

10:00 a.m. Call to Order – Gerard Lawson, PH.D., LPC, LSATP, Chair

- Welcome and Introductions
- Establishment of Quorum
- Mission of the Board/Emergency Egress Procedures.....Page 3

Adoption of Agenda

Public Comment

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

Approval of Minutes

- July 21, 2023* Board Meeting MinutesPage 5
- August 25, 2023 Informal Conference Committee Minutes (Informational Purposes Only).....Page 11
- September 13, 2023 Informal Conference Committee Minutes (Informational Purposes Only).....Page 14

Agency Director Report (Verbal) – Arne Owens

Chair Report (Verbal) – Dr. Lawson

Presentations – Yetty Shobo, Ph.D., Executive Director, Virginia Department of Health Professions, Health Care Workforce Data Center and Data Analytics Division; Barbara Hodgdon, PH.D., Deputy Director, DHP Health Care Workforce Data Center and Data Analytics Division

- Virginia’s Licensed Professional Counselor Workforce: 2023.....Page 16
- Virginia’s Qualified Mental Health Professionals-Adults Workforce: 2023Page 48
- Virginia’s Qualified Mental Health Professionals-Child Workforce: 2023.....Page 76

Legislative and Regulatory Report – Erin Barrett, JD, Department of Health Professions, Director of Legislative and Regulatory Affairs

- Regulatory Chart.....Page 104
- Consideration of Petition for Rulemaking*Page 106
- Consideration of Periodic Review Result*Page 112
- Consideration of Periodic Review Result*Page 123

Staff Reports

- Executive Director Report (Verbal Report) – Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology, and Social Work (BSU)
 - Discipline Report – Jennifer Lang, Deputy Director, BSU.....Page 136
 - Licensure Report – Charlotte Lenart, Deputy Director, BSU.....Page 161
-
-

New Business

- Degree Program Requirements – Dr. Lawson.....Page 165
-
-

Consideration of Agency Subordinate Recommendations – Jennifer Lang

Next Meetings:

- Board Meeting: February 2, 2024
-
-

Meeting Adjournment

*Indicates a Board Vote is required.

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

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

DRAFT



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.

EMERGENCY EGRESS

Please listen to the following instructions about exiting these premises in the event of an emergency.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound. When the alarms sound, leave the room immediately. Follow any instructions given by the Security staff.

Board Room 1

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

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.

Board Room 2

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

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.

You may also exit the room using the side door **(Point)**, turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

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.

Board Rooms 3 and 4

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

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.

Training Room 1

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

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.

Training Room 2

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the doors, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

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.

- PRESIDING OFFICER:** Danielle Hunt, LPC, Vice-Chairperson
- BOARD MEMBERS PRESENT:** Angela Charlton, Ph.D., LPC
Benjamin Allison, Citizen Member
Natalie Franklin, LPC, LMFT
Gerard Lawson, Ph.D., LPC, LSATP
Maria Stransky, LPC, CSAC, CSOTP
Matthew Scott, LMFT
Terry R. Tinsley, Ph. D., LPC, LMFT, CSOTP
Tiffinee Yancey, Ph.D., LPC
- BOARD MEMBERS ABSENT:** Johnston, Brendel, Ed.D., LPC, LMFT, Chairperson
- BOARD STAFF PRESENT:** Charlotte Lenart, Deputy Executive Director
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
- BOARD COUNSEL PRESENT:** James Rutkowski, Assistant Attorney General, Board Counsel
- DHP STAFF PRESENT:** Arne Owens, Director, Department of Health Professions
James Jenkins, Deputy Director, Department of Health Professions
Matthew Novak, Policy Analyst, Department of Health Professions
- PUBLIC ATTENDEES:** Ashley Fire, University of Richmond law student
Becky Bowers-Lanier, Virginia Counselor Association Lobbyist
Denise Daly Konrad, Director of Strategic Initiatives, Virginia Health Care Foundation
- CALL TO ORDER:** Ms. Hunt called the board meeting to order at 10:00 a.m.
- ESTABLISHMENT OF A QUORUM:** With nine members present at roll call, a quorum was established.
- MISSION STATEMENT:** Ms. Hunt read the mission statement of the Department of Health Professions, which was also the mission statement of the Board. Ms. Hunt also read the emergency egress instructions.
- ADOPTION OF AGENDA:** Ms. Hoyle informed the Board that no formal hearing is scheduled following the meeting.
- Motion:** Dr. Lawson moved, which was properly seconded, to update the agenda by omitting the formal hearing. The motion was unanimously approved.

PUBLIC COMMENT: No public comment provided.

APPROVAL OF MINUTES: *Motion:* Ms. Stransky moved, which was properly seconded, to accept May 5, 2023, minutes as presented.

AGENCY DIRECTOR REPORT: **Operations**
Mr. Owens discussed the Agency's use of robotic automation, digitizing case files, and adjustments to staff salaries to ensure that what DHP's staff wages are commensurate to other agencies.

Healthcare Workforce
Mr. Owens indicated that DHP has been working closely with the Health Workforce Development Authority to identify gaps in workforce shortages and problem areas. The study is currently in phase II and III and is projected provide recommendations to the General Assembly later this year.

Right Help Right Now
Mr. Owens discussed the Governor's Behavioral Transformation Plan of which Ms. Hoyle and Mr. Jenkins are co-leads of Pillar 5. Mr. Owens thanked Ms. Hoyle for her help and leadership. The Pillar 5 team developed a range of initiatives which will include the need for regulatory and legislative actions.

2024 General Assembly
Mr. Owens indicate that DHP is preparing for the next general assembly and is in communications with Secretary of Health and Human Resources with legislative proposals as part of the Governor's package to the General Assembly.

Preparing for the next biennial budget
Mr. Owens stated that DHP has started working on the budget for 2024 to 2026 and reminded everyone that DHP is self-funded by fees paid by licensees.

CHAIR REPORT: No report.

LEGISLATION & REGULATORY REPORT: Mr. Novak reviewed the Board of Counseling chart of regulatory actions. A copy of all the current regulatory actions was included in the agenda packet.

Ms. Novak discussed the requirement for agencies to conduct periodic reviews of regulatory chapters every four years, The Board needs to review and initiate periodic review on the Regulations Governing the Certification of Rehabilitation Providers.

Motion: Dr. Lawson moved, which was properly seconded, to initiate periodic review of 18VAC115-40. The motion passed unanimously.

Mr. Novak discuss the need for the Board to conduct periodic review on the public participation guidelines in 18VAC115-11.

Motion: Dr. Tinsley moved, which was properly seconded, to initiate periodic review of 18VAC115-11. The motion passed unanimously.

Mr. Novak discussed the proposed revised policy on meetings held with electronic participation pursuant to statutory changes.

Motion: Dr. Lawson moved, which was properly seconded, to revise policy on meetings held with electronic participation as presented. The motion passed unanimously.

STAFF REPORTS:

Executive Director Report

Ms. Hoyle indicated that the financials is hoping that at the next meeting she will be able to present the revenue and expenditures. She said that the Board is in good financial standing.

Ms. Hoyle reported that the Board has two current Board member vacancies due to relocation and job restrictions and that Dr. Brendel stated at the last meeting that he will be resigning. She also indicated that Ms. Hunt's second term is ending, and Ms. Charlton's first term will be ending. Ms. Hoyle indicated that she has reminded the Administration of the Board's needs.

Ms. Hoyle thanked Ms. Lang and Ms. Lenart and staff for their dedication and hard work.

Discipline Report

Ms. Lang referenced the discipline report included in the agenda and advised that additional information was added to give the board members a snapshot of caseloads for the three behavioral science boards. She noted that there are only two full-time discipline staff members to process cases for three boards.

Licensing Report

Ms. Lenart referenced the licensing report on page 87 which indicates that the Board regulates over 37, 000 licensee, certificate holders and registrants. She also indicated that after running detailed reports, it appears that the Board regulates approximately 14,000 QMHPs after subtracting all the individuals who hold another QMHP credential or hold a superseding license/registration.

Ms. Lenart indicated that Board staff receives an average of 637 application per month. Staff continues to do a great job providing excellent customer service, as demonstrated by the satisfaction survey numbers of 96.3% for the last quarter. Staff is consistently reviewing applications within 14 days of being complete and all endorsement applications continue to be expedited. Ms. Lenart thanked her staff for their hard work and dedication.

Ms. Lenart reported that Board staff has approved over 3,400 applications this year and has deferred 111 applications. Ten applicants have appealed the decision to an Informal Conference. She commented that most of the deferrals were directly related to education.

Ms. Lenart provided information on the new website, the continued use of a BOT to send standardized emails and ability for applicants to upload documentation during the online application process.

Ms. Lenart announced that the Board will soon have QR codes on the new issued licenses so that clients are able to quickly look up the licensee's information on license lookup.

COMMITTEE REPORTS:

Regulatory Committee

Dr. Lawson provided the Board a summary of the Regulatory Committees findings and recommendations on both petitions for rule making.

Consideration of Petition for Rulemaking regarding supervision for QMHP-Ts and independent practice.

The Board discussed, reviewed the petition for rulemaking and the public comments.

Motion: Ms. Charlton moved, which was properly seconded, to accept the recommendation of the Regulatory Committee and to take no action on the petition for rule making. The motion passed unanimously.

The Board noted that it is currently in the process of reviewing the role and requirements of Qualified Mental Health Practitioners so they can make adjustments to better regulate the profession and ensure safe and competent patient care. The Board will consider the comments as it considers revisions for all of Chapter 80.

Consideration of Petition for Rulemaking to License QMHPs

The Board reviewed the petition for rulemaking and the public comments.

Motion: Ms. Stransky moved, which was properly seconded, to accept the recommendation of the Regulatory Committee and to take no action on the petition for rule making. The motion passed unanimously.

The Board commented that the petitioner's request to license Qualified Mental Health Practitioners instead of registering them is not within the jurisdiction of the Board. The licensure status of a practice group is the purview of the General Assembly.

QMHP Discussion and Overhaul Recommendations

Dr. Lawson provided an overview of to the presentation that Ms. Hoyle presented to the Regulatory Committee that covered current Qualified Mental Health Professional (QMHP) regulations, background information on the Department of Health Professions (DHP) role, survey question sent to the Regulatory Advisory Panel (RAP), identified concerns and potential solutions. This presentation was included in the agenda packet.

The Board reviewed the problems and possible solutions identified in the presentation and added that the overhaul solution would need to be a legislative change. The Boards number one duty is to protect the public. The Board discussed streamlining the process, requiring specific training, supervision requirement and training, education requirements, requiring a jurisprudence examination, adding specific scope of practice, title change, and a voice on the Board for QMHPs.

Ms. Hoyle indicated that this would include collaboration with the Department of Behavioral Health and Development (DBHDS), Department of Medical Assistance Services (DMAS) and possibly Virginia community colleges.

Dr. Lawson suggested that the Board identify, and outline changes needed and present the recommendations to DBHDS and DMAS. Dr. Lawson indicated that the Board does not need to decide on a plan today but would welcome any suggestions from Board members.

Board of Health Professions

No report.

ELECTION OF OFFICERS:

Dr. Yancey nominated Dr. Lawson as the Chairperson for the Board of Counseling. Dr. Tinsley nominated Ms. Stransky as Vice-Chairperson for the Board of Counseling.

Motion: Mr. Allison moved, which was properly seconded, to accept Dr. Lawson as the Chairperson of the Board of Counseling. The motion passed unanimously.

Motion: Mr. Allison moved, which was properly seconded, to accept Ms. Stransky as Vice-Chairperson of the Board of Counseling. The motion passed unanimously.

**SUBORDINATE
RECOMMENDATIONS:**

Refer to Attachment A.

NEXT MEETING DATES:

Ms. Hunt announced that the next Board meeting will occur on October 27, 2023.

ADJOURNMENT:

Ms. Hunt adjourned the July 21, 2023, Board meeting at 12:00 p.m.

Gerard Lawson, Ph.D., LPC, LSATP, Chairperson

Jaime Hoyle, JD, Executive Director

ATTACHMENT A

CONSIDERATION OF RECOMMENDED DECISIONS

BOARD MEMBERS IN ATTENDANCE:

Danielle Hunt, LPC, Vice-Chairperson
Angela Charlton, Ph.D., LPC
Gerard Lawson, Ph.D., LPC, LSATP
Terry Tinsley, Ph.D., LPC, LMFT, CSOTP

Benjamin Allison, Citizen Member
Natalie Franklin, LPC, LMFT
Matthew Scott, LMFT
Tiffinee Yancey, Ph.D., LPC

CLOSED MEETING:

Dr. Tinsley moved that the Board of Counseling convene in closed session pursuant to §2.2-3711(A)(27) of the *Code of Virginia* to consider agency subordinate recommendations. He further moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, and Charlotte Lenart attend the closed meeting because their presence in the meeting was deemed necessary and would aid the Board in its consideration of the matters. The motion was seconded and passed unanimously.

RECONVENE:

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

RECOMMENDATIONS AND DECISIONS:

Jacqueline Graham, QMHP-A

Registration Nos.: 0732004817

Case No.: 209783

The board considered the agency subordinate's recommendation to place Jacqueline Graham's registration as a QMHP-adult on indefinite probation, with certain terms and conditions, for a period of not less than 12 months.

Robert Ashford, QMHP-A

Registration No.: 0732004509

Case No.: 210678

The board considered the agency subordinate's recommendation to place Robert Ashford's registration as a QMHP-adult on indefinite probation, with certain terms and conditions, for a period of not less than 12 months.

Dequan Parrish, QMHP-A

Registration No.: 0732004663

Case No.: 226574

The board considered the agency subordinate's recommendation to place certain terms and conditions on Dequan's registration as a QMHP-adult.

DECISION:

Dr. Lawson moved to accept the recommendations of the agency subordinate in the cases of Jacqueline Graham, Robert Ashford, and Dequan Parrish. The motion was seconded by Dr. Yancey and passed unanimously.

**VIRGINIA BOARD OF COUNSELING
SPECIAL CONFERENCE COMMITTEE
INFORMAL CONFERENCE MINUTES – AUGUST 25, 2023**

CALL TO ORDER: A Special Conference Committee (“Committee”) of the Board of Counseling (“Board”) convened on August 25, 2023 at 10:04 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Board Room 1.

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

STAFF PRESENT: Christy Evans, Discipline Case Manager, Board of Counseling
Emily Tatum, Sr. Adjudication Specialist, Administrative Proceedings Division

APPLICANT: **Gerod Stukes, Applicant for Registration as a QMHP-A**
Case No.: 227029

DISCUSSION: Gerod Stukes appeared in person before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated June 23, 2023.

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

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

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee voted to deny Gerod Stukes' application for registration as a QMHP-A. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 10:54 a.m.

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

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

9/10/2023
Date

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Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

9/12/2023
Date

**VIRGINIA BOARD OF COUNSELING
SPECIAL CONFERENCE COMMITTEE
INFORMAL CONFERENCE MINUTES – AUGUST 25, 2023**

CALL TO ORDER: A Special Conference Committee (“Committee”) of the Board of Counseling (“Board”) convened on August 25, 2023 at 11:05 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Board Room 1.

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

STAFF PRESENT: Christy Evans, Discipline Case Manager, Board of Counseling
Emily Tatum, Sr. Adjudication Specialist, Administrative Proceedings Division

APPLICANT: **Scott Succardi, Applicant for Licensure as a Resident in MFT**
Case No.: 226513

DISCUSSION: Scott Succardi appeared in person before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated April 12, 2023, and an Amended Notice dated June 26, 2023.

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

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

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee voted to deny Scott Succardi's application for licensure as a Resident in Marriage and Family Therapy. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 12:00 p.m.

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

Committee shall be vacated

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

9/10/2023

Date

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Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

9/12/2023

Date

**VIRGINIA BOARD OF COUNSELING
SPECIAL CONFERENCE COMMITTEE
INFORMAL CONFERENCE MINUTES – AUGUST 25, 2023**

CALL TO ORDER: A Special Conference Committee (“Committee”) of the Board of Counseling (“Board”) convened on August 25, 2023 at 1:00 p.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Board Room 1.

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

STAFF PRESENT: Christy Evans, Discipline Case Manager, Board of Counseling
Emily Tatum, Sr. Adjudication Specialist, Administrative Proceedings Division

APPLICANT: **Kaitlin Jones, CSAC-A Applicant and RPRS Applicant**
Case No.: 220109
Attorney: Craig Cooley, Esquire

DISCUSSION: Kaitlin Jones appeared in person before the Committee, with legal counsel, and fully discussed the allegations contained in the Notice dated July 26, 2023.

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

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

DECISION: Upon a motion by Ms. Stransky, and duly seconded by Ms. Hunt, the Committee voted to approve Kaitlin Jones' applications with certain terms and conditions. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 2:27 p.m.

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

Committee shall be vacated

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

9/10/2023
Date

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Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

9/12/2023
Date

**Virginia Board of Counseling
Informal Conferences – Agency Subordinate
September 13, 2023**

The informal conferences, held before an Agency Subordinate of the Board of Counseling, were convened at 10:12 a.m. on September 13, 2023 at the Department of Health Professions, 9960 Mayland Drive, Ste. 201 Hearing Room 6, Henrico, Virginia.

Agency Subordinate: Danielle Hunt, LPC
Staff Present: Christy Evans, Discipline Case Manager, Board of Counseling

Cases Considered:

Kamby Hatcher, QMHP-A

Attorney for Respondent: n/a
Others Present: Christine Corey, Adjudication Specialist, APD
Registration No.: 0732004574
Case Nos.: 216758
218277

Kamby Hatcher appeared in person, without legal counsel, and discussed the allegations in the Notice dated January 9, 2023, and the Amended Notices dated February 10, 2023 and June 26, 2023.

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

Wayne Bell, Jr., QMHP-A, QMHP-C

Attorney for Respondent: n/a
Others Present: Christine Corey, Adjudication Specialist, APD
Registration Nos.: 0732002719
0733000903
Case No.: 227660

Wayne Bell, Jr. did not appear in accordance with the Notice dated June 26, 2023 and was not represented by legal counsel. Based upon information provided by Christine Corey, the Agency Subordinate ruled that adequate notice was provided.

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


Loretta Stevens, QMHP-Trainee

Attorney for Respondent: n/a
Others Present: Emily Tatum, Adjudication Specialist, APD
Registration No.: 0734001585
Case No.: 209651

Loretta Stevens did not appear in accordance with the Notice dated December 22, 2022, and an Amended Notice dated June 26, 2023, and was not represented by legal counsel. Based upon information provided by Emily Tatum, the Agency Subordinate ruled that adequate notice was provided.

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

Adjournment: The conferences concluded at 12:12 p.m.



Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

September 14, 2023

Date

Virginia's Licensed Professional Counselor Workforce: 2023

Healthcare Workforce Data Center

July 2023

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

Nearly 8,000 Licensed Professional Counselors voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Counseling express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

Arne E. Owens, MS
Director

James L. Jenkins, Jr., RN
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

Saga Balla
Intern

Virginia Board of Counseling

Chair

Gerard Lawson, PhD, LPC, LSATP
Blacksburg

Vice-Chair

Maria Stransky, LPC, CSAC, CSOTP
Richmond

Members

Benjamin Allison
Forest

Angela Charlton, PhD, LPC
Ashburn

Natalie Franklin, LPC, LMFT
Newport News

Danielle Hunt, LPC
Richmond

Matthew Scott, LMFT
Lynchburg

Terry R. Tinsley, PhD, LPC, LMFT, CSOTP
Gainesville

Tiffinee Yancey, PhD, LPC
Suffolk

Executive Director

Jaime H. Hoyle, JD

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The Licensed Professional Counselor Workforce At a Glance:

The Workforce

Licensees:	9,058
Virginia's Workforce:	7,411
FTEs:	6,151

Background

Rural Childhood:	31%
HS Degree in VA:	50%
Prof. Degree in VA:	64%

Current Employment

Employed in Prof.:	96%
Hold 1 Full-Time Job:	54%
Satisfied?:	96%

Survey Response Rate

All Licensees:	88%
Renewing Practitioners:	97%

Education

Masters:	89%
Doctorate:	11%

Job Turnover

Switched Jobs:	7%
Employed Over 2 Yrs.:	63%

Demographics

Female:	82%
Diversity Index:	44%
Median Age:	46

Finances

Median Income: \$70k-\$80k	
Health Insurance:	59%
Under 40 w/ Ed. Debt:	69%

Time Allocation

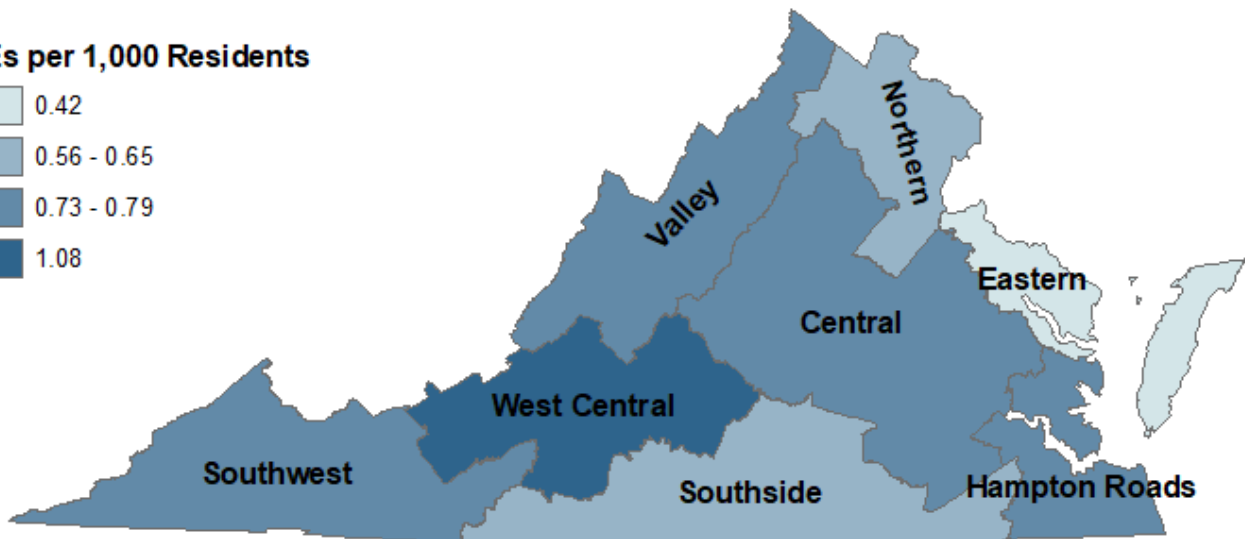
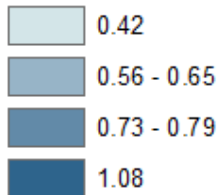
Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	64%

Source: Va. Healthcare Workforce Data Center

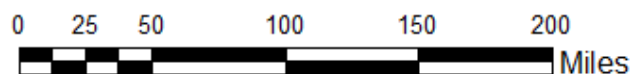
Full-Time Equivalency Units Provided by Licensed Professional Counselors per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2023 Licensed Professional Counselor (LPC) Workforce Survey. Nearly 8,000 LPCs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LPCs. These survey respondents represent 88% of the 9,058 LPCs who are licensed in the state and 97% of renewing practitioners.

