Virginia Department of Health Professions
Board of Counseling

Agenda

Regulatory Committee Meeting
July 14, 2023
9960 Mayland Dr, Board Room 3
10:00 a.m.

Call to Order – Gerard Lawson, Ph.D, LPC, LSATP, Committee Chairperson

- Welcome and Introductions
- Mission of the Committee/Evacuation Instructions……Page 2

Approval of Agenda

Approval of Minutes

- Regulatory Committee Meeting – May 4, 2022* …….. Page 5

Public Comment

The Committee 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. **……**Page 29

Unfinished Business

- Regulatory Advisory Panel (RAP) follow-up discussion
  - Discussion of possible regulatory and statutory changes to the Regulation of Qualified Mental Health Professionals (QMHPs)* (*Presentation and handouts at the Committee meeting*)

New Business – Matt Novak, Department of Health Professions, Policy and Economic Analyst

- Board of Counseling Regulatory Actions……Page 51
- Consideration of Petition for Rulemaking regarding supervisors for QMHP-Trainees and independent practice*……..Page 52
- Consideration of Petition for Rulemaking to License QMHPs……Page 59

Next Meeting

- Regulatory Committee Meeting – October 6, 2023

Meeting Adjournment

*Requires a Committee Vote.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 2.2-3707(F).

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.

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

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Board Room 1

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Board Room 2

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Board Rooms 3 and 4

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Training Room 1

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Training Room 2

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Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Virginia Department of Health Professions
Board of Counseling

Virginia Board of Counseling
Regulatory Committee Meeting Minutes
Thursday, May 4, 2023, at 1:00 p.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 2

PRESIDING OFFICER:	Gerard Lawson, Ph.D., LPC, LSATP
COMMITTEE MEMBERS:	Johnston Brendel, Ed.D., LPC, LMFT Terry Tinsley, Ph.D., LPC, LMFT, CSOTP Angela Charlton, Ph.D., LPC
BOARD STAFF PRESENT:	Anne Atkinson, Executive Assistant Sandy Cotman, Licensing Program Manager, QMHP Jaime Hoyle, JD, Executive Director Jennifer Lang, Deputy Executive Director Charlotte Lenart, Deputy Executive Director Dalyce Logan, Licensing Specialist for CSAC and LSATP Brenda Maida, Licensing Program Manager
DHP STAFF PRESENT	Erin Barrett, JD, Director of Legislative and Regulatory Affairs, DHP Matt Novak, Policy Analyst, DHP
CALL TO ORDER:	Dr. Lawson called the Regulatory Committee meeting to order at 1:02 p.m.
ESTABLISHMENT OF A QUORUM:	Dr. Lawson requested Ms. Lenart confirm a quorum. Ms. Lenart then announced with five members 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 Committee and Board. She also reviewed the Emergency egress.
ADOPTION OF AGENDA:	The meeting agenda was adopted as presented.
APPROVAL OF MINUTES:	The draft meeting minutes from the Regulatory Committee Meeting held on July 22, 2022, were approved as written.
PUBLIC COMMENT:	There were no public comments.
PUBLIC ATTENDEES:	Denise Daly Conrad, Director of Strategic Initiatives, Virginia Healthcare Foundation
UNFINISHED BUSINESS:	Dr. Lawson asked committee members and staff about their takeaways from the Regulatory Advisory Panel (RAP) meeting held on March 3, 2023. Ms. Barrett stated that she did not come away from the meeting with any defined action plans for the Board. Dr. Brendel stated that the RAP illuminated the complexities and differences in perspective from the

stakeholders on the current QMHP situation. He agreed with Mr. Barrett that the meeting did not provide a pathway to a solution to address the current concerns regarding QMHPs. Dr. Lawson stated the providers were very motivated to loosen up the supervision and education qualification while the Board members were simultaneously worried about how the loosing of the requirements would affect the most vulnerable population. The Committee agreed that there was no immediate solution, and more meetings or discussions were needed to develop a plan to address the needs in the community while balancing the Boards mission to protect the public.

The Committee discussed the possibility of making the requirements different for exempt and nonexempt settings. Nonexempt settings would include community services boards. Ms. Barrett stated that typically Boards cannot set different requirements or treat a certain group of providers differently unless the General Assembly passes such law.

Dr. Lawson indicated that it may be time for the Board to produce a plan that implements the stakeholders' thoughts while making sure the public is protected.

Ms. Hoyle suggested that the Board be prepared and have a plan for potential legislation and regulatory changes to address the concerns of the stakeholders. Ms. Barrett and Ms. Hoyle discussed the Governor's initiative Right Help. Right Now. and its role to generate legislation to help address the behavioral health crisis.

The Committee discussed the possibility of expanding the human service degrees but also had concerns that degrees suggested, such as sociology, focused on understanding society instead of helping individuals. The Committee agreed that they were all concerned about lessening the supervision requirements.

The Committee and staff also discussed the need for a scope of practice for QMHPs and required training prior to providing services. Additionally, Dr. Lawson recommended that the Committee and staff look at other state models.

The Committee discussed the need for another RAP meeting. Staff will need to schedule the next RAP meeting before or in place of the Regulatory meeting scheduled for Friday, July 14, 2023.

The Committee tabled the discussion on reinstatement for licensed residents and the need for active/inactive status for licensed residents.

NEW BUSINESS: **Regulatory and Legislative Report**

Ms. Barrett reviewed exempt regulatory changes to allow agency subordinates to hear credential cases.

Ms. Barrett reviewed the emergency regulations to implement provisions of the Counseling Compact. The Committee reviewed the proposed regulations changes. The Committee requested that Ms. Barrett add a practitioner definition for clarification. (Attachment A)

Motion:
Dr. Charlton moved, which was properly seconded, to recommend to the Board to adopt the Emergency Regulations language for the Compact with minor changes. The motion passed unanimously.

Preliminary CSAC discussion regarding the need for regulatory changes and changes to the FAQs

Ms. Lenart requested the Committee's help in defining each of the thirteen course content areas. The Committee agreed to help. Ms. Lenart will follow up with the Committee via email.

Ms. Lenart also proposed that the Board look at a process to reduce the requirements and/or streamline the process for individuals licensed by the Board or other mental health boards. The Committee agreed with this suggestion. Board staff will work on proposed language.

Ms. Lenart discussed how the Virginia Community Colleges have developed certificate or associate degree programs that address and meet the didactic training for CSAC-A and CSACs. Staff suggested that we look at ways to incentivize applicants to obtain the didactic training in substance abuse from community college programs. The Committee requested information on curriculums so that the Committee could consider the proposed regulations.

Additionally, the Ms. Lenart discussed the possibility of changes to the regulations to allow Supervisees to take the examination while they are gaining hours toward CSAC certification.

The Committee also discussed the need for alternative ways to allow applicants to apply by endorsement.

Right Help. Right Now.
Ms. Hoyle reported on Right Help. Right Now. initiatives including the discussion on universal licensure, reciprocity, compact and endorsement differences. Ms. Barrett explained universal licensure will make Virginia non-compliant with the compact.

NEXT MEETING: Dr. Lawson announced that either the Regulatory Advisory Panel or the Regulatory Committee will meet on Friday, July 14, 2023, at the Department of Health Professions.

ADJOURNMENT: Mr. Lawson adjourned the May 4, 2023, Regulatory Meeting at 2:54 p.m.

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Gerard Lawson PhD, LPC, LSATP, Committee Chair

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Jaime Hoyle, JD, Executive Director

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF PROFESSIONAL COUNSELING

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-20-10 et seq.

Statutory Authority: §§ 54.1-2400 and Chapter 35 of Title 54.1 of the *Code of Virginia*

Revised Date: August 18, 2021

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Part I. General Provisions.

18VAC115-20-10. Definitions.

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

"Board"

"Counseling"

"Professional counselor"

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

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

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

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

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

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

“Compact” means the Counseling Compact.

“Compact privilege” means a legal authorization, which is equivalent to a license, permitting the practice of professional counseling in a remote state.

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

"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 A of the Code of Virginia.

"CORE" means Council on Rehabilitation Education.

“Counseling Compact Commission” or “commission” means the national administrative body whose membership consists of all states that have enacted the compact.

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

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

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

"Home state" means the member state of the Compact that is the licensee's primary state of residence.

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

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

"Member state" means a jurisdiction of the United States that has implemented the Compact and is considered a participant by the Compact Commission.

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

"Practitioner" means an individual who holds a license to practice professional counseling, a license to practice as a resident in counseling, or a compact privilege to practice professional counseling in Virginia.

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

"Remote state" means a member state of the Compact other than the home state where the licensee is exercising or seeking to exercise the privilege to practice.

"Residency" means a postgraduate, supervised, clinical experience.

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

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

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

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

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

Initial licensure by examination: Application processing and initial licensure as a professional counselor	$175
Initial licensure by endorsement: Application processing and initial licensure as a professional counselor	$175
Application for initial compact privilege	$50
Annual renewal for compact privilege	$50
Application and initial licensure as a resident in counseling	$65
Pre-review of education only	$75
Duplicate license	$10
Verification of licensure to another jurisdiction	$30
Active annual license renewal for a professional counselor	$130
Inactive annual license renewal for a professional counselor	$65
Annual renewal for a resident in counseling	$30
Late renewal for a professional counselor	$45
Late renewal for a resident in counseling	$10
Reinstatement of a lapsed license for a professional counselor	$200
Reinstatement following revocation or suspension	$600
Replacement of or additional wall certificate	$25
Returned check or dishonored credit or debit card	$50

B. All fees are nonrefundable.

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

18VAC115-20-30. (Repealed.)

18VAC115-20-35. Sex offender treatment provider certification.

Anyone licensed by the board who is seeking certification as a sex offender treatment provider shall adhere to the Regulations Governing the Certification of Sex Offender Treatment Providers, 18VAC125-30-10 et seq.

Part II
Requirements for Licensure As a Professional Counselor

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

Every applicant for licensure examination by the board shall:

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

2. Pass the licensure examination specified by the board;

3. Submit the following to the board:

a. A completed application;

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

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

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

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

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

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

18VAC115-20-41 Compact privilege to practice professional counseling

To obtain a compact privilege to practice professional counseling in Virginia, a licensed professional counselor in a member state shall comply with the rules adopted by the Counseling Compact Commission in effect at the time of application.

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

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

1. A completed application;

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

3. Verification of all mental health or health professional licenses or certificates ever held in any other jurisdiction. In order to qualify for endorsement the applicant shall have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;

4. Documentation of having completed education and experience requirements as specified in subsection B of this section;

5. Verification of a passing score on an examination required for counseling licensure in the jurisdiction in which licensure was obtained;

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

7. An affidavit of having read and understood the regulations and laws governing the practice of professional counseling in Virginia.

