
1:00 p.m. Call to Order– Johnston Brendel, Ed.D., LPC, LMFT, Board Chair

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

Approval of Minutes

- Board Meeting – February 5, 2021* Page 5
 - Formal Hearing – February 5, 2021 (For informational purposes only) Page 12
 - Informal Conferences – February 19, 2021 (For informational purposes only) Page 14
 - Informal Conferences - April 9, 2021 (For informational purposes only) Page 18
 - Art Therapy Advisory Board – April 23, 2021 (For informational purposes only) Page 21
-

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 24

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

- Chart of Regulatory Actions Page 25
 - DHP Regulatory/Policy Actions Page 26
-

Committee Reports

- Legislative/Regulatory Committee – Holly Tracy, LPC, LMFT, Regulatory Committee Chairperson
 - Board of Health Professions Report – Kevin Doyle, Ed.D., LPC, LSATP
-

Staff Reports

- Executive Director's Report – Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology, and Social Work Page 29
 - Financials
 - Updates from American Association of State Counseling Boards (AASCB)
 - Board Office Updates
-

-
- Discipline Report – Jennifer Lang, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work Page 39
 - Licensing Report – Charlotte Lenart, Deputy Executive Director of Licensing, Boards of Counseling, Psychology, and Social Work Page 41
-

Presentation and Q & A

Recommendations for Telehealth Regulatory and Guidance Document Amendments ---

LoriAnn S. Stretch, PhD, LCMHC-S, NCC, ACS, BC-TMH, Clinical Associate Professor, Online Counseling Program Coordinator, William & Mary School of Education Page 44

Recommended Decisions -- Ms. Lang**

Next Meeting – August 20, 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 May 21, 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 May 21, 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>

Join meeting:

Join from the meeting link

<https://covaconf.webex.com/covaconf/j.php?MTID=m78129e3e0a07e971d108f1cfbb5c54f7>

Meeting number (access code): 185 188 6684

Meeting password: Nw5EKec25Py



Virginia Department of
Health Professions
Board of Counseling

MISSION STATEMENT

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

DRAFT
BOARD OF COUNSELING
FULL BOARD MEETING
Friday, February 5, 2021
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
Jane Engelken, 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
Vivian Sanchez-Jones, Citizen Member
Holly Tracy, LPC, LMFT
Tiffinee Yancey, Ph.D., LPC

STAFF PRESENT: Jaime Hoyle, JD, Executive Director
Christy Evans, Discipline Case Specialist
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Deputy Executive Director-Licensing
Jared McDonough, Administrative Assistant

DHP STAFF PRESENT: Barbara Allison-Bryan, MD, DHP Chief Deputy
David E. Brown, D.C., DHP Director
Elaine Yeatts, DHP Senior Policy Analyst

BOARD COUNSEL: James Rutkowski, Assistant Attorney General

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 12 Board members present a quorum was established.

APPROVAL OF MINUTES: Upon a motion made by Mr. Alvarez, and seconded by Ms. Harris, the Board voted unanimously to approve the November 6, 2020 meeting minutes.

ADOPTION OF AGENDA: The Board adopted the agenda as written.

- PUBLIC IN ATTENDANCE:** Chaye Neal-Jones, DBDHS
Dev Nair, PhD, Assistant Commissioner, DBDHS
Susanne Preston-Josey, LPC, LSATP
Mary Puglisi, LPC
Alyssa Ward, PhD, Behavioral Health Clinical Director, DMAS
Claire Williams-Robinson
- PUBLIC COMMENT:** No public comment.
- AGENCY REPORT:** Dr. Brown provided an overview of the General Assembly session.

Dr. Allison-Bryan provided an overview of the COVID-19 vaccine administration in Virginia.
- CHAIRPERSON REPORT:** Dr. Brendel provided the quarterly accomplishment report and thanked Board members for their involvement in the various endeavors of the Board.
- 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 January 24, 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. Board to adopt final regulations: 2/5/2021.
 - 18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Periodic review (action 5230); Proposed - At Governor’s Office.
 - 18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Resident license (action 5371); Proposed – Register Date: 9/14/2020, Public Comment closed: 11/13/2020; Board to adopt final regulations: 2/5/2021.
 - 18VAC 115-40 Regulations Governing the Certification of Rehabilitation Providers - Periodic review (Action 5305); Proposed – Register Date: 9/14/2020, Public Comment closed 11/13/2020. Board to adopt final regulations: 2/5/2021.
 - 18VAC 115-90 Regulations Governing the Licensure of Art Therapists (under development) – New chapter for licensure (Action 5656) NOIRA-At Governor’s Office.

COMMITTEE REPORTS:**Regulatory Committee:**

Ms. Tracy reported that the Regulatory Committee and staff discussed the need and requirements for reinstatement of resident licenses. The Committee asked staff to research industry standards and determine how other professions handle reinstatement of licenses after taking time off. Staff will provide their findings and suggestions at the next Committee meeting.

Ms. Tracy reported that the Committee discussed the waivers for residents to count telephonic/audio hours toward licensure during the pandemic. The Committee agreed that they would like to advocate for additional hours beyond the 200 hours of telephonic/audio services previously requested. Ms. Hoyle indicated that she notified the Attorney General's Office about the Board's wishes to be more liberal in its allowance to use telephonic/audio hours toward licensure. Ms. Hoyle indicated that the Board could make suggestions but that the Attorney General's Office and the Secretary's Office will ultimately make the decision on the waivers.

At the last Board meeting, the Board voted not to initiate rule making on the petition requesting amendments to regulations for certified substance abuse counselors (CSAC) to clarify that they were not independent practitioners and could not separately bill for services. The Board had referred the issue back to the regulatory committee to develop guidance to clarify the law and regulations in the form of a guidance document or FAQ. At the Committee Meeting, Ms. Hoyle stated guidance document 115-11 and the Code of Virginia clearly state that CSACs cannot practice autonomously.

DMAS and DBHDS provided a presentation to the Committee on Multi-Systemic Therapy & Functional Family Therapy. The Committee discussed the programs and concluded that they appear to be appropriate for the role of a QMHP-C.

Dr. Ward indicated that DBHDS and DMAS goal in the providing the presentation was to continue to collaborate and keep the Board informed of the new enhanced behavioral health services in Virginia, which will be implemented in December 2021. Dr. Brendel thanked Ms. Ward for the information and collaboration.

Board of Health Professions Report:

Dr. Doyle provided a brief summary of the recent Board of Health Professions meeting. Dr. Doyle indicated his position on the Board of Health Professions would need to be filled after his term ends on June 30, 2021.

UNFINISHED BUSINESS:**Counselor Interstate Compact – Dr. Doyle**

Dr. Doyle indicated that over the years the issue of reciprocity, portability and endorsement have been very challenging for the counseling profession.

Dr. Doyle provided a brief summary and encouraged others to review the compact requirements, which are outlined on the <https://counselingcompact.org/> website.

Dr. Brown suggested that the Board review other health profession compacts and makes sure that the Board is comfortable with the proposed compact language.

After some discussion, Dr. Brendel indicated that he would like the Board to continue this dialogue and agreed with Dr. Tinsley's suggestion to add this to the next Regulatory Committee agenda. Dr. Brendel asked Board members to reach out to their peers groups and colleagues in order for the Board to have a detailed discussion on this issue at its May Board meeting.

Update on American Association of State Counseling Board (AASCB) Conference – Dr. Doyle

Dr. Doyle highly recommended Board members to attend the AASCB annual conference. Information on the AASCB meeting was included in the packet. Ms. Hoyle asked the Board members to let her know if they are interested in attending.

NEW BUSINESS:

Recommendations from the Regulatory Committee – Ms. Yeatts

Adoption of Final Regulations on Conversion Therapy

The Board reviewed the information in the agenda packet related to the proposed language on conversion therapy. The Regulatory Committee recommended the Board adopt the final regulations as amended. The Board voted to accept the recommendation from the Committee with ten votes in favor. Dr. Tinsley opposed and Ms. Hunt abstained from voting.

Adoption of Amendment of Resident Licensing

The Regulatory Committee recommended adopting final regulations as identical to the emergency regulations, and as written. The Board voted unanimously to accept the recommendation from the Committee.

Adoption of Amendments for Rehabilitation Providers

The Regulatory Committee recommended adopting final regulations as identical to the proposed regulations, and as written. The Board voted unanimously to accept the recommendation from the Committee.

Response to Petitions for Rulemaking

The Regulatory Committee recommended that the Board deny a petitioner's request for rule-making relating to requirements for licensure by endorsement as a professional counselor. The Board voted unanimously to accept the recommendation to deny the petition because an applicant from another state can qualify by meeting the education and experience requirements for licensure. In lieu of meeting those requirements, the Board allows an applicant to verify two years of post-licensure clinical practice as a minimum to demonstrate competency. The Board has recently reviewed its regulations for endorsement and determined that the requirement for some period of clinical practice for those applicants who do not qualify by education and experience is necessary to protect the public health and safety.

Consideration of Guidance Documents 115-4.3

The Regulatory Committee recommended reaffirming the continuance of guidance document 115-4.3. The Board voted unanimously to accept the recommendation from the Committee.

Regulations Action – Practice of Certified Substance Abuse Counselors (CSAC)

Dr. Doyle moved, which was properly seconded, to initiate Fast-Track regulations to add language to the CSAC Regulations that prohibits CSACs from directly billing for services rendered. The motion passed unanimously.

**TELEMENTAL HEALTH
NEEDS:**

Ms. Hoyle reported that the Board is in the process of hiring Dr. Stretch as an expert consultant in telemental health. Dr. Stretch will make recommends to the Board's guidance document and regulations. Dr. Stretch provided an overview of telebehavioral health definitions, issues and risks. Dr. Stretch provided a brief over view of the current movement of telehealth and regulatory trends from other states.

Board members discussed its thoughts, concerns, issues, and questions related to telehealth. Dr. Brendel stated that he would like to see the Board create regulations or guidance that is broad and malleable enough and does not confine the Board to the ever-changing technology.

Dr. Stretch will provide her recommendations at the May Board meeting.

STAFF REPORTS:**Executive Director's Report – Jaime Hoyle**

Ms. Hoyle's report was posted in the agenda packet.

Discipline Report – Jennifer Lang, Deputy Executive Director

Ms. Lang's report was posted in the agenda packet.

**Licensing Report – Charlotte Lenart, Deputy Executive Director-
Licensing**

Ms. Lenart's report was posted in the agenda packet.

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

RECOMMENDED DECISIONS: See Attachment A.

NEXT MEETING: Next scheduled Quarterly Board Meeting is May 14, 2021 at 10:00 a.m.

ADJOURN: The meeting adjourned at 12:22 p.m.

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

Jaime Hoyle, J.D
Executive Director

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, Christy Evans, 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.

Ms. Hunt 2nd the Motion and the motion passed unanimously by a roll call.

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.

RECOMMENDATIONS:**Kimberly Stanfield, QMHP-A, QMHP-C**

Registration #s: **0732001542**
 0733000029

Case # 199046

Ms. Stanfield did not appear at the board meeting. The board considered the agency subordinate's recommendation to place certain terms and conditions on Ms. Stanfield's practice as a QMHP-A and QMHP-C.

Courtney Estler, QMHP-A

Registration #: **0732005029**
Case # 202198

Ms. Estler 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.

DECISION:

Ms. Hunt 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.