The HWDC estimates that 7,411 LPCs participated in Virginia's workforce during the survey period, which is defined as those LPCs who worked at least a portion of the year in the state or who live in the state and intend to work as a LPC at some point in the future. Over the past year, Virginia's LPC workforce provided 6,151 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

More than four out of every five LPCs are female, including 86% of those LPCs who are under the age of 40. In a random encounter between two LPCs, there is a 44% chance that they would be of different races or ethnicities, a measure known as the diversity index. The diversity index increases to 47% for those LPCs who are under the age of 40. This makes Virginia's LPC workforce less diverse than the state's overall population, which has a comparable diversity index is 58%. Nearly one-third of all LPCs grew up in a rural area, and 21% of those LPCs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 9% of all LPCs work in a non-metro area of the state.

Among all LPCs, 96% are currently employed in the profession, 54% hold one full-time job, and 41% work between 40 and 49 hours per week. Nearly two out of every three LPCs work in the for-profit sector, while another 15% of LPCs work in the non-profit sector. The median annual income of Virginia's LPC workforce is between \$70,000 and \$80,000. More than half of LPCs receive this income in the form of a salary, while another 23% receive their income through their own business or practice. In addition, nearly three-fourths of all wage and salaried LPCs receive at least one employer-sponsored benefit, including 59% who have access to health insurance. Among all LPCs, 96% indicated that they are satisfied with their current work situation, including 71% of LPCs who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2013 LPC workforce. The number of licensed LPCs in Virginia has increased by 141% (9,058 vs. 3,753). In addition, the size of Virginia's LPC workforce has increased by 121% (7,411 vs. 3,351), and the number of FTEs provided by this workforce has increased by 105% (6,151 vs. 3,003). Virginia's renewing LPCs are more likely to respond to this survey (97% vs. 89%).

The percentage of all LPCs who are female has increased (82% vs. 76%), although the opposite is the case among LPCs who are under the age of 40 (86% vs. 87%). At the same time, the median age of the LPC workforce has decreased (46 vs. 53). The diversity index of Virginia's LPC workforce has increased (44% vs. 25%), a trend that has also occurred among LPCs who are under the age of 40 (47% vs. 34%). The percentage of LPCs who grew up in a rural area has increased (31% vs. 28%), and LPCs who grew up in a rural area are more likely to work in a non-metro area of the state (21% vs 19%). The overall percentage of LPCs who work in a non-metro area of Virginia has also increased (9% vs. 8%).

LPCs are more likely to hold a master's degree (89% vs. 83%) than a doctorate degree (11% vs. 17%) as their highest professional degree. LPCs are also more likely to carry education debt (51% vs. 32%), and the median outstanding balance among those LPCs with education debt has increased (\$90k-\$100k vs. \$30k-\$40k). Virginia's LPC workforce is more likely to have a primary specialty in mental health (65% vs. 51%) but less likely to have a primary specialty in either children's health (6% vs. 9%) or substance abuse (5% vs. 8%).

LPCs are more likely to be employed in the profession (96% vs. 92%). In addition, LPCs are more likely to work in the for-profit sector (65% vs. 52%) but less likely to work in either the non-profit sector (15% vs. 19%) or a state/local government (16% vs. 27%). The median annual income of Virginia's LPCs has increased (\$70k-\$80k vs. \$50k-\$60k). Virginia's LPCs are slightly more likely to indicate that they are satisfied with their current work situation (96% vs. 95%). This is also the case among those LPCs who indicated that they are "very satisfied" (71% vs. 70%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	7,707	85%
New Licensees	1,046	12%
Non-Renewals	305	3%
All Licensees	9,058	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing LPCs, 97% submitted a survey. These represent 88% of the 9,058 LPCs who held a license at some point during the survey period.

Definitions

- The Survey Period:** The survey was conducted in June 2023.
- Target Population:** All LPCs who held a Virginia license at some point between July 2022 and June 2023.
- Survey Population:** The survey was available to LPCs who renewed their licenses online. It was not available to those who did not renew, including LPCs newly licensed in 2023.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 35	245	964	80%
35 to 39	173	1,308	88%
40 to 44	156	1,263	89%
45 to 49	114	978	90%
50 to 54	102	933	90%
55 to 59	80	731	90%
60 to 64	64	621	91%
65 and Over	175	1,151	87%
Total	1,109	7,949	88%
New Licenses			
Issued in Past Year	618	428	41%
Metro Status			
Non-Metro	68	602	90%
Metro	689	5,934	90%
Not in Virginia	352	1,412	80%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	7,949
Response Rate, All Licensees	88%
Response Rate, Renewals	97%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LPCs

Number: 9,058
 New: 12%
 Not Renewed: 3%

Response Rates

All Licensees: 88%
 Renewing Practitioners: 97%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LPC Workforce: 7,411
 FTEs: 6,151

Utilization Ratios

Licensees in VA Workforce: 82%
 Licensees per FTE: 1.47
 Workers per FTE: 1.20

Source: Va. Healthcare Workforce Data Center

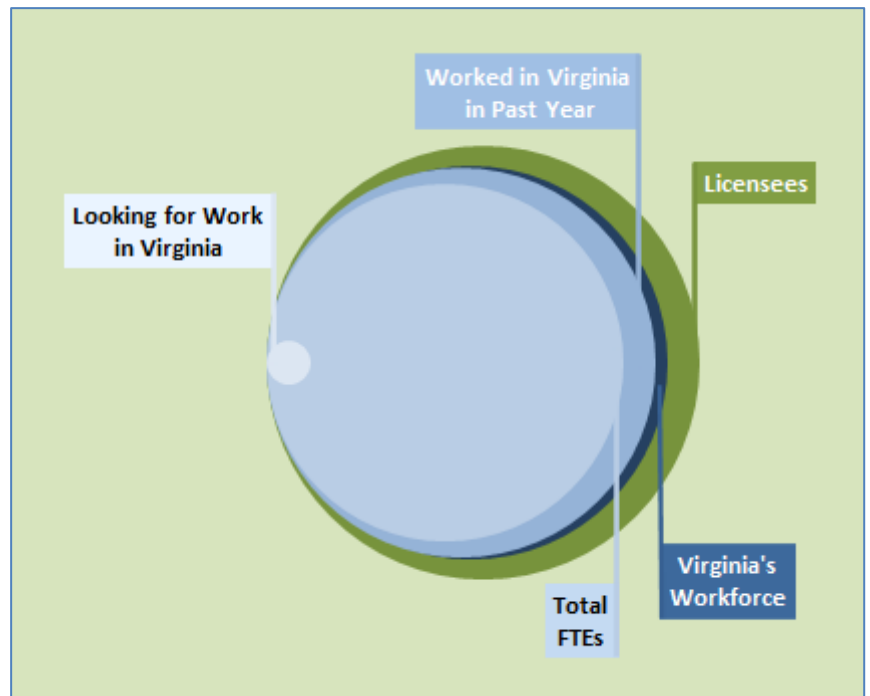
Virginia's LPC Workforce		
Status	#	%
Worked in Virginia in Past Year	7,316	99%
Looking for Work in Virginia	95	1%
Virginia's Workforce	7,411	100%
Total FTEs	6,151	
Licensees	9,058	

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	114	12%	861	88%	975	16%
35 to 39	177	17%	871	83%	1,048	17%
40 to 44	138	14%	833	86%	972	16%
45 to 49	107	15%	614	85%	721	12%
50 to 54	107	15%	598	85%	705	11%
55 to 59	118	20%	463	80%	582	9%
60 to 64	91	21%	337	79%	428	7%
65 and Over	252	30%	578	70%	829	13%
Total	1,105	18%	5,155	82%	6,260	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	LPCs		LPCs Under 40	
	%	#	%	#	%
White	60%	4,572	73%	1,428	70%
Black	19%	1,148	18%	366	18%
Asian	7%	98	2%	38	2%
Other Race	0%	45	1%	8	0%
Two or More Races	3%	137	2%	61	3%
Hispanic	10%	298	5%	129	6%
Total	100%	6,298	100%	2,030	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 82%
% Under 40 Female: 86%

Age

Median Age: 46
% Under 40: 32%
% 55 and Over: 29%

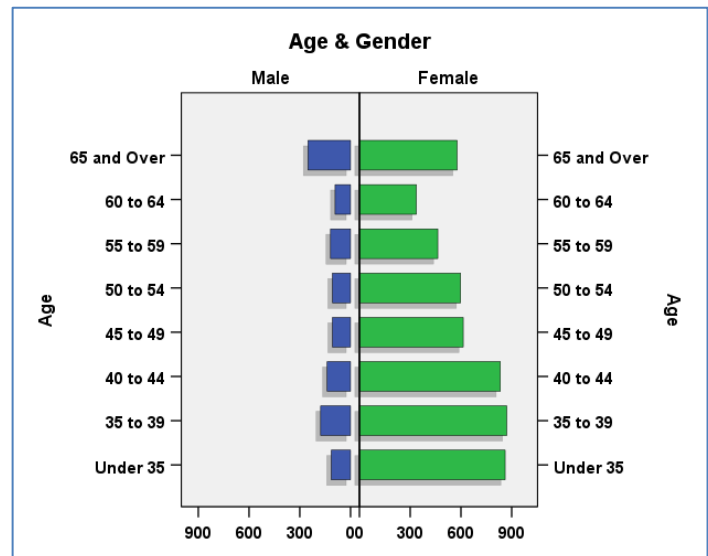
Diversity

Diversity Index: 44%
Under 40 Div. Index: 47%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LPCs, there is a 44% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the comparable diversity index is 58%.

Nearly one-third of all LPCs are under the age of 40, and 86% of LPCs who are under the age of 40 are female. In addition, the diversity index among LPCs who are under the age of 40 is 47%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 15%
Rural Childhood: 31%

Virginia Background

HS in Virginia: 50%
Prof. Edu. in VA: 64%
HS or Prof. Edu. in VA: 74%

Location Choice

% Rural to Non-Metro: 21%
% Urban/Suburban to Non-Metro: 4%

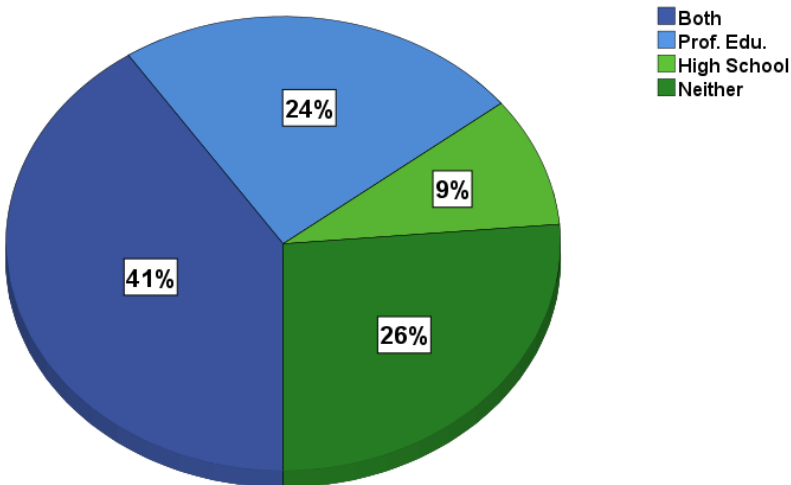
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	21%	61%	18%
2	Metro, 250,000 to 1 Million	42%	49%	9%
3	Metro, 250,000 or Less	45%	46%	9%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	68%	22%	10%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	64%	32%	4%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	88%	8%	4%
8	Rural, Metro Adjacent	59%	33%	7%
9	Rural, Non-Adjacent	67%	19%	14%
Overall		31%	54%	15%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Among all LPCs, 31% grew up in a self-described rural area, and 21% of LPCs who grew up in a rural area currently work in a non-metro county. In total, 9% of all LPCs in the state currently work in a non-metro county.

Top Ten States for Licensed Professional Counselor Recruitment

Rank	All LPCs			
	High School	#	Init. Prof. Degree	#
1	Virginia	3,086	Virginia	3,975
2	New York	330	Maryland	203
3	Pennsylvania	312	Washington, D.C.	193
4	Maryland	259	Minnesota	181
5	Outside U.S./Canada	230	Pennsylvania	144
6	North Carolina	213	North Carolina	141
7	Florida	175	New York	129
8	New Jersey	152	Florida	128
9	Ohio	136	Kentucky	108
10	California	101	Texas	76

Source: Va. Healthcare Workforce Data Center

One-half of all LPCs received their high school degree in Virginia, while 64% received their initial professional degree in the state.

Among LPCs who have obtained their initial license in the past five years, 49% received their high school degree in Virginia, while 62% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	1,431	Virginia	1,788
2	New York	141	Minnesota	123
3	Pennsylvania	140	Washington, D.C.	94
4	Maryland	117	Maryland	91
5	North Carolina	113	Pennsylvania	80
6	Outside U.S./Canada	109	North Carolina	76
7	Florida	90	New York	76
8	New Jersey	63	Kentucky	65
9	Ohio	61	Florida	64
10	California	51	Texas	32

Source: Va. Healthcare Workforce Data Center

Among all licensees in Virginia, 18% did not participate in the state's LPC workforce during the past year. Among licensed LPCs who did not participate in the state's LPC workforce, 91% worked at some point in the past year, including 85% who worked in a job related to the behavioral sciences.

At a Glance:

Not in VA Workforce

Total:	1,647
% of Licensees:	18%
Federal/Military:	6%
Va. Border State/D.C.:	24%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Bachelor's Degree	3	0%
Master's Degree	5,376	89%
Doctor of Psychology	122	2%
Other Doctorate	567	9%
Total	6,068	100%

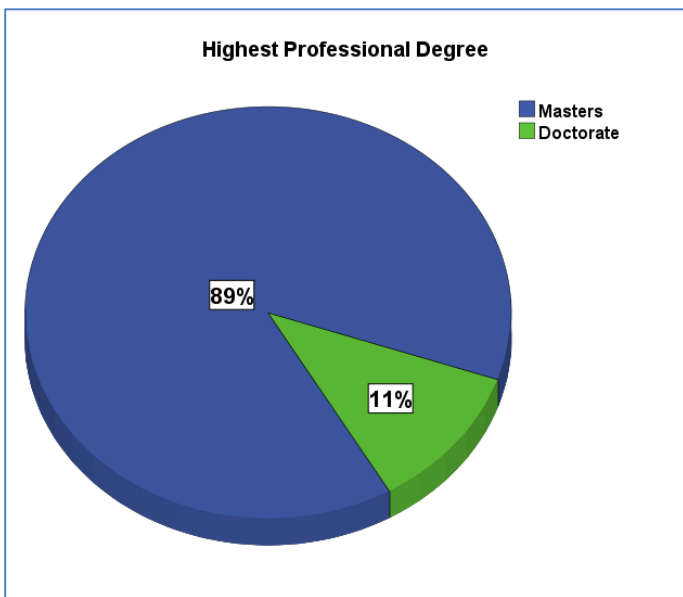
Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
 Masters: 89%
 Doctorate/PhD: 11%

Education Debt
 Carry Debt: 51%
 Under Age 40 w/ Debt: 69%
 Median Debt: \$90k-\$100k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than half of all LPCs carry education debt, including 69% of those LPCs who are under the age of 40. For those LPCs with education debt, the median outstanding balance is between \$90,000 and \$100,000.

Education Debt				
Amount Carried	All LPCs		LPCs Under 40	
	#	%	#	%
None	2,601	49%	529	31%
Less than \$10,000	195	4%	61	4%
\$10,000-\$29,999	309	6%	128	8%
\$30,000-\$49,999	241	5%	106	6%
\$50,000-\$69,999	269	5%	126	7%
\$70,000-\$89,999	314	6%	175	10%
\$90,000-\$109,999	385	7%	185	11%
\$110,000-\$129,999	270	5%	123	7%
\$130,000-\$149,999	191	4%	79	5%
\$150,000 or More	574	11%	189	11%
Total	5,349	100%	1,701	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Primary Specialty

Mental Health: 65%
 Child: 6%
 Behavioral Disorders: 5%

Secondary Specialty

Mental Health: 15%
 Behavioral Disorders: 14%
 Substance Abuse: 14%

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of all LPCs have a primary specialty in mental health, while another 6% of LPCs have a primary specialty in children's health.

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Mental Health	3,936	65%	766	15%
Child	358	6%	460	9%
Behavioral Disorders	321	5%	732	14%
Substance Abuse	311	5%	724	14%
Marriage	142	2%	296	6%
Family	129	2%	386	7%
School/Educational	85	1%	184	4%
Forensic	29	0%	54	1%
Sex Offender Treatment	27	0%	54	1%
Rehabilitation	18	0%	23	0%
Health/Medical	16	0%	54	1%
Neurology/Neuropsychology	13	0%	22	0%
Vocational/Work Environment	10	0%	29	1%
Public Health	6	0%	27	1%
Social	3	0%	35	1%
Industrial-Organizational	3	0%	11	0%
Experimental or Research	2	0%	6	0%
Gerontologic	2	0%	5	0%
General Practice (Non-Specialty)	425	7%	861	17%
Other Specialty Area	212	4%	466	9%
Total	6,050	100%	5,196	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 96%
Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 54%
2 or More Positions: 28%

Weekly Hours:

40 to 49: 41%
60 or More: 5%
Less than 30: 21%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	7	< 1%
Employed in a Behavioral Sciences-Related Capacity	5,878	96%
Employed, NOT in a Behavioral Sciences-Related Capacity	117	2%
Not Working, Reason Unknown	1	< 1%
Involuntarily Unemployed	8	< 1%
Voluntarily Unemployed	79	1%
Retired	68	1%
Total	6,158	100%

Source: Va. Healthcare Workforce Data Center

Among all LPCs, 96% are currently employed in the profession, 54% hold one full-time job, and 41% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	156	3%
1 to 9 Hours	180	3%
10 to 19 Hours	410	7%
20 to 29 Hours	666	11%
30 to 39 Hours	1,167	19%
40 to 49 Hours	2,452	41%
50 to 59 Hours	683	11%
60 to 69 Hours	243	4%
70 to 79 Hours	52	1%
80 or More Hours	36	1%
Total	6,045	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	156	3%
One Part-Time Position	920	15%
Two Part-Time Positions	277	5%
One Full-Time Position	3,282	54%
One Full-Time Position & One Part-Time Position	1,181	19%
Two Full-Time Positions	71	1%
More than Two Positions	170	3%
Total	6,057	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	33	1%
Less than \$20,000	240	5%
\$20,000-\$29,999	184	4%
\$30,000-\$39,999	230	5%
\$40,000-\$49,999	300	6%
\$50,000-\$59,999	504	10%
\$60,000-\$69,999	667	14%
\$70,000-\$79,999	672	14%
\$80,000-\$89,999	615	13%
\$90,000-\$99,999	443	9%
\$100,000 or More	1,011	21%
Total	4,899	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$70k-\$80k

Benefits
(Salary/Wage Employees Only)
Health Insurance: 59%
Retirement: 56%

Satisfaction
Satisfied: 96%
Very Satisfied: 71%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	4,243	71%
Somewhat Satisfied	1,509	25%
Somewhat Dissatisfied	169	3%
Very Dissatisfied	46	1%
Total	5,967	100%

Source: Va. Healthcare Workforce Data Center

The typical LPC earns between \$70,000 and \$80,000 per year. Among LPCs who receive either an hourly wage or a salary as compensation at their primary work location, 73% receive at least one employer-sponsored benefit, including 59% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,566	44%	65%
Health Insurance	2,417	41%	59%
Retirement	2,282	39%	56%
Dental Insurance	2,277	39%	56%
Paid Sick Leave	2,204	37%	55%
Group Life Insurance	1,623	28%	41%
Signing/Retention Bonus	413	7%	10%
At Least One Benefit	3,045	52%	73%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	36	< 1%
Experience Voluntary Unemployment?	244	3%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	203	3%
Work Two or More Positions at the Same Time?	1,960	26%
Switch Employers or Practices?	522	7%
Experience at Least One?	2,498	34%

Source: Va. Healthcare Workforce Data Center

Less than 1% of Virginia's LPCs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 2.9% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	73	1%	58	4%
Less than 6 Months	270	5%	182	11%
6 Months to 1 Year	523	9%	193	12%
1 to 2 Years	1,296	22%	389	24%
3 to 5 Years	1,639	28%	439	27%
6 to 10 Years	970	16%	210	13%
More than 10 Years	1,136	19%	183	11%
Subtotal	5,907	100%	1,654	100%
Did Not Have Location	106		5,686	
Item Missing	1,398		71	
Total	7,411		7,411	

Source: Va. Healthcare Workforce Data Center

More than half of all LPCs are salaried employees, while nearly one-quarter of LPCs receive income from their own business or practice.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: < 1%
Underemployed: 3%

Turnover & Tenure

Switched Jobs: 7%
New Location: 20%
Over 2 Years: 63%
Over 2 Yrs., 2nd Location: 50%

Employment Type

Salary/Commission: 54%
Business/Practice Income: 23%

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of all LPCs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	2,307	54%
Hourly Wage	623	15%
By Contract	353	8%
Business/Practice Income	966	23%
Unpaid	21	0%
Subtotal	4,271	100%
Did Not Have Location	106	
Item Missing	3,034	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.5% and a high of 3.3%. At the time of publication, the unemployment rate for June 2023 was still preliminary.

A Closer Look:

At a Glance:

Concentration

Top Region:	28%
Top 3 Regions:	69%
Lowest Region:	1%

Locations

2 or More (Past Year):	29%
2 or More (Now*):	27%

Source: Va. Healthcare Workforce Data Center

Nearly seven out of every ten LPCs in the state work in Northern Virginia, Central Virginia, and Hampton Roads.

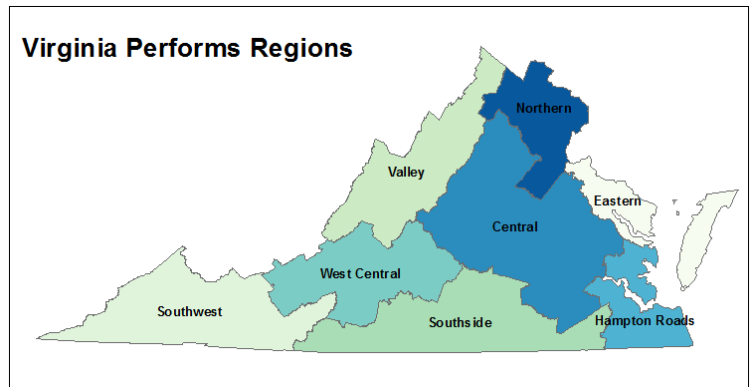
Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,234	21%	339	20%
Eastern	66	1%	22	1%
Hampton Roads	1,180	20%	377	22%
Northern	1,680	28%	435	26%
Southside	210	4%	68	4%
Southwest	273	5%	77	5%
Valley	403	7%	82	5%
West Central	773	13%	166	10%
Virginia Border State/D.C.	30	1%	36	2%
Other U.S. State	50	1%	81	5%
Outside of the U.S.	0	0%	4	0%
Total	5,899	100%	1,687	100%
Item Missing	1,406		38	

Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	94	2%	153	3%
1	4,178	70%	4,232	71%
2	913	15%	917	15%
3	729	12%	653	11%
4	47	1%	25	0%
5	16	0%	10	0%
6 or More	19	0%	6	0%
Total	5,996	100%	5,996	100%

*At the time of survey completion, June 2023.

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Among all LPCs, 27% currently have multiple work locations, while 29% have had multiple work locations over the past year.