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

1. Educational requirements consistent with those specified in 18VAC115-20-49 and 18VAC115-20-51 and experience requirements consistent with those specified in 18VAC115-20-52;

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

a. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials; and

b. Evidence of post-licensure clinical practice in counseling, as defined in § 54.1-3500 of the Code of Virginia, for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical counseling services or clinical supervision of counseling services; or

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

18VAC115-20-49. Degree program requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice counseling as defined in § 54.1-3500 of the Code of Virginia, is offered by a college or university accredited by a regional accrediting agency, and meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare counselors as documented by the institution;

2. There must be an identifiable counselor training faculty and an identifiable body of students who complete that sequence of academic study; and

3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Programs that are approved by CACREP or CORE are recognized as meeting the requirements of subsection A of this section.

C. Graduates of programs that are not within the United States or Canada shall provide documentation from an acceptable credential evaluation service that provides information that allows the board to determine if the program meets the requirements set forth in this chapter.

18VAC115-20-50. [Expired].

18VAC115-20-51. Coursework requirements.

A. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate study in the following core coursework with a minimum of three semester hours or 4.0 quarter hours in each of subdivisions 1 through 12 of this subsection:

1. Professional counseling identity, function, and ethics;

2. Theories of counseling and psychotherapy;

3. Counseling and psychotherapy techniques;

4. Human growth and development;

5. Group counseling and psychotherapy theories and techniques;

6. Career counseling and development theories and techniques;

7. Appraisal, evaluation, and diagnostic procedures;

8. Abnormal behavior and psychopathology;

9. Multicultural counseling theories and techniques;

10. Research;

11. Diagnosis and treatment of addictive disorders;

12. Marriage and family systems theory; and

13. Supervised internship of at least 600 hours to include 240 hours of face-to-face client contact. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours.

B. If 60 graduate hours in counseling were completed prior to April 12, 2000, the board may accept those hours if they meet the regulations in effect at the time the 60 hours were completed.

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

A. Resident license. Applicants for temporary licensure as a resident in counseling shall:

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

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

3. Pay the registration fee;

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

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

B. Residency requirements.

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

a. Assessment and diagnosis using psychotherapy techniques;

b. Appraisal, evaluation, and diagnostic procedures;

c. Treatment planning and implementation;

d. Case management and recordkeeping;

e. Professional counselor identity and function; and

f. Professional ethics and standards of practice.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Supervisory responsibilities.

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

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

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

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

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

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

18VAC115-20-60. (Repealed.)

Part III
Examinations

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

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

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

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

D. A resident shall remain in a residency practicing under supervision until the resident has passed the licensure examination and been granted a license as a professional counselor.

18VAC115-20-80. (Repealed.)

18VAC115-20-90. (Repealed.)

Part IV
Licensure Renewal; Reinstatement

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

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

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

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

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

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

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

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

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

D. In order to renew a compact privilege to practice in Virginia, the compact privilege holder shall comply with the rules adopted by the Counseling Compact Commission in effect at the time of the renewal.

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

~~E.~~ F. Practice with an expired license or compact privilege is prohibited and may constitute grounds for disciplinary action.

18VAC115-20-105. Continued competency requirements for renewal of a license.

A. Licensed professional counselors shall be required to have completed a minimum of 20 hours of continuing competency for each annual licensure renewal. A minimum of two of these hours shall be in courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia.

B. The board may grant an extension for good cause of up to one year for the completion of continuing competency requirements upon written request from the licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing competency requirement.

C. The board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

D. Those individuals dually licensed by this board will not be required to obtain continuing competency for each license. Dually licensed individuals will only be required to provide the hours set out in subsection A of this section, subsection A of 18VAC115-50-95 in the Regulations Governing the Practice of Marriage and Family Therapy, or subsection A of 18VAC115-60-115 in the Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners.

E. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of counseling services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

F. A professional counselor who was licensed by examination is exempt from meeting continuing competency requirements for the first renewal following initial licensure.

18VAC115-20-106. Continuing competency activity criteria.

A. Continuing competency activities must focus on increasing knowledge or skills in one or more of the following areas:

1. Ethics, standards of practice, or laws governing behavioral science professions;
2. Counseling theory;
3. Human growth and development;

4. Social and cultural foundations;

5. The helping relationship;

6. Group dynamics, processing, and counseling;

7. Lifestyle and career development;

8. Appraisal of individuals;

9. Research and evaluation;

10. Professional orientation;

11. Clinical supervision;

12. Marriage and family therapy; or

13. Addictions.

B. Approved hours of continuing competency activity shall be one of the following types:

1. Formally organized learning activities or home study. Activities may be counted at their full hour value. Hours shall be obtained from one or a combination of the following board-approved, mental health-related activities:

a. Regionally accredited university or college level academic courses in a behavioral health discipline.

b. Continuing education programs offered by universities or colleges.

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state, or local governmental agencies or licensed health facilities and licensed hospitals.

d. Workshops, seminars, conferences, or courses in the behavioral health field offered by an individual or organization that has been certified or approved by one of the following:

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

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

(3) The American Association of State Counseling Boards.

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

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

(6) The Commission on Rehabilitation Counselor Certification.

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

(8) National Association of Social Workers.

(9) National Board for Certified Counselors.

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

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

(12) The American Association of Pastoral Counselors.

2. Individual professional activities.

a. Publication/presentation/new program development.

(1) Publication of articles. Activity will count for a maximum of eight hours. Publication activities are limited to articles in refereed journals or a chapter in an edited book.

(2) Publication of books. Activity will count for a maximum of 18 hours.

(3) Presentations. Activity will count for a maximum of eight hours. The same presentations may be used only once in a two-year period. Only actual presentation time may be counted.

(4) New program development. Activity will count for a maximum of eight hours. New program development includes a new course, seminar, or workshop. New courses shall be graduate or undergraduate level college or university courses.

b. Dissertation. Activity will count for a maximum of 18 hours. Dissertation credit may only be counted once.

c. Clinical supervision/consultation. Activity will count for a maximum of 10 hours. Continuing competency can only be granted for clinical supervision/consultation received on a regular basis with a set agenda. Continuing competency cannot be granted for supervision provided to others.

d. Leadership. Activity will count for a maximum of eight hours. The following leadership positions are acceptable for continuing competency credit: officer of state or national counseling organization; editor and/or reviewer of professional counseling journals; member of state counseling licensure/certification board; member of a national counselor certification board; member of a national ethics disciplinary review committee rendering licenses; active member of a counseling committee producing a substantial written product; chair of a major counseling conference or convention; or other leadership positions with justifiable professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first licensure.

e. Practice related programs. Activity will count up to a maximum of eight hours. The board may allow up to eight contact hours of continuing competency as long as the regulant submits proof of attendance plus a written justification of how the activity assists him in his direct service of his clients. Examples include language courses, software training, and medical topics, etc.

18VAC115-20-107. Documenting compliance with continuing competency requirements.

A. All licensees are required to maintain original documentation for a period of two years following renewal.

B. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.

C. Upon request, a licensee shall provide documentation as follows:

1. To document completion of formal organized learning activities, the licensee shall provide:

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

2. Documentation of home study shall be made by identification of the source material studied, summary of content, and a signed affidavit attesting to completion of the home study.

3. Documentation of individual professional activities shall be by one of the following:

a. Certificates of participation;

b. Proof of presentations made;

c. Reprints of publications;

d. Letters from educational institutions or agencies approving continuing education programs;

e. Official notification from the association that sponsored the item writing workshop or continuing education program; or

f. Documentation of attendance at formal staffing by a signed affidavit on a form provided by the board.

D. Continuing competency hours required by a disciplinary order shall not be used to satisfy renewal requirements.

18VAC115-20-110. Late renewal; reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC115-20-20 as well as the license renewal fee prescribed for the year the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person who fails to renew a license after one year or more and wishes to resume practice shall apply for reinstatement, pay the reinstatement fee for a lapsed license, submit verification of any mental health license he holds or has held in another jurisdiction, if applicable, and provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) documentation of continued competency hours equal to the number of years the license has been inactive not to exceed a maximum of 80 hours; and (iii) verification of any mental health license he holds or has held in another jurisdiction, if applicable. The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

18VAC115-20-120. (Repealed.)

Part V
Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement

18VAC115-20-130. Standards of practice.

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

B. ~~Persons licensed or registered by the board~~ Practitioners shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

F. ~~Persons licensed by the board~~ Practitioners shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in

his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent, or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

18VAC115-20-140. Grounds for revocation, suspension, probation, reprimand, censure, or denial of renewal of license.

A. Action by the board to revoke, suspend, deny issuance or renewal of a license or compact privilege, or take disciplinary action may be taken in accordance with the following:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of professional counseling, or any provision of this chapter;

2. Procurement of a license or compact privilege, including submission of an application or supervisory forms, by fraud or misrepresentation;

3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients or to the public, or if one is unable to practice counseling with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition;

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

5. Performance of functions outside the demonstrable areas of competency;

6. Failure to comply with the continued competency requirements set forth in this chapter;

7. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of counseling, or any part or portion of this chapter; or

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

B. Following the revocation or suspension of a license or compact privilege, the ~~licensee~~ practitioner may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.

18VAC115-20-150. Reinstatement following disciplinary action.

A. Any person whose license or compact privilege has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of licensure or compact privilege.

B. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in subsection A of this section.

Joseph G. Lynch
3549 Majestic Circle
Broadway, VA 22815

June 1, 2023

Virginia Board of Counseling
Dr. Johnston Brendel, LPC, LMFT, Chairperson
Perimeter Center 300
9960 Mayland Drive, Suite

Henrico, Virginia 23233-1463

Re: Public Comment Opposed To
Petition 383- QMHP Supervisor Qualifications and Independent Practice

Dear Dr Brendel:

I am writing to you to make Public Comment opposed to Petition 383- *QMHP Supervisor Qualifications and Independent Practice*. The original petition requested the Board of Counseling to consider both items but was revised into two separate petitions, *Petition #382 License QMHPs* and *Petition # 383 QMHP Supervision Qualifications.* My comments in this letter are directed toward *Petition # 383 QMHP Supervision Qualifications (*See copy attached #1).