**VIRGINIA BOARD OF COUNSELING
FORMAL HEARING
MINUTES
February 5, 2021**

CALL TO ORDER: Consistent with Amendment 28 to HB29 and the applicable provisions of § 2.2-3708.2 of the Freedom of Information Act, the Board of Counseling ("Board") convened a virtual formal hearing on February 5, 2021 at 12:56 pm via WebEx.

MEMBERS PRESENT: Johnston Brendel, LPC, LMFT, Chairperson
Barry Alvarez, LMFT
Jane Engelken, LPC, LSATP
Natalie Harris, LPC, LMFT
Vivian Sanchez-Jones, Citizen Member
Holly Tracy, LPC, LMFT

BOARD COUNSEL: James Rutkowski, Assistant Attorney General

STAFF PRESENT: Jamie Hoyle, Executive Director
Christy Evans, Discipline Case Specialist
Charlotte Lenart, Deputy Executive Director

COURT REPORTER: Victoria Burnside of Veteran Reporters

RESPONDENT: Athena Staik, LMFT
License #: 0717001136
Case #: 181112

WITNESSES ON BEHALF OF THE RESPONDENT: N/A

PARTIES ON BEHALF OF THE COMMONWEALTH: Emily Tatum, Adjudication Specialist, APD

WITNESSES ON BEHALF OF THE COMMONWEALTH: Kevin Wolfe, Senior Investigator, DHP

DISCUSSION: Athena Staik, LMFT appeared in person before the Board, without legal counsel, and fully discussed the allegations contained in the Notice of Formal Hearing dated January 6, 2021. The Board received evidence and sworn testimony regarding the allegations contained in the Notice.

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

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

DECISION: Upon a motion by Ms. Engelken, and duly seconded by Ms. Tracy, the Board made certain findings of fact and conclusions of law, and voted to suspend Ms. Staik's right to renew her LMFT license.

VOTE: The vote was unanimous.


ADJOURNMENT: The Board adjourned at 3:30 pm.

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



Johnston Brendel, Chairperson

02/19/2021
Date

for 

Jaime Hoyle, Executive Director

02/19/2021
Date

VIRGINIA BOARD¹⁴ OF COUNSELING
SPECIAL CONFERENCE COMMITTEE (VIRTUAL)
INFORMAL CONFERENCES – FEBRUARY 19, 2021

CALL TO ORDER: Consistent with Amendment 28 to HB29 and the applicable provisions of § 2.2-3708.2 of the Freedom of Information Act, the Committee convened a virtual meeting of a Special Conference Committee (“Committee”) of the Board of Counseling (“Board”) on February 19, 2021 at 10:07 a.m. via WebEx.

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

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Counseling
Christy Evans, Discipline and Compliance Case Manager, Board of Counseling
Emily Tatum, Adjudication Specialist, Administrative Proceedings Division

RESPONDENT: Anthony VanNess, QMHP-C Applicant
Case No.: 196833

DISCUSSION: Mr. VanNess appeared via video before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated February 25, 2020 and the Amended Notices dated June 12, 2020 and January 6, 2021.

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

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

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

ADJOURN: With all business concluded, the Committee adjourned at 10:28 a.m.


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



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

2/22/2021

Date



Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

03/02/2021

Date

VIRGINIA BOARD¹⁵ OF COUNSELING
SPECIAL CONFERENCE COMMITTEE (VIRTUAL)
INFORMAL CONFERENCES – FEBRUARY 19, 2021

CALL TO ORDER: Consistent with Amendment 28 to HB29 and the applicable provisions of § 2.2-3708.2 of the Freedom of Information Act, the Committee convened a virtual meeting of a Special Conference Committee ("Committee") of the Board of Counseling ("Board") on February 19, 2021 at 10:41 a.m. via WebEx.

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

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Counseling
Christy Evans, Discipline and Compliance Case Manager, Board of Counseling
Emily Tatum, Adjudication Specialist, Administrative Proceedings Division

RESPONDENT: **Kelly Nieman, Applicant for Licensure as a Resident in Counseling**
Case No.: 199674
Witness(es): Dr. Grace Guerrero

DISCUSSION: Ms. Nieman appeared via video before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated February 25, 2020 and the Amended Notices dated June 12, 2020 and January 11, 2021.

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

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

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee made certain findings of facts and conclusions of law and voted to approve Ms. Nieman's application for Licensure as a Resident in Counseling. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 11:56 a.m.

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

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

2/22/2021

Date

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

03/02/2021

Date

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**VIRGINIA BOARD OF COUNSELING
SPECIAL CONFERENCE COMMITTEE (VIRTUAL)
INFORMAL CONFERENCES – FEBRUARY 19, 2021**

CALL TO ORDER: Consistent with Amendment 28 to HB29 and the applicable provisions of § 2.2-3708.2 of the Freedom of Information Act, the Committee convened a virtual meeting of a Special Conference Committee ("Committee") of the Board of Counseling ("Board") on February 19, 2021 at 12:03 p.m. via WebEx.

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

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Counseling
Christy Evans, Discipline and Compliance Case Manager, Board of Counseling
Emily Tatum, Adjudication Specialist, Administrative Proceedings Division

RESPONDENT: Obiageli Okeke, Applicant for Licensure as a Professional Counselor
Case No.: 201564

DISCUSSION: Ms. Okeke appeared via video before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated July 13, 2020 and an Amended Notice dated January 11, 2021.

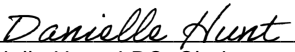
CLOSED MEETING: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee voted to convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Obiageli Okeke, Applicant for Licensure as a Professional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

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

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee made certain findings of facts and conclusions of law and voted to deny Ms. Okeke's application for Licensure as a Professional Counselor. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 1:11 p.m.

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



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

2/22/2021

Date



Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

03/02/2021

Date

VIRGINIA BOARD¹⁷ OF COUNSELING
SPECIAL CONFERENCE COMMITTEE (VIRTUAL)
INFORMAL CONFERENCES – FEBRUARY 19, 2021

CALL TO ORDER: Consistent with Amendment 28 to HB29 and the applicable provisions of § 2.2-3708.2 of the Freedom of Information Act, the Committee convened a virtual meeting of a Special Conference Committee ("Committee") of the Board of Counseling ("Board") on February 19, 2021 at 1:30 p.m. via WebEx.

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

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Counseling
Christy Evans, Discipline and Compliance Case Manager, Board of Counseling
Emily Tatum, Adjudication Specialist, Administrative Proceedings Division

RESPONDENT: Lauren Tatro, Applicant for Licensure as a Resident in Counseling
Case No.: 207942
Witness(es): Dr. Jill McNutt

DISCUSSION: Ms. Tatro appeared via video before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated January 11, 2021.

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

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

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee made certain findings of facts and conclusions of law and voted to deny Ms. Tatro's application for Licensure as a Resident in Counseling. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 2:05 p.m.


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



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

2/22/2021

Date



Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

03/02/2021

Date

VIRGINIA BOARD¹⁸ OF COUNSELING
SPECIAL CONFERENCE COMMITTEE (VIRTUAL)
INFORMAL CONFERENCES – APRIL 9, 2021

CALL TO ORDER: Consistent with Amendment 28 to HB29 and the applicable provisions of § 2.2-3708.2 of the Freedom of Information Act, the Committee convened a virtual meeting of a Special Conference Committee (“Committee”) of the Board of Counseling (“Board”) on April 9, 2021 at 10:00 a.m. via WebEx.

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

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Counseling
Christy Evans, Discipline and Compliance Case Manager, Board of Counseling
Emily Tatum, Adjudication Specialist, Administrative Proceedings Division

RESPONDENT: **Brandi Chamberlin, Applicant for licensure as a Resident in Marriage and Family Therapy**
Case No.: 207075

DISCUSSION: Ms. Chamberlin appeared via video before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated March 11, 2021.


CLOSED MEETING: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee voted to convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Brandi Chamberlin, Applicant for licensure as a Resident in Marriage and Family Therapy. Additionally, she moved that Ms. Lang and Ms. Evans attend the closed meeting because their presence would aid the Committee in its deliberations.

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

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

ADJOURN: With all business concluded, the Committee adjourned at 10:33 a.m.

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



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

04/13/2021

Date



Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

04/13/2021

Date

VIRGINIA BOARD¹⁹ OF COUNSELING
SPECIAL CONFERENCE COMMITTEE (VIRTUAL)
INFORMAL CONFERENCES – APRIL 9, 2021

CALL TO ORDER: Consistent with Amendment 28 to HB29 and the applicable provisions of § 2.2-3708.2 of the Freedom of Information Act, the Committee convened a virtual meeting of a Special Conference Committee (“Committee”) of the Board of Counseling (“Board”) on April 9, 2021 at 12:31 p.m. via WebEx.

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

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Counseling
Christy Evans, Discipline and Compliance Case Manager, Board of Counseling
Emily Tatum, Adjudication Specialist, Administrative Proceedings Division

RESPONDENT: **Nusrath Sultana, Applicant for licensure as a Resident in Counseling**
Case No.: 207069
Witness(es): Riju Raj Roy
Sadaf Ahsan, MD

DISCUSSION: Ms. Sultana appeared via video before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated March 11, 2021.

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

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

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee made certain findings of facts and conclusions of law and voted to deny Ms. Sultana's application for licensure as a Resident in Counseling. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 1:14 p.m.


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



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

04/12/2021

Date



Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

04/13/2021

Date

VIRGINIA BOARD²⁰ OF COUNSELING
SPECIAL CONFERENCE COMMITTEE (VIRTUAL)
INFORMAL CONFERENCES – APRIL 9, 2021

CALL TO ORDER: Consistent with Amendment 28 to HB29 and the applicable provisions of § 2.2-3708.2 of the Freedom of Information Act, the Committee convened a virtual meeting of a Special Conference Committee (“Committee”) of the Board of Counseling (“Board”) on April 9, 2021 at 1:29 p.m. via WebEx.

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

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Counseling
Christy Evans, Discipline and Compliance Case Manager, Board of Counseling
Jess Kelley, Adjudication Specialist, Administrative Proceedings Division

RESPONDENT: **Jacklyn Cargill, Applicant for Licensure as a Resident in Counseling**
Case No.: 208449
Witness(es): Chanelle Henderson
Bethany Lackey

DISCUSSION: Ms. Cargill appeared via video before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated March 15, 2021.

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

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

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee made certain findings of facts and conclusions of law and voted to deny Ms. Cargill's application for licensure as a Resident in Counseling. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 2:10 p.m.


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



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

04/13/2021

Date



Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

04/13/2021

Date

**VIRGINIA BOARD OF COUNSELING
DRAFT MINUTES
ADVISORY BOARD – ART THERAPY
Friday, April 23, 2021**

- 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 OFFICER:** Gretchen Graves, ATR-BC, CDATA
- ADVISORY BOARD MEMBERS PRESENT:** Brenda Bonuccelli, LCSW
Elizabeth Anne Mills, LPC, ATR-BC (attended until 12:00 p.m.)
Lelia Saadeh, LPC, ATR-BC
Holly Zajur, Citizen Member
- STAFF PRESENT:** Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Deputy Executive Director-Licensing
Sharniece Vaughn, Licensing Specialist
- OTHERS PRESENT:** Elaine Yeatts, DHP Senior Policy Analyst
- CALL TO ORDER:** Ms. Graves welcomed the Board members and staff and called the meeting to order at 10:00 a.m. After completing introductions, Ms. Hoyle indicated that with 5 members of the Advisory Board present a quorum was established.
- MISSION STATEMENT:** Ms. Hoyle read the mission statement of the Department of Health Professions, which is also the mission statement of the Advisory Board.
- APPROVAL OF THE AGENDA:** The agenda was approved as presented.
- APPROVAL OF THE MINUTES:** Ms. Mills made a motion, which was properly seconded, to approve the October 9, 2020 Advisory Board meeting minutes as presented.
- NEW BUSINESS:** **Recommendation to Adopt Proposed Regulations Governing the Practice of Professional Art Therapy – Elaine Yeatts**
Ms. Yeatts thanked Ms. Hoyle for her hard work developing the draft of regulations presented for review. Ms. Yeatts briefly

discussed the Code of Virginia and its authorization for the Board of Counseling, in consultation with the Art Therapy Advisory Board, to create regulations to set requirements for licensure, fees, requirements for renewal and standards of practice. Ms. Yeatts discussed the executive summary report from the Board of Health Professions, Notice of Intended Regulatory Action (NOIRA) notice and the comments related to the NOIRA on Virginia Regulatory Town Hall. Ms. Yeatts indicated that the comments were all in support of the Art Therapy license.