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	3,609	65%	1,201	80%
Non-Profit	853	15%	195	13%
State/Local Government	893	16%	96	6%
Veterans Administration	21	0%	3	0%
U.S. Military	88	2%	9	1%
Other Federal Government	64	1%	3	0%
Total	5,528	100%	1,507	100%
Did Not Have Location	106		5,686	
Item Missing	1,777		217	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

For-Profit:	65%
Federal:	3%

Top Establishments

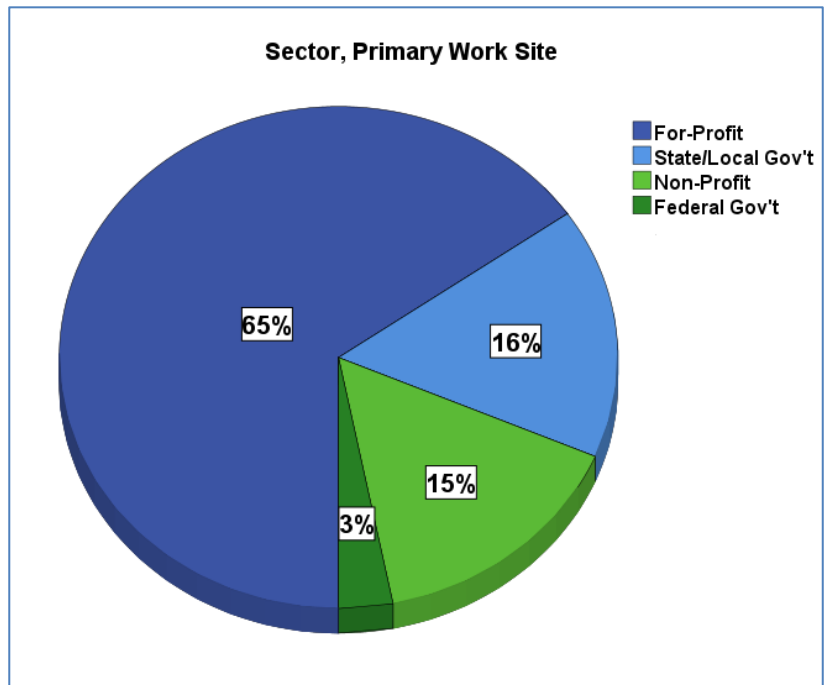
Private Practice, Group:	23%
Private Practice, Solo:	21%
Mental Health Facility:	15%

Payment Method

Cash/Self-Pay:	66%
Private Insurance:	55%

Source: Va. Healthcare Workforce Data Center

Four out of every five LPCs work in the private sector, including 65% who work in the for-profit sector. Another 16% of LPCs work for a state or local government.



Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Group	1,239	23%	358	25%
Private Practice, Solo	1,112	21%	388	27%
Mental Health Facility, Outpatient	795	15%	207	14%
Community Services Board	619	11%	74	5%
Community-Based Clinic or Health Center	411	8%	118	8%
School (Providing Care to Clients)	284	5%	24	2%
Academic Institution (Teaching Health Professions Students)	131	2%	60	4%
Residential Mental Health/Substance Abuse Facility	87	2%	21	1%
Corrections/Jail	78	1%	8	1%
Hospital, Psychiatric	74	1%	23	2%
Hospital, General	73	1%	14	1%
Administrative or Regulatory	49	1%	9	1%
Physician Office	20	0%	3	0%
Rehabilitation Facility	18	0%	3	0%
Residential Intellectual/Development Disability Facility	10	0%	4	0%
Home Health Care	8	0%	3	0%
Long-Term Care Facility, Nursing Home	2	0%	0	0%
Other practice setting	385	7%	140	10%
Total	5,395	100%	1,457	100%

Source: Va. Healthcare Workforce Data Center

Group and solo private practices employ 44% of all LPCs in Virginia. Another 15% of LPCs work at outpatient mental health facilities.

Nearly two-thirds of all LPCs work at establishments that accept cash/self-pay as a form of payment for services rendered. This makes cash/self-pay the most commonly accepted form of payment among Virginia's LPC workforce.

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	4,851	65%
Private Insurance	4,076	55%
Medicaid	2,686	36%
Medicare	640	9%

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

Spanish:	15%
Arabic:	4%
French:	4%

Means of Communication

Other Staff Members:	47%
Virtual Translation:	41%
Respondent:	27%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	1,104	15%
Arabic	294	4%
French	289	4%
Chinese	271	4%
Korean	269	4%
Vietnamese	240	3%
Hindi	236	3%
Persian	228	3%
Tagalog/Filipino	219	3%
Urdu	217	3%
Amharic, Somali, or Other Afro-Asiatic Languages	200	3%
Pashto	199	3%
Other Language	237	3%
At Least One Language	1,274	17%

Source: Va. Healthcare Workforce Data Center

Among all LPCs, 15% are employed at a primary work location that offers Spanish language services for patients.

Means of Language Communication

Provision	#	% of Workforce with Language Services
Other Staff Member is Proficient	593	47%
Virtual Translation Services	519	41%
Respondent is Proficient	341	27%
Onsite Translation Service	268	21%
Other	46	4%

Source: Va. Healthcare Workforce Data Center

Nearly half of all LPCs who are employed at a primary work location that offers language services for patients provide it by means of a staff member who is proficient.

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 70%-79%
Administration: 10%-19%
Supervisory: 1%-9%

Roles

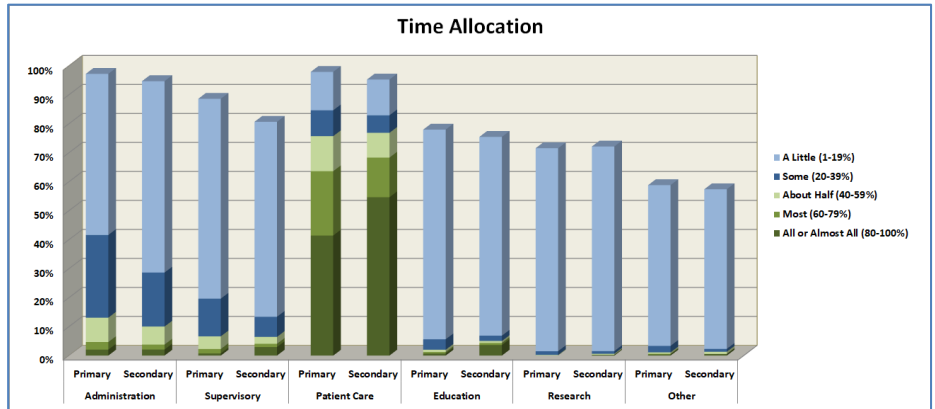
Patient Care: 64%
Administration: 5%
Supervisory: 2%

Patient Care LPCs

Median Admin. Time: 10%-19%
Avg. Admin. Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

LPCs spend approximately three-fourths of their time treating patients. In fact, 64% of all LPCs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation													
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other		
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	
All or Almost All (80-100%)	2%	2%	1%	3%	41%	55%	1%	4%	0%	0%	0%	1%	
Most (60-79%)	3%	2%	2%	1%	22%	14%	1%	1%	0%	0%	0%	0%	
About Half (40-59%)	8%	6%	4%	2%	12%	9%	1%	1%	0%	0%	0%	1%	
Some (20-39%)	29%	19%	13%	7%	9%	6%	4%	2%	1%	1%	2%	1%	
A Little (1-19%)	56%	66%	69%	67%	13%	12%	72%	69%	70%	70%	55%	55%	
None (0%)	3%	5%	11%	19%	2%	5%	22%	25%	28%	28%	41%	43%	

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	394	7%	168	11%
1 to 24	3,409	63%	1,169	79%
25 to 49	1,497	28%	125	8%
50 to 74	100	2%	16	1%
75 or More	37	1%	5	0%
Total	5,437	100%	1,483	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

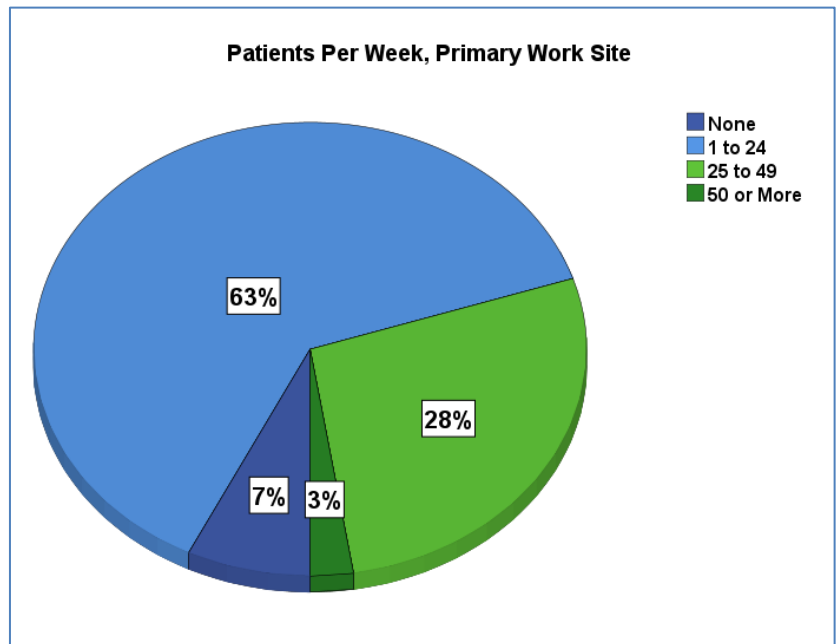
Patients Per Week

Primary Location: 1-24

Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of all LPCs treat between 1 and 24 patients per week at their primary work location. Among those LPCs who also have a secondary work location, 79% treat between 1 and 24 patients per week.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Patient Allocation

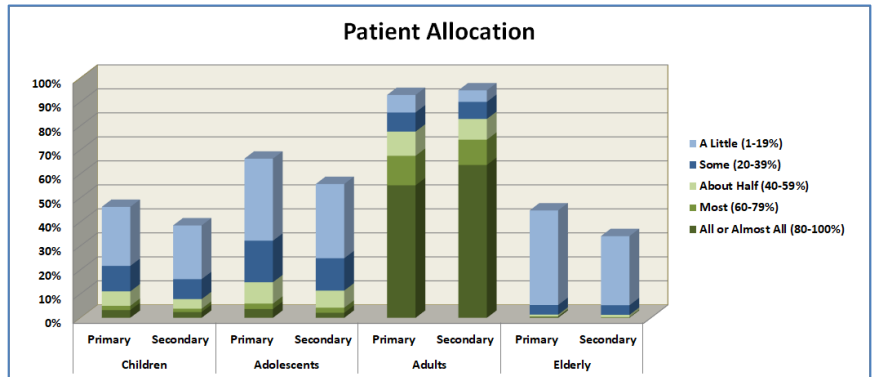
Children: None
 Adolescents: 1%-9%
 Adults: 80%-89%
 Elderly: None

Roles

Children: 5%
 Adolescents: 6%
 Adults: 67%
 Elderly: 1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

In general, most patients seen by LPCs at their primary work location are adults. In addition, 67% of LPCs serve an adult patient care role, meaning that at least 60% of their patients are adults.

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	3%	2%	4%	2%	55%	64%	0%	0%
Most (60-79%)	2%	1%	2%	2%	12%	11%	0%	0%
About Half (40-59%)	6%	4%	9%	7%	10%	9%	1%	1%
Some (20-39%)	11%	8%	17%	13%	8%	7%	4%	4%
A Little (1-19%)	25%	22%	34%	31%	7%	5%	39%	29%
None (0%)	54%	61%	34%	44%	7%	5%	55%	66%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LPCs		LPCs 50 and Over	
	#	%	#	%
Under Age 50	83	2%	-	-
50 to 54	133	3%	12	1%
55 to 59	344	7%	67	3%
60 to 64	908	17%	247	11%
65 to 69	1,503	29%	568	26%
70 to 74	1,017	20%	587	27%
75 to 79	406	8%	263	12%
80 or Over	201	4%	132	6%
I Do Not Intend to Retire	595	11%	308	14%
Total	5,189	100%	2,184	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LPCs

Under 65: 28%
Under 60: 11%

LPCs 50 and Over

Under 65: 15%
Under 60: 4%

Time Until Retirement

Within 2 Years: 5%
Within 10 Years: 20%
Half the Workforce: By 2048

Source: Va. Healthcare Workforce Data Center

Among all LPCs, 28% expect to retire before the age of 65. Among those LPCs who are age 50 or over, 15% expect to retire by the age of 65.

Within the next two years, 14% of LPCs expect to increase their patient care hours, and 12% expect to pursue additional educational opportunities.

Future Plans

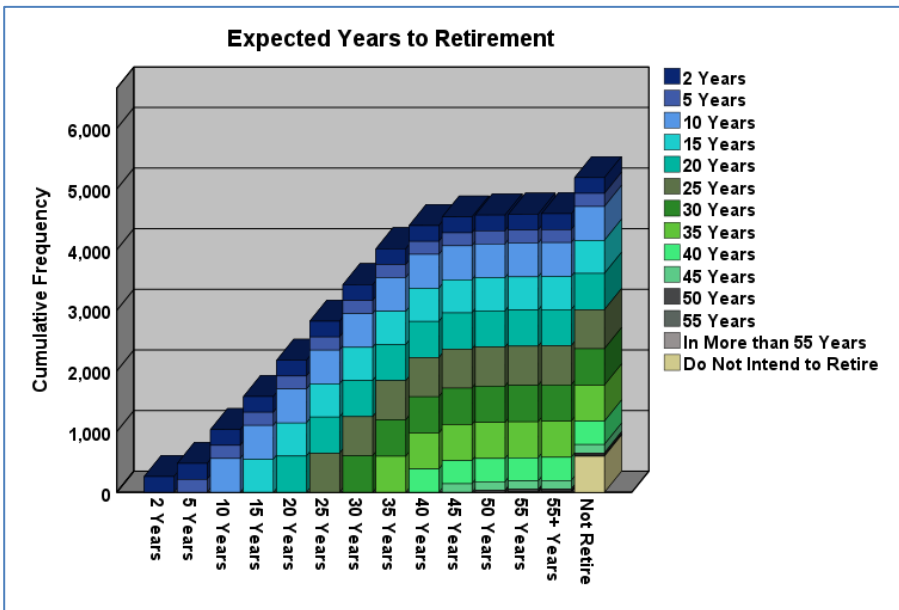
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	83	1%
Leave Virginia	160	2%
Decrease Patient Care Hours	718	10%
Decrease Teaching Hours	37	0%
Increase Participation		
Increase Patient Care Hours	1,056	14%
Increase Teaching Hours	548	7%
Pursue Additional Education	875	12%
Return to the Workforce	42	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LPCs. While 5% of LPCs expect to retire in the next two years, 20% expect to retire in the next ten years. Half of the current workforce expect to retire by 2048.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	260	5%	5%
5 Years	216	4%	9%
10 Years	558	11%	20%
15 Years	546	11%	30%
20 Years	597	12%	42%
25 Years	644	12%	54%
30 Years	602	12%	66%
35 Years	593	11%	77%
40 Years	382	7%	85%
45 Years	141	3%	87%
50 Years	34	1%	88%
55 Years	12	0%	88%
In More than 55 Years	8	0%	89%
Do Not Intend to Retire	595	11%	100%
Total	5,189	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2033. Retirement will peak at 12% of the current workforce around 2048 before declining to under 10% of the current workforce again around 2063.

At a Glance:

FTEs

Total: 6,151
 FTEs/1,000 Residents²: 0.712
 Average: 0.84

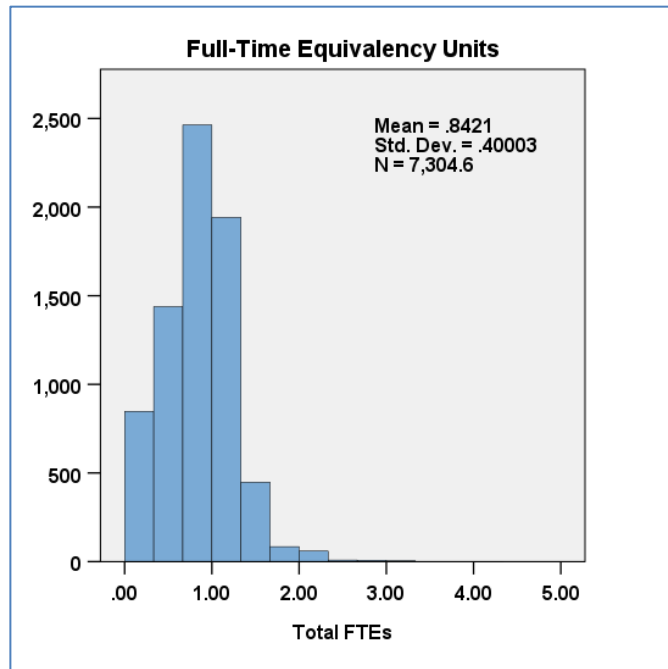
Age & Gender Effect

Age, *Partial Eta*²: Medium
 Gender, *Partial Eta*²: Small

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

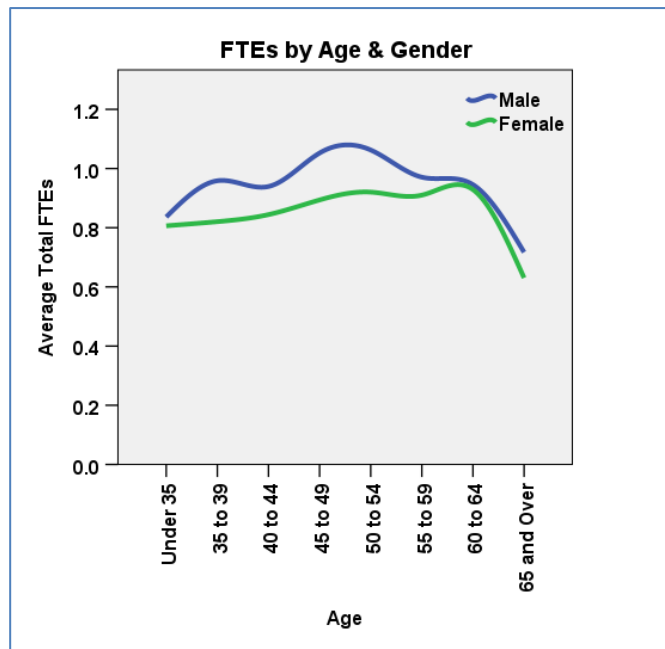


Source: Va. Healthcare Workforce Data Center

The typical (median) LPC provided 0.88 FTEs over the past year, or approximately 35 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 35	0.80	0.80
35 to 39	0.82	0.78
40 to 44	0.82	0.82
45 to 49	0.89	0.83
50 to 54	0.93	0.88
55 to 59	0.94	1.05
60 to 64	0.91	0.84
65 and Over	0.70	0.80
Gender		
Male	0.91	0.95
Female	0.84	0.88

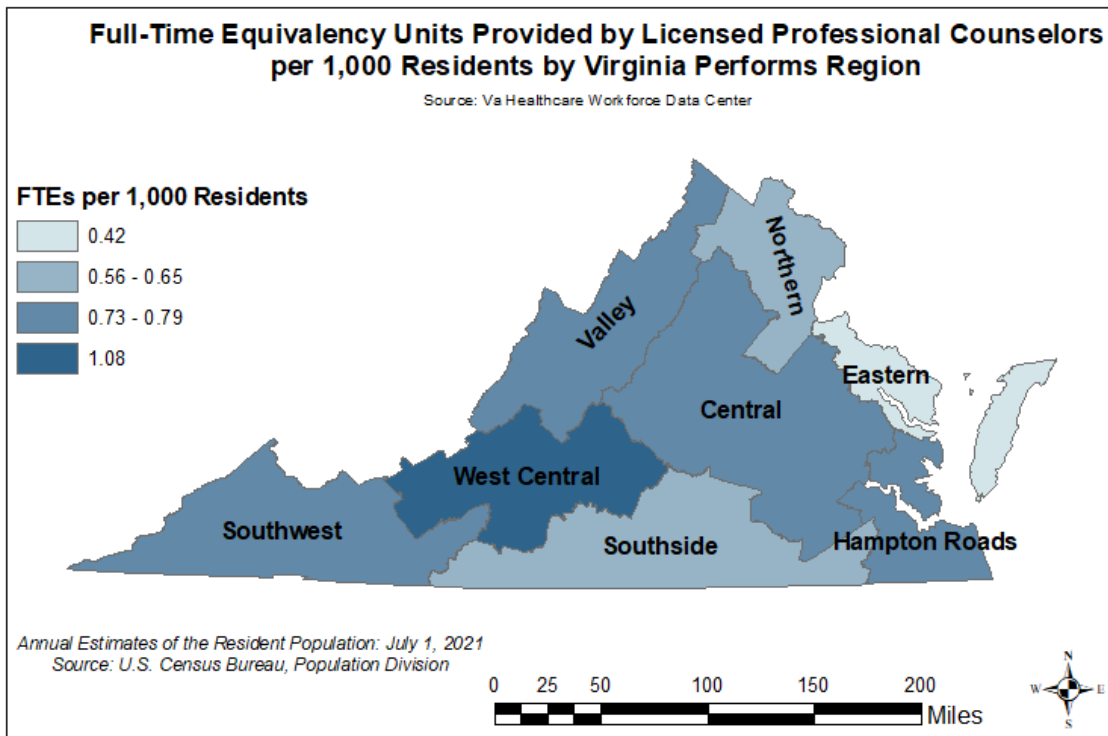
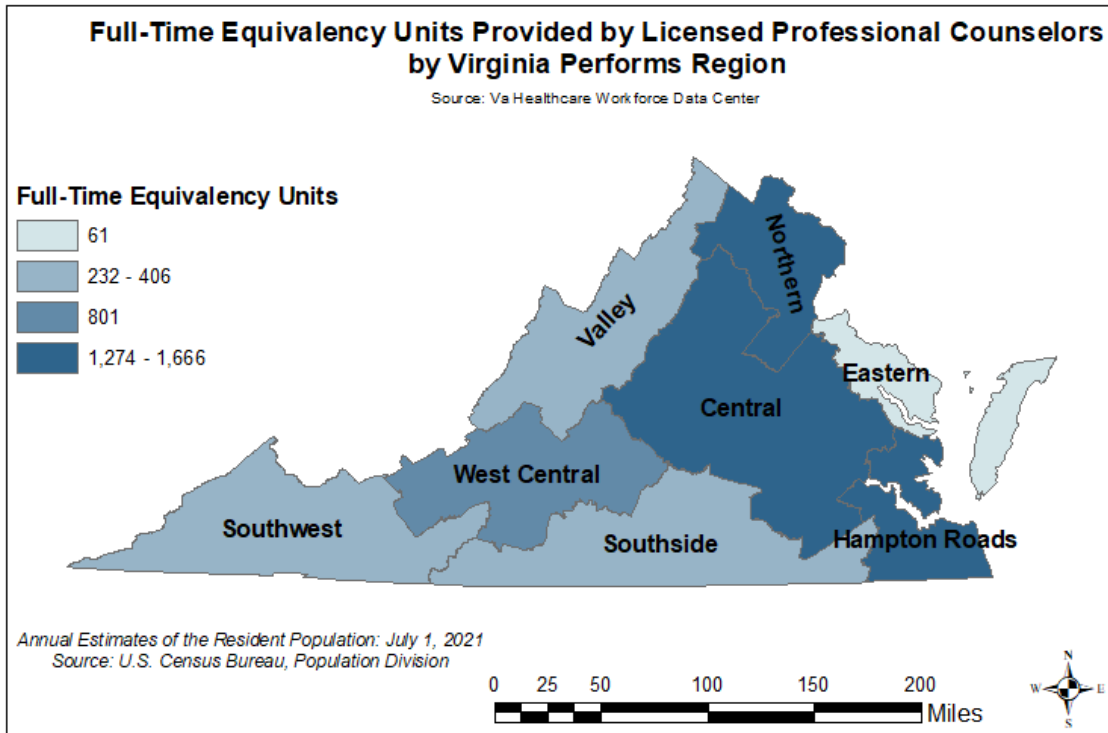
Source: Va. Healthcare Workforce Data Center