Specifically, the Petitioner Request:

> *"…that Qualified Mental Health Professionals (QMHPs) who are dually registered, Child and Adult, who were grandfathered in, who hold a Master's or higher in Social Work, Human Services or Psychology and more than 10 years professional work experience in mental/behavioral health should be considered qualified supervisors for QMHP-T's.".*

The petitioner notes that there are QMHP's with Master's degrees and many years of experience in providing QMHP services. Furthermore, the petitioner suggests that this qualifies them to provide supervision to QMHP Trainees. I acknowledge that there are skilled and experienced QMHP's that were grandfathered into the requirement for QMHP's to be Registered. However, the petitioner neglects to recognize the specific and clear intent of the General Assembly was to establish the Registration of QMHP's in order to add **increased accountability**. The Department of Health Professions on June 14, 2019, submitted an *Agency Background Statement*, to the Virginia Regulatory Town Hall that defined the purpose for the QMHP regulations. Below is the section on Statement of Purposes for the QMHP regulations (See attached "Agency Background Statement" pages 1-5 attached #2)

Statement of Purpose

This regulation is the result of collaborative efforts by DHP, DBHDS, DMAS, private providers, and other licensing boards to address concerns about the use of unlicensed and unregistered persons in the provision of services to clients and the ***lack of accountability for those services****.*
DBHDS has been working with DHP to make titles and definitions for mental health professionals more consistent with licensure and certification under health regulatory boards, but there remained a large group of "qualified" mental health professionals who have no such oversight. ***The intent of the regulation was to establish a registry of QMHPs, so there is some accountability*** *for their practice and a listing of qualified persons for the purpose of reimbursement by DMAS.*

The purpose of the registration is to address concerns jointly expressed by DHP, DBHDS, and DMAS about the lack of oversight and accountability *for persons who are providing mental health, but who are not responsible to a health regulatory board with authority to take disciplinary action. By requiring a person who works as a QMHP in a program approved by DBHDS, to be registered by the Board of Counseling, persons who have been disciplined and removed from the registry would no longer be able to be employed in that capacity.* ***The purpose is greater protection for the public and a reduction in the incidents of abuse and fraud in Medicaid-funded programs.***
(See attached Agency Background Statement, submitted June 14, 2019- pages 1-5 attached #2)

The requirement for the QMHP to be supervised by a *"licensed mental health professional"* is a critical component of that accountability. The definitions for QMHP's are in *Chapter 35 of Title 54.1 of the Code of Virginia* (See below and attached #3).

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

The Board of Counseling does not have the authority to change the language selected by the Virginia General Assembly for the definitions of QMHP. The Board of Counseling replicated the Code of Virginia definitions in the QMHP regulations. That is a little unusual. The trend now is to not repeat in regulations language that is already in the Code of Virginia. If you look at the regulations for Professional Counselors, it refers the reader back to the Code of Virginia for definitions of words that are defined in the Code. Below is a copy of that part of the regulations:

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

The mission of the Board of *Counseling "…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…"* One way that the Board implements this mission statement is through the disciplinary process. The Board of Counseling website has a page called "Case Decisions." This page lists the most recent Case Decisions that the Board of Counseling has made as part of the disciplinary process. This page also allows the visitor to select a date range to see the Case Decisions the Board of Counseling has made in that date range. Looking at the Case Decisions for the dates January 1, 2018, to March 31, 2023, (See attached #4) includes the time that the QMHP began and goes up to March 31st, 2023 (the most recent DHP Quarterly report). The DHP also provides Quarterly Reports on all the health regulatory boards. Examining the same time period, it shows ***that in just 6 years the QMHP has become the largest group regulated by the Board of Counseling (20,302). All the other groups regulated by the Bboard of Counseling combined (18,489) equal less than the number of QHMP's .*** (See attached Current Count of Licenses #5 and formatted by group #6).

The Case Decisions information 2018-2023 (March 31st) has 282 entries and is listed by date of the case decision. It would not be accurate to say that 282 licensees had actions against their license. One licensee may have several case decisions listed that are all part of the actions taken by the Board on that specific case and license (For an explanation of the Case Decision list see attached *Note on Case Decision*, #7)

The Case Decision Count Chart 2018 to 2023 shows that over the 6-year time period, the QMHP group accounts for 37 % of the Disciplinary actions by the Board of Counseling (See Case Decision Count Chart 2018-2013 #8). In the minutes of the Board of Counseling Full Board meeting on May 13, 2022, in the Executive Director's Report, Jaime Hoyle cautions the Board about the cost associated with the QMHP:

> *"…. Ms. Hoyle reported that the Code of Virginia dictates that if the budget is 10% over or under, DHP will consider a one-time renewal fee reduction, or an increase in fees. At this point, the DHP is being conservative, as we do not know the cost of the discipline associated with the addition of the QMHPs and the eventual addition of art therapist. Currently, we are seeing an increase in discipline cases related to QMHPs, so there is reason to be cautious. …"*

Considering the data on Disciplinary Actions on the QMHP group and with Ms. Hoyle's cautionary note, I am opposed to the petitioner's request to expand and lessen the QMHP regulations concerning criteria for supervisors of QMHP Trainees. Now is a time for the Board of Counseling to hold tight to the original purpose of regulation of QMHP's- that is **"increased accountability."**

I apologize to the Board for this lengthy Public Comment. I wanted to provide the Board with the data that led to my opposition to Petition 383 as I believed the information would be helpful to the Board.

Submitted by:

Joseph G. Lynch LCSW

Please see attachments.

NOTE ON CASE DECISION DATA

In order to use the Case Decision data to understand my opposition to the petition you need to look at the way the data is organized. Below is an example. If this table below showed all the Case Decisions for the year 2018. At first it looks like there are 8 rows so, there are 8 cases. But the first line is the label for that column. So, then there are 7 cases. But that is not accurate. Person "C" appears three times on the list. That is because this is a list of *"Case Decisions"* or *"actions"* the Board takes on a case and the Board may take actions several times in the same case., in the same year, or in a few different years. Some of the characteristics of the list are:

- Within the 282 entries they are grouped together by year. That means that row number 2 to row number 36 are for the year 2018.
- Within the year the entries are sequential by date of action taken.
- The name entered in the name column is the full name of each licensee. That led me to have a column with only the last name in order to sort alphabetically.
- I also needed to sort by credential first and then within each credential for each year to then sort alphabetically.
- A person may have more than one credential from the Board of Counseling.

EXAMPLE 1-

1	License Number	Name	Locality	Occupation	Action	Date
2	730000341	A	NORFOLK, VA	Resident in Marriage and Family Therapy	Terms Imposed-Other	3/6/2018
3	701006978	C	RESTON, VA	Licensed Professional Counselor	Summary Suspension	5/23/2018
4	701006978	C	RESTON, VA	Certified Substance Abuse Counselor	Summary Suspension	5/23/2018
5	701004696	B	VIRGINIA BEACH, VA	Licensed Professional Counselor	Monetary Penalty	6/19/2018
6	701006978	C	RESTON, VA	Licensed Professional Counselor	Suspension	7/5/2018
7	701006978	C	RESTON, VA	Certified Substance Abuse Counselor	Suspension	7/5/2018
8	717000512	D	MCLEAN, VA	Licensed Marriage and Family Therapist	Probation Terminated	11/7/2018

SHOWS IN DATE COLUMN SEQUENTIAL DATES IN 2018

License Number	Name	COUNT	Locality	Occupation	Action	Date
701006978	C	1	RESTON, VA	Certified Substance Abuse Counselor	Summary Suspension	5/23/2018
701006978	C	1	RESTON, VA	Certified Substance Abuse Counselor	Suspension	7/5/2018
730000341	A	1	NORFOLK, VA	Resident in Marriage and Family Therapy	Terms Imposed-Other	3/6/2018
717000512	D	2	MCLEAN, VA	Licensed Marriage and Family Therapist	Probation Terminated	11/7/2018
701006978	C	1	RESTON, VA	Licensed Professional Counselor	Summary Suspension	5/23/2018
701006978	C	1	RESTON, VA	Licensed Professional Counselor	Suspension	7/5/2018
701004696	B	2	VIRGINIA BEACH, VA	Licensed Professional Counselor	Monetary Penalty	6/19/2018

REVISED TABLE SHOWS SORTING:

- **BY OCCUPATION**
- **WITHIN OCCUPATION BY ALPHEBITICALLY LAST NAME**

COUNTING WITHIN OCCUPATION EACH PERSON ONLY 1 TIME.

EXAMPLE 2 SHOWS A PERSON WITH 3 DIFFERENT CREDIENTIALS FROM THE BOARD OF COUNSELING. THE SAME ACTIONS WERE TAKEN ON EACH CREDENTIAL ON THE SAME DATE. THIS ONE PERSON THAT HAS THREE CREDENTILS HAS 12 ENTRIES LISTED ON THE CASE DECISIONS LIST

License Number	Name	COUNT	Locality	Occupation	Action	Date
710000854	CD	1	HAYMARKET, VA	Certified Substance Abuse Counselor	Probation	7/30/2018
710000854	CD	1	HAYMARKET, VA	Certified Substance Abuse Counselor	Reinstatement Granted	7/30/2018
710000854	CD	1	HAYMARKET, VA	Certified Substance Abuse Counselor	Terms Imposed-Other	7/30/2018
710000854	CD	1	HAYMARKET, VA	Certified Substance Abuse Counselor	Probation Terminated	3/14/2019
710000854	CD	1	HAYMARKET, VA	Certified Substance Abuse Counselor	Terms Terminated	3/14/2019
717000124	CD	1	HAYMARKET, VA	Licensed Marriage and Family Therapist	Probation	7/30/2018
717000124	CD	1	HAYMARKET, VA	Licensed Marriage and Family Therapist	Reinstatement Granted	7/30/2018
717000124	CD	1	HAYMARKET, VA	Licensed Marriage and Family Therapist	Terms Imposed-Other	7/30/2018
717000124	CD	1	HAYMARKET, VA	Licensed Marriage and Family Therapist	Probation Terminated	3/14/2019
717000124	CD	1	HAYMARKET, VA	Licensed Marriage and Family Therapist	Terms Terminated	3/14/2019
701002496	CD	1	HAYMARKET, VA	Licensed Professional Counselor	Probation	7/30/2018
701002496	CD	1	HAYMARKET, VA	Licensed Professional Counselor	Reinstatement Granted	7/30/2018
701002496	CD	1	HAYMARKET, VA	Licensed Professional Counselor	Terms Imposed-Other	7/30/2018
701002496	CD	1	HAYMARKET, VA	Licensed Professional Counselor	Probation Terminated	3/14/2019
701002496	CD	1	HAYMARKET, VA	Licensed Professional Counselor	Terms Terminated	3/14/2019

Case Decision Count Chart 2018 to 2023							
	2018	2019	2020	2021	2022	2023	TOTALS
Certified Substance Abuse Counselor	4	6	0	0	1	0	11
CSAC Supervisee	0	1	1	0	0	1	3
Substance Abuse Counseling Assistant	1	0	0	2	0	1	4
Substance Abuse Treatment Practitioner	1	0	0	0	0	0	1
Licensed Marriage and Family Therapist	4	3	2	3	1	0	13
Resident in Marriage and Family Therapy	1	0	2	0	0	0	3
Licensed Professional Counselor	7	15	8	2	12	5	49
Resident in Counseling	0	1	3	2	4	2	12
Qualified Mental Health Prof-Adult	0	6	7	9	6	4	32
Qualified Mental Health Prof-Child	0	6	4	6	2	1	19
Trainee for Qualified Mental Health Prof	0	0	0	1	3	2	6
Registered Peer Recovery Specialist	0	0	0	0	0	1	1
	18	38	27	25	29	17	154

19 = (12%)

16 = (10%)

61 = (40%)

57 = (37%)

Virginia Department of
Health Professions

Current Count of Licenses

Quarterly Summary

Quarter 3 - Fiscal Year 2023

Current licenses by board and occupation as of the last day of the quarter.