Ms. Yeatts discussed the regulatory process and the threshold for licensure which would include the requirements for an examination.

Ms. Yeatts reviewed and the Board discussed each section of the proposed draft of the Art Therapy regulations. Board members and staff made suggestion for changes.

Ms. Mills stated that she has concerns that the Art Therapy Credentials Board (ATCB) may not provide a pathway for foreign education applicants or individuals who were educated decades ago. Ms. Yeatts indicated that there were no such provisions in the Code of Virginia regarding Grandfathering. Staff will contact the Office of the Attorney General for a decision on the Board's authority to grandfather or approve persons who do not meet the proposed licensure qualifications.

Ms. Lang indicated that ATCB does have a pathway for foreign education applicants to apply for certification.

After some discussion, the Board reached a consensus to add a section related to the requirements for Art Therapy Associates to the proposed regulations.

Board staff will compile all the suggestions and thoughts from the Advisory Board and create a redraft to be sent out individually to each of the Board members for their feedback.

Ms. Graves moved, which was proper seconded, that the Advisory Board approve a consensus draft with recommendations to the Board of Counseling to adopt the proposed regulations. With four members in favor, the motion passed.

NEXT SCHEDULED MEETING: To be determined.

ADJOURNMENT: The meeting adjourned at 12:18 p.m.

Chair

Jaime Hoyle, JD
Executive Director

Date

Chairperson's Report: Quarterly Accomplishments

01/22/2021 – 05/06/2021

Board Member/ Meeting Attendance	Case Reviews	Board Service, Committees, etc.
Alvarez, Barry, LMFT 02/05/21 (Board Meeting) 02/05/21 (Formal Hearing)	<ul style="list-style-type: none"> 7 probable cause reviews 	<ul style="list-style-type: none"> Ad Hoc Committee (Telehealth)
Brendel, Johnston, Ed.D., LPC, LMFT 01/22/21 (Regulatory Committee Mtg) 02/05/21 (Board Meeting) 02/05/21 (Formal Hearing)	<ul style="list-style-type: none"> 4 probable cause reviews Credentials reviews 	<ul style="list-style-type: none"> Board Chairperson Regulatory Committee member Credentials Committee member
Doyle, Kevin, Ed.D., LPC, LSATP 01/22/21 (Regulatory Committee Mtg) 02/05/21 (Board Meeting)	<ul style="list-style-type: none"> 8 probable cause reviews 	<ul style="list-style-type: none"> Regulatory Committee Board of Health Professions – Board Member
Engelken, Jane, LPC, LSATP 02/05/21 (Board Meeting) 02/05/21 (Formal Hearing)		
Harris, Natalie, LPC, LMFT 02/05/21 (Board Meeting) 02/05/21 (Formal Hearing)		<ul style="list-style-type: none"> Special Conference Committee (Alternate)
Hunt, Danielle, LPC 02/05/21 (Board Meeting) 02/19/21 (4 Informal Conferences) 04/09/21 (3 Informal Conferences)	<ul style="list-style-type: none"> 9 probable cause reviews 7 IFC case reviews 	<ul style="list-style-type: none"> Board Vice-Chairperson Special Conference Committee-A Chairperson Ad Hoc Committee (Telehealth)
Jackson, Bev-Freda, PhD, MA, Citizen Member 02/05/21 (Board Meeting)	n/a	<ul style="list-style-type: none"> Special Conference Committee-B
Sanchez-Jones, Vivian, Citizen Member 01/22/21 (Regulatory Committee Mtg) 02/05/21 (Board Meeting) 02/05/21 (Formal Hearing)	n/a	
Stransky, Maria, LPC, CSAC, CSOTP 02/05/21 (Board Meeting) 02/19/21 (4 Informal Conferences) 04/09/21 (3 Informal Conferences)	<ul style="list-style-type: none"> 16 probable cause reviews 7 IFC case reviews 	<ul style="list-style-type: none"> Special Conference Committee-A
Tinsley, Terry, Ph.D., LPC, LMFT, CSOTP 01/22/21 (Regulatory Committee Mtg) 02/05/21 (Board Meeting)	<ul style="list-style-type: none"> 10 probable cause reviews 	<ul style="list-style-type: none"> Regulatory Committee Special Conference Committee-B Chairperson Ad Hoc Committee (Telehealth) Chairperson
Tracy, Holly, LPC, LMFT 01/22/21 (Regulatory Committee Mtg) 02/05/21 (Board Meeting) 02/05/21 (Formal Hearing)	<ul style="list-style-type: none"> 4 probable cause reviews 	<ul style="list-style-type: none"> Regulatory Committee Chairperson Special Conference Committee (Alternate) Credentials Committee member
Yancey, Tiffinee, Ph.D., LPC 02/05/21 (Board Meeting)		<ul style="list-style-type: none"> Special Conference Committee (Alternate) Ad Hoc Committee (Telehealth)

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of May 16, 2021**

Chapter		Action / Stage Information
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<p><u>Periodic review</u> [Action 5230]</p> <p>Proposed - At Governor's Office for 160 days</p>
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<p><u>Unprofessional conduct - conversion therapy</u> [Action 5225]</p> <p>Final - At Governor's Office for 26 days</p>
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<p><u>Resident license</u> [Action 5371]</p> <p>Final - Register Date: 5/24/21 Effective: 6/23/21</p>
[18 VAC 115 - 30]	Regulations Governing the Certification of Substance Abuse Counselors	<p><u>Clarification on independent practice</u> [Action 5692]</p> <p>Fast-Track - At Secretary's Office for 45 days</p>
[18 VAC 115 - 40]	Regulations Governing the Certification of Rehabilitation Providers	<p><u>Periodic review</u> [Action 5305]</p> <p>Final - At Governor's Office for 26 days</p>
[18 VAC 115 - 90]	Regulations Governing the Practice of Art Therapy (under development)	<p><u>New chapter for licensure</u> [Action 5656]</p> <p>NOIRA - Register Date: 3/1/21 Comment ended: 3/31/21</p>

**Department of Health Professions
Regulatory/Policy Actions – 2021 General Assembly**

EMERGENCY REGULATIONS:

Legislative source	Mandate	Promulgating agency	Board adoption date	Effective date Within 280 days of enactment
HB2079	Authorization for a pharmacist to initiate treatment certain drugs, devices, controlled paraphernalia, and supplies and equipment described in § 54.1-3303.1	Pharmacy	9/24/21	By 12/23/21
SB1189	Occupational therapy compact	Medicine	8/6/21	By 12/23/21

EXEMPT REGULATORY ACTIONS

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB1737	Revise autonomous practice reg consistent with 2 years	Nursing & Medicine	N – 7/20/21 M – 8/6/21	
HB1747	Licensure of CNS as nurse practitioners – Amend Chapters 30 and 40 Delete sections of Chapter 20 with reference to registration of CNS	Nursing & Medicine	N – 7/20/21 M – 8/6/21	
HB1817	Autonomous practice for CNMs with 1,000 hours	Nursing & Medicine	N – 7/20/21 M – 8/6/21	
HB1988	Changes to pharmaceutical processors	Pharmacy	7/6/21	By Sept. 1st
HB2218/SB1333	Sale of cannabis botanical products	Pharmacy	7/6/21	By Sept. 1st
HB2218/SB1333	Revision of fee schedule for pharmaceutical processors and dispensaries to cover cost of new data system	Pharmacy	TBD	
HB2039	Conform PA regs to Code	Medicine	10/14/21	
HB2220	Change registration of surgical technologists to certification	Medicine	10/14/21	
SB1178	Delete reference to conscience clause in regs for genetic counselors	Medicine	10/14/21	
SB1464	Deletion of sections of 322 with chemicals now scheduled in Code	Pharmacy	6/24/21	

APA REGULATORY ACTIONS

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
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HB1953	Licensure of certified midwives	Nursing & Medicine	NOIRA Nursing – 7/20/21 Medicine – 8/6/21	Unknown
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NON-REGULATORY ACTIONS

Legislative source	Affected agency	Action needed	Due date
HB1747	Nursing	Notification to registered certified nurse specialists that they must have a practice agreement with a physician before licensure as a nurse practitioner as of July 1, 2021	After March 31, 2021
HB793 (2018)	Medicine & Nursing	To report data on the number of nurse practitioners who have been authorized to practice without a practice agreement, the geographic and specialty areas in which nurse practitioners are practicing without a practice agreement, and any complaints or disciplinary actions taken against such nurse practitioners, along with any recommended modifications to the requirements of this act including any modifications to the clinical experience requirements for practicing without a practice agreement	November 1, 2021
HB1304/SB830 (2020)	Pharmacy	To convene a workgroup composed of stakeholders including representatives of the Virginia Association of Chain Drug Stores, Virginia Pharmacists Association, Virginia Healthcareer Association, Virginia Society of Health-System Pharmacies, and any other stakeholders that the Board of Pharmacy may deem appropriate to develop recommendations related to the addition of duties and tasks that a pharmacy technician registered by the Board may perform.	November 1, 2021
SJ49 (2020)	Department	Study of social workers and practice of social work – <i>Deferred from 2020 to 2021</i>	November 1, 2021
SB431	Behavioral health/medicine/legal	Continuance of study of mental health services to minors and access to records <i>Requested an extension of 2020 study</i>	November 1, 2021
Budget bill	Department	To study and make recommendations regarding the oversight and regulation of advanced practice registered nurses (APRNs). The department shall review recommendations of the National Council of State Boards of Nursing, analyze the oversight and regulations governing the practice of APRNs in other states, and review research on the impact of statutes and regulations on practice and patient outcomes.	November 1, 2021
HB1953	Department	To convene a work group to study and report on the licensure and regulation of certified nurse midwives, certified midwives, and certified professional	November 1, 2021

		midwives to determine the appropriate licensing entity for such professionals.	
HB1987	Boards with prescriptive authority	Revise guidance documents with references to 54.1-3303	As boards meet after July 1
HB2079	Pharmacy (with Medicine & VDH)	To establish protocols for the initiation of treatment with and dispensing and administering of drugs, devices, controlled paraphernalia, and supplies and equipment available over-the-counter by pharmacists in accordance with § 54.1-3303.1. Such protocols shall address training and continuing education for pharmacists regarding the initiation of treatment with and dispensing and administering of drugs, devices, controlled paraphernalia, and supplies and equipment.	Concurrent with emergency regulations
HB2079	Pharmacy	To convene a work group to provide recommendations regarding the development of protocols for the initiation of treatment with and dispensing and administering of drugs, devices, controlled paraphernalia, and supplies and equipment by pharmacists to persons 18 years of age or older, including (i) controlled substances, devices, controlled paraphernalia, and supplies and equipment for the treatment of diseases or conditions for which clinical decision-making can be guided by a clinical test that is classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988, including influenza virus, urinary tract infection, and group A Streptococcus bacteria, and (ii) drugs approved by the U.S. Food and Drug Administration for tobacco cessation therapy, including nicotine replacement therapy. The work group shall focus its work on developing protocols that can improve access to these treatments while maintaining patient safety.	November 1, 2021
HB2218/SB1333	Pharmacy	To work on acquisition of a new data system/analysis of costs for pharmaceutical processors	
HB2113	All boards	Revise applications to note exceptions to questions about criminal backgrounds	July 1st

Future Policy Actions:

HB2559 (2019) - requires the Secretary of Health and Human Resources to convene a work group to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid and to report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by **November 1, 2022**.

