must have an initial 14 hours of continuing education in supervision or a three-hour graduate level course in supervision. A supervisor must thereafter obtain 7 hours of continuing education in supervision every five years. This requirement recognizes the essential role good supervision plays in the training and mentoring of Social Workers desiring licensure. The supervisory role uses unique knowledge and a set of skills that can be articulated and taught.

Content domains for training:
To clarify the supervisory training, the Board has reviewed a number of existing courses and an updated study produced by the Association of Social Work Boards ("ASWB") in collaboration with the National Association of Social Workers ("NASW"). The Board recommends a Clinical Supervision Course address the following seven Domains:

- Context of Supervision
  - Understanding Scope of Practice
  - Communities of Practice
  - Interdisciplinary Supervision
  - Cultural Awareness and Cross-Cultural Supervision
  - Dual Supervision and Conflict Resolution
  - Parallel Process
  - Theories of Supervision

- Conduct of Supervision
  - Confidentiality
  - Contracting for Supervision
  - Leadership and Role Model
  - Competency
  - Supervisory Signing Off
  - Self-Care

- Legal and Regulatory Issues
  - Liability
  - Regulations
  - Documentation

    - Other Legal Concerns

- Ethical Issues
    - Ethical Decision Making
    - Boundaries
    - Self-Disclosure
    - Attending to Safety
    - Alternative Practice

- Technology
    - Distance Supervision
    - Risk Management

- Evaluation and Outcomes

- Termination

The ASWB and NASW study enumerates each of these competencies in each of these areas. The total study can be secured at https://www.aswb.org/wp-content/uploads/2021/01/standards-social-work-supervision.pdf and at https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLbl4BuwI%3D&portalid=0.

Additional knowledge content:
A course should also incorporate knowledge of the following:

- The Virginia Board of Social Work Regulations, particularly:
    1. Supervision, supervisory responsibilities, and requirements
    2. Regulations on the standards of practice

- The Social Work Code of Ethics (NASW or the Clinical Social Work Association)

Teachers/Trainers for a course in supervision:
Teachers/Trainers should instruct persons taking a course in supervision in the competencies as outlined in accordance with acceptable teaching practices to include, but which are not limited to: the didactic method, discussion, role play, and the distribution of relevant readings. Teachers/Trainers should be clinicians with supervisory experience and knowledge of theory and practice in the art of supervision.

Attachment 5

Supervision Requirements

	Licensed Mental Health Professional	Person under supervision approved by Board of Counseling, Psychology, Social Work as prerequisite for Licensure	QMHP-Trainee	QMHP with 3 years of Experience	BHT with 3 years of Experience	BHTA
Can Supervise:						
LMHP	X	X				
Resident in Counseling, Resident in Psychology, or Supervisee in SW	X	X				
QMHP	X	X		X		
QMHP-Trainee	X	X		X		
BHT	X	X		X	X	
BHTA	X	X		X	X	

Approved Supervisor Training

	On Supervisor Registry	Board approved to Supervise Residents in Counseling, Residents in Psychology, Supervisees in SW	Supervision Course approved by Board according to Regs	Number of Hours Recommended?	Curriculum?
LMHP	x	x	x		
Board approved to Supervise Residents in Counseling, Residents in Psychology, Supervisees in SW			X		
QMHP with 3 Years of Experience			X		
BHT with 3 Years of Experience			X		

Approved Providers of Supervision Training:

(1) The International Association of Marriage and Family Counselors and its state affiliates.

(2) The American Association for Marriage and Family Therapy and its state affiliates.

(3) The American Association of State Counseling Boards.

(4) The American Counseling Association and its state and local affiliates.

(5) The American Psychological Association and its state affiliates. 13

(6) The Commission on Rehabilitation Counselor Certification.

(7) NAADAC, The Association for Addiction Professionals and its state and local affiliates.

(8) National Association of Social Workers.

(9) National Board for Certified Counselors.

(10) A national behavioral health organization or certification body.

(11) Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.

(12) The American Association of Pastoral Counselors.

QMHP Approved CE Providers:

1. Federal, state, or local governmental agencies, public school systems, licensed health facilities, or an agency licensed by DBDHS;

Board of Psychology Approved CE Providers

(1) Any psychological association recognized by the profession or providers approved by such an association.

2. Any association or organization of mental health, health, or psychoeducational providers recognized by the profession or providers approved by such an association or organization.

3. Any regionally accredited institution of higher learning.

4. Any governmental agency or facility that offers mental health, health, or psychoeducational services.

5. Any licensed hospital or facility that offers mental health, health, or psychoeducational services.
6. Any association or organization that has been approved as a continuing education provider by a psychology board in another state or jurisdiction.

Board of Social Work Approved CE Providers:

The Child Welfare League of America and its state and local affiliates.

(2) The National Association of Social Workers and its state and local affiliates.

(3) The Association of Black Social Workers and its state and local affiliates.

(4) The Family Service Association of America and its state and local affiliates.

(5) The Clinical Social Work Association and its state and local affiliates.

(6) The Association of Social Work Boards.

(7) Any state social work board.

Attachment 6

Consideration of a Consent Order

Board members in attendance:

Terry Tinsley, Ph.D., LPC, LMFT, CSOTP, Chairperson
Maria Stransky, LPC, CSAC, CSOTP, Vice-Chairperson
Maria Anastasiou, LMFT
Marlo Burdge, Citizen member
Luanne Griffin, LPC
Shannon Kuschel, LPC
Gerard Lawson, Ph.D., LPC, LSATP
Matthew Scott, LMFT

Closed Meeting:

Mr. Scott moved that the Board of Counseling convene in a closed session pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* to consider a Consent Order in the matter of Tammy Forbes, LPC Reinstatement Applicant. He further moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, Charlotte Lenart, Latasha Austin, and Krystal Blanton attend the closed meeting because their presence was deemed necessary and would aid the board in its consideration. The motion was seconded and passed unanimously.

Case Considered:

Tammy Forbes, LPC Reinstatement Applicant
License No. 0701010511
Case No. 243417

Reconvene:

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

Decision:

Dr. Lawson made a motion approve the Consent Order as presented. The motion was seconded and passed with a unanimous vote.