** New Occupation

*** Veterinary Establishments are now grouped together, as the board works on designating existing establishments as "Ambulatory" or "Stationary", instead of "Full Service" or "Restricted Service".

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

BOARD	Occupation	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	CURRENT Q3 2023
Audiology and Speech Pathology	Audiologist	565	578	533	550	570	528	549	571	583	598	569	583	592
	School Speech Pathologist	471	476	404	405	407	314	334	341	344	350	314	324	334
	Speech Pathologist	4,618	4,711	4,438	4,572	4,685	4,272	4,549	4,693	4,829	4,946	4,788	4,902	5,049
	Total	5,654	5,765	5,375	5,527	5,662	5,114	5,432	5,605	5,756	5,894	5,671	5,809	5,975
Counseling	Certified Substance Abuse Counselor	1954	1972	1876	1913	1940	1707	1770	1803	1833	1878	1718	1748	1779
	Licensed Marriage and Family Therapist	935	938	909	930	955	924	957	979	1019	1047	1017	1049	1078
	Licensed Professional Counselor	6401	6562	6649	6892	7102	6972	7353	7618	7899	8155	8190	8458	8749
	Marriage & Family Therapist Resident	220	224	229	236	127	134	143	152	139	139	144	155	159
	Post Graduate Trainee (ROS)	-	-	-	-	-	-	-	-	-	-	-	-	-
	Qualified Mental Health Prof-Adult**	7749	7924	7194	7403	7590	6355	6714	6931	7126	7297	6361	6622	6861
	Qualified Mental Health Prof-Child**	6903	7042	5745	5928	6060	4607	4910	5085	5229	5396	4368	4555	4744
	Registered Peer Recovery Specialist**	305	313	295	310	333	285	331	361	401	452	437	502	569
	Registration of Supervision	-	-	-	-	-	-	-	-	-	-	-	-	-
	Rehabilitation Provider	188	192	195	198	175	177	178	179	151	157	161	163	144
	Substance Abuse Treatment Practitioner	4159	-	-	-	-	-	-	-	-	-	-	-	
	Substance Abuse Counseling Assistant	267	280	244	265	276	215	239	249	266	277	244	252	270
	Resident in Counseling	1994	4181	4179	4228	2486	2593	2709	2771	2659	2711	2894	2938	2965
	Substance Abuse Treatment Practitioner	288	307	307	316	330	331	346	362	378	393	395	408	430
	Substance Abuse Treatment Residents	8	9	10	11	9	10	12	14	13	12	11	11	14
	Substance Abuse Trainee	-	-	1958	1957	1967	1994	2067	2129	2153	2145	2191	2243	2332
	Trainee for Qualified Mental Health Prof**	3513	3845	4238	4589	4896	5465	5964	6387	6875	7377	7966	8408	8697
	Total	34,884	33,789	34,028	35,176	34,246	31,769	33,693	35,020	36,141	37,436	36,097	37,512	38,791

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Final Regulation
Agency Background Document

Agency name	Board of Counseling, Department of Health Professions
Virginia Administrative Code (VAC) citation(s)	18VAC115-80-10 et seq.
Regulation title(s)	Regulations Governing the Registration of Qualified Mental Health Professionals
Action title	New chapter
Date this document prepared	6/4/19

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1 VAC7-10), and the *Virginia Register Form, Style, and Procedure Manual for Publication of Virginia Regulations.*

Brief Summary

Please provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.

Regulations for registration of qualified mental health professionals are being promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly. Regulations establish the fees required for registration and renewal of registration and specify the education and experience necessary to qualify for registration. In order to maintain registration, there is a requirement of eight hours of continuing education with a minimum of one hour in ethics. Standards of practice for qualified mental health professionals include practicing within one's competency area, practicing in a manner that does not endanger public health and safety, maintaining confidentiality, and avoiding dual relationships that would impair objectivity and increase risk of client exploitation. A violation of standards of practice or of applicable law or regulation provides grounds for disciplinary action by the Board.

Acronyms and Definitions

Please define all acronyms used in the Agency Background Document. Also, please define any technical terms that are used in the document that are not also defined in the "Definition" section of the regulations.

DBHDS =Virginia Department of Behavioral Health and Developmental Services
DMAS = Department of Medical Assistance Services
QMHP = qualified mental health professional

Statement of Final Agency Action

Please provide a statement of the final action taken by the agency including: 1) the date the action was taken; 2) the name of the agency taking the action; and 3) the title of the regulation.

On May 31, 2019, the Board of Counseling adopted final regulations for 18VAC115-80-10 et seq., Regulations Governing the Registration of Qualified Mental Health Professionals.

Mandate and Impetus

Please list all changes to the information reported on the Agency Background Document submitted for the previous stage regarding the mandate for this regulatory change, and any other impetus that specifically prompted its initiation. If there are no changes to previously-reported information, include a specific statement to that effect.

There were no changes to the previously reported statutory mandate.

Legal Basis

Please identify (1) the agency or other promulgating entity, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia or Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency or promulgating entity's overall regulatory authority.

Regulations of the Board of Counseling are promulgated under the general authority of Title 54.1, Chapter 24 of the Code of Virginia.

Chapter 24 establishes the general powers and duties of health regulatory boards including the responsibility to promulgate regulations in accordance with the Administrative Process Act which are reasonable and necessary.

§ 54.1-2400. General powers and duties of health regulatory boards.--*The general powers and duties of health regulatory boards shall be:*

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

2. To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.

3. To register, certify or license qualified applicants as practitioners of the particular profession or professions regulated by such board.

...
6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) of this title. ...

The definition of a qualified mental health professional is found in:

§ 54.1-3500. Definitions.

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

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

In addition, the Board has specific statutory authority to promulgate regulations for registration of qualified mental health professionals in:

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

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

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

Purpose

Please explain the need for the regulatory change, including a description of: (1) the rationale or justification, (2) the specific reasons the regulatory change is essential to protect the health, safety or welfare of citizens, and (3) the goals of the regulatory change and the problems it's intended to solve.

This regulation is the result of collaborative efforts by DHP, DBHDS, DMAS, private providers, and other licensing boards to address concerns about the use of unlicensed and unregistered persons in the provision of services to clients and the lack of accountability for those services. DBHDS has been working with DHP to make titles and definitions for mental health professionals more consistent with licensure and certification under health regulatory boards, but there remained a large group of "qualified" mental health professionals who have no such oversight. The intent of the regulation was to establish a registry of QMHPs, so there is some accountability for their practice and a listing of qualified persons for the purpose of reimbursement by DMAS.

The purpose of the registration is to address concerns jointly expressed by DHP, DBHDS, and DMAS about the lack of oversight and accountability for persons who are providing mental health, but who are not responsible to a health regulatory board with authority to take disciplinary action. By requiring a person who works as a QMHP in a program approved by DBHDS, to be registered by the Board of Counseling, persons who have been disciplined and removed from the registry would no longer be able to be employed in that capacity. The purpose is greater protection for the public and a reduction in the incidents of abuse and fraud in Medicaid-funded programs.

Substance

Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the "Detail of Changes" section below.

Final regulations replace emergency regulations, which became effective on December 18, 2017 and are due to expire on December 17, 2019 (with a six-month extension). Regulations establish definitions used in the chapter, fees charged to applicants and regulants, requirements for initial registration and renewal of registration, to include eight hours of continuing education with one hour devoted to ethics in practice. There are standards of practice similar to all counseling-related professions and grounds for disciplinary action or denial of registration.

Issues

Please identify the issues associated with the regulatory change, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, include a specific statement to that effect.

1) The primary advantage of the amendment is more assurance of competency and accountability for persons providing mental health services. There are no disadvantages.

2) There are no advantages or disadvantages to the Commonwealth.
3) The Director of the Department of Health Professions has reviewed the proposal and performed a competitive impact analysis. The Board is authorized under § 54.1-2400 to "*promulgate regulations in accordance with the Administrative Process Act which are reasonable and necessary to administer effectively the regulatory system.*"
The increased accountability are the foreseeable result of the statute requiring the Board to protect the health and safety of patients in the Commonwealth.

Requirements More Restrictive than Federal

Please list all changes to the information reported on the Agency Background Document submitted for the previous stage regarding any requirement of the regulatory change which is more restrictive than applicable federal requirements. If there are no changes to previously-reported information, include a specific statement to that effect.

There are no applicable federal requirements.

Agencies, Localities, and Other Entities Particularly Affected

Please list all changes to the information reported on the Agency Background Document submitted for the previous stage regarding any other state agencies, localities, or other entities that are particularly affected by the regulatory change. If there are no changes to previously-reported information, include a specific statement to that effect.

Other State Agencies Particularly Affected - the availability of qualified mental health professionals has an impact on the work of DBHDS, DMAS and VDH in the efforts to address substance misuse and the opioid crisis.

Localities Particularly Affected – None in particular

Other Entities Particularly Affected - None

Public Comment

Please summarize all comments received during the public comment period following the publication of the previous stage, and provide the agency response. Ensure to include all comments submitted: including those received on Town Hall, in a public hearing, or submitted directly to the agency or board. If no comment was received, enter a specific statement to that effect.

There was a public comment period from February 4, 2019 to April 5, 2019; a public hearing was conducted on February 8, 2019.
The following comment was received at the public hearing:

Commenters	Comment	Board response to comment

Dianne Simons Joni Watlings	Requested that proposed regulations be amended to allow a person to qualify for registration as a QMHP-A or QMHP-C if he/she holds *licensure as an occupational therapist by the Board of Medicine with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.*	The Board amended sections 40 and 50 to recognize a licensed occupational therapist with an internship or practicum of at least 500 hours with persons with mental illness as qualified to be registered as a QMHP. For OTs without the required 500-hour internship or practicum, the Board retained the option of qualifying with no less than 1,500 hours of supervised experience. The Board did not agree to recognize a year of experience in a mental health setting because the OT may have had been providing OT services with little or no direct experience with mental illness.
Judith Coleman	Commented that she had been registered as a QMHP by the Board, but in a recent audit, DBHDS cited her agency because she did not have the proper degree.	The comment was acknowledged and has been addressed with DBHDS.