Virginia Department of Health Professions
Cash Balance
As of March 31, 2021

	<u>109 Counseling</u>
Board Cash Balance as June 30, 2020	\$ 2,083,660
YTD FY21 Revenue	471,865
Less: YTD FY21 Direct and Allocated Expenditures	<u>1,230,561</u>
Board Cash Balance as March 31, 2021	<u><u>\$ 1,324,964</u></u>

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 10900 - Counseling
 For the Period Beginning July 1, 2020 and Ending March 31, 2021

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over) Budget	
4002400	Fee Revenue				
4002401	Application Fee	333,546.00	294,600.00	(38,946.00)	113.22%
4002406	License & Renewal Fee	125,835.00	1,533,075.00	1,407,240.00	8.21%
4002407	Dup. License Certificate Fee	3,090.00	825.00	(2,265.00)	374.55%
4002409	Board Endorsement - Out	6,295.00	1,740.00	(4,555.00)	361.78%
4002421	Monetary Penalty & Late Fees	300.00	13,960.00	13,660.00	2.15%
4002430	Board Changes Fee	1,890.00	-	(1,890.00)	0.00%
4002432	Misc. Fee (Bad Check Fee)	330.00	140.00	(190.00)	235.71%
	Total Fee Revenue	471,286.00	1,844,340.00	1,373,054.00	25.55%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	579.00	-	(579.00)	0.00%
	Total Sales of Prop. & Commodities	579.00	-	(579.00)	0.00%
	Total Revenue	471,865.00	1,844,340.00	1,372,475.00	25.58%
5011110	Employer Retirement Contrib.	15,588.63	22,136.52	6,547.89	70.42%
5011120	Fed Old-Age Ins- Sal St Emp	10,944.33	13,241.23	2,296.90	82.65%
5011140	Group Insurance	1,666.00	2,051.38	385.38	81.21%
5011150	Medical/Hospitalization Ins.	17,175.00	38,112.00	20,937.00	45.06%
5011160	Retiree Medical/Hospitalizatn	1,396.35	1,714.59	318.24	81.44%
5011170	Long term Disability Ins	759.78	933.84	174.06	81.36%
	Total Employee Benefits	47,530.09	78,189.56	30,659.47	60.79%
5011200	Salaries				
5011230	Salaries, Classified	124,584.78	153,088.00	28,503.22	81.38%
5011250	Salaries, Overtime	21,551.68	-	(21,551.68)	0.00%
	Total Salaries	146,136.46	153,088.00	6,951.54	95.46%
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,750.00	-	(1,750.00)	0.00%
5011380	Deferred Compnstn Match Pmts	228.00	1,728.00	1,500.00	13.19%
	Total Special Payments	1,978.00	1,728.00	(250.00)	114.47%
5011400	Wages				
5011410	Wages, General	-	20,000.00	20,000.00	0.00%
	Total Wages	-	20,000.00	20,000.00	0.00%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	2,359.13	-	(2,359.13)	0.00%
	Total Terminatn Personal Svce Costs	2,359.13	-	(2,359.13)	0.00%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	198,003.68	253,005.56	55,001.88	78.26%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	295.00	295.00	0.00%
5012120	Outbound Freight Services	5.19	-	(5.19)	0.00%
5012140	Postal Services	7,269.92	8,232.00	962.08	88.31%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10900 - Counseling
For the Period Beginning July 1, 2020 and Ending March 31, 2021

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
5012150	Printing Services	6.00	120.00	114.00	5.00%
5012160	Telecommunications Svcs (VITA)	518.95	900.00	381.05	57.66%
5012190	Inbound Freight Services	5.46	-	(5.46)	0.00%
	Total Communication Services	7,805.52	9,547.00	1,741.48	81.76%
5012200	Employee Development Services				
5012210	Organization Memberships	1,400.00	1,400.00	-	100.00%
5012240	Employee Training/Workshop/Conf	1,175.00	-	(1,175.00)	0.00%
	Total Employee Development Services	2,575.00	1,400.00	(1,175.00)	183.93%
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	16,358.67	9,280.00	(7,078.67)	176.28%
5012440	Management Services	332.25	134.00	(198.25)	247.95%
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	16,782.92	9,894.00	(6,888.92)	169.63%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	567.63	-	(567.63)	0.00%
5012530	Equipment Repair & Maint Srvc	2,181.81	-	(2,181.81)	0.00%
5012560	Mechanical Repair & Maint Srvc	-	34.00	34.00	0.00%
	Total Repair and Maintenance Svcs	2,749.44	34.00	(2,715.44)	8086.59%
5012600	Support Services				
5012630	Clerical Services	14,095.52	110,551.00	96,455.48	12.75%
5012640	Food & Dietary Services	285.03	1,075.00	789.97	26.51%
5012660	Manual Labor Services	829.93	1,170.00	340.07	70.93%
5012670	Production Services	1,125.16	5,380.00	4,254.84	20.91%
5012680	Skilled Services	21,589.64	16,764.00	(4,825.64)	128.79%
	Total Support Services	37,925.28	134,940.00	97,014.72	28.11%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	218.88	4,979.00	4,760.12	4.40%
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	218.88	7,917.00	7,698.12	2.76%
	Total Contractual Svcs	68,057.04	163,872.00	95,814.96	41.53%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013110	Apparel Supplies	28.58	-	(28.58)	0.00%
5013120	Office Supplies	1,741.28	597.00	(1,144.28)	291.67%
	Total Administrative Supplies	1,769.86	597.00	(1,172.86)	296.46%
5013400	Medical and Laboratory Supp.				
5013420	Medical and Dental Supplies	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 March 31, 2021

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Medical and Laboratory Supp.	3.75	-	(3.75)	0.00%
5013500	Repair and Maint. Supplies				
5013510	Building Repair & Maint Materl	9.88	-	(9.88)	0.00%
5013520	Custodial Repair & Maint Matr	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	1,784.85	780.00	(1,004.85)	228.83%
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	457.77	540.00	82.23	84.77%
5015350	Building Rentals	72.00	-	(72.00)	0.00%
5015360	Land Rentals	-	60.00	60.00	0.00%
5015390	Building Rentals - Non State	8,796.75	11,275.00	2,478.25	78.02%
	Total Operating Lease Payments	9,326.52	11,875.00	2,548.48	78.54%
5015400	Service Charges				
5015470	Private Vendor Service Charges:	54.82	-	(54.82)	0.00%
	Total Service Charges	54.82	-	(54.82)	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	9,381.34	12,102.00	2,720.66	77.52%
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%
5022700	Specific Use Equipment				
5022740	Non Power Rep & Maint- Equip	2.22	-	(2.22)	0.00%
	Total Specific Use Equipment	2.22	-	(2.22)	0.00%
	Total Equipment	2,097.73	119.00	(1,978.73)	1762.80%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10900 - Counseling
For the Period Beginning July 1, 2020 and Ending March 31, 2021

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Expenditures	<u>279,324.64</u>	<u>429,878.56</u>	<u>150,553.92</u>	64.98%
	Allocated Expenditures				
20100	Behavioral Science Exec	177,702.74	230,164.99	52,462.25	77.21%
30100	Data Center	153,713.28	289,189.12	135,475.84	53.15%
30200	Human Resources	18,880.80	18,464.91	(415.89)	102.25%
30300	Finance	117,863.10	159,731.01	41,867.91	73.79%
30400	Director's Office	40,193.34	57,392.70	17,199.36	70.03%
30500	Enforcement	337,930.50	413,776.77	75,846.27	81.67%
30600	Administrative Proceedings	50,689.00	69,905.67	19,216.67	72.51%
30700	Impaired Practitioners	579.41	246.30	(333.12)	235.25%
30800	Attorney General	2,616.47	1,522.95	(1,093.52)	171.80%
30900	Board of Health Professions	33,402.14	43,200.63	9,798.48	77.32%
31100	Maintenance and Repairs	394.47	2,464.19	2,069.72	16.01%
31300	Emp. Recognition Program	115.52	1,240.91	1,125.40	9.31%
31400	Conference Center	1,248.62	357.03	(891.59)	349.72%
31500	Pgm Devlpmnt & Implmentn	15,906.53	25,731.66	9,825.13	61.82%
	Total Allocated Expenditures	<u>951,235.91</u>	<u>1,313,388.85</u>	<u>362,152.94</u>	72.43%
	Net Revenue in Excess (Shortfall) of Expenditures	<u>\$ (758,695.55)</u>	<u>\$ 101,072.59</u>	<u>\$ 859,768.14</u>	750.64%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2020 and Ending March 31, 2021

Account Number	Account Description	July	August	September	October	November	December	January	February	March	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	37,120.00	35,315.00	44,895.00	333,546.00
4002406	License & Renewal Fee	31,655.00	6,635.00	3,605.00	3,350.00	2,330.00	21,490.00	41,845.00	8,965.00	5,960.00	125,835.00
4002407	Dup. License Certificate Fee	500.00	310.00	270.00	200.00	160.00	445.00	585.00	270.00	350.00	3,090.00
4002409	Board Endorsement - Out	655.00	540.00	710.00	655.00	425.00	675.00	655.00	1,050.00	930.00	6,295.00
4002421	Monetary Penalty & Late Fees	70.00	135.00	20.00	-	50.00	-	25.00	-	-	300.00
4002430	Board Changes Fee	30.00	180.00	150.00	270.00	240.00	150.00	360.00	300.00	210.00	1,890.00
4002432	Misc. Fee (Bad Check Fee)	-	-	35.00	70.00	-	-	140.00	50.00	35.00	330.00
	Total Fee Revenue	74,685.00	50,420.00	38,470.00	38,005.00	36,145.00	54,501.00	80,730.00	45,950.00	52,380.00	471,286.00
4003000	Sales of Prop. & Commodities										
4003020	Misc. Sales-Dishonored Payments	-	-	30.00	100.00	-	-	100.00	174.00	175.00	579.00
	Total Sales of Prop. & Commodities	-	-	30.00	100.00	-	-	100.00	174.00	175.00	579.00
	Total Revenue	74,685.00	50,420.00	38,500.00	38,105.00	36,145.00	54,501.00	80,830.00	46,124.00	52,555.00	471,865.00
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	1,663.86	1,663.86	1,692.46	15,588.63
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	1,163.07	1,199.68	1,191.41	10,944.33
5011140	Group Insurance	244.58	177.24	177.24	177.24	177.24	177.24	177.24	177.24	180.74	1,666.00
5011150	Medical/Hospitalization Ins.	2,748.00	2,061.00	2,061.00	2,061.00	2,061.00	-	2,061.00	2,061.00	2,061.00	17,175.00
5011160	Retiree Medical/Hospitalizatn	208.29	148.14	148.14	148.14	148.14	148.14	148.14	148.14	151.08	1,396.35
5011170	Long term Disability Ins	112.58	80.70	80.70	80.70	80.70	80.70	80.70	80.70	82.30	759.78
	Total Employee Benefits	7,090.26	5,343.14	5,320.89	5,293.27	5,255.35	3,243.56	5,294.01	5,330.62	5,358.99	47,530.09
5011200	Salaries										
5011230	Salaries, Classified	18,368.79	13,228.08	13,228.08	13,228.08	13,228.08	13,228.08	13,228.08	13,358.53	13,488.98	124,584.78
5011250	Salaries, Overtime	2,118.12	2,999.27	2,708.62	2,347.80	1,851.64	2,061.80	2,336.45	2,683.39	2,444.59	21,551.68
	Total Salaries	20,486.91	16,227.35	15,936.70	15,575.88	15,079.72	15,289.88	15,564.53	16,041.92	15,933.57	146,136.46
5011340	Specified Per Diem Payment	-	-	500.00	50.00	500.00	100.00	50.00	200.00	350.00	1,750.00