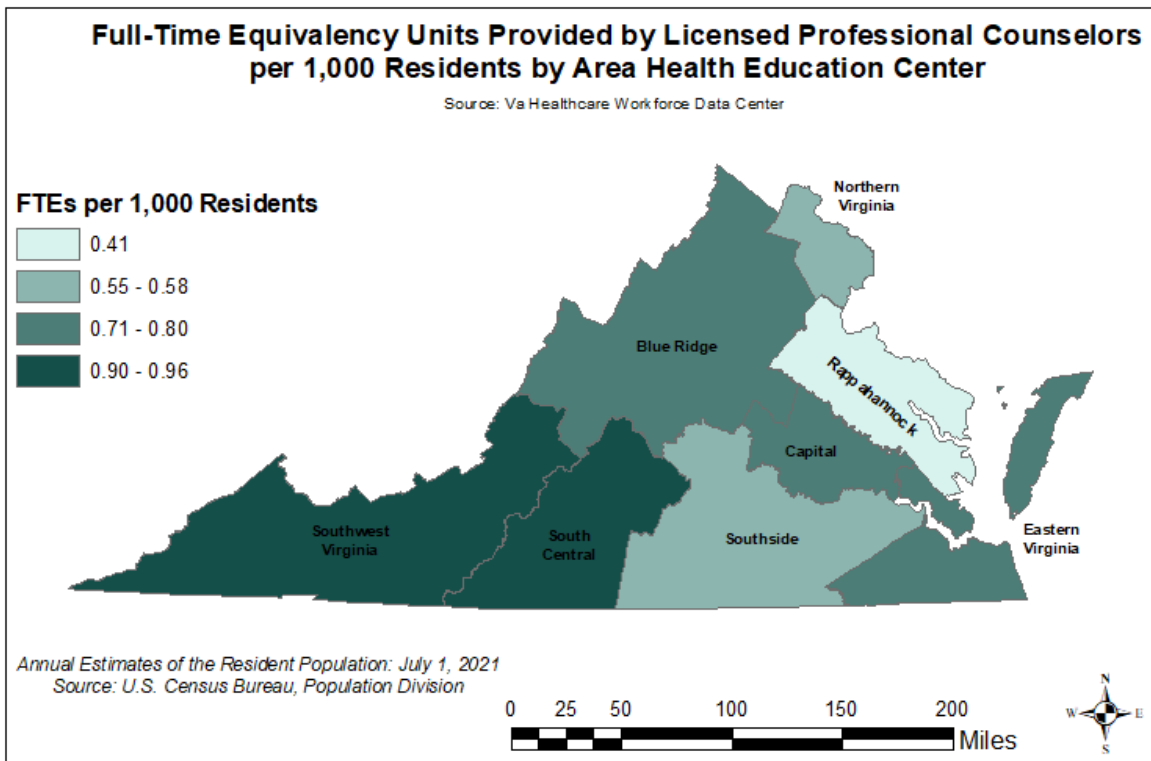
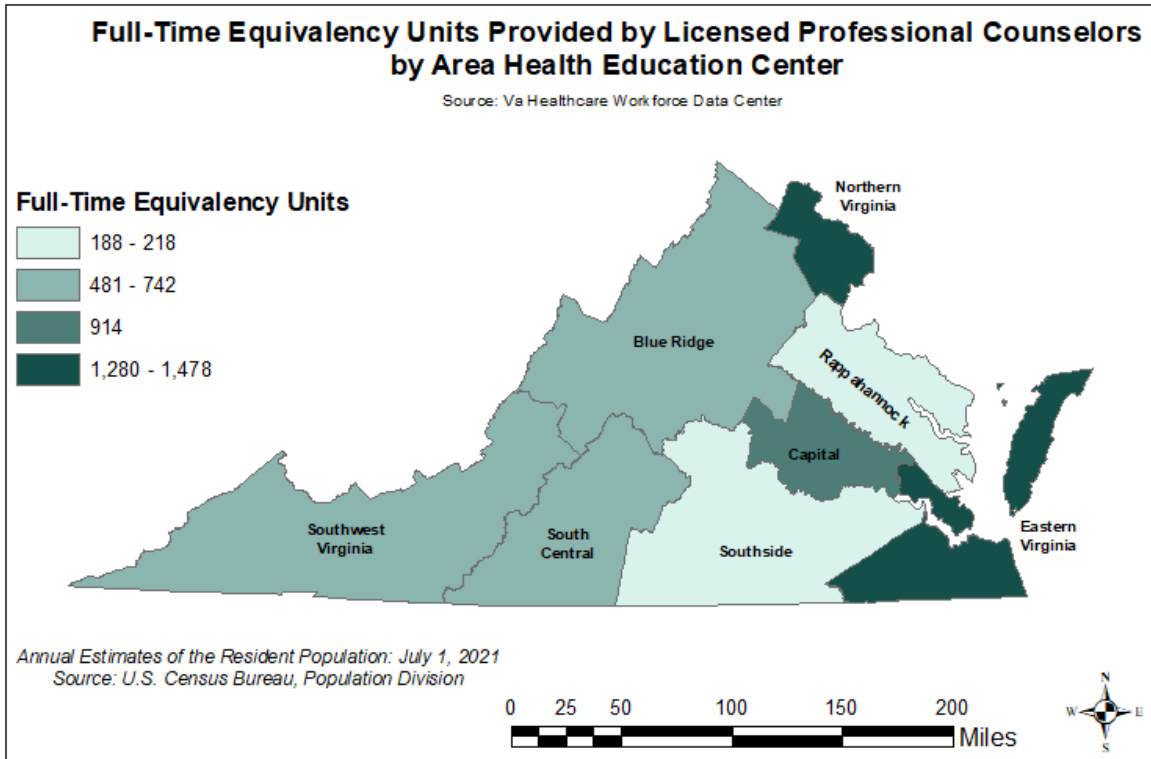


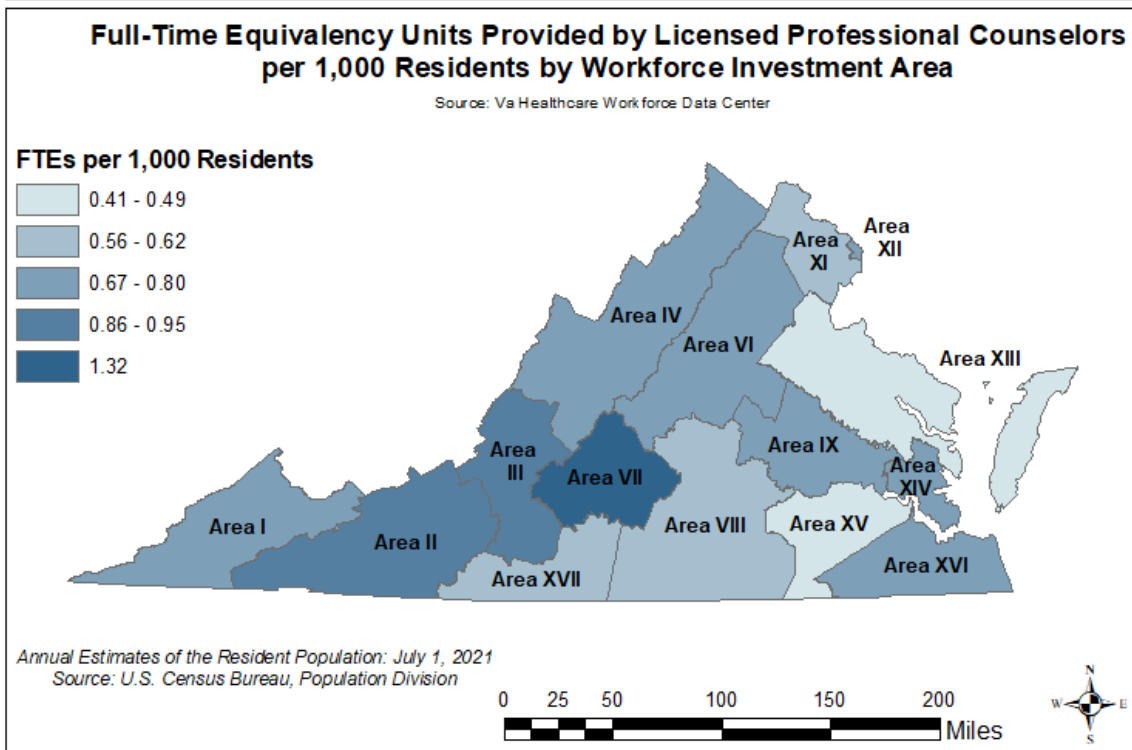
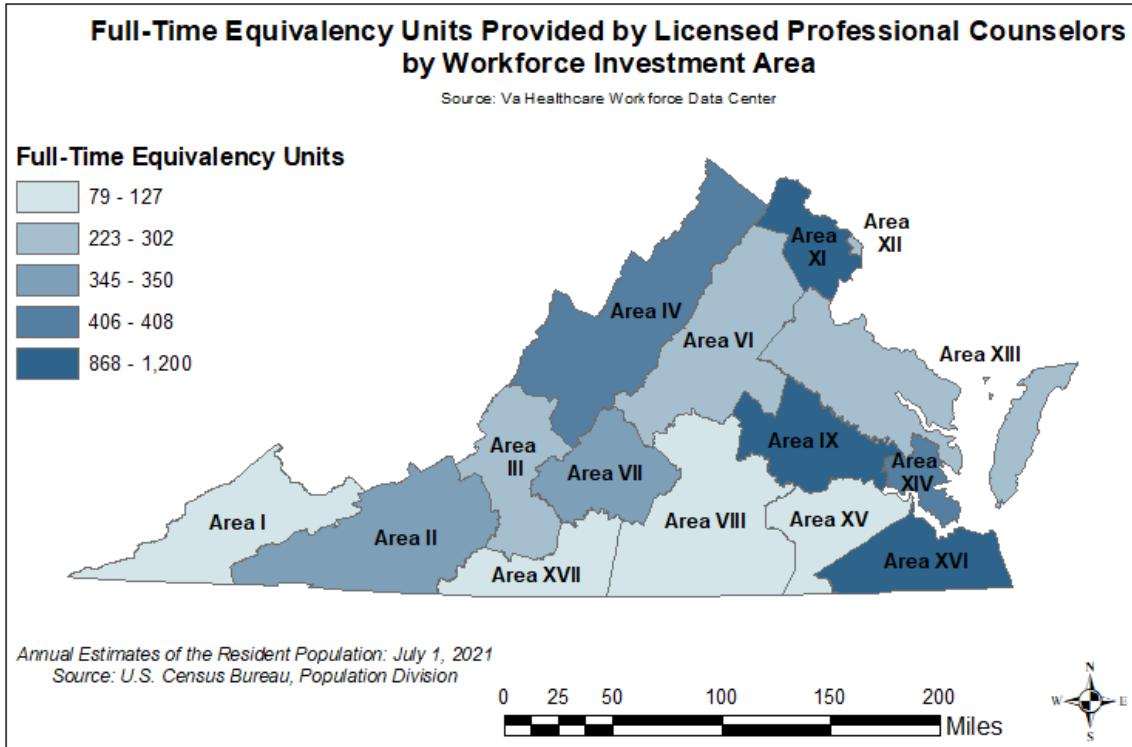
Source: Va. Healthcare Workforce Data Center

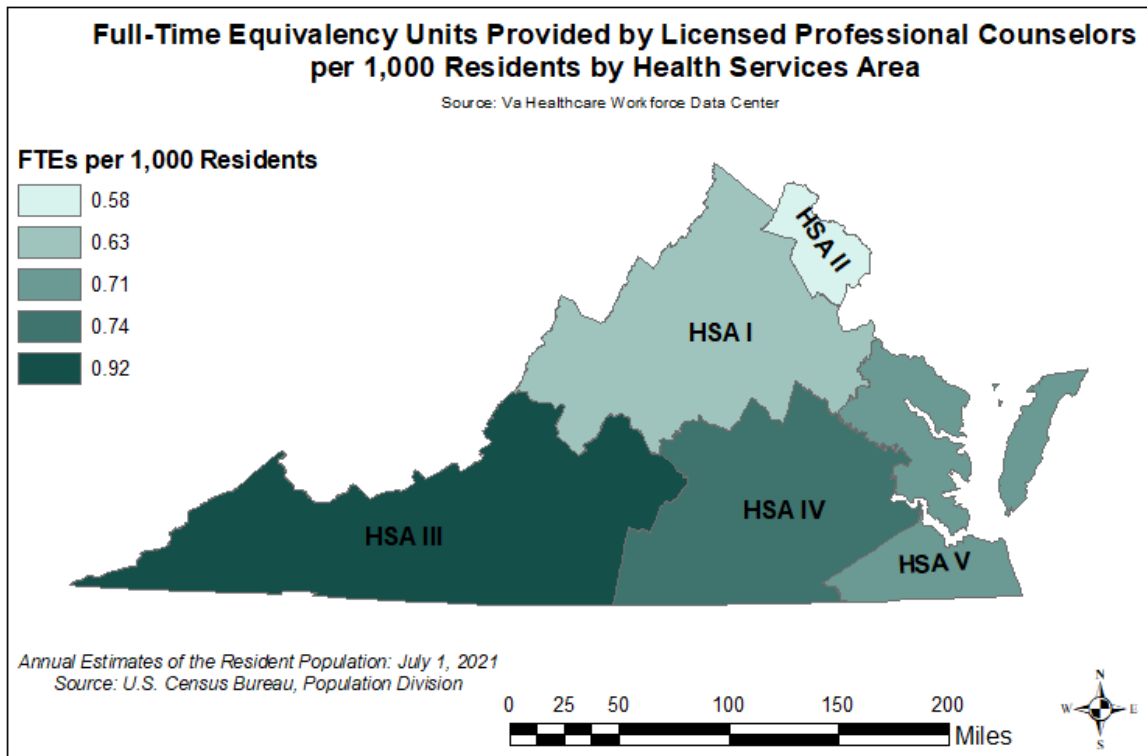
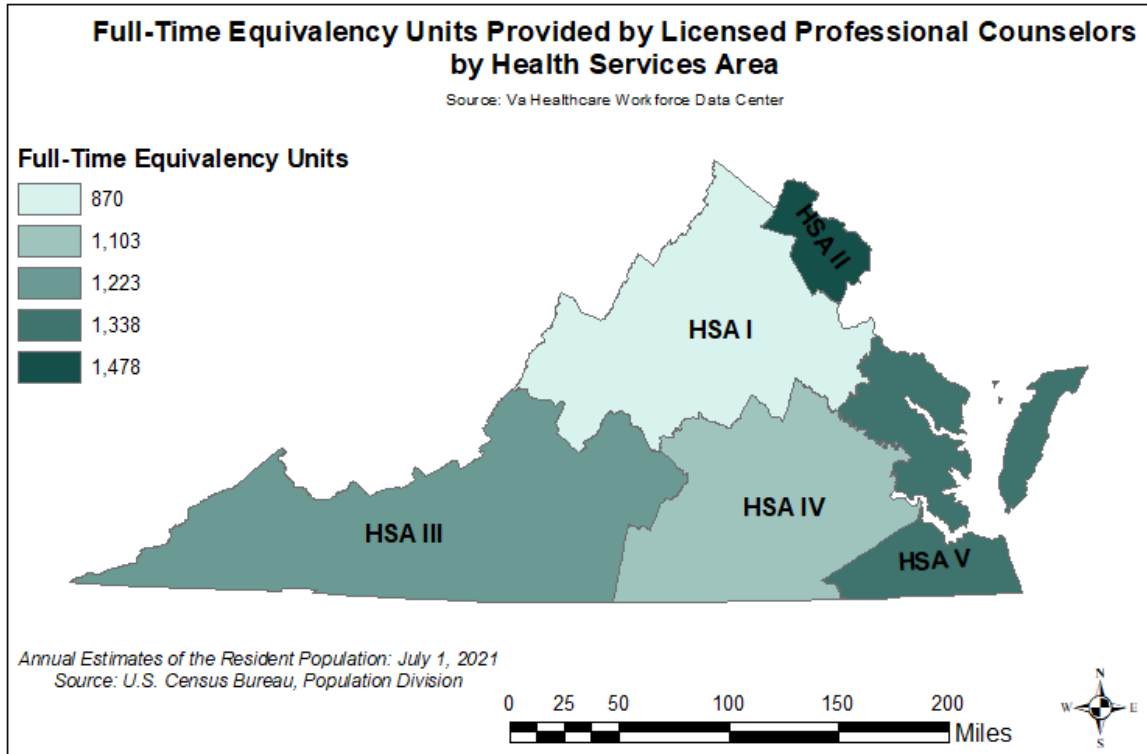
² Number of residents in 2021 was used as the denominator.

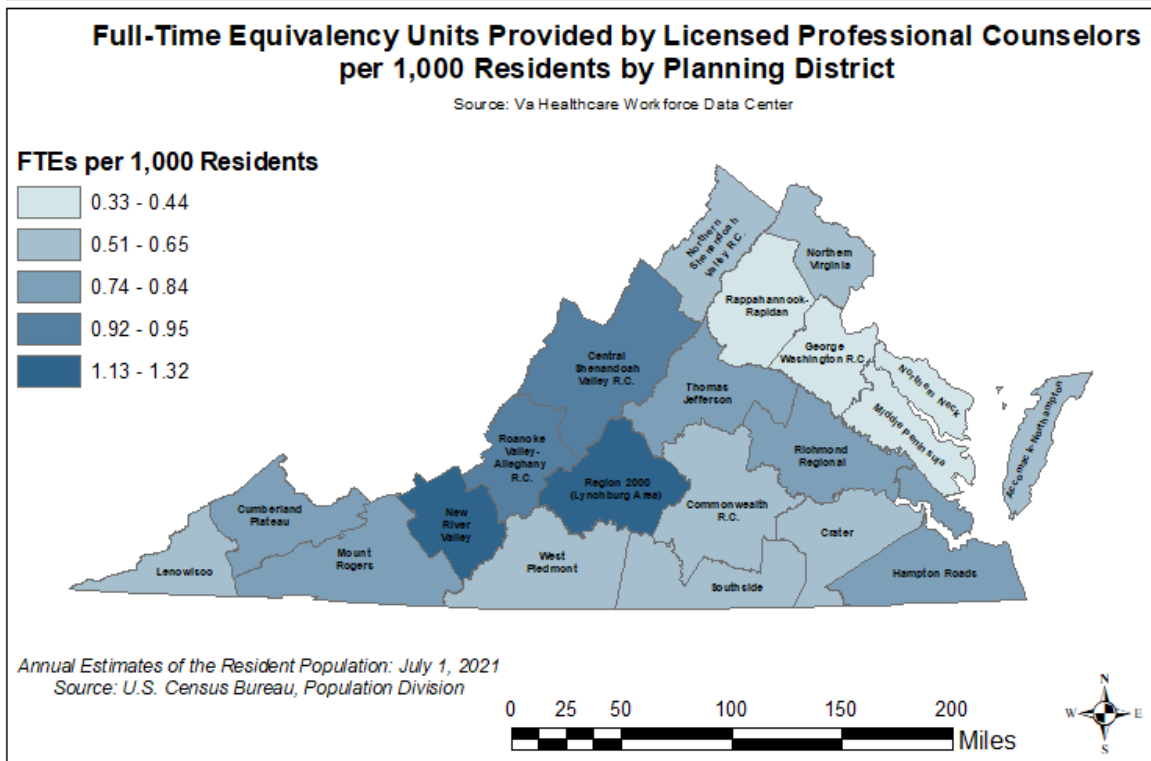
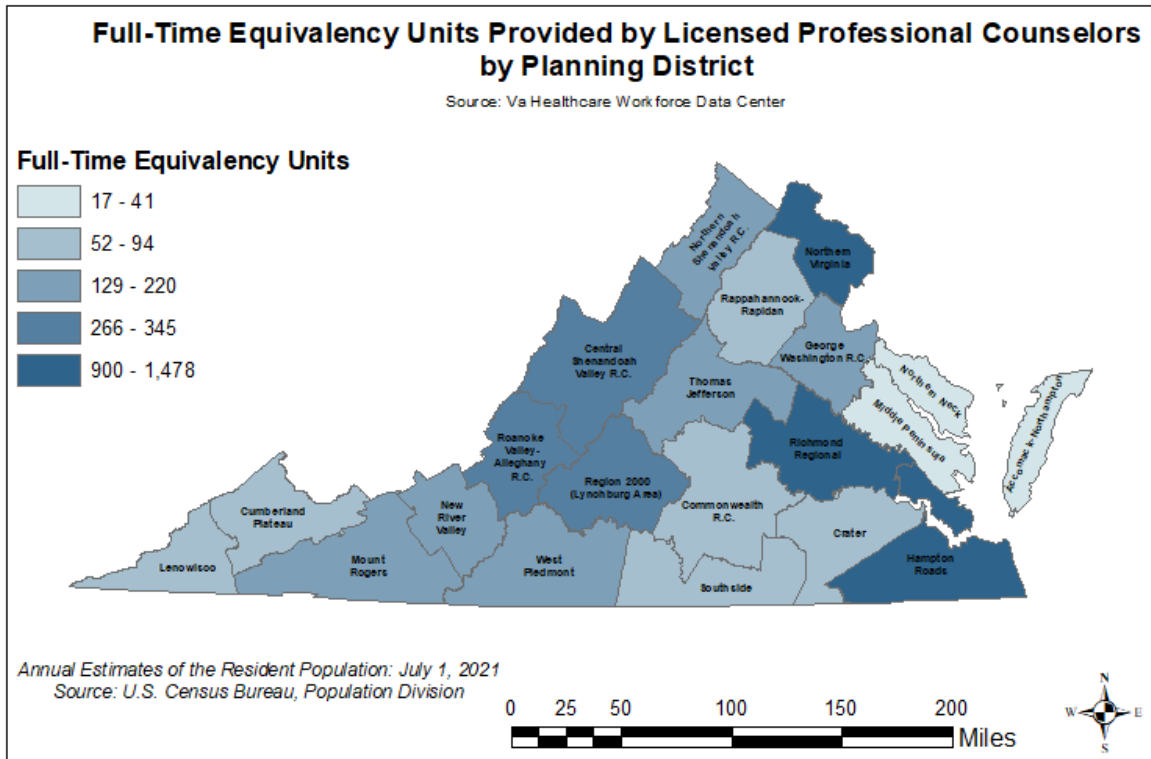
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	4,829	89.44%	1.118	1.082	1.231
Metro, 250,000 to 1 Million	854	90.05%	1.111	1.075	1.222
Metro, 250,000 or Less	940	90.00%	1.111	1.076	1.223
Urban, Pop. 20,000+, Metro Adj.	101	92.08%	1.086	1.051	1.195
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	248	87.90%	1.138	1.101	1.252
Urban, Pop. 2,500-19,999, Non-Adj.	167	91.02%	1.099	1.064	1.209
Rural, Metro Adj.	113	90.27%	1.108	1.072	1.219
Rural, Non-Adj.	41	90.24%	1.108	1.073	1.220
Virginia Border State/D.C.	958	82.25%	1.216	1.177	1.338
Other U.S. State	806	77.42%	1.292	1.250	1.422

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 35	1,209	79.74%	1.254	1.195	1.422
35 to 39	1,481	88.32%	1.132	1.079	1.283
40 to 44	1,419	89.01%	1.124	1.071	1.274
45 to 49	1,092	89.56%	1.117	1.064	1.266
50 to 54	1,035	90.14%	1.109	1.057	1.257
55 to 59	811	90.14%	1.109	1.057	1.258
60 to 64	685	90.66%	1.103	1.051	1.250
65 and Over	1,326	86.80%	1.152	1.098	1.306

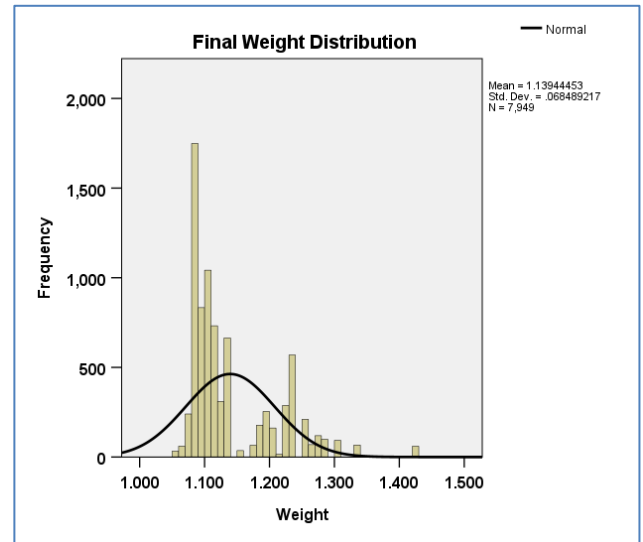
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.877567



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Qualified Mental Health Professional-Adult Workforce: 2023

Healthcare Workforce Data Center

September 2023

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

Nearly 5,000 Qualified Mental Health Professionals-Adult voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Counseling express our sincerest appreciation for their ongoing cooperation.