The following comments were received by email or posted on the Virginia Regulatory Townhall:

Commenters	Comment	Board response
81 persons	Requested that proposed regulations be amended to allow a person to qualify for registration as a QMHP-A or QMHP-C if he/she holds *licensure as an occupational therapist by the Board of Medicine with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.*	Same response to OT comment at public hearing
5 persons	Requested generally that the hours of mental health experience be reduced for occupational therapists	The experience requested by the OT community was "one year of experience." Generally, one year is the equivalent of 2,000 hours, so the 1,500 hours of experience required in regulation is already less hours.

6 persons	Commented that requirement for supervision of a trainee by a licensed mental health professional was too burdensome and will result in a reduction in the supply of QMHPs. Several suggested the Board should allow a QMHP with experience (one commenter recommended four years) to supervise a QMHP trainee.	The Board did not agree that a QMHP-trainee could be under the supervision of a QMHP rather than a licensed mental health practitioner or approved resident. A trainee often has little or no knowledge, skills, and experience with addressing the needs of persons with mental health needs, so the training to become a QMHP needs to be under a licensee. The requirement for supervision is flexible to allow training in person or off-site, depending on the level of expertise of the trainee. Once a trainee qualifies for registration as a QMHP, he may be supervised by another QMHP.
3 persons	Commented that all graduates with human services degrees should have the same requirements for 500 hours of experience. (Proposed regulations specify 500 hours for degrees in specific to mental health, such as psychology, but 1,500 hours of experience for other "human services" degrees). One person also expressed concern about the requirement that the hours of experience be within the preceding five years prior to applying for registration.	The Board did not concur that persons with a "human services degree" other than those specifically related to mental health should only have 500 hours of experience. DBHDS requirements for QMHP qualification has always been "one year of experience," to the Board's requirement of 1,500 hours is actually less than was previously required. An applicant has 5 years in which to acquire 1,500 hours; experience more than 5 years ago would not be considered adequate for current practice.
One person	Commented that sociology should be accepted as a human services degree	Sociology is currently listed as a human services degree until 2021. The Board will

		reconsider the guidance document before that deadline.
One person	Questioned how the Board can monitor the level of supervision specified for training of person qualifying as a QMHP-A or QMHP-C since there is discretion on the part of the supervisor whether the training must be on-site.	The level of supervision is determined by the supervisor who is responsible for the services provided by a trainee. The Board does not monitor the supervision but does have jurisdiction if there is a complaint about the trainee and the lack of supervision.
Virginia Chapter, National Association of Social Workers	Amend regulation to state that the activities of a QMHP are within the scope of practice of a social worker licensed by the Board of Social Work and such licensure qualifies them for registration as a QMHP.	The activities of a QMHP are within the scope of practice of a social worker. A licensed clinical social worker does not need registration as a QMHP because he can work and bill for services under his license. A master's level social worker can register as a QMHP-trainee for the 500 hours required for registration as a QMHP. A bachelor's level social worker is required to have 3,000 hours of experience to be licensed by the Board of Social Work. Therefore, he could register as a QMHP with only half as many hours. The Board did not adopt amendments based on the comment.

Detail of Changes Made Since the Previous Stage

*Please list all changes made to the text since the previous stage was published in the Virginia Register of Regulations and the rationale for the changes. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. * Please put an asterisk next to any substantive changes.*

New chapter-section	New requirement from previous stage	Updated new requirement since previous stage	Change, intent, rationale, and likely impact of updated requirements

number, if applicable			
Chapter 80, Section 40	Sets out the requirements for registration as a qualified mental health professional - adult	Subsection A is amended to add requirement for an applicant to provide verification of any other mental health license, certification or registration held in another jurisdiction	The addition of the requirement was a recommendation of staff. Applications currently request that information but it is not specified in regulation and is important for information about possible disciplinary actions taken by another state. It is consistent with regulations of this and other boards.
Chapter 80, Section 40	Sets out the requirements for registration as a qualified mental health professional - adult	Subsection B (#1 through #3) is amended to clarify that the "evidence" of a degree is a transcript from the educational institution.	The addition of the requirement was a recommendation of staff. Application instructions currently state that a transcript is the evidence required, but it is not specified in regulation
Chapter 80, Section 40	Sets out the requirements for registration as a qualified mental health professional - adult	Subsection B, #5, is amended to allow an occupational therapist with an internship or practicum of at least 500 hours with persons with mental illness to qualify without the additional hours of experience.	The amendment is in response to comment above.
Chapter 80, Section 50	All of the changes made in section 40 were also adopted for section 50, which has the qualifications for a qualified mental health professional - child		
Chapter 80, Section 60	Sets out provisions for "grandfathering" those who had been practicing before December 331, 2018	The section is deleted.	Since the grandfathering period has passed, the section is deleted to avoid any possible confusion.

Detail of All Changes Proposed in this Regulatory Action

*Please list all changes proposed in this action and the rationale for the changes. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. * Please put an asterisk next to any substantive changes.*

Section number	Proposed requirements	Other regulations and law that apply	Intent and likely impact of proposed requirements
10	Establishes definitions for words and terms used in the Chapter including collaborative mental health services, face-to-face, mental health professional, qualified mental health professional, QMHP-A, and QMHP-C	§§ 54.1-2400 & 54.1-3500	Words and terms are defined in conformity to definitions found in the Code and to offer the Board's interpretation of meaning as used in the context of the regulation.
20	Establishes fees to be charged to applicants and registrants, including a registration fee of $50 and a renewal fee of $30	§§ 54.1-2400 and 54.1-113	Fees are consistent with other registered professions and are minimally intended to offset costs associated with registration. Review of an application and credentials for a QMHP will be considerably more time-consuming and potentially contentious than for a peer recovery specialist, so the initial registration fee is higher; it is identical to the fee for registered medication aides.
30	Sets a requirement for a registrant to maintain a current name and address	§ 54.1-2400	All current information required for notifications to registrants must be maintained with the Board.
40	Sets forth the requirements for registration of a QMHP-A, including submission of an application and fee and evidence of meeting the one of the educational qualifications in subsection B and the experience requirements in subsection C. In subsection B, the following educational background may qualify a person as a QMHP-A: 1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy from an accredited college or university with an internship or practicum of at least 500 hours of experience with persons who have mental illness; 2. A master's or bachelor's degree in human services or a related field from an accredited college with no less than 1,500 hours of supervised experience to	§§ 54.1-2400 & 54.1-3505	The qualifications for registration are less burdensome than the current definitions of a QMHP-A as stated by DBHDS. DBHDS includes in its definitions persons licensed as physicians or mental health providers. Those persons do not need registration as a QMHP since they can provide services limited to a licensed persons and can bill under their license. To avoid confusion, those categories were omitted. DBHDS includes a person with a master's degree in

	be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; 3. A bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits or 22 quarter hours in a human services field and with no less than 3,000 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; 4. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; or 5. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section. The experience requirements required for registration are specified in subsection C as follows: 1. In order to be registered as a QMHP-A, an applicant who does not have a master's degree as set forth in subsection B 1 of this section shall provide documentation of experience in providing direct services to individuals as part of a population of adults with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP-A and under the supervision of a licensed mental health professional or a person under supervision approved by a board as a pre-requisite for licensure under the Boards of Counseling, Psychology, or Social Work. 2. Supervision shall consist of face-to-face training in the services of a QMHP-		psychology with at least one year of clinical experience. In this chapter, a person with a mental health degree and at least 500 hours in an internship or practicum can qualify as a QMHP without further experience. The DBHDS definitions specify one to three years of experience for person who do not have a mental health license. This chapter specifies 1,500 to 3,000 hours to be obtained within a five-year period to give persons working part-time an ample period for completion. The experience must be within five years immediately preceding application to avoid the scenario in which a person remains a trainee indefinitely or the experience occurred many years ago. Subsection C sets out the specific requirements for supervision of a person gaining experience to become a QMHP. Supervision must be provided by a licensed mental health professional or a person under supervision as a pre-requisite for licensure. The supervision must be face-to-face until the supervisor determines competency, after which it may be indirect supervision. A person in training, working under supervision, may register with the Board. While such registration of one's supervised

	A until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either on-site or immediately available for consultation with the person being trained. 3. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted towards completion of the required hours of experience. 4. A person receiving supervised training in order to qualify as a QMHP-A may register with the board.		experience is not mandated, it will be required by DMAS for reimbursement and will be required of persons working for a DBHDS licensed provider.
50	Sets forth the requirements for registration of a QMHP-C, including submission of an application and fee and evidence of meeting the one of the educational qualifications in subsection B and the experience requirements in subsection C. Qualifications are similar as those for a QMHP-A, except someone with a bachelor's degree in an unrelated field cannot qualify as a QMHP-C. Experience requirements are stated in subsection C and are virtually identical to those for a QMHP-A except the experience must be in providing services to a population of children or adolescents with mental illness.	§§ 54.1-2400 & 54.1-3505	The requirements are similar to those for a QMHP-A.
60	Provides a "grandfathering" for persons who have been working as QMHPs prior to December 31, 2017. Those persons have one year to apply for registration and provide an attestation from an employer that they were qualified during the time of employment.	§§ 54.1-2400 & 54.1-3505	In order to give persons currently providing QMHP services an opportunity to be registered, the Board will grandfather them based only on submission of a fee and an attestation from an employer that they were qualified. Currently, the definition from DBHDS lists the qualifications of a QMHP-A or QMHP-C, but only the employer determines whether they, in fact, hold such qualifications. While the Board acknowledges that

			registration based on such an attestation may allow some who are not truly qualified to become registered, it is a practical necessity to grandfather current QMHPs who may number in the 1,000s and to prevent a sudden reduction in the number of registered QMHPs currently providing services in the mental health field.
70	States that renewal of registration is annual on or before June 30 of each year.	§§ 54.1-2400	The renewal cycle is consistent with all certified and licensed professions under the Board.
80	Sets forth the continued education requirements for renewal to include eight contact hours with a minimum of one hour in ethics. Subsection B specifies that CE must related to services provided by a QMHP. Subsection C lists governmental entities that are approved to provide continuing education and includes any approved for CE by a health regulatory board at DHP. Subsection D exempts newly registered peers from CE for the first renewal. Subsection E allows the Board to grant an extension for up to one year for good cause shown. Subsection F allows the Board to grant an exemption for circumstances beyond the control of the peer. Subsection G requires maintenance of documentation for three years. Subsection H authorizes an audit of registrants and specifies the documentation required. Subsection I specifies that CE hours required by a disciplinary order may not be counted towards the annual requirement.	§§ 54.1-2400 & 54.1-103	Continuing education is a requirement specified consistent with registered peer recovery specialists. Allowances for the first renewal, extensions or exemptions are consistent with those of other professions.
90	Sets out the standards of practice for a registered QMHP, including practicing within one's competency area, practicing in a manner that does not endanger public health and safety,	§§ 54.1-2400 & 54.1-3505 12VAC35-250	The standards of conduct are the same set for other mental health professions and emphasize the need for professionalism,

	maintaining confidentiality, and avoiding dual relationships that would impair objectivity and increase risk of client exploitation.		confidentiality, and safety in practice.
100	Establishes grounds for disciplinary action or denial of registration including conviction of a felony, violation of law or regulation, fraud or misrepresentation, practicing in a manner to be a danger to the health and welfare of a client, and functioning outside one's competency or scope of practice	§§ 54.1-2400 & 54.1-111	Likewise, the grounds for disciplinary action or denial of registration are the same as those for other professions under the Board.
110	Establishes the requirements for reinstatement after a disciplinary action.	§§ 54.1-2400	Requirements for reinstatement are necessary to ensure that the registrant is qualified and competent to return to practice.