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2020 and Ending March 31, 2021

Account Number	Account Description	July	August	September	October	November	December	January	February	March	Total
5015340	Equipment Rentals	55.74	48.70	48.70	5.39	97.40	48.70	55.74	-	97.40	457.77
5015350	Building Rentals	-	-	-	24.00	-	24.00	-	-	24.00	72.00
5015390	Building Rentals - Non State	1,017.55	1,035.69	993.79	944.67	1,002.28	943.87	936.64	984.15	938.11	8,796.75
	Total Operating Lease Payments	1,073.29	1,084.39	1,042.49	974.06	1,099.68	1,016.57	992.38	984.15	1,059.51	9,326.52
5015400	Service Charges										
5015470	Private Vendor Service Charges:	9.48	-	-	-	-	-	-	23.04	22.30	54.82
	Total Service Charges	9.48	-	-	-	-	-	-	23.04	22.30	54.82
	Total Continuous Charges	1,082.77	1,084.39	1,042.49	974.06	1,099.68	1,016.57	992.38	1,007.19	1,081.81	9,381.34
5022000	Equipment										
5022170	Other Computer Equipment	-	-	2,085.29	(37.66)	47.88	-	-	-	-	2,095.51
	Total Computer Hrdware & Software	-	-	2,085.29	(37.66)	47.88	-	-	-	-	2,095.51
5022740	Non Power Rep & Maint- Equip	-	-	-	-	-	-	2.22	-	-	2.22
	Total Specific Use Equipment	-	-	-	-	-	-	2.22	-	-	2.22
	Total Equipment	-	-	2,085.29	(37.66)	47.88	-	2.22	-	-	2,097.73
	Total Expenditures	58,155.28	28,395.89	29,120.69	27,685.58	27,184.14	23,350.42	26,158.37	26,536.72	32,737.55	279,324.64
	Allocated Expenditures										
20100	Behavioral Science Executive Director	26,920.61	18,119.38	18,231.79	18,978.75	19,116.55	17,400.62	19,673.35	19,906.30	19,355.42	177,702.74
20200	Opt/Vet-Med/ASLP Executive Director	-	-	-	-	-	-	-	-	-	-
20400	Nursing / Nurse Aide	-	-	-	-	-	-	-	-	-	-
20600	Funeral/LTCA/PT Executive Director	-	-	-	-	-	-	-	-	-	-
30100	Technology and Business Services	22,025.55	15,899.77	17,409.86	15,924.23	11,911.16	22,998.82	25,540.26	10,980.64	11,022.97	153,713.28
30200	Human Resources	95.06	98.59	119.34	17,248.66	166.47	308.69	325.81	260.39	257.79	18,880.80
30300	Finance	15,997.14	11,749.75	12,482.00	19,420.14	6,159.16	12,045.49	13,231.33	13,465.05	13,313.04	117,863.10
30400	Director's Office	5,859.39	4,163.95	4,206.24	4,145.45	4,740.85	3,984.87	4,687.94	4,227.71	4,176.94	40,193.34

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2020 and Ending March 31, 2021

Account Number	Account Description	July	August	September	October	November	December	January	February	March	Total
30500	Enforcement	45,714.92	32,052.29	33,366.91	34,223.15	38,373.02	35,291.96	42,109.60	37,338.47	39,460.18	337,930.50
30600	Administrative Proceedings	11,614.02	7,892.78	1,817.53	9,061.40	6,668.88	4,700.53	2,020.77	6,590.60	322.49	50,689.00
30700	Health Practitioners' Monitoring Program	71.77	480.06	3.81	4.99	4.27	4.01	3.20	3.23	4.08	579.41
30800	Attorney General	1,258.57	-	-	358.08	-	-	999.82	-	-	2,616.47
30900	Board of Health Professions	4,710.69	2,811.61	5,116.44	2,586.44	5,581.23	2,336.34	2,975.95	4,455.13	2,828.30	33,402.14
31000	SRTA	-	-	-	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	394.47	-	-	-	-	-	-	394.47
31300	Employee Recognition Program	-	6.34	-	-	2.07	1.32	-	90.33	15.45	115.52
31400	Conference Center	3.47	16.60	124.92	(3.38)	(12.38)	(249.94)	4.16	351.34	1,013.83	1,248.62
31500	Program Development and Implementation	2,270.42	1,447.50	1,780.37	1,367.16	1,968.53	2,031.47	1,992.44	1,568.60	1,480.04	15,906.53
	Total Allocated Expenditures	136,541.61	94,738.61	95,053.68	123,315.06	94,679.82	100,854.17	113,564.63	99,237.79	93,250.54	951,235.91
	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)	\$ (58,893.00)	\$ (79,650.51)	\$ (73,433.09)	\$ (758,695.55)

Discipline Reports

01/22/2021 - 05/06/2021

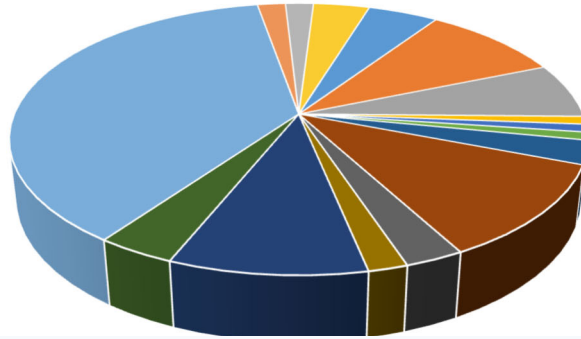
NEW CASES RECEIVED IN BOARD 01/22/2021 - 05/06/2021				
	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	112	42	35	189

OPEN CASES (as of 05/06/2021)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	80	76	4	
Scheduled for Informal Conferences	14	4	1	
Scheduled for Formal Hearings	6	1	0	
Other (pending CCA, PHCO, hold, etc.)	33	6	8	
Cases with APD for processing (IFC, FH, Consent Order)	5	5	16	
TOTAL CASES AT BOARD LEVEL	138	92	29	259
OPEN INVESTIGATIONS	84	40	12	136
TOTAL OPEN CASES	222	132	41	395

UPCOMING CONFERENCES AND HEARINGS	
Informal Conferences	Conferences Held: February 1, 2021 (Agency Subordinate) February 19, 2021 (Special Conference Committee) April 9, 2021 (Special Conference Committee) Scheduled Conferences: June 21, 2021 (Agency Subordinate) June 25, 2021 (Special Conference Committee)
Formal Hearings	Hearings Held: February 5, 2021 Scheduled Hearings: After scheduled board meetings, as needed

CASES CLOSED (01/22/2021 - 05/06/2021)	
Closed – no violation	78
Closed – undetermined	13
Closed – violation	6
Credentials/Reinstatement – Denied	7
Credentials/Reinstatement – Approved	3
TOTAL CASES CLOSED	107

Closed Case Categories



■ Abuse/Abandonment/Neglect (5)	■ Application (10)	■ Business Practice Issues (7)	■ Compliance (1) 1 violation
■ Confidentiality (1)	■ Continuing Education (1) 1 violation	■ Criminal Activity (3) 2 violations	■ Diagnosis/Treatment (12) 1 violation
■ Fraud, non-patient care (3)	■ Fraud, patient care (2)	■ Inability to Safely Practice (10)	■ Inappropriate Relationship (4) 1 violation
■ No jurisdiction (40)	■ Records Release (2)	■ Scope of Practice (2)	■ Unlicensed Activity (4)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	149
Avg. time in Enforcement (investigations)	77
Avg. time in APD (IFC/FH preparation)	85
Avg. time in Board (includes hearings, reviews, etc).	67
Avg. time with board member (probable cause review)	12



LICENSING REPORT

As of May 27, 2021

Satisfaction Survey Results
3rd Quarter – 93.6%

Total as of April 1, 2021

Current Licenses	
Certified Substance Abuse Counselor	1,940
Substance Abuse Trainee	1,967
Substance Abuse Counseling Assistant	276
Licensed Marriage and Family Therapist	955
Marriage & Family Therapist Resident	127
Licensed Professional Counselor	7,102
Resident in Counseling	2,486
Substance Abuse Treatment Practitioner	330
Substance Abuse Treatment Residents	9
Rehabilitation Provider	175
Qualified Mental Health Prof-Adult	7,590
Qualified Mental Health Prof-Child	6,060
Trainee for Qualified Mental Health Prof	4,896
Registered Peer Recovery Specialist	333
Total	34,246



Licenses, Certifications and Registrations Issued

Applications Received	January 2021	February 2021	March 2021
Certified Substance Abuse Counselor	7	3	10
Substance Abuse Trainee	11	26	18
Certified Substance Abuse Counseling Assistant	3	1	5
Licensed Marriage and Family Therapist	11	1	9
Marriage & Family Therapist Resident	1	3	1
Pre-Education Review for LMFT	0	0	0
Licensed Professional Counselor	57	58	84
Resident in Counseling	51	76	77
Pre-Education Review for LPC	5	5	1
Substance Abuse Treatment Practitioner	2	3	9
Substance Abuse Treatment Residents	0	0	1
Pre-Education Review for LSATP	0	0	0
Rehabilitation Provider	0	2	3
Qualified Mental Health Prof-Adult	61	53	33
Qualified Mental Health Prof-Child	34	42	19
Trainee for Qualified Mental Health Prof	159	143	140
Registered Peer Recovery Specialist	8	7	8
Total	410	423	418



Additional Information:

- **Staffing Information:**

- The Board currently has three full time and three part-time staff members to answer phone calls, emails and to process applications across all licensure, certification and registration types.

- **Renewals:**

- Each licensee, certificate holder and registrant (except for the resident licensees and CRP certification holders) are required to renew by June 30, 2021. Individuals are required to complete their continuing education requirements for the 2020 and 2021 by June 30, 2021. Staff has updated the [Renewal FAQs](#) and created a [Renewal Explanation Chart](#) to provide detailed information on the renewal requirements.
- CSAC and CSAC-A's are required to complete continuing education for the first time in 2021.

State of Telehealth in the U.S.

Presented by

Dr. LoriAnn Stretch, LCMHC-S (NC), LPC (VA), ACS, NCC, BC-TMP
Paragon Counseling & Consulting, PLLC

to the

Virginia Board of Counseling

Regulatory Committee – May 14, 2021

Full Board – May 21, 2021

Correspondence concerning this report should be addressed to LoriAnn Stretch, Paragon Counseling & Consulting, PLLC, 4601 Noland Blvd., Williamsburg, VA 23188. Email: LStretchLPC@gmail.com.