Thank You!

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The Qualified Mental Health Professional-Adult Workforce At a Glance:

The Workforce

Registrants:	7,071
Virginia's Workforce:	6,754
FTEs:	6,151

Work Location

Central VA:	29%
Hampton Roads:	26%
Northern VA:	13%

Current Employment

Employed in Prof.:	94%
Hold 1 Full-Time Job:	66%
Satisfied?:	95%

Survey Response Rate

All Registrants:	68%
Renewing Practitioners:	86%

Education

Baccalaureate:	51%
Masters:	42%

Job Turnover

Switched Jobs:	8%
Employed Over 2 Yrs.:	64%

Demographics

Female:	78%
Diversity Index:	55%
Median Age:	44

Prof. Degree

Psychology:	27%
Counseling:	19%
Social Work:	14%

Time Allocation

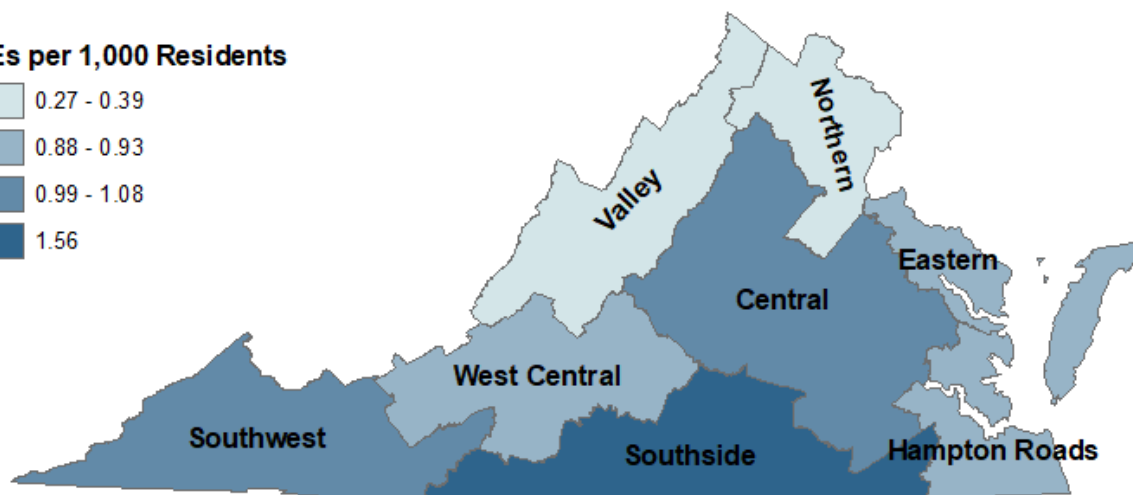
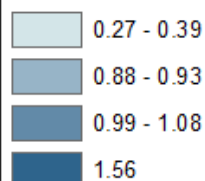
Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	61%

Source: Va. Healthcare Workforce Data Center

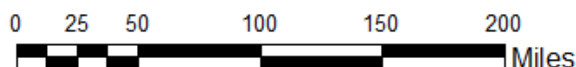
Full-Time Equivalency Units per 1,000 Residents Provided by Qualified Mental Health Professionals-Adult by Virginia Performs Region

Source: Va Healthcare Work force Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2023 Qualified Mental Health Professional-Adult (QMHP-A) Workforce Survey. Nearly 5,000 QMHPs-A voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the registration renewal process, which takes place every June for QMHPs-A. These survey respondents represent 68% of the 7,071 QMHPs-A registered in the state and 86% of renewing practitioners.

The HWDC estimates that 6,754 QMHPs-A participated in Virginia's workforce during the survey period, which is defined as those QMHPs-A who worked at least a portion of the year in the state, but it does not include QMHPs-A who live in the state and intend to work as a QMHP-A at some point in the future. Over the past year, Virginia's QMHP-A workforce provided 6,151 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly four out of every five QMHPs-A are female, including 80% of those QMHPs-A who are under the age of 40. In a random encounter between two QMHPs-A, there is a 55% chance that they would be of different races or ethnicities, a measure known as the diversity index. For QMHPs-A who are under the age of 40, this diversity index increases to 56%. This makes Virginia's QMHP-A workforce almost as diverse as the state's overall population, which has a comparable diversity index of 58%.

Just over half of all QMHPs-A hold a bachelor's degree as their highest level of educational attainment, while another 42% of QMHPs-A have earned a master's degree. With respect to professional degrees, 27% of QMHPs-A have a degree in psychology, 19% have a degree in counseling, and 14% have a degree in social work. More than one out of every three QMHPs-A also are registered as Qualified Mental Health Professionals-Child (QMHPs-C), and nearly one-quarter of QMHPs-A hold a license from the Board of Counseling/Psychology/Social Work. More than half of all QMHPs-A have been registered for more than five years.

Among all QMHPs-A, 94% are currently employed in the profession, 66% hold one full-time job, and 57% work between 40 and 49 hours per week. Over the past year, 8% of QMHPs-A have experienced underemployment, while 1% of QMHPs-A have experienced involuntary unemployment. Nearly two-thirds of all QMHPs-A have worked at their primary work location for more than two years. Meanwhile, just over one-third of all QMHPs-A have been employed at multiple work locations over the past year. More than two-thirds of all QMHPs-A are employed in Central Virginia, Hampton Roads, or Northern Virginia. One-half of QMHPs-A receive a salary at their primary work location, while another 42% receive an hourly wage. Among all QMHPs-A, 95% indicated that they are satisfied with their current work situation, including 64% of QMHPs-A who indicated that they are "very satisfied."

QMHPs-A typically spend approximately three-quarters of their time in patient care activities. In fact, 61% of all QMHPs-A fill a patient care role, which means that they spend at least 60% of their time in that activity. The median patient workload for QMHPs-A at their primary work location is between 5 and 9 patients per week. In addition, QMHPs-A with a secondary work location typically treat an additional 1 to 4 patients per week. Nearly three out of every five QMHPs-A provided clinical services at their place of employment. Among these QMHPs-A, 32% provide mental health skill building services, while another 15% provide crisis stabilization services.

More than two out of every five QMHPs-A plan on continuing their education or registering as a resident in counseling or as a supervisee in social work in the future. Among those QMHPs-A not planning to pursue licensure, 17% are eligible for licensure, and nearly half of these professionals eligible for licensure do not intend to pursue it because they have no desire to become licensed. Among all QMHPs-A, 4% are registered in order to work while awaiting an application for registration as a resident in counseling or as a supervisee in social work. Furthermore, 8% of QMHPs-A are registered temporarily in order to bill for services while pursuing full licensure.

A Closer Look:

Registrants		
Status	#	%
Renewing Practitioners	5,310	75%
New Registrants	674	10%
Non-Renewals	1,087	15%
All Registrants	7,071	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing QMHPs-A, 86% submitted a survey. These represent 68% of the 7,071 QMHPs-A who were registered at some point during the survey period.

Definitions

- The Survey Period:** The survey was conducted in June 2023.
- Target Population:** All QMHPs-A who held a Virginia registration at some point between July 2022 and June 2023.
- Survey Population:** The survey was available to QMHPs-A who renewed their registration online. It was not available to those who did not renew, including QMHPs-A newly registered in 2023.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	245	280	53%
30 to 34	340	541	61%
35 to 39	336	672	67%
40 to 44	323	796	71%
45 to 49	249	648	72%
50 to 54	268	629	70%
55 to 59	196	563	74%
60 and Over	307	678	69%
Total	2,264	4,807	68%
New Registrations			
Issued in Past Year	422	252	37%
Metro Status			
Non-Metro	327	821	72%
Metro	1732	3,632	68%
Not in Virginia	205	354	63%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	4,807
Response Rate, All Registrants	68%
Response Rate, Renewals	86%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Registered QMHPs-A

Number: 7,071
 New: 10%
 Not Renewed: 15%

Response Rates

All Registrants: 68%
 Renewing Practitioners: 86%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's QMHP-A Workforce: 6,754
 FTEs: 6,151

Utilization Ratios

QMHPs-A in VA Workforce: 96%
 QMHPs-A per FTE: 1.15
 Workers per FTE: 1.10

Source: Va. Healthcare Workforce Data Center

Definitions

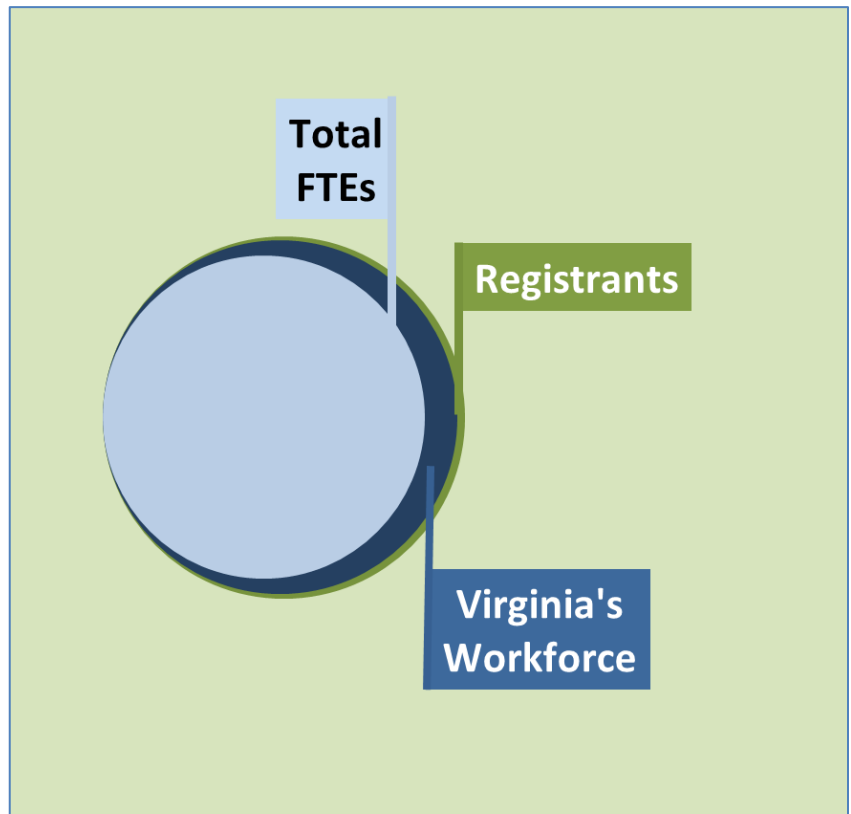
- 1. Virginia's Workforce:** A practitioner with a primary or secondary work site in Virginia at any time in the past year. It does not include those who intend to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. QMHPs-A in VA Workforce:** The proportion of registrants in Virginia's workforce.
- 4. QMHPs-A per FTE:** An indication of the number of registrants needed to create 1 FTE. Higher numbers indicate lower registrant participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's QMHP-A Workforce

Status	#
Virginia's Workforce	6,754
Total FTEs	6,151
Registered QMHPs-A	7,071

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

Registrants Not in Virginia's Workforce

Only 4% of Virginia's registrants did not participate in the state's QMHP-A workforce during the past year. Among these QMHPs-A, 62% worked at some point in the past year, including 50% who worked as a QMHP-A.

At a Glance:

Not in VA Workforce

Total:	317
% of Registrants:	4%
Va. Border State/DC:	32%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	78	16%	407	84%	485	7%
30 to 34	164	20%	661	80%	825	13%
35 to 39	196	21%	738	79%	934	14%
40 to 44	236	23%	809	78%	1,045	16%
45 to 49	186	22%	658	78%	844	13%
50 to 54	208	25%	626	75%	834	13%
55 to 59	153	22%	550	78%	703	11%
60 and Over	241	27%	659	73%	899	14%
Total	1,463	22%	5,107	78%	6,570	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	QMHPs-A		QMHPs-A Under 40	
	%	#	%	#	%
White	60%	2,279	36%	746	34%
Black	19%	3,554	56%	1,229	56%
Asian	7%	68	1%	27	1%
Other Race	0%	54	1%	13	1%
Two or More Races	3%	164	3%	62	3%
Hispanic	10%	224	4%	107	5%
Total	100%	6,343	100%	2,184	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 78%
 % Under 40 Female: 80%

Age

Median Age: 44
 % Under 40: 34%
 % 55 and Over: 24%

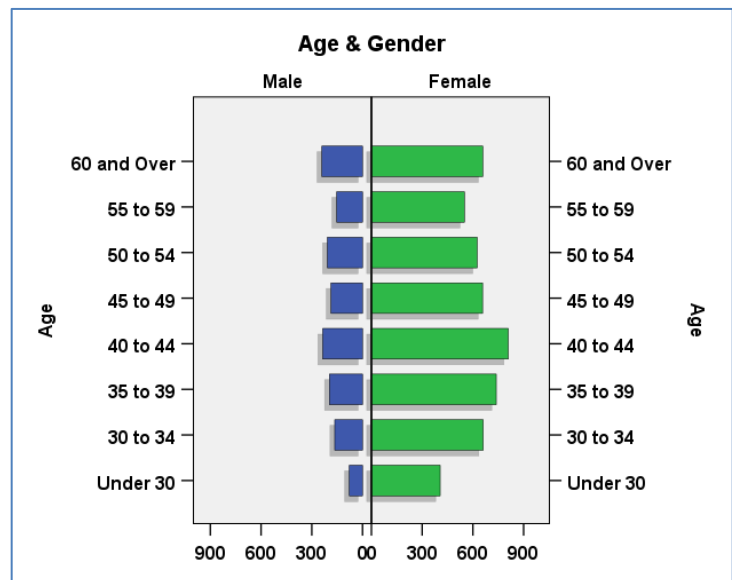
Diversity

Diversity Index: 55%
 Under 40 Div. Index: 56%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two QMHPs-A, there is a 55% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the comparable diversity index is 58%.

More than one-third of all QMHPs-A are under the age of 40, and 80% of QMHPs-A who are under the age of 40 are female. In addition, the diversity index among QMHPs-A who are under the age of 40 is 56%.



57 Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Education Level		
Degree	#	%
Some High School	1	0%
High school/GED	39	1%
Some College	163	2%
Associate	169	3%
Bachelor's Degree	3,357	51%
Master's Degree	2,747	42%
Doctor of Psychology	22	0%
Other Doctorate/PhD	121	2%
Total	6,619	100%

Source: Va. Healthcare Workforce Data Center

More than half of all QMHPs-A have a baccalaureate degree as their highest degree. Another 42% of QMHPs-A have a master's degree as their highest degree.

At a Glance:

Education

Baccalaureate: 51%

Masters: 42%

Professional Degree

Psychology: 27%

Counseling: 19%

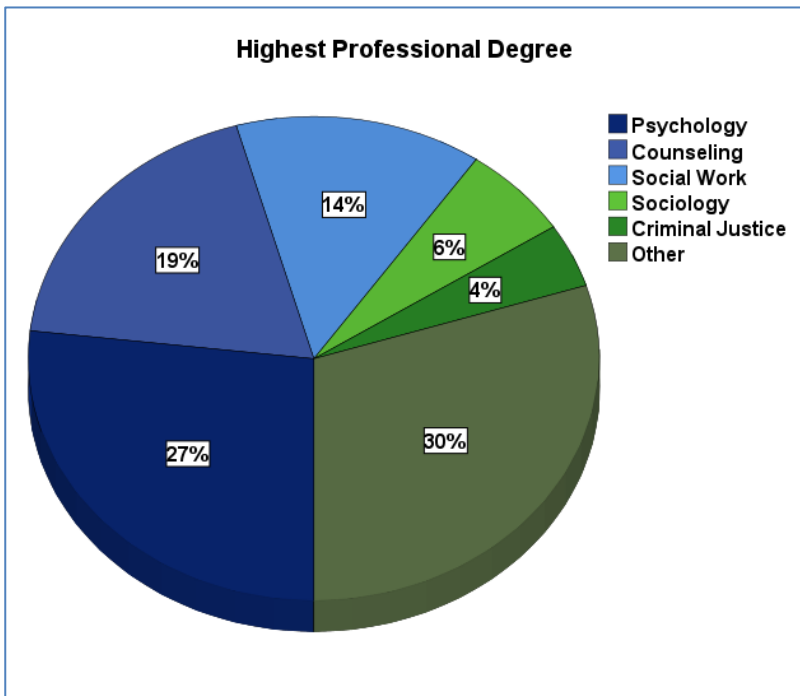
Social Work: 14%

Source: Va. Healthcare Workforce Data Center

Highest Professional Degree		
Degree	#	%
Psychology	1,764	27%
Counseling	1,233	19%
Social Work	921	14%
Sociology	408	6%
Criminal Justice	280	4%
Other	1,965	30%
Total	6,572	100%

Source: Va. Healthcare Workforce Data Center

More than one-quarter of all QMHPs-A hold their highest professional degree in psychology. Another 19% of QMHPs-A hold their highest professional degree in counseling.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Registration

QMHP-A & QMHP-C: 35%
 Additional Registration or License: 23%

Registration Duration

Less than 1 Year: 6%
 More than 5 Years: 54%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Registration		
Registration	#	%
QMHP-A Only	4,235	65%
QMHP-A & QMHP-C	2,284	35%
Total	6,519	100%

Source: Va. Healthcare Workforce Data Center

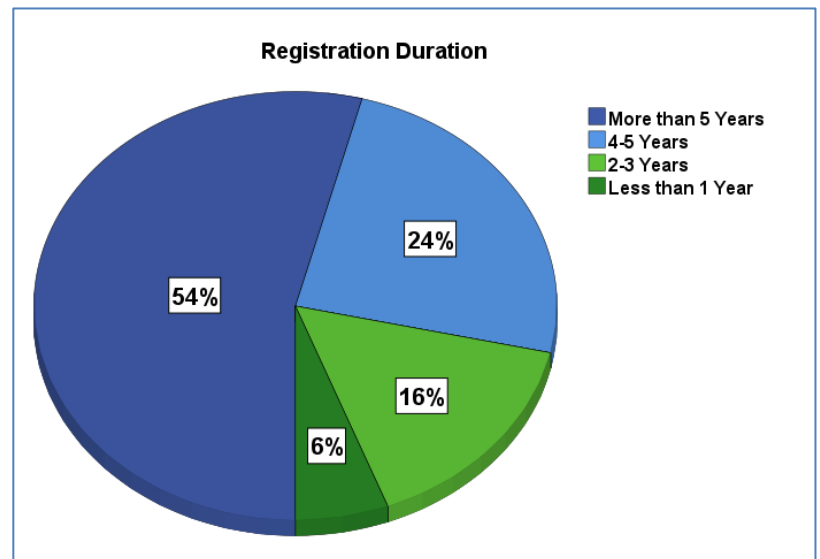
More than one-third of all QMHPs-A are also QMHPs-C. In addition, nearly one-quarter of all QMHPs-A hold a registration, certification, or license from the Board of Counseling, Psychology, or Social Work.

Additional Registration or License		
Response	#	%
Yes	1,276	23%
No	4,259	77%
Total	5,535	100%

Source: Va. Healthcare Workforce Data Center

QMHP-A Registration Duration		
Time Period	#	%
Less than 1 Year	378	6%
2-3 Years	1,033	16%
4-5 Years	1,601	24%
More than 5 Years	3,551	54%
Total	6,563	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than one-third of all QMHPs-A have a supervisor who is an LPC. Another 30% of QMHPs-A have a supervisor who is an LCSW.

Supervisor Credential		
Credential	#	%
Licensed Professional Counselor	1,931	35%
Licensed Clinical Social Worker	1,677	30%
Licensed Clinical Psychologist	190	3%
Other	1,776	32%
Total	5,574	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 94%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 66%
 2 or More Positions: 23%

Weekly Hours:

40 to 49: 57%
 60 or More: 7%
 Less than 30: 11%

Source: Va. Healthcare Workforce Data Center

Among all QMHPs-A, 94% are currently employed in the profession, 66% hold one full-time job, and 57% work between 40 and 49 hours per week.