Changes to the Emergency regulations

10 – Definitions	The definition of "accredited" is amended to add a provision for education obtained outside the U. S.	In reviewing applications, staff has noted that there is no provision for approving someone who did not graduate from a school accredited by the U.S. Department of Education. Accordingly, an amendment was recommended to allow an applicant to provide a report from a credentialing service verifying the degree and coursework equivalency.
10 – Definitions	Definitions for "qualified mental health professional are amended to include employment by the Department of Corrections.	The amendment is necessary for consistency with 2018 legislation (hb1375), which added Corrections to the definition of a QMHP in the Code.
10 - Definitions	The definition of "QMHP-C" is amended to specify mental health services for children or adolescents up to age 22.	The amendment was recommended by the RAP because there were varying interpretations of when adolescent ends. The age of 22 is consistent with foster care system and with the age many adolescents complete their education.
40 – Requirements for registration as a QMHP-A	There is an additional requirement in subsection A for submission of a current report from NPDB, the national practitioner data bank.	In reviewing applicants for QMHPs, it has been noted that a small number of persons held a license in Virginia or another state, and some of those have had their

		license suspended. If that license is current, registration as a QMHP is unnecessary. However, if that license has been disciplined or suspended, there may be grounds to deny registration as a QMHP. In order to have the information necessary to determine whether such grounds exist, it is necessary to have a NPDB report. The applicant will be charged $4 by the data bank for requesting a report be sent to the Board.
40 – Requirements for registration as a QMHP-A	Subsection C (1) is amended to allow for supervised experience obtained in another U.S. jurisdiction to be supervised by a person licensed in that jurisdiction.	The amendment is necessary to allow the Board to accept supervised experience that was gained in another state as a qualification for registration.
40 – Requirements for registration as a QMHP-A	Subsection C (4) is amended to establish a finite amount of time (5 years) someone can practice with a trainee registration.	The hours of supervised experience required for registration must be obtained within the five-year period immediately preceding application as a QMHP. Therefore, registration as a trainee only needs to be effect for that five-year period.
50 - Requirements for registration as a QMHP-C	Amendments to section 50 are identical to those for section 40.	See rationale above
80 - Continued competency requirements for renewal of registration	In subsection A, an amendment states that persons who are registered as a QMHP-A and a QMHP-C are only required to complete the eight-hour requirement for renewal, rather than double that amount. In subsection C, an amendment included an agency licensed by DBHDS as an approved provided of continuing education.	The amendments were recommended by the RAP to: 1) clarify the hours of CE required; and 2) allow agencies licensed by DBHDS who employ QMHPs to do in-service training that could be credited towards the Board's CE requirement.
100 – Grounds for disciplinary action or denial of registration	Number 2 was amended to add "attempting to procure" a registration by fraud or misrepresentation and deletion of ~~including submission of an application or applicable board forms~~	The amendment was recommended by staff because it is more inclusive of any information that may be submitted by fraud or misrepresentation in an attempt to obtain registration.

Board of Counseling
Current* Regulatory Actions

At Secretary's Office

Chapter	Action	Stage	Location	Duration
18VAC115-90	New chapter for licensure of art therapists	Proposed	Secretary	466 days
18VAC115-20	Removal of redundant provisions related to conversion therapy	NOIRA	Secretary	272 days
18VAC115-20	Regulatory reduction September 2022	Fast-Track	Secretary	199 days

At Attorney General's Office

Chapter	Action	Stage	Location	Duration
18VAC115-20 18VAC115-50 18VAC115-60	Changes resulting from periodic review	Final	OAG	285 days
18VAC115-20	Implementation of the Counseling Compact	Emergency/NOIRA	OAG	56 days
18VAC115-15	Exempt regulatory changes to allow agency subordinates to hear credentials cases	Exempt/Final	OAG	1 day

*As of July 3, 2023

Agenda Item: Consideration of Petition for Rulemaking regarding supervisors for QMHP-Ts and independent practice

Included in your agenda package:

- Petition for Rulemaking filed by Kathy Johnson to:
    - allow QMHPs dually registered A and C, who were grandfathered in as QMHPs, who hold a master's degree or higher in Social Work, Human Services or Psychology and have more than 10 years professional work experience in mental or behavioral health be considered qualified as supervisors for QMHP-Ts; and
    - allow QMHPs who meet the above criteria to practice independently.
- Comments provided during public comment period of petition for rulemaking; and
- 18VAC115-80-40 and 18VAC115-80-50.

Action needed:

- Motion to either:
    - Recommend that the full Board take no action on the petition, clearly stating the reason; or
    - Recommend that the full Board accept the petition and initiate rulemaking.

Virginia Department of Health Professions
Board of Counseling

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/counseling

Email: coun@dhp.virginia.gov
(804) 367-4610 (Tel)
(804) 767-6225 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

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

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

Johnson, Kathy L

Street Address	Area Code and Telephone Number
4009 Schooner Trl	7574092851

City	State	Zip Code:
Chesapeake	Virginia	23321

Email Address (optional)
consultingncommunityresources@gmail.com

Respond to the following questions:

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

18VAC115-80-90. Standards of practice.

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

QMHP's who are dually registered, Child and Adult, who were grandfathered in, who hold a Master's (30 or more credits, no internship needed w/ 10 or more years professional work experience) or higher in Social Work, Human Services or Psychology (must include at the least, 4 graduate courses in counseling, group dynamics, Human Growth and Development, Crisis Counseling) and more than 10 years professional work experience in mental/behavioral health, should be considered qualified Supervisors for QMHP-T's.

Furthermore, those qualifed as above should be able to practice independantly. QMHP's should be provided the same Licensing standards as LBA's w/o the clinical diagnosing capabilites, but with the ability to provide non-medical counseling. QMHP's are trained and qualified to provide non-medical services and should be licensed fully as a separate part of mental health treatment to improve the mental health field of experienced workers. QMHP's provide interventions and many cannot provide services such as Anger Management and Batterers Intervention courses w/o a full license to do so. The scope of a QMHP can be defined as far as practice limitations. Please consider this as it would be a great addition to the mental health field.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

35 (§ 54.1-3500 et seq.), 36 (§ 54.1-3600 et seq.), and 37 (§ 54.1-3700 et seq.) of the Code of Virginia.

Signature: Kathy L Johnson **Date:** 03/27/2023

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Board **Board of Counseling**

Chapter

Regulations Governing the Registration of Qualified Mental Health Professionals [18 VAC 115 - 80]

1 comments

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Commenter: Anonymous 6/8/23 12:02 am

Support for Independent Practice for Those at Master's Level with Experience

I do believe that an individual who has significant experience, and a Master's degree or higher, should be able to have an independent scope of practice. It is unfortunate that there are many qualified and experienced individuals in Virginia who can not practice independently despite having significant coursework and degrees related to psychotherapy. They should at least be able to practice independently as Master's-level QMHPs after they have 10 years of experience. Right now, even some individuals with 60 credit hour Master's degrees are never able to practice independently, which is really a shame when there is so much need for mental healthcare. This change would help provide more access to healthcare throughout Virginia. One of the Boards in Virginia needs to step in and solve this problem.

CommentID: **217085** Late

Part II. Requirements for Registration

18VAC115-80-40. Requirements for registration as a qualified mental health professional-adult.

A. An applicant for registration shall submit:

1. A completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20;

2. A current report from the National Practitioner Data Bank (NPDB); and

3. Verification of any other mental health or health professional license, certification, or registration ever held in another jurisdiction. An applicant for registration as a QMHP-A shall have no unresolved disciplinary action. The board will consider a history of disciplinary action on a case-by-case basis as grounds for denial under 18VAC115-80-100.

B. An applicant for registration as a QMHP-A shall provide evidence of:

1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy, as verified by an official transcript, from an accredited college or university with an internship or practicum of at least 500 hours of experience with persons who have mental illness;

2. A master's or bachelor's degree in human services or a related field, as verified by an official transcript, from an accredited college with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

3. A bachelor's degree, as verified by an official transcript, from an accredited college in an unrelated field that includes at least 15 semester credits or 22 quarter hours in a human services field and with no less than 3,000 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

4. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; or

5. A licensed occupational therapist with an internship or practicum of at least 500 hours with persons with mental illness or no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.

C. Experience required for registration.

1. To be registered as a QMHP-A, an applicant who does not have a master's degree as set forth in subdivision B 1 of this section shall provide documentation of experience in providing direct services to individuals as part of a population of adults with mental illness in a setting where mental health treatment, practice, observation, or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP-A and under the supervision of a licensed mental health professional or a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure. Supervision obtained in another United States jurisdiction shall be provided by a mental health professional licensed in Virginia or licensed in that jurisdiction.

2. Supervision shall consist of face-to-face training in the services of a QMHP-A until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either onsite or immediately available for consultation with the person being trained.

3. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted toward completion of the required hours of experience.

4. Supervised experience obtained prior to meeting the education requirements of subsection B of this section shall not be accepted.

Statutory Authority

§§ 54.1-2400, 54.1-3500, and 54.1-3505 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 36, Issue 4, eff. November 13, 2019; amended, Virginia Register Volume 37, Issue 2, eff. October 29, 2020.

Part II. Requirements for Registration

18VAC115-80-50. Requirements for registration as a qualified mental health professional-child.

A. An applicant for registration shall submit:

1. A completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20;

2. A current report from the National Practitioner Data Bank (NPDB); and

3. Verification of any other mental health or health professional license, certification, or registration ever held in another jurisdiction. An applicant for registration as a QMHP-C shall have no unresolved disciplinary action. The board will consider a history of disciplinary action on a case-by-case basis as grounds for denial under 18VAC115-80-100.

B. An applicant for registration as a QMHP-C shall provide evidence of:

1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy, as verified by an official transcript, from an accredited college or university with an internship or practicum of at least 500 hours of experience with persons who have mental illness;

2. A master's or bachelor's degree in a human services field or in special education, as verified by an official transcript, from an accredited college with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

3. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; or

4. A licensed occupational therapist with an internship or practicum of at least 500 hours with persons with mental illness or no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.