Executive Summary

At the request of the Virginia Board of Counseling, a review of national telemental health guidelines, ethical standards, legal regulations, and best practices for the purpose of developing recommendations for a revised practice guidance document for licensees under the Board of Counseling was conducted. A brief history of telehealth, definitions, the methods of review, a summary of the findings, and recommendations to the Board of Counseling have been provided in this report. Fourteen key standards of telehealth were identified through this comprehensive review and recommendations for each are provided. The key standards are

1. Appropriate Intake and Screening
2. Informed consent
3. Disclosures
4. Counseling Relationship/Boundaries
5. Client Verification
6. Confidentiality
7. Standards of Care
8. Scope of Practice
9. Documentation
10. Virtual Presence
11. Training and Competence
12. Current Technology
13. Professionalism
14. Multiculturalism

State of Telehealth in the U.S.

History

While an emerging modality in mental health, technology has been used for medical services for at least a couple of centuries. In 1879, the *Lancet* published an article about the impact telephones could have on improving medical access (Aronson, 1977). During the mid-1950s, Drs. Cecil Wittson and Reba Benschoter at the University of Nebraska pioneered several telemedicine innovations, including two-way closed-circuit television systems (Schleicher, 2015). In the 1950s, Dr. Carl Rogers began his pioneering work with using telephone and television technologies to counsel clients and train and supervise counselors-in-training. In fact, he has been referred to as the Father of Telebehavioral Health or Telepsychiatry (Stretch, 2020). The American Telemedicine Association formed in 1993, and California had the first telemedicine law in 1996 (Stretch, 2021). Two federal agencies are leaders in the utilization of telehealth. The National Aeronautics and Space Administration (NASA, 2020) began using telehealth in the 1950s and a project with Russia resulted in the first recorded medical use of the Internet. The Veterans Administration (2020) implemented telehealth in the 1960s and has consistently been on the forefront of telehealth development.

With the development of the Internet in the 1990s, telehealth exploded, and regulatory boards began to realize the need for regulations to protect the public. However, progress was slow to keep up with the demand for telehealth and the changes in technology. Everything changed with the onset of the COVID-19 public health emergency in March 2020. In July 2020, Health and Human Services noted that less than one percent (0.1%) of primary care visits in February 2020 were via telehealth as compared to over forty percent (43.5%) in April 2020. The

COVID-19 public health emergency has expedited the acceptance and utilization of telehealth by lawmakers, health professionals, and clients (HHS, 2020), as well as the need for clear and consistent regulations to protect the public.

Resource: <https://www.genpsych.com/post/an-illustrated-history-of-telemedicine-from-1879-to-the-future>

Definitions

In an initial review of current telehealth and telemedicine laws and regulations in the U.S., thirty-eight different definitions of telehealth emerged. In addition, the jurisdictions utilized eight different terms, including telehealth services, telehealth, teletherapy, technology-assisted counseling, telemedicine, distance counseling, distance professional services, and telepractice. The most common terms were “telehealth” and “telemedicine,” with telehealth referring to behavioral or non-medical services and telemedicine referring to medical services. For the purpose of this review, telehealth services “means the use of telecommunications and information technology to provide access to health assessments, diagnosis, intervention, consultation, supervision, and information across distance. ‘Telehealth services’ includes the use of such technologies as telephones, facsimile machines, electronic mail systems, store-and-forward technologies, and remote patient monitoring devices that are used to collect and transmit patient data for monitoring and interpretation” (Virginia's Legislative Information System, 2020).

Method

This review focused on four primary sources of telehealth policy: codes of ethics, regulatory board guidance documents, regulations, and laws. The review had five phases. The first phase consisted of a comprehensive review of seven behavioral health codes of ethics and two sets of telehealth guidelines from professional associations, including the following:

- American Association for Marriage and Family Therapy (AAMFT, 2015)
- American Counseling Association (2014)
- American Mental Health Counselors Association (AMHCA, 2020)
- American Psychological Association (2013, 2017)
- Association of Social Work Boards (2014)
- NAADAC and NCC AP (2016)
- National Association of Social Workers (2017)
- National Board for Certified Counselors (2012)

Fourteen course standards (see Table 1) emerged from the ethical review and will be the core areas addressed in the results. Appendix A - Key Standards by Ethical Code/Professional Telehealth Guidelines cross references the ethical codes and professional telehealth guidelines with the key standards listed in Table 1.

Table 1 – Key Practice Standards of Telehealth

1. Appropriate Intake and Screening	2. Scope of Practice
3. Informed Consent	4. Documentation
5. Disclosures	6. Virtual Presence
7. Counseling Relationship/Boundaries	8. Training and Competence
9. Client Verification	10. Current Technology
11. Confidentiality	12. Professionalism
13. Standards of Care	14. Multiculturalism

The second phase assessed fifteen (15) regulatory board guidelines, thirty-four (36) administrative codes, thirty-three (35) legal statutes, and two (2) executive orders from all fifty states and the District of Columbia. Appendix B – Key Standards by State provides a snapshot of the state of telemental health law across the U.S. The third phase reviewed the websites of the regulatory boards with responsibility for oversight of professional counseling for any information related to telehealth. The fourth phase examined four telehealth related databases: Aleldade (2020), the Center for Connected Health Policy (2021), Telehealth Certification Institute (2021), and Epstein Becker Green (2020). The final step of the review was a search of Google Scholar, ERIC, and PubMed for telehealth articles from 2017 to current day utilizing the following keywords: telehealth, history of telehealth, telehealth + law, telehealth + legal, and technolog* + counsel*. The goal of the article search was to identify any additional regulatory guidance or mention of other professional standards related to telehealth. Since

federal laws are already applicable to providers licensed in the Commonwealth, these were excluded from this review.

Results

Appropriate Intake and Screening

The ethical codes and professional standards, as well as legal content from sixteen states, highlighted the importance of appropriate intake and screening. Most notably, all professional associations noted the importance of service providers assessing the appropriateness of telehealth for the client based on the client's intellectual, emotional, physical, and linguistic ability to fully utilize the technologies. AMHCA (2020), APA (2013), and ASWB (2015) also required or encouraged an in-person meeting for the initial assessment of fit.

Informed Consent

Thirty-five states require informed consent at the commencement of therapy and/or for the disclosure of client identifying information. Informed consent is the client's acknowledgement of disclosures shared by the counselor and their agreement to engage in a therapeutic relationship via telehealth. Informed consent should be obtained upon the initial contact with the client once the provider has ascertained that the client can provide consent. Each of the ethical codes and professional standards agree that informed consent should be obtained from the client after the client has received the required disclosures regarding telehealth, which will be covered in the next section, and that informed consent is an ongoing process throughout the therapeutic relationship.

Disclosures

Twenty-eight states require disclosures specific to telehealth. Similarly, the ethical codes and professional standards identify specific information that providers should disclose so that clients can provide informed consent. These disclosures are specific to telehealth considerations and are in addition to the general disclosures expected in an in-person therapeutic relationship.

- Provider's credentials for both counseling and telehealth, location, and contact information;
- Types of services available;
- Risks, limitations, and benefits of telehealth modality;
- Technology requirements and recommendations (equipment, network, security, etc.);
- Alternate means of communication should technology fail;
- Who else may have access to communications and session content;
- Anticipated response time and preferred mode of communication;
- Limits of and threats to confidentiality;
- Documentation requirements, including retention and destruction;
- Emergency resources local to client and emergency protocol;
- Social media and relationship policy;
- Potential insurance coverage of telehealth sessions (as applicable);
- Time zone differences;
- Verification process for provider and client;
- Prohibition of recording and distributing session content without mutual consent;

- Cultural and linguistic considerations; and
- Licensure portability across state lines and scope of practice requirements.

Counseling Relationship/Boundaries

Several aspects of the counseling relationship are unique to telehealth. The client and the provider may have greater access to each other's personal worlds while engaging in telehealth and the boundaries between personal and professional can become blurred in the virtual world. Seven states provide guidance on counseling relationship specific to telehealth. As such, providers should establish clear boundaries in relation to availability, response time, and the nature of the counseling relationship (ACA, 2014; NAADAC, 2016). Providers should address communication challenges in telehealth to reduce the opportunities for misunderstanding (ACA, 2014; ASWB, 2015). Providers should not seek testimonial endorsements from current or past clients (APA, 2017; NASW, 2017).

Client Verification

Six of the ethical codes (ACA, 2014; APA, 2013; ASWB, 2015; NASW, 2017; NBCC, 2012; NAADAC, 2016) stressed the importance of verifying a client's identity while engaging in telehealth. Likewise, nineteen states now have requirements related to client verification. Providers should have a written verification policy and procedure in place to ensure all communications are with the client. In addition, the ASWB (2015) noted the importance of verifying the location of the client when engaging in telehealth to verify jurisdiction and in case emergency services are necessary.

Confidentiality

All the ethical codes and professional standards address confidentiality of communication and documentation. About half the states (n=25) have requirements specific to the confidentiality in telehealth. The professional associations note the importance of utilizing technology that adhere to the best practices of security particularly in relation to encryption. In general, providers should take reasonable efforts to protect client information. When a breach occurs, the provider should disclose the nature of the breach and be responsive to rectifying the security issues that resulted in the breach (AMHCA, 2020; ASWB, 2015; NASW, 2017; NAADAC, 2016).

Standards of Care

Twenty-three states require providers utilize current standards of care that are appropriate for the client's treatment while using telehealth. Three professional associations address standards of care for telehealth in their ethical codes (AAMFT, 2015; AMCHA, 2020; APA, 2013). Providers should utilize an evidence-informed approach to telehealth and stay current with best practices for providing mental health services via telehealth. Standards of care also include providing referral for follow-up care and knowing the local crisis/emergency resources local to each client (AMHCA, 2020; APA, 2013).

Scope of Practice

Scope of practice is an area with significant variety across the country. Forty-seven states and the District of Columbia specify licensing requirements for providing telehealth within the boundaries of each state. While some ethical codes, such as AAMFT (2015), simply direct the provider to follow applicable laws, other ethical codes provide more specific guidance.

There are currently four possible ways for determining if a counselor is eligible from a jurisdictional perspective to provide services to a client:

1. Is the counselor licensed where the client is located (AMHCA, 2020; ASWB, 2015)?
2. Is the counselor licensed in both the counselor's location and the client's place of residence (ACA, 2014)?
3. Is the counselor licensed where the client resides (APA, 2013)?
4. Is the counselor licensed in both the counselor's location and where the client is located (NASW, 2017; NBCC, 2012; NAADAC, 2016)?

Documentation

Thirty states require some form of documentation related to telehealth. The professional associations agree that the provider should document informed consent in response to the required disclosures. Several ethical codes indicate any communication with a client should be maintained within the client's electronic record. APA (2013) also indicates that the technology used with the client should be documented, and ASWB (2015) requires providers inform clients of their right to examine their records.

Virtual Presence

Most ethical codes indicate that providers need to develop and disclose a social media policy, in relation to online reviews, friend or linking requests, communicating with clients, etc. Providers who have a virtual presence on social media or who maintain a website should provide links to certification and licensure boards to assist clients in verifying credentials and filing complaints (ACA, 2014; NAADAC, 2016). In addition, providers should clearly distinguish between personal and professional virtual presence (ACA, 2014; AMHCA, 2020; APA, 2013;

ASWB, 2015; NASW, 2017). Providers should also avoid searching client's virtual presence unless given consent by the client or in the case of an emergency (ACA, 2014; AMHCA, 2020; ASWB, 2015; NASW, 2017). Surprisingly, only four states currently have specific guidance for virtual presence, but most states use either the ACA (2014) or NBCC (2012) codes, both of which have guidance related to virtual presence.