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	63	1%
Employee of a Provider Licensed by the Department of Behavioral Health and Developmental Services (DBHDS)	3,448	53%
Employee of the DBHDS	684	10%
Employee of the Department of Corrections (DOC)	173	3%
Independent Contractor for Provider Licensed by DBHDS	508	8%
Independent Contractor of DBHDS	111	2%
Independent Contractor for DOC	17	< 1%
Employed in a Behavioral Sciences Related Capacity, Specific Designation Unknown	1,198	18%
Employed, NOT in a Behavioral Sciences Related Capacity	293	5%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	5	< 1%
Voluntarily Unemployed	19	< 1%
Retired	11	< 1%
Other	28	< 1%
Total	6,557	100%

Source: Va. Healthcare Workforce Data Center

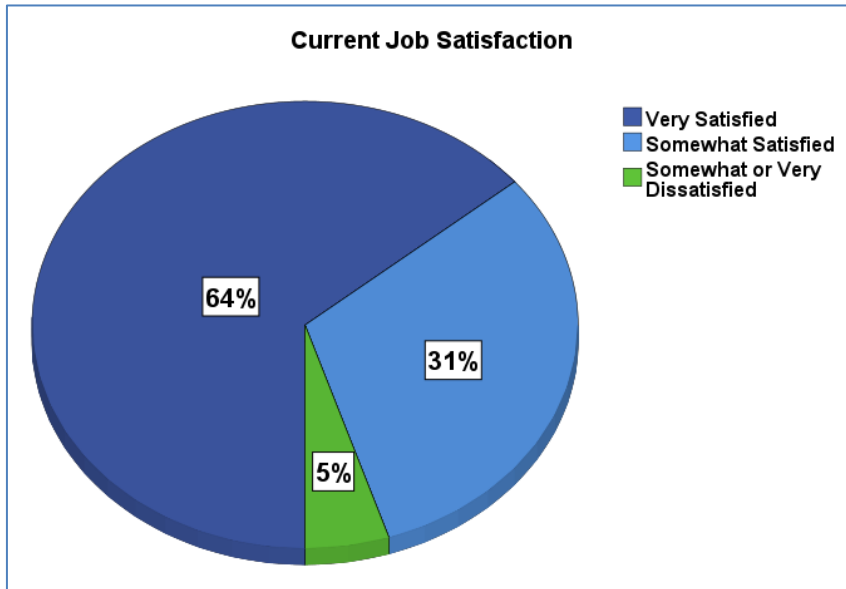
Current Positions		
Positions	#	%
No Positions	35	1%
One Part-Time Position	655	10%
Two Part-Time Positions	262	4%
One Full-Time Position	4,237	66%
One Full-Time Position & One Part-Time Position	1,049	16%
Two Full-Time Positions	77	1%
More than Two Positions	115	2%
Total	6,430	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	35	1%
1 to 9 Hours	151	2%
10 to 19 Hours	210	3%
20 to 29 Hours	338	5%
30 to 39 Hours	930	15%
40 to 49 Hours	3,641	57%
50 to 59 Hours	640	10%
60 to 69 Hours	264	4%
70 to 79 Hours	62	1%
80 or More Hours	88	1%
Total	6,359	100%

60 Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Satisfaction
 Satisfied: 95%
 Very Satisfied: 64%

Source: Va. Healthcare Workforce Data Center

Among all QMHPs-A, 95% are satisfied with their current employment situation, including 64% who indicated that they are “very satisfied.”

Job Satisfaction		
Level	#	%
Very Satisfied	4,126	64%
Somewhat Satisfied	2,005	31%
Somewhat Dissatisfied	229	4%
Very Dissatisfied	92	1%
Total	6,452	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	86	1%
Experience Voluntary Unemployment?	193	3%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	563	8%
Work Two or More Positions at the Same Time?	1,986	29%
Switch Employers or Practices?	532	8%
Experience at Least One?	2,770	41%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia’s QMHPs-A experienced involuntary unemployment at some point during the past year. By comparison, Virginia’s average monthly unemployment rate was 2.9% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	67	1%	77	4%
Less than 6 Months	364	6%	236	12%
6 Months to 1 Year	594	9%	262	13%
1 to 2 Years	1,269	20%	413	21%
3 to 5 Years	1,647	26%	529	26%
6 to 10 Years	1,099	17%	267	13%
More than 10 Years	1,290	20%	222	11%
Subtotal	6,330	100%	2,005	100%
Did Not Have Location	35		4,607	
Item Missing	389		142	
Total	6,754		6,754	

Source: Va. Healthcare Workforce Data Center

One-half of all QMHPs-A are salaried employees, while 42% receive an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 8%

Turnover & Tenure

Switched Jobs: 8%
New Location: 23%
Over 2 Years: 64%
Over 2 Yrs., 2nd Location: 51%

Employment Type

Salary/Commission: 50%
Hourly Wage: 42%

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of all QMHPs-A have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	2,366	50%
Hourly Wage	2,000	42%
By Contract	291	6%
Business/Practice Income	20	0%
Unpaid	30	1%
Subtotal	4,707	100%
Did Not Have Location	35	
Item Missing	2,011	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.5% and a high of 3.3%. At the time of publication, the unemployment rate for June 2023 was still preliminary.

At a Glance:

Concentration

Top Region:	29%
Top 3 Regions:	68%
Lowest Region:	2%

Locations

2 or More (Past Year):	34%
2 or More (Now*):	31%

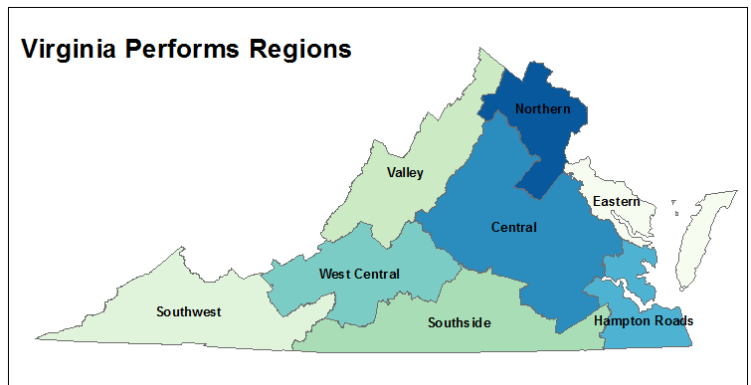
Source: Va. Healthcare Workforce Data Center

More than two-thirds of all QMHPs-A in the state work in Central Virginia, Hampton Roads, or Northern Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,844	29%	667	32%
Eastern	132	2%	64	3%
Hampton Roads	1,656	26%	560	27%
Northern	803	13%	242	12%
Southside	558	9%	181	9%
Southwest	393	6%	92	4%
Valley	200	3%	59	3%
West Central	695	11%	181	9%
Virginia Border State/D.C.	13	0%	17	1%
Other U.S. State	7	0%	14	1%
Outside of the U.S.	0	0%	0	0%
Total	6,301	100%	2,077	100%
Item Missing	417		68	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than three out of every ten QMHPs-A currently have multiple work locations, while 34% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	0	0%	24	0%
1	4,179	66%	4,323	69%
2	778	12%	843	13%
3	1,133	18%	1,009	16%
4	89	1%	48	1%
5	36	1%	24	0%
6 or More	95	2%	38	1%
Total	6,310	100%	6,310	100%

*At the time of survey completion, June 2023.

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 70%-79%
Administration: 10%-19%
Supervisory: 1%-9%

Roles

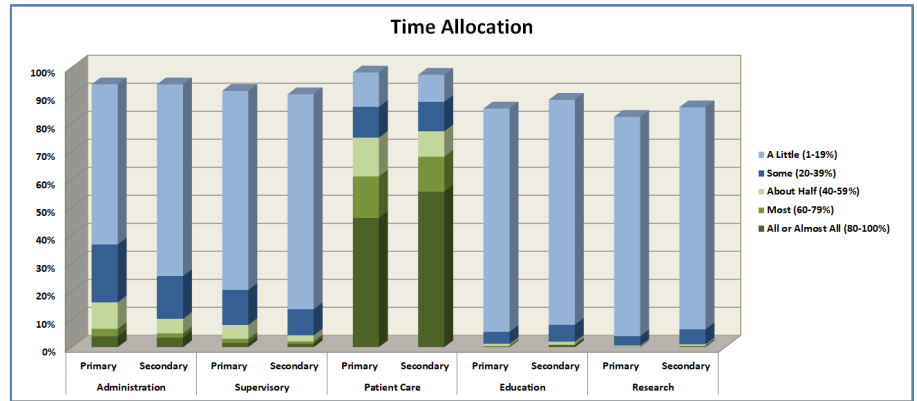
Patient Care: 61%
Administration: 7%
Supervisory: 3%

Patient Care QMHPs-A

Median Admin. Time: 1%-9%
Avg. Admin. Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

QMHPs-A spend approximately three-quarters of their time treating patients. In fact, 61% of all QMHPs-A fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation										
Time Spent	Admin.		Supervisory		Patient Care		Education		Research	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	4%	3%	2%	1%	46%	55%	0%	1%	0%	0%
Most (60-79%)	3%	2%	1%	1%	15%	12%	0%	0%	0%	0%
About Half (40-59%)	9%	5%	5%	2%	14%	9%	1%	1%	0%	1%
Some (20-39%)	21%	15%	13%	9%	11%	11%	4%	6%	3%	5%
A Little (1-19%)	57%	68%	71%	77%	12%	10%	80%	80%	78%	79%
None (0%)	6%	6%	9%	10%	2%	3%	15%	12%	18%	14%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	543	9%	179	10%
1-4	1,874	32%	878	47%
5-9	1,323	23%	331	18%
10-14	812	14%	209	11%
15-29	718	12%	144	8%
30-44	328	6%	56	3%
45-60	124	2%	32	2%
60 or More	129	2%	22	1%
Total	5,851	100%	1,850	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

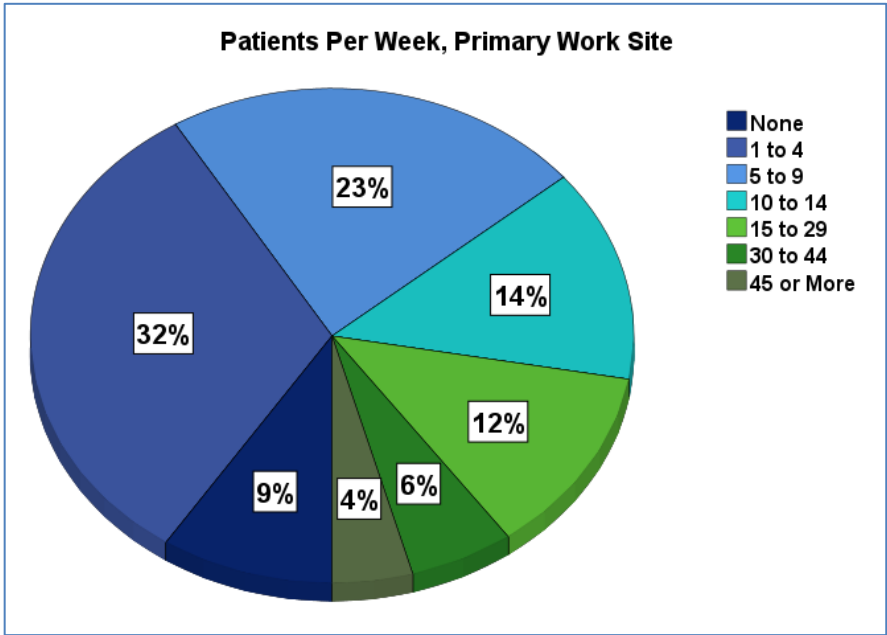
Weekly Patients Totals
(Median)

Primary Location: 5-9

Secondary Location: 1-4

Source: Va. Healthcare Workforce Data Center

The median patient workload for QMHPs-A at their primary work location is between 5 and 9 patients per week. For QMHPs-A who also have a secondary work location, their median patient workload is between 1 and 4 patients per week.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Clinical Services

Treatment:	42%
Case Management:	24%
Assessment:	15%

Provision of Services

% Providing Services:	56%
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Services Provided

Mental Health Skill Building:	32%
Crisis Stabilization:	15%
Intensive In-Home Services:	8%

Source: Va. Healthcare Workforce Data Center

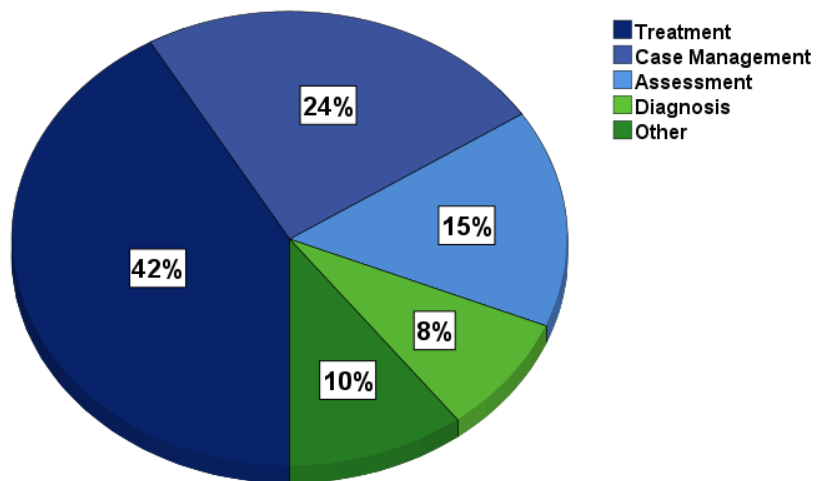
A Closer Look:

Clinical Services		
Service	#	%
Treatment	2,289	42%
Case Management	1,326	24%
Assessment	851	15%
Diagnosis	462	8%
Other	570	10%
Total	5,498	100%

Source: Va. Healthcare Workforce Data Center

More than two out of every five QMHPs-A define clinical services as treatment, while 24% consider clinical services to be case management.

Description of Clinical Services



Source: Va. Healthcare Workforce Data Center

Nearly three out of every five QMHPs-A provide clinical services. Among QMHPs-A who provide clinical services, nearly one-third provide mental health skill building services.

Provision of Services

Response	#	%
Yes	3,112	56%
No	2,444	44%
Total	5,556	100%

Source: Va. Healthcare Workforce Data Center

Clinical Services Provided

Service	#	%
Mental Health Skill Building Services	979	32%
Crisis Stabilization	459	15%
Intensive In-Home Services	238	8%
Psychosocial Rehabilitation	229	7%
Therapeutic Day Treatment - Children and Adolescents (TDT)	47	2%
Other	1,129	37%
Total	3,081	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Continuing Education		
Response	#	%
Yes	2,381	42%
No	3,342	58%
Total	5,723	100%

Source: Va. Healthcare Workforce Data Center

More than two out of every five QMHPs-A plan on continuing their education or registering as a resident in counseling or as a supervisee in social work in the future. Additionally, the median number of years to supervision is 2.

At a Glance:

Counseling/Social Work

% Continuing Education: 42%
 % Awaiting Application: 4%
 Median Years to Supervision: 2

Licensure Eligibility

% Not Pursuing Licensure but Eligible: 17%
 % with No Desire for Licensure: 48%

Future Licensure

Temporary Registration: 8%
 % Not Temporarily Registered but Eligible: 38%
 Median Years to Eligibility: 2

Source: Va. Healthcare Workforce Data Center

For those QMHPs-A not planning to continue their education or register as a resident in counseling or as a supervisee in social work, 17% are eligible for licensure.

Licensure Eligibility for QMHPs-A Not Seeking Licensure

Response	#	%
Yes	500	17%
No	2,473	83%
Total	2,973	100%

Source: Va. Healthcare Workforce Data Center

For those QMHPs-A who are eligible for licensure but are not planning to continue their education or register as a resident in counseling or as a supervisee in social work, 48% are not pursuing licensure because they have no desire to become licensed.

Reason for Not Pursuing Licensure

Reason	#	%
No Desire to Become Licensed	205	48%
Incomplete Supervision Hours Due to Other Reasons	24	6%
Ineligible Degree	22	5%
Incomplete Supervision Hours Due to Lack of Staff	9	2%
Other	167	39%
Total	427	100%

Source: Va. Healthcare Workforce Data Center

Only 4% of QMHPs-A registered as a QMHP-A in order to work while awaiting their application for registration as a Resident in Counseling or as a Supervisee in Social Work.

Awaiting Registration Application		
Response	#	%
Yes	118	4%
No	2,974	96%
Total	3,092	100%

Source: Va. Healthcare Workforce Data Center

Temporary Registration		
Response	#	%
Yes	515	8%
No	6,005	92%
Total	6,520	100%

Source: Va. Healthcare Workforce Data Center

Nearly one out of every ten QMHPs-A are registered temporarily in order to bill for services while they pursue licensure.

For those QMHPs-A who are not registered as a temporary measure in order to bill for services while pursuing licensure, 38% are eligible for licensure.

Licensure Eligibility for QMHPs-A Not Temporarily Registered		
Response	#	%
Yes	2,137	38%
No	3,501	62%
Total	5,638	100%

Source: Va. Healthcare Workforce Data Center

Reason for Not Being Eligible for Licensure		
Reason	#	%
Additional Education Required	956	51%
Not Pursuing Licensure	273	15%
Ineligible Degree	163	9%
Hold Other License	143	8%
Currently in School	129	7%
Other	200	11%
Total	1,863	100%

Source: Va. Healthcare Workforce Data Center

For QMHPs-As who are eligible to be licensed, the median number of years to licensure is 2.

It is important to note that among QMHPs-A who are not eligible, 51% reported additional education needed as the reason for not being eligible for licensure. An additional 15% of QMHPs-A reported that they were no longer interested in pursuing licensure.

At a Glance:

FTEs

Total: 6,151
 FTEs/1,000 Residents²: 0.712
 Average: 0.92

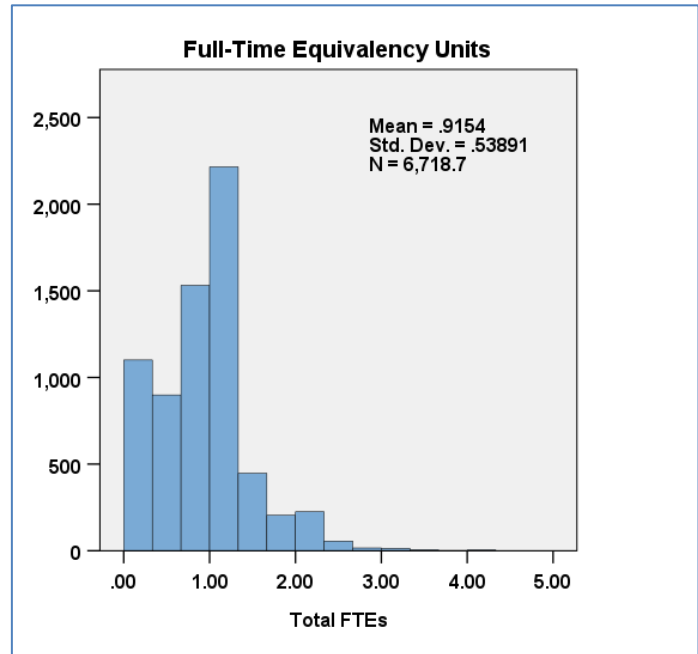
Age & Gender Effect

Age, *Partial Eta*²: Small
 Gender, *Partial Eta*²: Negligible

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

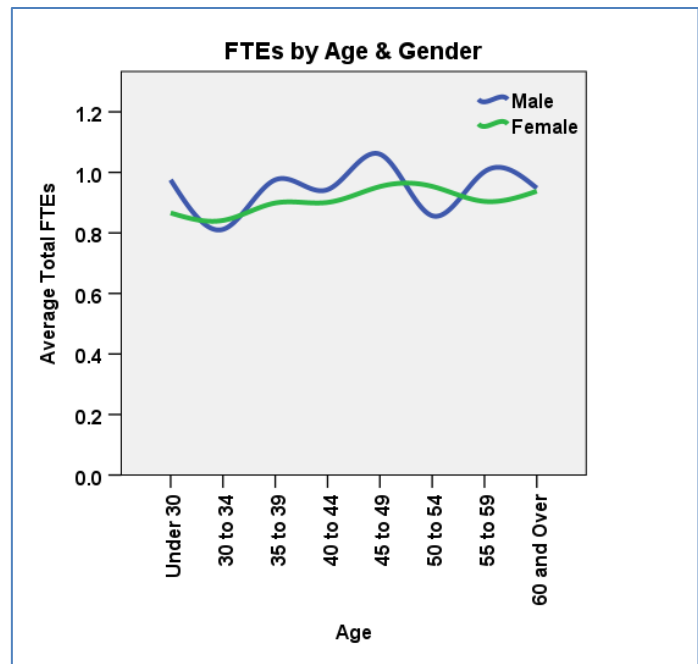


Source: Va. Healthcare Workforce Data Center

The typical (median) QMHP-A provided 0.96 FTEs over the past year, or approximately 38 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.89	0.96
30 to 34	0.83	0.92
35 to 39	0.92	0.99
40 to 44	0.91	0.96
45 to 49	0.98	1.03
50 to 54	0.92	0.97
55 to 59	0.92	0.96
60 and Over	0.94	0.96
Gender		
Male	0.94	1.01
Female	0.91	0.96

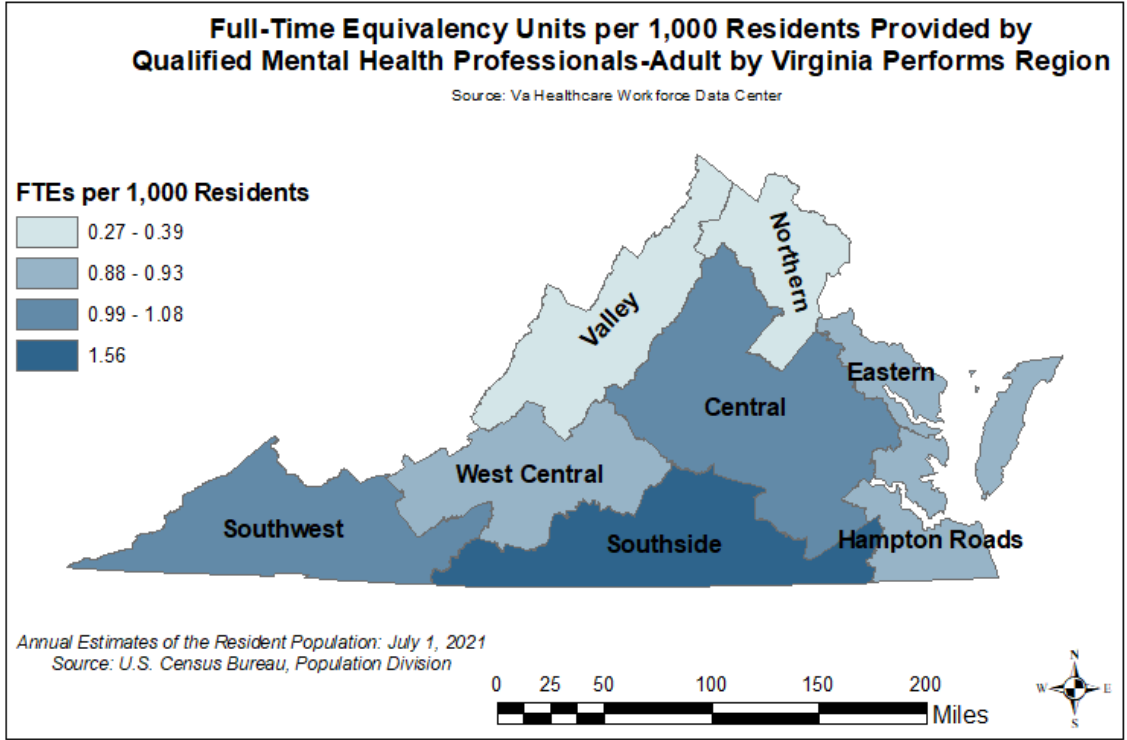
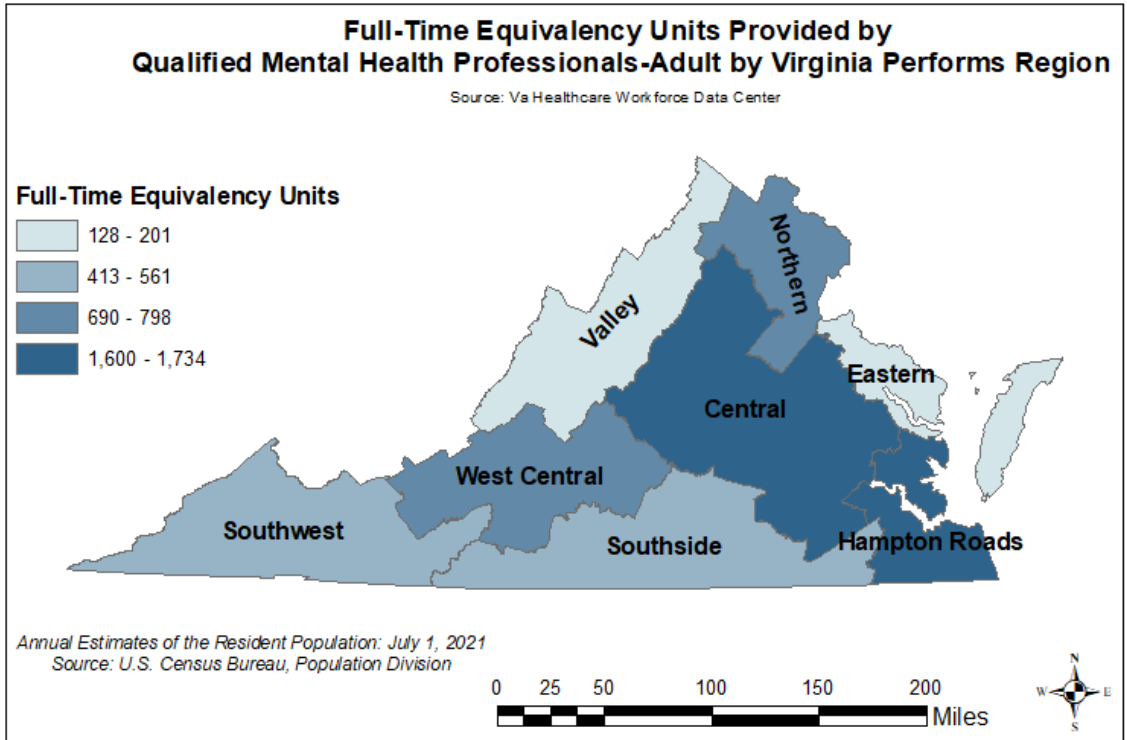
Source: Va. Healthcare Workforce Data Center