C. Experience required for registration.

1. To be registered as a QMHP-C, an applicant who does not have a master's degree as set forth in subdivision B 1 of this section shall provide documentation of 1,500 hours of experience in providing direct services to individuals as part of a population of children or adolescents with mental illness in a setting where mental health treatment, practice, observation, or diagnosis

occurs. The services provided shall be appropriate to the practice of a QMHP-C and under the supervision of a licensed mental health professional or a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure. Supervision obtained in another United States jurisdiction shall be provided by a mental health professional licensed in Virginia or licensed in that jurisdiction.

2. Supervision shall consist of face-to-face training in the services of a QMHP-C until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either onsite or immediately available for consultation with the person being trained.

3. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted toward completion of the required hours of experience.

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Historical Notes

Derived from Virginia Register Volume 36, Issue 4, eff. November 13, 2019; amended, Virginia Register Volume 37, Issue 2, eff. October 29, 2020.

Agenda Item: Consideration of Petition for Rulemaking to License QMHPs

Included in your agenda package:

- Petition for Rulemaking filed by Kathy Johnson to license QMHPs (rather than register);
- Comments provided during public comment period of petition for rulemaking; and
- Virginia Code § 54.1-3505, requiring the Board to register QMHPs.

Staff Notes:

- Seven public commenters in support of petition; five in opposition; seven ultimately expressed no position or were unclear in their position.
- The Board cannot decide to license a category of practitioner. Whether a practice group is licensed, certified, or registered is the jurisdiction of the General Assembly.

Action needed:

- Motion to recommend to the Board of Counseling that it take no action on the petition for rulemaking because the requested action is outside of the Board's jurisdiction.

Virginia Department of Health Professions
Board of Counseling

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Petition for Rule-making

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

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

Johnson, Kathy L

Street Address	Area Code and Telephone Number	
4009 Schooner Trl	7574092851	
City: Chesapeake	State: Virginia	Zip Code: 23321

Email Address (optional)

consultingncommunityresources@gmail.com

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Furthermore, those qualifed as above should be able to practice independantly. QMHP's should be provided the same Licensing standards as LBA's w/o the clinical diagnosing capabilites, but with the ability to provide non-medical counseling. QMHP's are trained and qualified to provide non-medical services and should be licensed fully as a separate part of mental health treatment to improve the mental health field of experienced workers. QMHP's provide interventions and many cannot provide services such as Anger Management and Batterers Intervention courses w/o a full license to do so. The scope of a QMHP can be defined as far as practice limitations. Please consider this as it would be a great addition to the mental health field.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

35 (§ 54.1-3500 et seq.), 36 (§ 54.1-3600 et seq.), and 37 (§ 54.1-3700 et seq.) of the Code of Virginia.

Signature: Kathy L Johnson **Date:** 03.27.23

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Board **Board of Counseling**

Chapter

Regulations Governing the Registration of Qualified Mental Health Professionals [18 VAC 115 - 80]

19 comments

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Commenter: Anonymous 4/24/23 1:06 pm

QMHP

QMHP's assist with Skill-Building, ISP's and the behavioral aspect of treating mental health issues or concerns. However, we can't even teach simple courses such as Anger Management or Batters Intervention which are behavioral, w/o a license, yet we provide the technical training for individuals and families in mental health.

Many of us hold Masters or higher with over 20 years of experience we just choose not to be LPC's, LCSW's, etc. However, there are other licensed titles such as LSW, LMSW,LBA, etc., without the clinical part. QMHP's do not need to be clinical as there are other Licensed titles that are not clinical as well. Having a specific area of LQMHP's would add to the already stretched mental health field or burnt out workers. QMHP's treat/assist with the behavioral aspect of mental health disorders and provide a different skillset and form of compassion.

Allowing us to be looked upon as Licensed would be a tremendous addition to the Mental Health field and would provide more options for those seeking help. I am not asking that you allow us to diagnose, just to be considered as licensed.

CommentID: **216637**

Commenter: Laura Ann Rowsey-Collins 4/24/23 1:51 pm

Not an acceptable idea

Therapists/Counselors have a master's degree and must meet an intensive set of criteria. If this is important to ENSURE THE SAFETY AND WELLBEING OF OUR CLIENTS, then to suggest that it is in the public's best interest to license QMHPs is contradictory to the current requirements.

Further, Virginia just joined the Counseling Compact. To weaken the licensing regulations for mental health providers may cause problems with Virginia Counselors being allowed to practice in other states.

Finally, I have been previously a QMHP and am now a LPC (Licensed Professional Counselor). In no way was I prepared as a QMHP to provide the quality of services I now do. I did not have the breadth and depth of education or experience I now have. And, I was not aware enough at that time of what I did not know to have avoided causing harm were I to have been providing mental health services beyond those of the QMHP I was.
CommentID: **216638**

Commenter: Anonymous

4/24/23 3:14 pm

QMHP seasoned

That was your experience. I am not saying through fresh BS/BA level QMHP's in with a license. You may not have known what you were doing..

CommentID: **216639**

Commenter: Anonymous

4/24/23 3:18 pm

QMHP

I have a Masters. I have worked in mental health over 20 years. I am well equipped to provide services on a Licensed level. To the previous comment on not being prepared yourself, that's you. You are only speaking to that because you are now Licensed.

CommentID: **216640**

Commenter: Kathy Johnson- Petitioner

4/24/23 3:32 pm

Reasoning

I submitted this petition because some, not all, QMHP's indeed have the knowledge and educational background that would make licensing QMHP's a good idea. There are other fields such as Licensed Bachelor/Masters Level Social Workers w/o the clinical piece. There are also LBA's and BCBA's. My reasoning for this petition is because there are plenty of areas in which QMHP's are experts and should be able to be licensed to practice in those specific areas only. We can't even provide Anger Management or Batterers Intervention without a license yet we can do skill-building, write ISP's, create behavior intervention plans and so forth. I am not asking that QMHP's be allowed to practice in areas in which they are not experts. I am not asking that you license Bachelors level QMHP's either. I am asking that it be considered, to license Masters level QMHP's who have been in the field for more than 5 years or so with the work experience.

CommentID: **216641**

Commenter: Erin Holland, LPC

4/24/23 7:42 pm

disagree

I would potentially be okay with a compromise between the ideas - having a different licensing level between QMHP and LMHP. Something that differentiates between a brand new QMHP and a QMHP who has been in the field for a long time, has taken a certain amount of CEUs, perhaps can pass a certain test, and can demonstrate a higher level quality of care. But I have provided care on a QMHP level and an LMHP level and there is a vast difference between the type of care provided. There are certainly some incredible QMHPs out there, just as there are some not-amazing LMHPs out there. But just as there is a difference in the training between LCSWs and LPCs even though

both have master's degrees and some responsibilities overlap, there is a difference in the training provided to LMHPs who qualify for the title and those with a master's degree who do not qualify for the LMHP title. They have gone to schools who have demonstrated that they are providing a certain standard of education, and that the courses are also fitting a certain standard to train their students to be able to provide the more intensive services needed. I also agree with Ms. Rowsey-Collins who commented prior that this could have further reaching implications when it comes to the Counseling Compact.
CommentID: **216642**

Commenter: Courtney Holmes

4/25/23 8:48 am

More information needed

I have a few questions related to professional identity, role, training, etc. that it may be prudent to answer should these discussions move forward.

If QMHP's were licensed, what does that mean? How does it change their job responsibilities, the necessity for supervision, etc.?
What would the exact requirements be for a QMHP to be licensed? Would it be similar to other professional licenses where you would need an MS degree, supervised practice, and to pass an exam? Would the minimum be a BS degree?
Fundamentally, what is the professional role of a QMHP and how is it different from other licensed professionals?

I could see an avenue where people with MS degrees that are related but do not count for LPC would have an opportunity then for licensure -- however, I would like to see a clear distinction developed between what someone with a QMHP license does professionally vs. an LPC/LCSW/LMFT.
Alternatively, providing services as a QMHP is often a pathway for counseling MS students who are getting the training to become professional counselors, so they can provide services and get experience and training. However, they are in a clinical training MS program and obtaining the skills necessary for LPC/LMFT/LCSW licensure.

Furthermore, would the requirements to become a QMHP need to change to become more stringent? If you are allowing licensure, perhaps the pathways in which someone can take to become a QMHP need to tighten to provide further regulations about learning and practice experiences that would support the professional development of someone with a QMHP. Part of what makes a QMHP accessible is that people can get into the field under supervision and start career or change to a new career path offering direct services. If a QMHP became a path toward licensure, would that make it necessary to further restrict the accessibility of obtaining a QMHP because it would require certain background knowledge, training, and skills?

Is it possible that the scope of what QMHP's do now just needs to shift, rather than adopting an entire licensure avenue? There are comments posted about QMHP's not being able to do some behavioral interventions. Is it possible that this can be adapted to provide a slightly larger scope of interventions without changing the licensing structure?
CommentID: **216644**

Commenter: Anonymous

4/25/23 10:14 am

Agreeable

As someone who has a master's degree, completed didactic work to earn my LPC, has worked in the field for 23 years, but was unable financially to earn my license, I would think it would be advantageous to practitioners and patients in this field of practice to be able to pass an exam and

license as QMHP. Again, scope and breadth of how it would be differentiated between QMHP and LMHP can be ironed out, but in this day and age we need more qualified practitioners, and those with experience and level of education should be able to teach and train lower levels and move ahead, whether it's LMPH or QMHP. Again, not taking away anything from a licensed practitioner who has put in the hours and the education, but there are different ways to get the hours and education that should be recognized.
CommentID: **216645**

Commenter: Anonymous 4/25/23 10:21 am

Call it a Certification

Entry level practice certification can be obtained after 3-5 year license eligible Comprise

CommentID: **216646**

Commenter: Anonymous 4/25/23 10:32 am

Agreeable

I have worked in this field for over 15 years. I have a Masters Degree in Psychology and several certifications. I have worked beside some of the best LMHP's and I have worked beside some that I have had to help because they were unprepared. I do feel that the QMHP should be respected as a step down from a LMHP. I am not taking anything away from the LMHP's, but I do feel that QMHP needs to be recognized.

CommentID: **216647**

Commenter: Anonymous 4/25/23 11:27 am

Agreement with Licensure or Certification

I have a Masters in Social Work and a Bachelor in Psychology and 14+ years in the social work field. I obtained all my LSCW supervision hours, tested, did not pass, financially unable to pay to retake and my time frame was then up (have to do more supervision hours in order to test for LCSW again)

I am currently a QMHP-A and I am in agreement with **licensure** and or **certification** for us QMHP's who have obtained a **Masters** level education, who have at least 10 plus years of experience, and who have obtained a certain amount of CEU's.

I am more qualified than a straight out of grad school LPC, LSCW, LMHP to be licensed.