Training and Competence

Telehealth is a constantly emerging modality for mental health services. As such, providers of telehealth must actively engage in ongoing training to achieve and maintain competence. Each of the ethical codes and professional standards stress the importance of specialized competence for engaging in telehealth. Several of the ethical codes note providers should acquire enough training prior to engaging in telehealth (AAMFT, 2015; AMHCA, 2020; APA, 2017; NASW, 2017; NBCC, 2012). There is no specific ethical guidance on what constitutes sufficient training. Currently, only a few states have specific training requirements, and only five states specify the amount of training: Louisiana (3 hours), Alaska (4 hours), Georgia (6 hours), Alabama (15 hours), and Kentucky (15 hours).

Current Technology

As rapidly as telehealth technologies change, it is not surprising that thirty-three states require providers utilize current technology capable of meeting privacy law standards. Four of the ethical codes noted that providers should stay current with technology and ensure that the technologies utilized comply with applicable privacy laws (AAMFT, 2015; AMHCA, 2020; NBCC, 2012; NAADAC, 2016). Providers need to utilize consistent, reliable, and secure technologies to provide quality care to clients (AAMFT, 2015; AMHCA, 2020; NAADAC, 2016).

Professionalism

Only five states provide specific guidance regarding professionalism; however, many of the other states have codified the ACA (2014) Code of Ethics, which includes clear expectations of professional behavior. AMHCA (2020) notes that providers should utilize an ethical decision-making model to ensure continuity of care. APA (2017) and ASWB (2015) caution providers to be intentional and accurate in public communications in any form. ASWB (2015) and NASW (2017) stress the importance of professional communication with clients and peers as well as efforts to correct or stop inaccurate information or unethical behavior via technology.

Multiculturalism

Five states include multicultural considerations, including disability, that providers should consider while engaging in telehealth. ACA (2014), AMHCA (2020), ASWB (2015), and NASW (2107) address the importance of providing culturally appropriate services when engaging in telehealth. Ultimately, providers need to assess the implications of disability, language, emotional well-being, cultural, environmental, and age when providing mental health services via telehealth.

Recommendations

The Virginia Board of Counseling, to be referred to as the “Board,” regulates “the practice of counseling, substance abuse treatment, and marriage and family therapy” (Virginia Legislature, 2010, § 54.1-3503). The 2010 Code of Virginia establishes the Board and the scope of the Board’s work. In the statute, the Board should “stay abreast of community and professional needs” and “ensure that licensees conduct their practices in a competent manner and in conformance with the relevant regulations” (Virginia Legislature, 2010, § 54.1-3503).

This review of telehealth service law, regulation, and guidance demonstrates that specialized training and standards of practice need to be in place for the Board to fulfill its regulatory duty to protect the “best interest of the public” (Virginia Board of Counseling, 2019, 18VAC115-20-130).

The Board has established regulations, which “regardless of the delivery method, whether in person, by phone or electronically...apply to the practice of counseling” (Virginia Board of Counseling, 2019, 18VAC115-20-130). Currently, the Standards of Practice (Virginia Board of Counseling, 2019, 18VAC115-20-130) regulate seven of the fourteen key standards of telehealth at least in part. The regulations are enforceable and there are consequences for failing to uphold the Standards of Practice. The current *Guidance on Technology-Assisted Counseling and Technology-Assisted Supervision* (Virginia Board of Counseling, 2020), however, is simply guidance and does not have the force and effect of law as regulations do. The Board’s guidance document, while helpful to counselors and supervisors, only provides insight into the Board’s policy and approach regarding four key standards of telehealth addressed in the guidance document. Therefore, additional regulations would strengthen the Board’s ability to regulate counseling and protect the public. The proposed additional regulations are

1. Intake and Appropriate Assessment. Persons licensed by this board will assess clients to determine the client’s readiness to engage intellectually, emotionally, physically, linguistically, and functionally with technology for the purpose of telehealth services and will verify that each client understands the purpose, risks, and operation of any technology to be used in the delivery of telehealth services.

2. Disclosures. Persons licensed by this board will inform the clients about the use of telehealth, verbally and in writing, to include
 - a. Provider's credentials, location, and contact information;
 - b. Types of services available;
 - c. Risks, limitations, and benefits of telehealth modality;
 - d. Technology requirements and recommendations (equipment, network, security, etc.);
 - e. Alternate means of communication should technology fail;
 - f. Who else may have access to communications and session content;
 - g. Anticipated response time and preferred mode of communication;
 - h. Limits of and threats to confidentiality;
 - i. Documentation requirements, including retention and destruction;
 - j. Emergency resources local to client and emergency protocol;
 - k. Social media and relationship policy;
 - l. Potential insurance coverage of telehealth sessions (as applicable);
 - m. Time zone differences;
 - n. Verification process for provider and client;
 - o. Prohibition of recording and distributing session content without mutual consent;
 - p. Cultural and linguistic considerations; and
 - q. Licensure portability across state lines and scope of practice requirements.

3. Informed consent. Persons licensed by this board will obtain oral or written informed consent from clients in a language understandable to the client at the onset of telehealth services and will explain that the client may end telehealth services at any time and request in-person counseling services or a referral for in-person counseling services. Informed consent is understood to be an ongoing process. Informed consent will be documented in the client's record. If the client is a minor, consent will be obtained from the minor's legal guardian, and where appropriate, assent will be obtained from the minor.
4. Counseling Relationship and Boundaries. Persons licensed by this board will explain and establish professional boundaries with each client regarding the appropriate use and limitations of technology within the counseling relationship.
5. Client Verification: Persons licensed by this board will verify the client's identity through a government issued identification and will have verification procedures through passwords or identification throughout the delivery of telehealth services. Persons licensed by this board will verify the client's location each time telehealth services are provided and will seek and disclose an alternate means of communication with the client in case of technical failure or emergency.
6. Standards of Care. Persons licensed by this board will maintain an emergency plan with the client to include contact information of emergency services local to the client's location.
7. Confidentiality. Persons licensed by this board will abide by current privacy laws and regulations related to health care information and the client's right to access their

records. Persons licensed by this board will utilize best practices of telehealth services to ensure client confidentiality and the security of all transmissions of protected health information.

8. Standards of Care. Persons licensed by this board will use standards of care specific to telehealth services that are appropriate to a client's developmental level, intellectual and linguistic abilities, mental and physical needs, and treatment goals. The standards of care must at a minimum be consistent with the standards of care for in-person counseling services.
9. Scope of Practice. Persons providing telehealth services to clients located in the Virginia must be licensed in the Commonwealth of Virginia. Persons licensed by this board serving clients outside Virginia should verify the regulations of the state board who has jurisdiction where the client is located.
10. Documentation. Persons licensed by this board will create and maintain a record for each client that documents informed consent, disclosures provided, an emergency plan with contacts local to the client, client verification, session notes, treatment plan, assessment results, communications with the client, and termination. Records will be stored in accordance with state and federal retention regulations and best practices. Clients must know how to access their clinical records.
11. Virtual Presence. Persons licensed by this board who maintain a virtual presence will clearly distinguish between personal and professional presence and maintain a social media policy. Persons licensed by this board who maintain a website will provide working electronic links to relevant certification and licensure boards to ensure clients

can verify credentials and protect their rights. Persons licensed by this board will not use electronic search engines or social media to gather information about clients without the client's signed, written consent. Clients must have full disclosure of how the information gathered will be used before giving consent.

12. Current Technology. When providing telehealth services, persons licensed by this board may use two-way interactive audio, visual, or audio-visual technologies that utilize current encryption standards. Persons licensed by this board should provide consistent, secure access to technologies to provide continuity of care.

13. Training and Competence: Persons licensed by this board will limit their telehealth services to their areas of competence achieved through education, training, and supervision. At a minimum, persons licensed by this board will document six (6) hours of training specific to telehealth services before commencing telehealth services and two (2) hours minimum of continuing education with each licensure renewal to maintain current competency.

14. Multiculturalism. Persons licensed by this board will account for cultural, linguistic, and accessibility considerations that may impact the effectiveness and quality of telehealth services.

Table 2 – Key Standards Currently Addressed

State	Appropriate Intake and Screen	Informed Consent	Disclosures	Counseling Relationship/ Boundaries	Client Verification	Confidentiality	Standards of Care	Scope of Practice	Documentation	Virtual Presence	Training and Competence	Current Technology	Professionalism	Multiculturalism
Virginia		X	X		X	X	X	X	X		X	X	X	X
18VAC115-20-130. Standards of practice.		C.4.	B.7., B.9			C.4.	B.3., B.4., B.6., B.10.		B.5., C.1., C.2., C.5.a.- c.		B.2., B.12		B.8., B.11., B.13., D.1. – 4., F.	
Guidelines on Technology-Assisted Counseling (C) and Technology-Assisted Supervision (S)						C-2, 3		C-4			C-3		C-5	

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Appendix A

Key Standards by Ethical Code/Professional Telehealth Guidelines

	Appropriate Intake and Screen	Informed Consent	Disclosures	Counseling Relationship/Boundaries	Client Verification	Confidentiality	Standards of Care	Scope of Practice	Documentation	Virtual Presence	Training and Competence	Current Technology	Professionalism	Multiculturalism
American Association for Marriage and Family Therapy (AAMFT, 2015)	X	X	X	X		X	X	X	X		X	X		X
American Counseling Association (ACA, 2014)	X	X	X	X	X	X	X	X	X	X	X			X
American Mental Health Counselors Association (AMHCA, 2015)	X	X	X			X	X	X	X	X	X	X	X	X
American Psychological Association (APA, 2013)	X	X	X	X		X	X	X	X	X	X			
American Psychological Association (APA, 2017)	X	X	X	X		X	X	X	X	X	X		X	X
Association of Social Work Boards (ASWB, 2014)	X	X	X	X	X	X		X	X	X	X		X	X
NAADAC and NCC AP (NAADAC, 2016)	X	X	X	X	X	X		X	X	X	X	X		
National Association of Social Workers (NASW, 2017)	X	X	X	X	X	X		X	X	X	X	X	X	X
National Board for Certified Counselors (NBCC, 2012)	X	X	X	X	X	X		X	X	X	X	X		

Appendix B
Key Standards by State

State	Appropriate Intake and Screen	Informed Consent	Disclosures	Counseling Relationship/Boundaries	Client Verification	Confidentiality	Standards of Care	Scope of Practice	Documentation	Virtual Presence	Training and Competence	Current Technology	Professionalism	Multiculturalism
Alabama		X	X	X				X				X		
Alaska						X		X						
Arizona		X	X		X	X		X	X			X		
Arkansas	X	X	X	X		X	X	x	X			X		
California	X	X	X		X	X		X	X			X		
Colorado	X	X	X		X			X				X		
Connecticut		X	X				X	X	X			X		
Delaware		X	X		X	X	X	X	X	X	X	X		
DC								X						
Florida	X	X				X	X	X	X			X		
Georgia		X	X					X			X	X		
Hawaii						X		X	X					
Idaho	X	X	X		X	X	X	X	X		X	X		
Illinois							X	X				X		
Indiana		X	X	X	X		X	X	X					
Iowa		X	X			X		X				X		
Kansas		X		X			X	X	X			X		
Kentucky	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Louisiana	X	X	X	X	X	X	X	X	X	X	X	X		X
Maine			X			X		X	X					
Maryland	X	X	X		X	X	X	X	X			X		
Massachusetts		X	X		X	X	X	X	X		X		X	