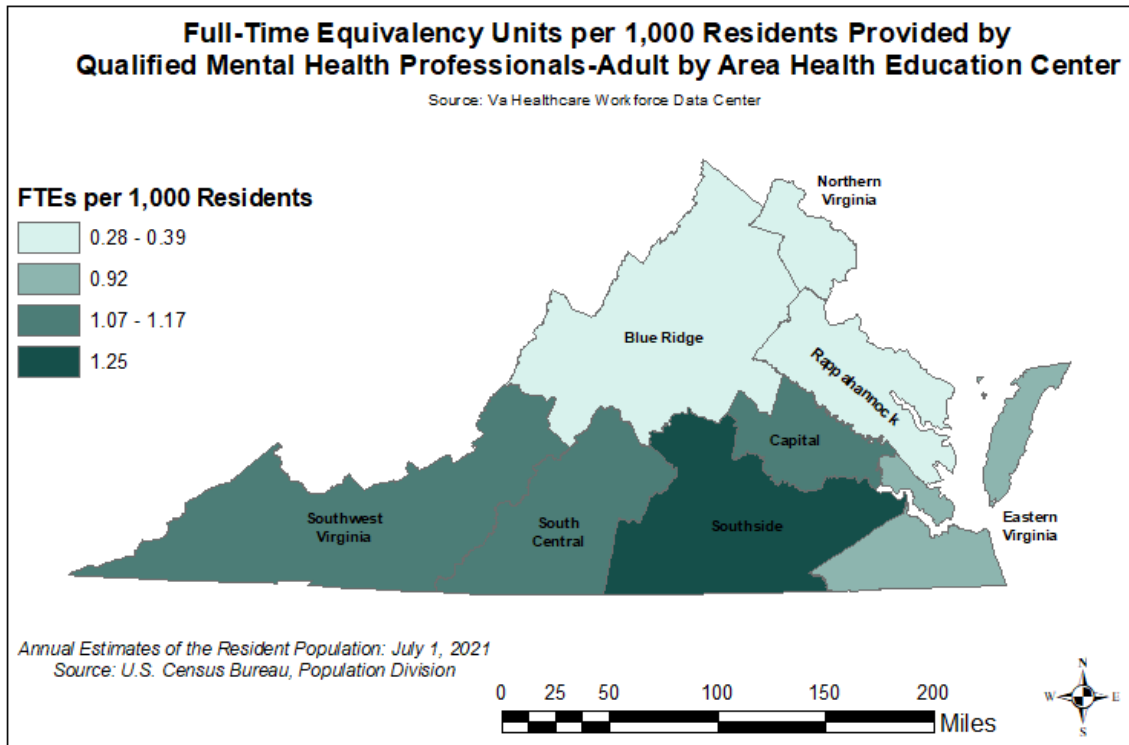
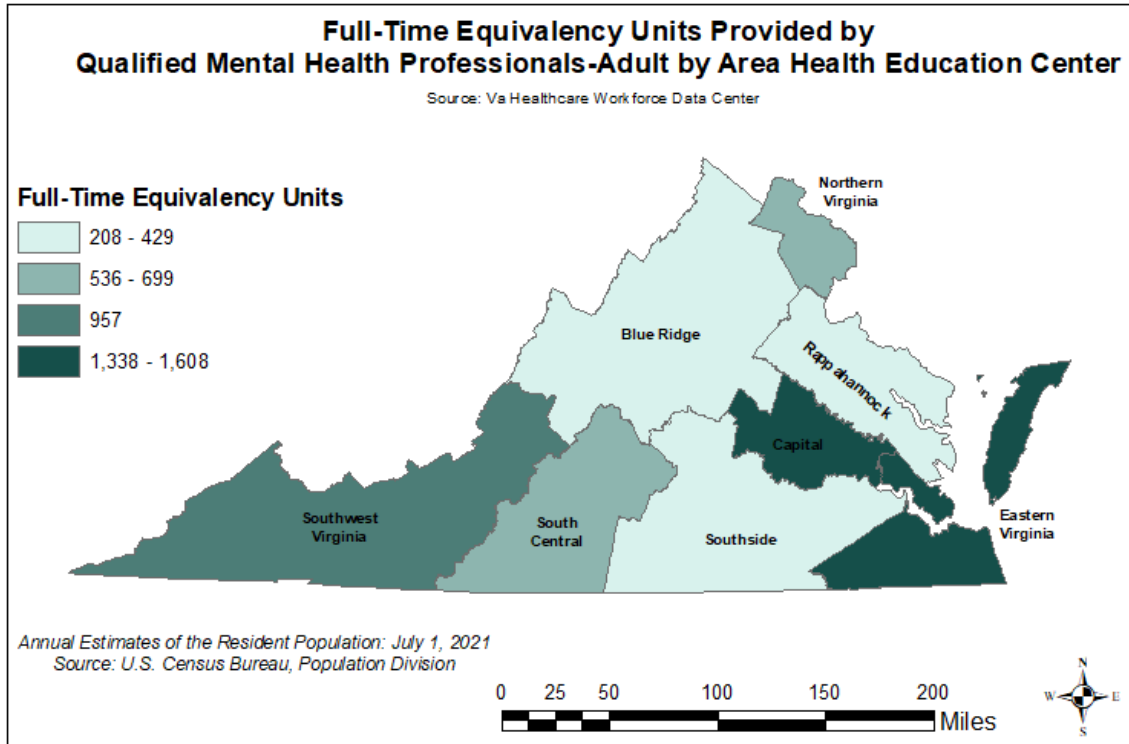


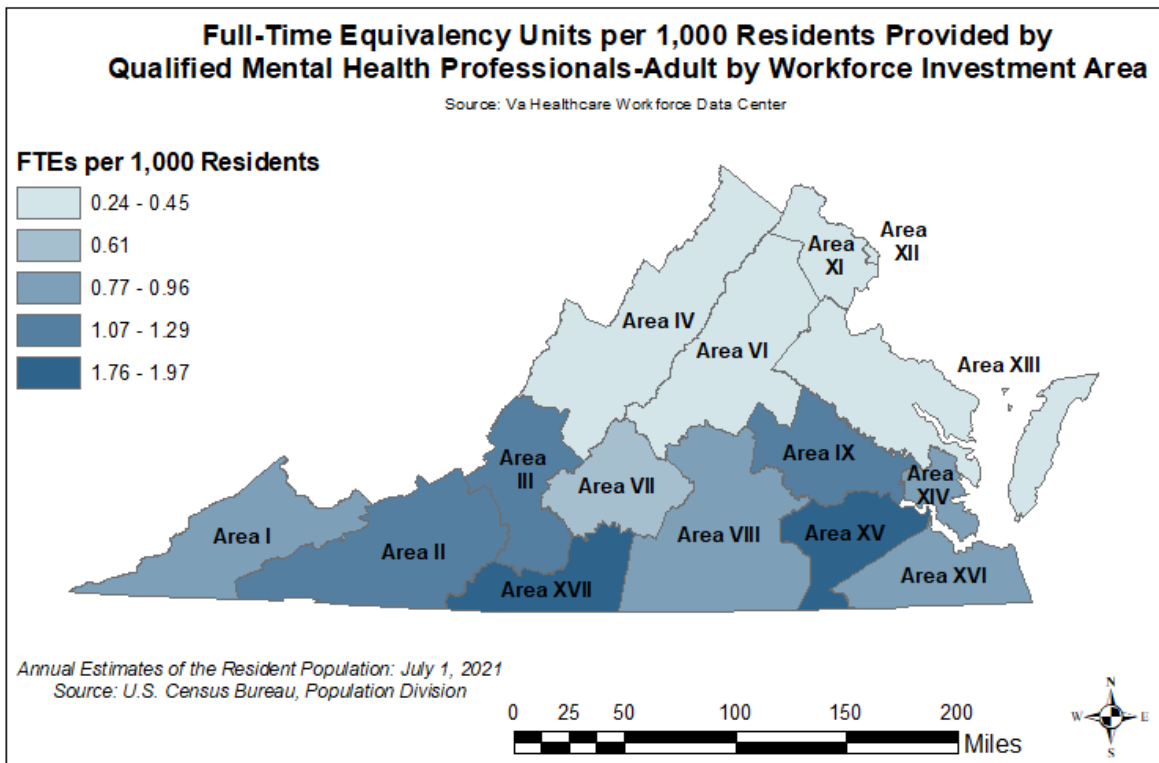
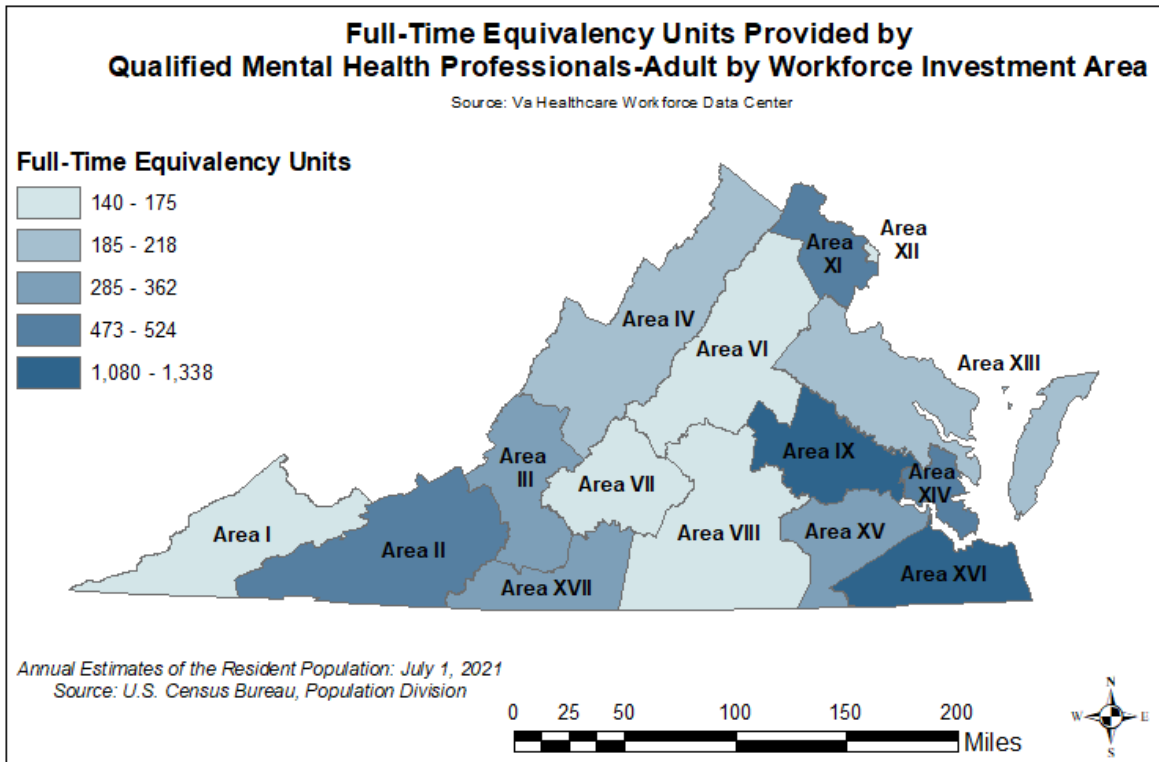
Source: Va. Healthcare Workforce Data Center

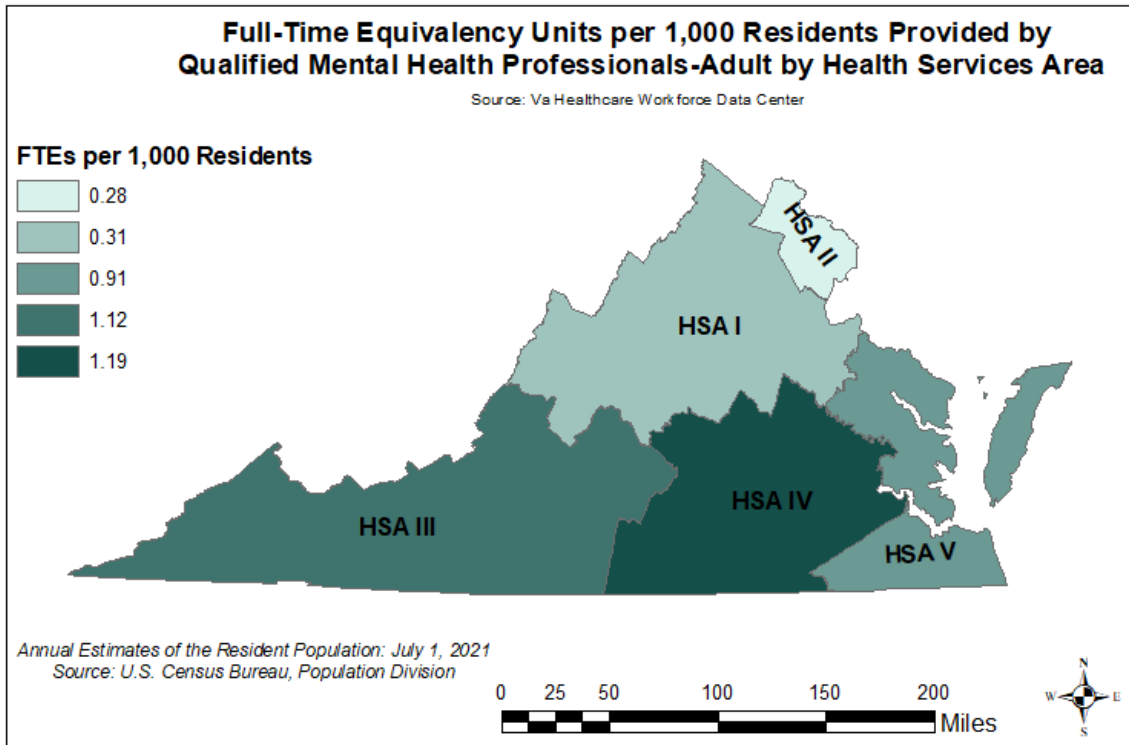
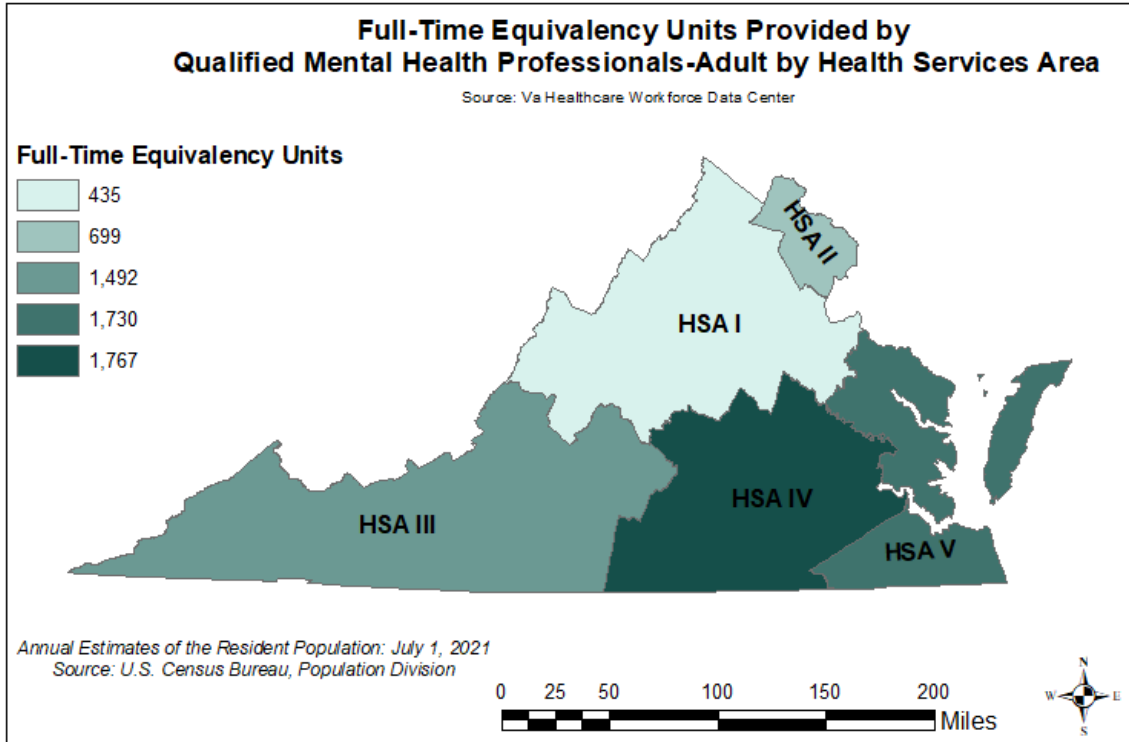
² Number of residents in 2021 was used as the denominator.

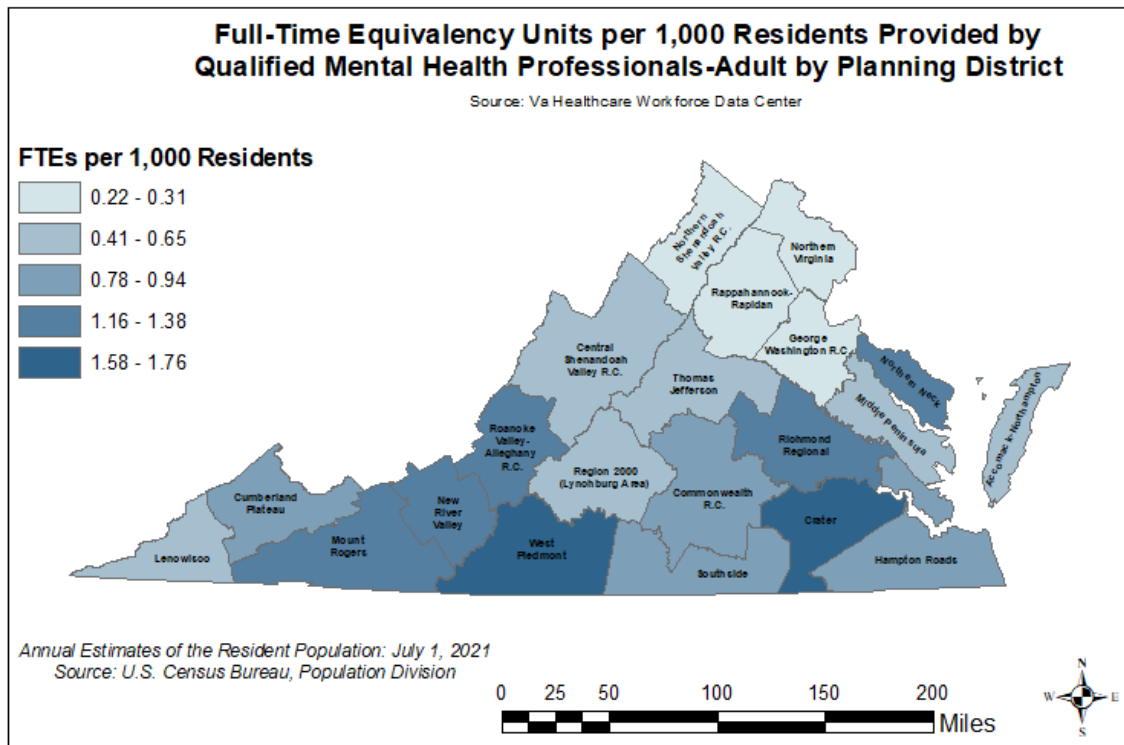
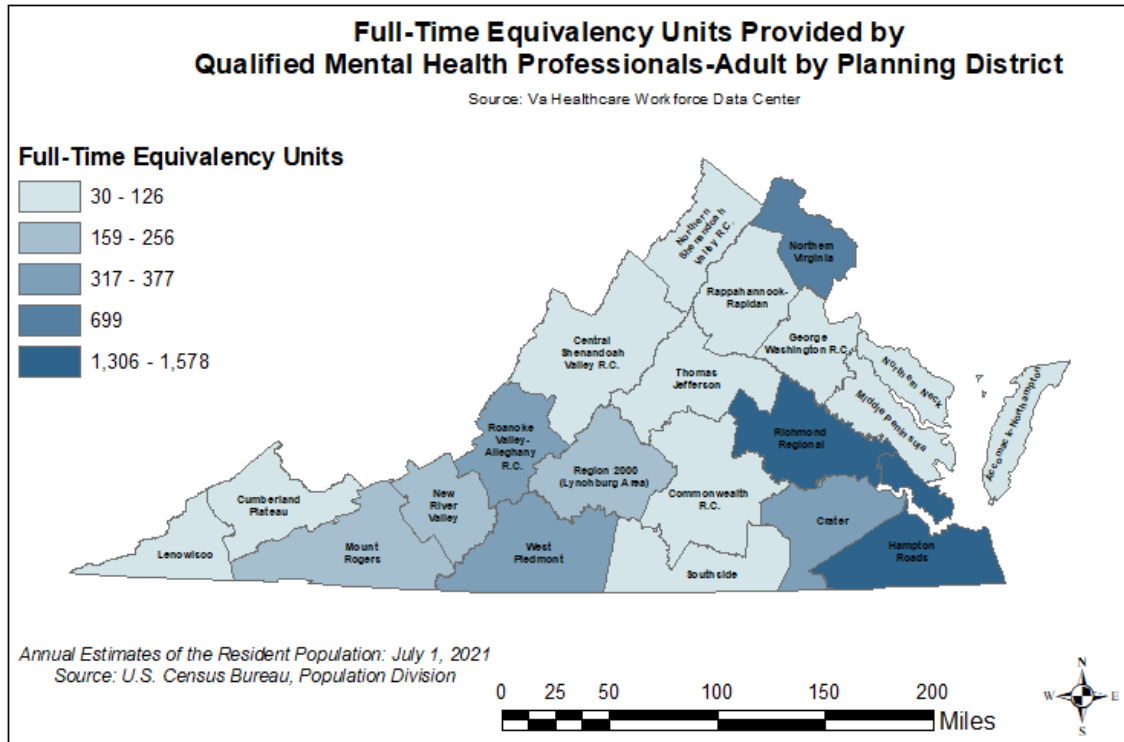
³ Due to assumption violations in Mixed between-within ANOVA (Interaction effect was significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	4,319	66.80%	1.497	1.372	1.908
Metro, 250,000 to 1 Million	580	70.69%	1.415	1.296	1.803
Metro, 250,000 or Less	465	72.47%	1.380	1.265	1.759
Urban, Pop. 20,000+, Metro Adj.	303	70.30%	1.423	1.304	1.813
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	368	72.01%	1.389	1.273	1.770
Urban, Pop. 2,500-19,999, Non-Adj.	268	71.64%	1.396	1.279	1.779
Rural, Metro Adj.	138	70.29%	1.423	1.304	1.813
Rural, Non-Adj.	71	76.06%	1.315	1.205	1.676
Virginia Border State/D.C.	438	65.07%	1.537	1.408	1.959
Other U.S. State	121	57.02%	1.754	1.607	2.235

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	525	53.33%	1.875	1.676	2.235
30 to 34	881	61.41%	1.628	1.456	1.941
35 to 39	1,008	66.67%	1.500	1.341	1.788
40 to 44	1,119	71.13%	1.406	1.257	1.676
45 to 49	897	72.24%	1.384	1.237	1.650
50 to 54	897	70.12%	1.426	1.275	1.700
55 to 59	759	74.18%	1.348	1.205	1.607
60 and Over	985	68.83%	1.453	1.299	1.732

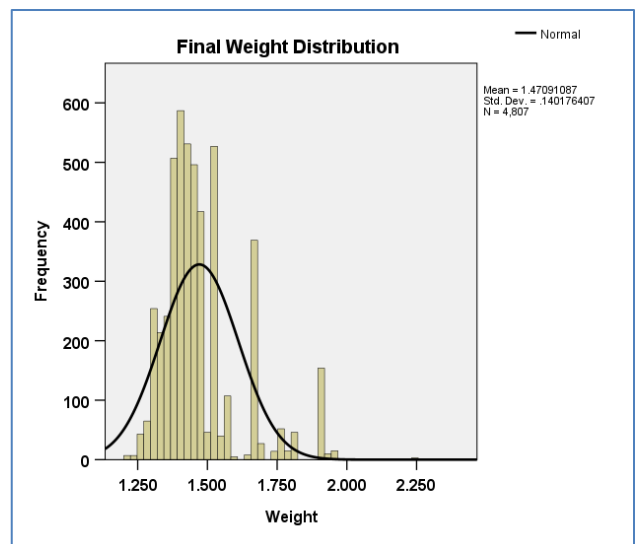
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.679819



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Qualified Mental Health Professional-Child Workforce: 2023

Healthcare Workforce Data Center

September 2023

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
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Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

More than 3,000 Qualified Mental Health Professionals-Child voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Counseling express our sincerest appreciation for their ongoing cooperation.