LQMHP (In total agreement)

C- QMHP(A/C) (C=Certified)

CommentID: **216648**

Commenter: Anonymous 4/25/23 2:25 pm

QMHP-

Every licensure level has a certain skillset. If you license a QMHP, to practice independently, you would simply "define" their scope of practice which is pretty much already in writing, you would simply be making it a licensure. However, implementing that licensure would only be available to

educational levels of Masters or higher and specifying degrees, this could work. Fields such as Human Services, Psychology, Counseling, etc. Many Human Services Masters, you can take specific courses, myself in particularly, although my degree is Human Services, Marriage and Family Therapy, the course load was primarily counseling. I have a BS in Psychology with a minor in Addiction Studies. A 30 credit Masters would be suffice to license a QMHP as the clinical piece will not be attached with the licensure. Many QMHP's indeed have a 30 credit Masters which would cover your basics along with experience and trainings. I myself have worked as an EAP Consultant for over 6 years, a QDDP for over 7 years, a QMHP grandfathered in due to experience and educational background. Not to mention, I have worked directly with SMI consumers for over 15 years. I am not interested in providing therapy as that is my choice as for many or as previous comments on the thread stated, due to finances. This can be ironed out indeed. As I stated before, the clinical piece is for LCSW's, LPC', etc., agreed. However, to license a QMHP will open doors for the current crisis in mental health overall. I agree, you need the clinical piece for diagnosing, but even for non-medical counseling, a QMHP is well qualified to provide that. Afterall, we basically write ISP's, Behavioral Intervention plans, monitor drug side effects, provide crisis management, coping skills, etc. Allowing us to practice our expertise independently would be a great addition to the mental health workforce and decrease the burnout of clinical Providers. We can actually take a load off...

CommentID: **216649**

Commenter: Debra Riggs / NASWVA

5/2/23 9:26 am

QMHP licensing

The QMHP already has a registration, and a certification can be a way of giving more credibility to these folks. However, to add an additional license level, to those who already are licensed, poses another issue. Licensee's must take exams, some of which are national, and recognized by professional organizations, and other "trade organizations" For example, a Social Work Degree 'allows' one to be licensed, and work within a specific scope of practice. In order to help streamline the process, and support the workforce, the QMHP should be limited to those who are not licensed, but have experiance and specific scopes. Those with Masters Degrees in Behavioral Health, should be exempt for the QMHP registation/licensing process, as they already are under the authority of one of the Board, under the Dept of Health Professions.

To require those with specific education and training, with a degree to also be licensed as a QMHP is an undue burden on the practicioner, causing more complications in the workforce "pipeline".

In summary, please do not add another level of licensure to those who are already licensed and if not licensed, have them work under a licensee, and possibly be certified.

CommentID: **216812**

Commenter: Anonymous

5/3/23 6:25 pm

In response to Debra Riggs comment

In response to Debra Riggs comment:
"Licensee's must take exams, some of which are national, and recognized by professional organizations, and other "trade organizations
This is not always the case. For instance, in the state of Illinois a person who wishes to be a LSW licensed social worker is not required to complete an examination. (*Illinois Public Act 102-0326)*

To require those with specific education and training, with a degree to also be licensed as a QMHP is an undue burden on the practitioner, causing more complications in the workforce "pipeline

How will this be a burden on the practitioner and what type of complications do you project?

"please do not add another level of licensure to those who are already licensed and if not licensed, have them work under a licensee"

What type of Licensed professional would suffice for the QMHP to work under for those who are un licensed, already a registered QMHP, holding master's level degrees with over 15+ years in the field and who have already met supervision requirements for LPC,LCSW and LMHP?

CommentID: **216817**

Commenter: Anonymous

5/8/23 3:01 pm

Certification as means of demonstrating competence

If there are QMHPs with Masters degrees in an appropriate field, not occupational therapy or outside of clinical mental health, then these folks should seek independent licensure in the pathways that are appropriate to their Masters degree. Social Work, Counseling, Substance Abuse Treatment Provider, or Marriage and Family Therapy all have rigorous standards to meet for licensure, and are the prevailing graduate clinical mental health tracks in the US today. Licensure as a standard is the highest of competencies, and should not be watered down by allowing folks without at least a Masters degree, internship/practicum, and residency experiences to be seen as independent providers/practitioners. We are exceptionally honored to provide mental health services to those in need, and for ethical and competent practice, should hold graduate degrees and supervised clinical experiences to demonstrate we are worthy of working with those in need. As others have stated, I am in favor of a certification that requires at least a Masters degree, some form of supervised clinical practice, and requires them to be under regular supervision of someone licensed in a clinical mental health discipline. If folks have a Masters degree in an appropriate clinical mental health field, then they should go through the appropriate licensure track for their graduate discipline. I know there are gaps in what may have qualified someone based on their graduate program, CACREP- or other accrediting body approval, and I recognize that it may take greater effort, time, and money to complete the remaining gaps in education to complete internship and residency, but our impact on humans is too great to get wrong. Independent Licensure dictates competency, ethical practice, and ability to practice with little oversight. Folks with bachelors degrees would not have the appropriate education to do so. Licensure is and should be a different standard than certification, and should be respected as such. I am in opposition of what the original petitioner is suggesting and feel that it could be achieved through channels that already exist for Masters degree-holders.

CommentID: **216887**

Commenter: Anonymous

5/9/23 6:08 pm

DISAGREE

I am reaching out to express my viewpoint regarding the licensure and regard of Qualified Mental Health Professionals (QMHPs) in comparison to Licensed Professional Counselors (LPCs) and Residents.

Firstly, I want to emphasize my respect and appreciation for QMHPs, as I myself started my career as a QMHP-E. I acknowledge the valuable contributions they make to the mental health field. However, I believe it is crucial to recognize the distinctions in the licensure requirements and professional qualifications between QMHPs, LPCs, and Residents.

QMHPs typically hold a bachelor's degree in human services and possess one year of clinical experience. While this foundation provides them with valuable knowledge and skills, it falls short in

terms of the extensive academic and residency requirements that LPCs and Residents are required to fulfill.

For instance, a Resident is expected to complete a bachelor's degree, followed by a master's degree that includes practicum placements, internships, and comprehensive exams. Additionally, LPCs are mandated to complete at least two years of supervised residency. These academic and residency requirements play a vital role in equipping LPCs and Residents with an in-depth understanding of clinical practice and ensure their readiness to address the complex mental health needs of individuals.

It is essential to emphasize that my intention is not to undermine the significance of QMHPs or question their competence. Rather, I aim to emphasize the importance of recognizing the variations in qualifications and experience among mental health professionals.

By acknowledging the distinctions, we can ensure that individuals seeking mental health support receive the appropriate level of care from professionals with diverse backgrounds and expertise. This recognition can also contribute to the overall advancement of the mental health profession and facilitate a comprehensive, multi-tiered approach to meeting the diverse needs of clients.

I welcome the opportunity for open and respectful dialogue on this topic, as it is essential for the continued growth and development of our field.

Thank you for taking the time to consider my viewpoint.
CommentID: **216939**

Commenter: Anonymous

5/11/23 12:44 pm

Disagree

Call it a certification but not a license.

CommentID: **216984**

Commenter: William Moncure; M. A. in Mental Health Counseling, Doctoral Candidate

5/15/23 3:40 pm

Support Underlying Goal; Needs Improved Execution

I believe I see this issue through a different lens than many here. I find that there is a lot to like in the petitioner's intentions. In fact I encourage those commenting here to read the actual petition if possible rather than only the summary given by the Board. I just wish the petition had more specific requirements for how a QMHP could become a licensed QMHP. I believe the petition would be more likely to be successful if it were more specific and firm about requirements.

My own background is in Clinical Mental Health Counseling and Addiction Counseling. However, I am concerned that ever since the Board of Counseling stopped allowing individuals with Counseling Psychology degrees to become LPCs (regardless of specific coursework or other training) there has been an issue where we have hundreds of individuals in Virginia who have 60 hour Master's degrees, but who are unable to ever practice independently. Generally they practice at the QMHP level.

I think this measure should be specifically limited to QMHP's with a certain level of experience, who have a Master's Degree, and have completed at least 60 credit hours at the graduate level. The Board seems to be firm in not allowing individuals with Counseling Psychology degrees to become LPCs, but if the issue is the *title* of Licensed Professional Counselor, perhaps this could be a reasonable compromise. I think ensuring that individuals with significant training and educational background can practice independently is in the best interest of the public given the

significant lack of mental health professionals in many parts of the Commonwealth and the ongoing opioid and other epidemics.

I suggest a title like "Master Qualified Mental Health Professional" to indicate the requirement for a Master's degree. Perhaps with 3-5 years of active practice at the QMHP level under appropriate supervision.

Several Psychology master's programs in Virginia shut down after the Board of Counseling decided to not allow their graduates to become LPCs, a phenomena which in part has contributed to the APA finally embracing Master's level accreditation (and presumably licensure of some sort). If the Board of Counseling does *not* provide a pathway to independent practice for those with Counseling Psychology Master's degrees, the Board of Psychology likely will in the near future. If the Board does not allow this change, those here who are in that boat might consider checking out what the Board of Psychology offers in the future. In my opinion, the question is whether the Board of Counseling wants to have these individuals under their Board, or let the Board of Psychology step in instead.

Essentially I would ask the Board to approve a modified version of the petitioner's request along the lines of requiring a Master's degree in Mental Health Counseling, Applied Psychology, Clinical Psychology, or Counseling Psychology; a total of 60 credit hours at the graduate level; and 3-5 years of experience under supervision.
CommentID: **217003**

Commenter: Anonymous

5/16/23 4:29 pm

Certification to validate professional development and skillset

Because of the educational and professional gaps that require more guidelines, standards of practice, accountability , role clarification and supervision at this point Licensure is a misleading terminology appears incongruent to expectations, training ,professional accountability and competence inherent in the word Licensure. This has already presented a new set of role confusion. Although many QMHP's have pursued advanced degrees this is not the expectation or most at this time.

CommentID: **217007**

Code of Virginia
Title 54.1. Professions and Occupations
Chapter 35. Professional Counseling

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

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

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

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

3. To designate specialties within the profession.

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

5. [Expired.]

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

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

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

9. To promulgate regulations for the registration of qualified mental health professionals, including qualifications, education, and experience necessary for such registration, and for the registration of persons receiving supervised training in order to qualify as a qualified mental health professional.

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

11. To promulgate regulations for the issuance of temporary licenses to individuals engaged in a counseling residency so that they may acquire the supervised, postgraduate experience required for licensure.

1976, c. 608, §§ 54-929, 54-931; 1983, c. 115; 1986, cc. 64, 100, 464; 1988, c. 765; 1994, cc. 558, 778; 1995, c. 820; 1997, c. 901; 2001 c. 460; 2013, c. 264; 2017, cc. 418, 426; 2019, cc. 101, 217, 428.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired. 7/3/202