State	Appropriate Intake and Screen	Informed Consent	Disclosures	Counseling Relationship/ Boundaries	Client Verification	Confidentiality	Standards of Care	Scope of Practice	Documentation	Virtual Presence	Training and Competence	Current Technology	Professionalism	Multiculturalism
Michigan		X						X				X		
Minnesota														
Mississippi								X			X	X		
Missouri		X		X		X		X	X			X		
Montana	X						X							
Nebraska		X	X					X	X					
Nevada								X				X		
New Jersey		X	X		X		X	X	X			X		
New Mexico								X	X					
New York		X						X				X		
North Carolina	X	X	X		X	X	X	X	X		X	X	X	
North Dakota								X						
Ohio	X	X	X		X	X	X	X	X	X	X	X		X
Oklahoma						X		X				X		
Oregon	X	X	X					X	X					X
Pennsylvania		X	X		X		X	X	X			X		
Rhode Island		X	X			X			X					
South Carolina		X			X		X	X	X			X		
South Dakota		X	X		X		X	X	X		X			
Tennessee	X		X		X	X		X	X			X		
Texas	X	X						X	X					
Utah	X	X					X	X				X		
Vermont		X					X	X	X			X		
Virginia		X	X		X	X	X	X	X		X	X	X	X
Washington						X		X						

State	Appropriate Intake and Screen	Informed Consent	Disclosures	Counseling Relationship/ Boundaries	Client Verification	Confidentiality	Standards of Care	Scope of Practice	Documentation	Virtual Presence	Training and Competence	Current Technology	Professionalism	Multiculturalism
West Virginia	X	X	X		X	X	X	X			X	X		
Wisconsin		X				X		X						
Wyoming						X		X					X	

State of Telehealth in the U.S.

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(VA), ACS, NCC, BC-TMP

Paragon Counseling & Consulting, PLLC



The Task

- A comprehensive review
- National telemental health guidelines, ethical standards, legal regulations, and best practices
- For the purpose of developing recommendations for a revised practice guidance document for licensees

- Telehealth Subject Matter Expert and Author
- Past Regulatory Board Chair
- Paralegal Training and Legislative Experience

History of Telehealth

1870s - Present

The Lancet – 1879
Telephone and Radio

University of Nebraska
Dr. Carl Rogers
Federal Agencies

Internet
American Telemedicine
Association
First Telemedicine Law
COVID-19

Definitions



Telehealth - behavioral or non-medical services provided via technology



Telemedicine - medical services provided via technology



Telehealth services “means the use of telecommunications and information technology to provide access to health assessments, diagnosis, intervention, consultation, supervision, and information across distance. ‘Telehealth services’ includes the use of such technologies as telephones, facsimile machines, electronic mail systems, store-and-forward technologies, and remote patient monitoring devices that are used to collect and transmit patient data for monitoring and interpretation” (Virginia's Legislative Information System, 2020)

The Method



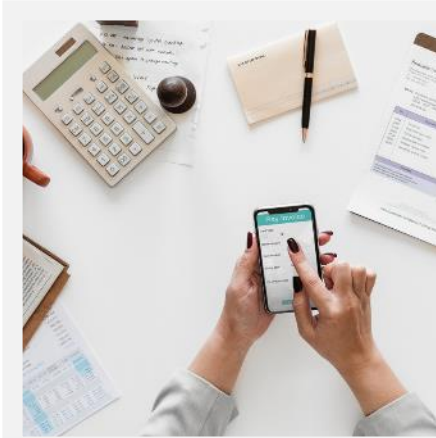
Ethical Codes

Seven professional codes
and two guidelines



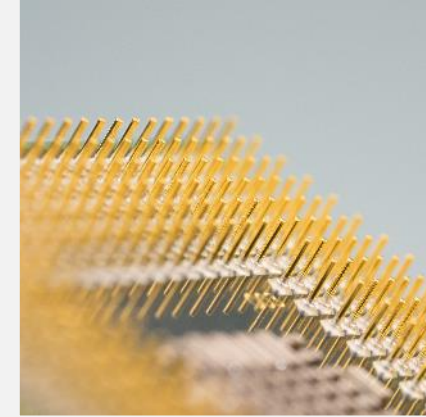
Legal

15 Regulatory board
guidelines, 36
Administrative Codes, 35
legal statutes, and two
executive orders



Regulatory Boards

51 regulatory board
websites



Databases

Four telehealth-specific
databases



Best Practices

Article search and review
using three databases
(2017 – 2021)



Key Standards

Fourteen course standards emerged from the review and will be the core areas addressed in the results.

Appropriate Intake and Screening	Scope of Practice
Informed Consent	Documentation
Disclosures	Virtual Presence
Counseling Relationship/Boundaries	Training and Competence
Client Verification	Current Technology
Confidentiality	Professionalism
Standards of Care	Multiculturalism

Recommendations

Intake and Appropriate Assessment

- Determine the client's readiness to engage intellectually, emotionally, physically, linguistically, and functionally with technology
- Verify that each client understands the purpose, risks, and operation of any technology

Disclosures

- Verbal and in writing
- Sample, full list in report:
 - Provider's credentials, location, and contact information;
 - Types of services available;
 - Risks, limitations, and benefits of telehealth modality;
 - Technology requirements and recommendations

Informed Consent

- Written or Oral
- Option for in-person
- Document consent
- Minors

Recommendations

Counseling Relationship and Boundaries

- Explain and establish professional boundaries
- Appropriate use and limitations of technology within the counseling relationship

Client Verification

- Verify the client's identity through a government issued identification
- Verification procedures through passwords or identification
- Verify the client's location
- Alternate means of communication

Standards of Care

- Maintain an emergency plan
- Contact information of emergency services local to the client's location

Recommendations

Confidentiality

- Abide by current privacy laws and regulations related to health care information and the client's right to access their records
- Utilize best practices of telehealth services to ensure client confidentiality and the security of all transmissions

Standards of Care

- Specific to telehealth services that are appropriate to a client's developmental level, intellectual and linguistic abilities, mental and physical needs, and treatment goals
- Minimum be consistent with the standards of care for in-person counseling services

Scope of Practice

- Persons providing telehealth services to clients located in the Virginia must be licensed in the Commonwealth of Virginia
- Verify the regulations of the state board who has jurisdiction where the client is located

Recommendations

Documentation

- Create and maintain a record for each client that documents informed consent, disclosures provided, an emergency plan with contacts local to the client, client verification, session notes, treatment plan, assessment results, communications with the client, and termination
- Retention and access

Virtual Presence

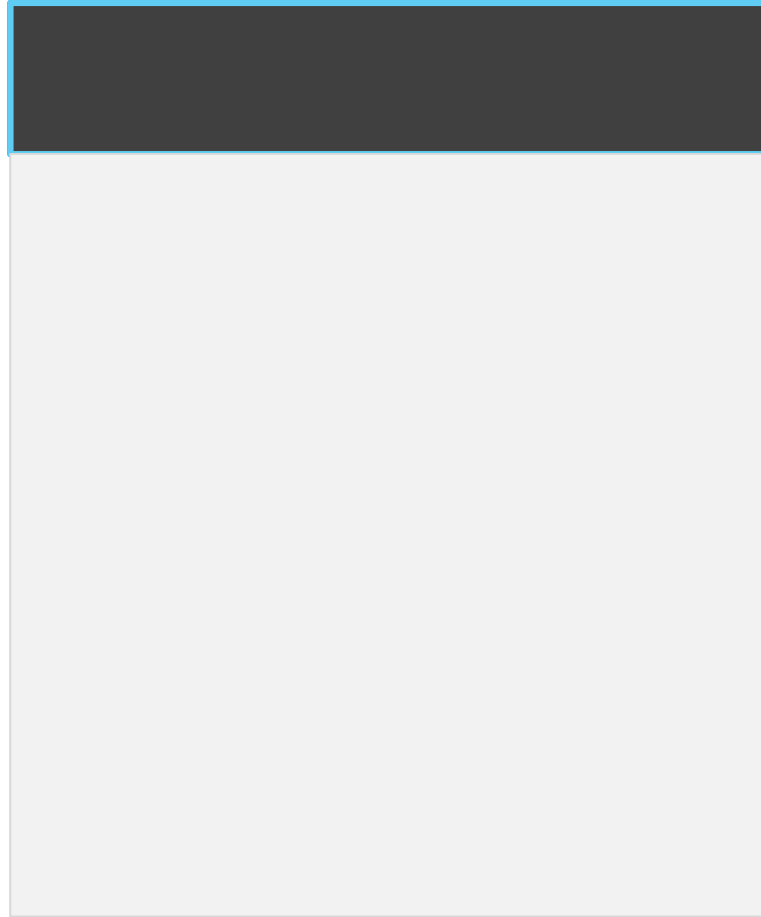
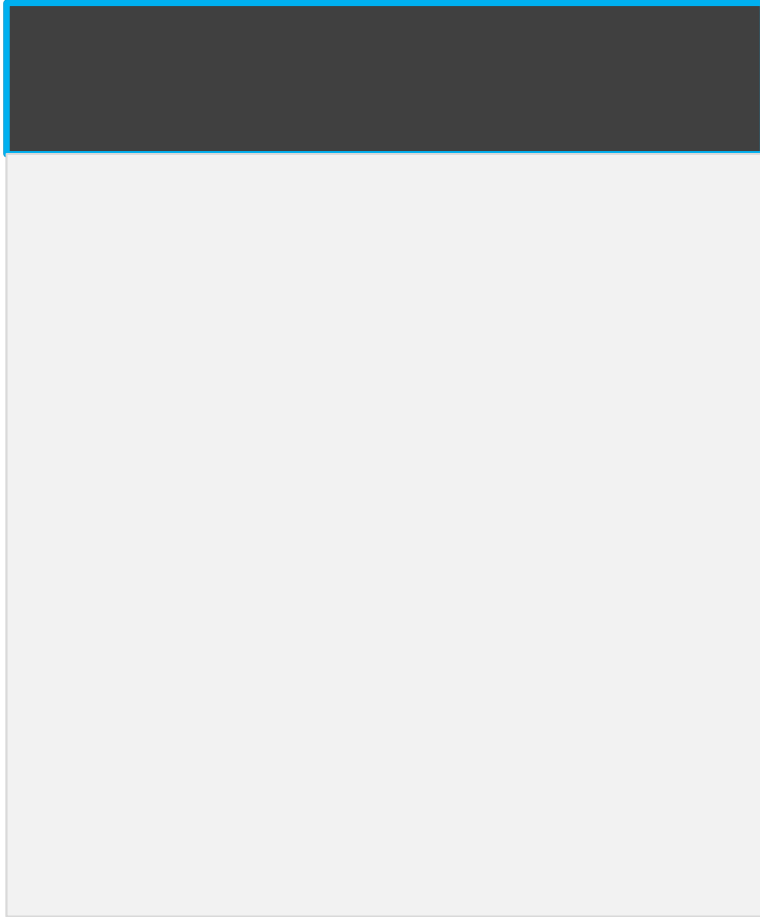
- Clearly distinguish between personal and professional presence and maintain a social media policy
- Working electronic links to relevant certification and licensure boards
- Do not use electronic search engines or social media to gather information about clients

Current Technology

- Use two-way interactive audio, visual, or audio-visual technologies that utilize current encryption standards
- Consistent and intentional


Recommendations


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Questions?

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