Thank You!

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The Qualified Mental Health Professional-Child Workforce At a Glance:

The Workforce

Registrants:	4,902
Virginia's Workforce:	4,685
FTEs:	3,879

Work Location

Central VA:	29%
Hampton Roads:	29%
West Central VA:	10%

Current Employment

Employed in Prof.:	91%
Hold 1 Full-Time Job:	61%
Satisfied?:	96%

Survey Response Rate

All Registrants:	63%
Renewing Practitioners:	83%

Education

Baccalaureate:	51%
Masters:	44%

Job Turnover

Switched Jobs:	9%
Employed Over 2 Yrs.:	59%

Demographics

Female:	78%
Diversity Index:	54%
Median Age:	42

Prof. Degree

Psychology:	29%
Counseling:	20%
Social Work:	15%

Time Allocation

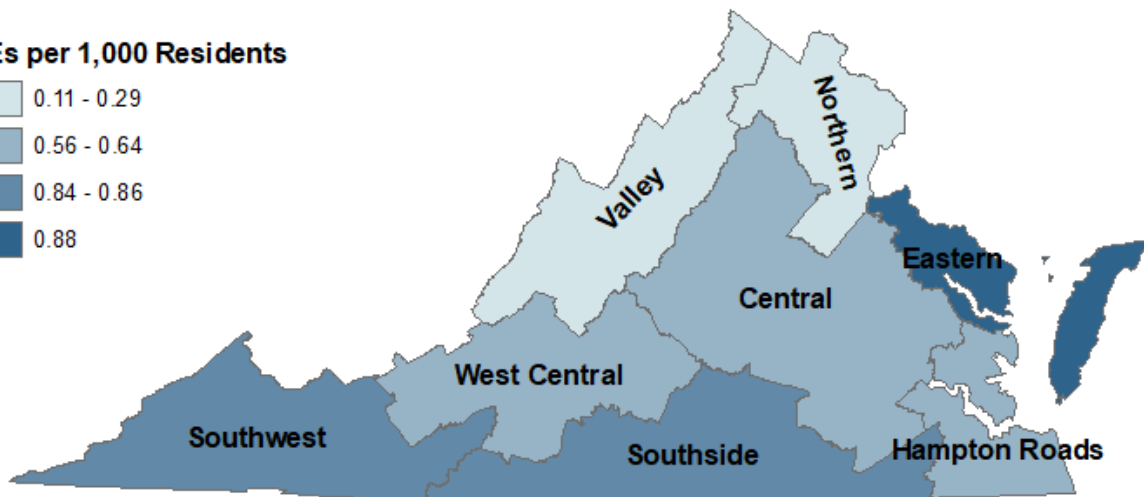
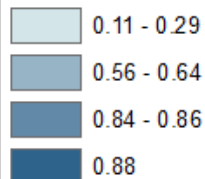
Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	64%

Source: Va. Healthcare Workforce Data Center

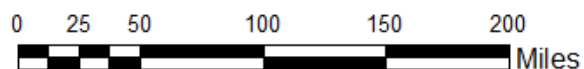
Full-Time Equivalency Units per 1,000 Residents Provided by Qualified Mental Health Professionals-Child by Virginia Performs Region

Source: Va Healthcare Work force Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2023 Qualified Mental Health Professional-Child (QMHP-C) Workforce Survey. More than 3,000 QMHPs-C voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the registration renewal process, which takes place every June for QMHPs-C. These survey respondents represent 63% of the 4,902 QMHPs-C registered in the state and 83% of renewing practitioners.

The HWDC estimates that 4,685 QMHPs-C participated in Virginia's workforce during the survey period, which is defined as those QMHPs-C who worked at least a portion of the year in the state, but it does not include QMHPs-C who live in the state and intend to work as a QMHP-C at some point in the future. Over the past year, Virginia's QMHP-C workforce provided 3,879 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly four out of every five QMHPs-C are female, including 81% of those QMHPs-C who are under the age of 40. In a random encounter between two QMHPs-C, there is a 54% chance that they would be of different races or ethnicities, a measure known as the diversity index. For QMHPs-C who are under the age of 40, this diversity index increases slightly to 55%. This makes Virginia's QMHP-C workforce almost as diverse as the state's overall population, which has a comparable diversity index of 58%.

Just over half of all QMHPs-C hold a bachelor's degree as their highest level of educational attainment, while another 44% of QMHPs-C have obtained a master's degree. With respect to professional degrees, 29% of QMHPs-C have a degree in psychology, 20% have a degree in counseling, and 15% have a degree in social work. More than half of all QMHPs-C also have a specialization as a Qualified Mental Health Professional-Adult (QMHP-A), and more than one out of every five QMHPs-C hold an additional registration from the Board of Counseling/Psychology/Social Work. Nearly three out of every five QMHPs-C have been registered for more than five years.

Among all QMHPs-C, 91% are currently employed in the profession, 61% hold one full-time job, and 52% work between 40 and 49 hours per week. Over the past year, 10% of QMHPs-C have experienced underemployment, while 2% of QMHPs-C have experienced involuntary unemployment. Nearly three out of every five QMHPs-C have worked at their primary work location for more than two years. Meanwhile, one-third of all QMHPs-C have been employed at multiple work locations over the past year. More than two-thirds of all QMHPs-C are employed in Central Virginia, Hampton Roads, or West Central Virginia. More than nine out of every ten QMHPs-C are either hourly or salaried employees at their primary work location. Among all QMHPs-C, 96% indicated that they are satisfied with their current work situation, including 64% of QMHPs-C who indicated that they are "very satisfied."

QMHPs-C typically spend approximately three-quarters of their time in patient care activities. In fact, 64% of all QMHPs-C fill a patient care role, which means that they spend at least 60% of their time in that activity. The median patient workload for QMHPs-C at their primary work location is between 5 and 9 patients per week. In addition, QMHPs-C with a secondary work location typically treat an additional 1 to 4 patients per week. More than half of all QMHPs-C provide clinical services at their place of employment. Among those QMHPs-C who provide clinical services, 30% provide intensive in-home services, while another 15% provide mental health skill building services.

More than two out of every five QMHPs-C plan on continuing their education or registering as a resident in counseling or as a supervisee in social work in the future. Among those QMHPs-C who are not planning to do so, 16% are eligible for licensure, and more than half of these professionals eligible for licensure do not intend to pursue it because they have no desire to become licensed. Among all QMHPs-C, 4% are registered in order to work while awaiting an application for registration as a resident in counseling or as a supervisee in social work. Furthermore, 8% of QMHPs-C are registered temporarily in order to bill for services while pursuing full licensure.

A Closer Look:

Registrants		
Status	#	%
Renewing Practitioners	3,539	72%
New Registrants	413	8%
Non-Renewals	950	19%
All Registrants	4,902	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing QMHPs-C, 83% submitted a survey. These represent 63% of the 4,902 QMHPs-C who were registered at some point during the survey period.

Definitions

- The Survey Period:** The survey was conducted in June 2023.
- Target Population:** All QMHPs-C who held a Virginia registration at some point between July 2022 and June 2023.
- Survey Population:** The survey was available to QMHPs-C who renewed their registration online. It was not available to those who did not renew, including QMHPs-C newly registered in 2023.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	262	253	49%
30 to 34	344	456	57%
35 to 39	283	463	62%
40 to 44	278	510	65%
45 to 49	199	443	69%
50 to 54	187	356	66%
55 to 59	135	279	67%
60 and Over	149	305	67%
Total	1,837	3,065	63%
New Registrants			
Issued in Past Year	278	135	33%
Metro Status			
Non-Metro	281	563	67%
Metro	1413	2,317	62%
Not in Virginia	143	185	56%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	3,065
Response Rate, All Registrants	63%
Response Rate, Renewals	83%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Registered QMHPs-C

Number: 4,902
 New: 8%
 Not Renewed: 19%

Response Rates

All Registrants: 63%
 Renewing Practitioners: 83%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's QMHP-C Workforce: 4,685
 FTEs: 3,879

Utilization Ratios

QMHPs-C in VA Workforce: 96%
 QMHPs-C per FTE: 1.26
 Workers per FTE: 1.21

Source: Va. Healthcare Workforce Data Center

Definitions

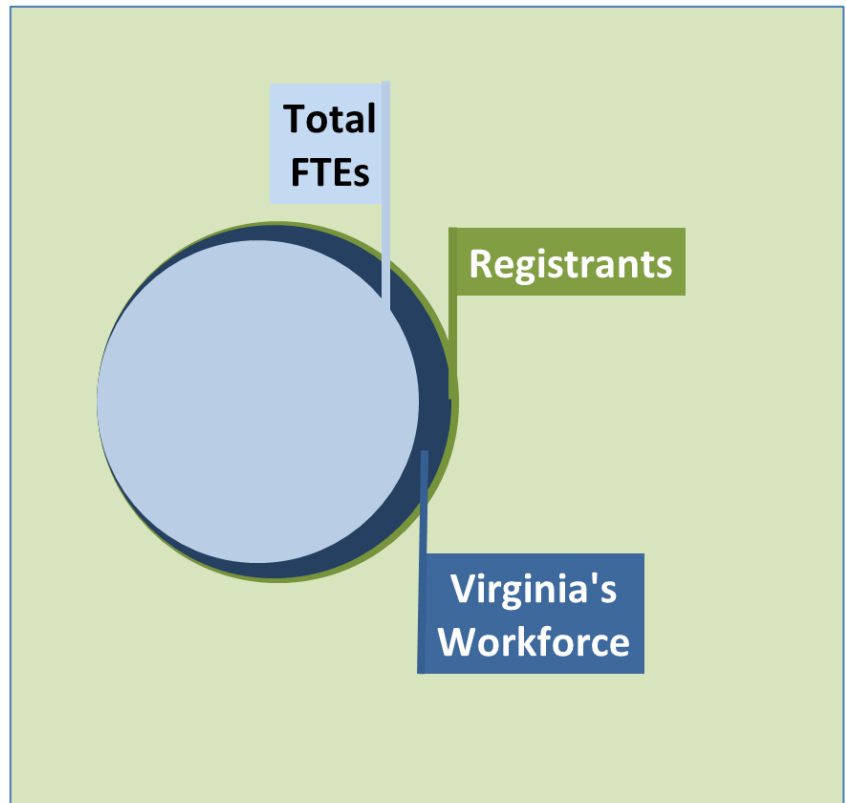
- 1. Virginia's Workforce:** A practitioner with a primary or secondary work site in Virginia at any time in the past year. It does not include those who intend to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. QMHPs-C in VA Workforce:** The proportion of registrants in Virginia's workforce.
- 4. Registered QMHPs-C per FTE:** An indication of the number of registrants needed to create 1 FTE. Higher numbers indicate lower registrant participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's QMHP-C Workforce

Status	#
Virginia's Workforce	4,685
Total FTEs	3,879
Registered QMHPs-C	4,902

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

QMHP-C Registrants Not in Virginia's Workforce

Only 4% of Virginia's registrants did not participate in the state's QMHP-C workforce during the past year. Among these QMHPs-C, 59% worked at some point in the past year, including 43% who worked as a QMHP-C.

At a Glance:

Not in VA Workforce

Total:	216
% of Registrants:	4%
Va. Border State/DC:	30%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	61	13%	430	88%	491	11%
30 to 34	159	21%	614	80%	773	17%
35 to 39	151	22%	536	78%	687	15%
40 to 44	141	20%	577	80%	718	16%
45 to 49	159	26%	453	74%	612	13%
50 to 54	126	25%	382	75%	508	11%
55 to 59	90	23%	307	77%	397	9%
60 and Over	104	26%	299	74%	404	9%
Total	990	22%	3,598	78%	4,589	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	QMHPs-C		QMHPs-C Under 40	
	%	#	%	#	%
White	60%	1,447	32%	605	32%
Black	19%	2,659	60%	1,110	58%
Asian	7%	32	1%	16	1%
Other Race	0%	28	1%	11	1%
Two or More Races	3%	124	3%	70	4%
Hispanic	10%	165	4%	88	5%
Total	100%	4,455	100%	1,900	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 78%
 % Under 40 Female: 81%

Age

Median Age: 42
 % Under 40: 43%
 % 55 and Over: 17%

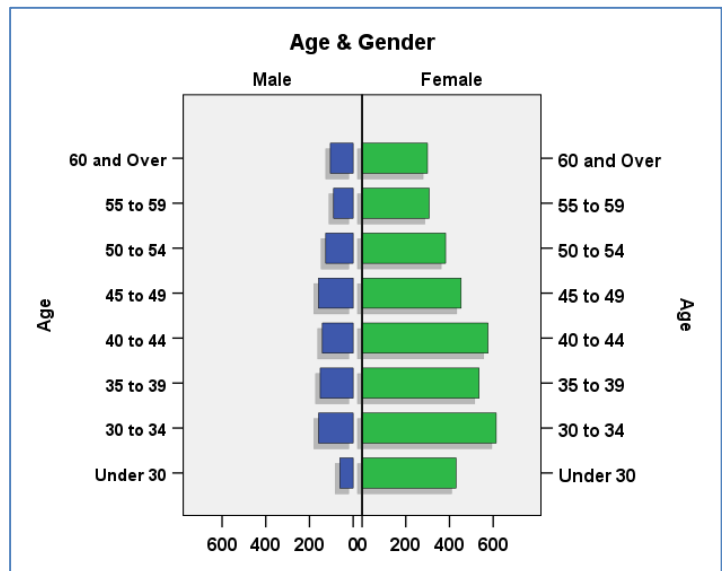
Diversity

Diversity Index: 54%
 Under 40 Div. Index: 55%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two QMHPs-C, there is a 54% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the comparable diversity index is 58%.

More than two out of every five QMHPs-C are under the age of 40, and 81% of QMHPs-C who are under the age of 40 are female. In addition, the diversity index among QMHPs-C who are under the age of 40 is 55%.



85 Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Education Level		
Degree	#	%
Some High School	3	0%
High school/GED	16	0%
Some College	44	1%
Associate	33	1%
Bachelor's Degree	2,357	51%
Master's Degree	2,047	44%
Doctor of Psychology	23	0%
Other Doctorate/PhD	77	2%
Total	4,601	100%

Source: Va. Healthcare Workforce Data Center

More than half of all QMHPs-C have a baccalaureate degree as their highest degree. Another 44% of QMHPs-C have a master's degree as their highest degree.

At a Glance:

Education

Baccalaureate: 51%

Masters: 44%

Professional Degree

Psychology: 29%

Counseling: 20%

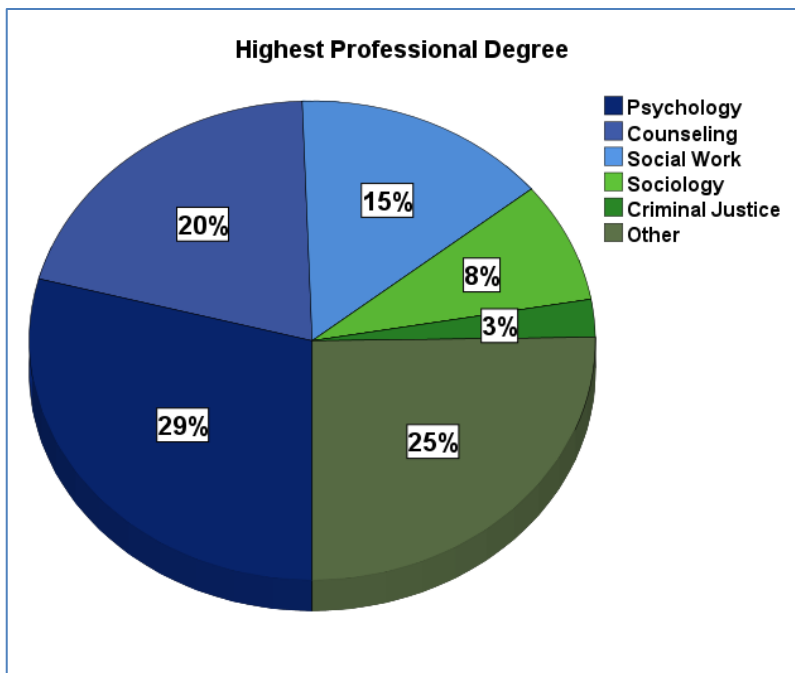
Social Work: 15%

Source: Va. Healthcare Workforce Data Center

Highest Professional Degree		
Degree	#	%
Psychology	1,339	29%
Counseling	931	20%
Social Work	673	15%
Sociology	373	8%
Criminal Justice	117	3%
Other	1,158	25%
Total	4,590	100%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every ten QMHPs-C hold their highest professional degree in psychology. Another 20% of QMHPs-C hold their highest professional degree in counseling.



Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Registration

QMHP-A & QMHP-C: 51%
 Additional Registration: 22%

Registration Duration

Less than 1 Year: 5%
 More than 5 Years: 57%

Source: Va. Healthcare Workforce Data Center

Registration		
Registration	#	%
QMHP-C Only	2,238	49%
QMHP-A & QMHP-C	2,301	51%
Total	4,539	100%

Source: Va. Healthcare Workforce Data Center

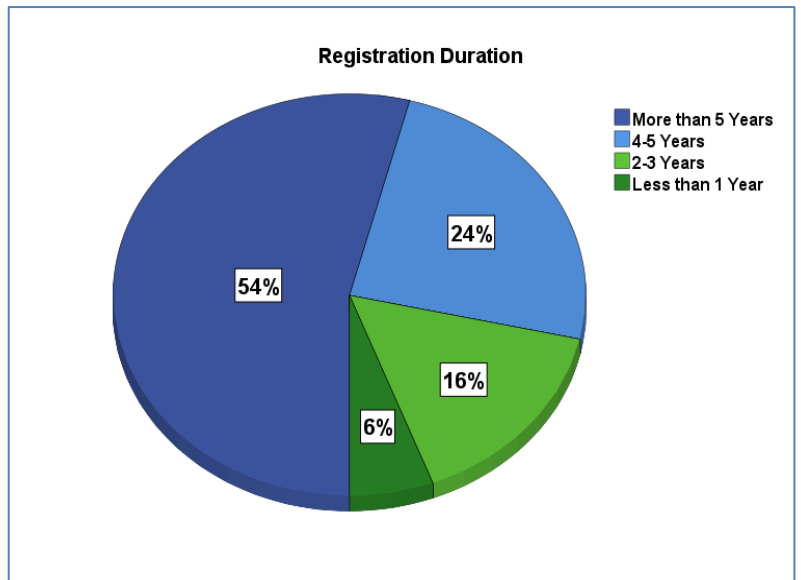
More than half of all QMHPs-C are also QMHPs-A. In addition, more than one out of every five QMHPs-C hold another registration, certification, or license from the Board of Counseling, Psychology, or Social Work.

Additional Registration or Licensure		
Response	#	%
Yes	827	22%
No	3,005	78%
Total	3,832	100%

Source: Va. Healthcare Workforce Data Center

QMHP-C Registration Duration		
Time Period	#	%
Less than 1 Year	235	5%
2-3 Years	631	14%
4-5 Years	1,109	24%
More than 5 Years	2,597	57%
Total	4,572	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Two out of every five QMHPs-C have a supervisor who is an LPC. Another 29% of QMHPs-C have a supervisor who is an LCSW.

Supervisor Credential		
Credential	#	%
Licensed Professional Counselor	1,544	40%
Licensed Clinical Social Worker	1,119	29%
Licensed Clinical Psychologist	92	2%
Other	1,112	29%
Total	3,867	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 91%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 61%
 2 or More Positions: 26%

Weekly Hours:

40 to 49: 52%
 60 or More: 7%
 Less than 30: 13%

Source: Va. Healthcare Workforce Data Center

Among all QMHPs-C, 91% are currently employed in the profession, 61% hold one full-time job, and 52% work between 40 and 49 hours per week.

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	39	1%
Employee of a Provider Licensed by the Department of Behavioral Health and Developmental Services (DBHDS)	2,240	50%
Employee of the DBHDS	324	7%
Employee of the Department of Corrections (DOC)	42	1%
Independent Contractor for Provider Licensed by DBHDS	327	7%
Independent Contractor of DBHDS	99	2%
Independent Contractor for DOC	12	< 1%
Employed in a Behavioral Sciences Related Capacity, Specific Designation Unknown	1,052	23%
Employed, NOT in a Behavioral Sciences Related Capacity	332	7%
Not Working, Reason Unknown	2	< 1%
Involuntarily Unemployed	2	< 1%
Voluntarily Unemployed	15	< 1%
Retired	2	< 1%
Other	26	1%
Total	4,515	100%

Source: Va. Healthcare Workforce Data Center

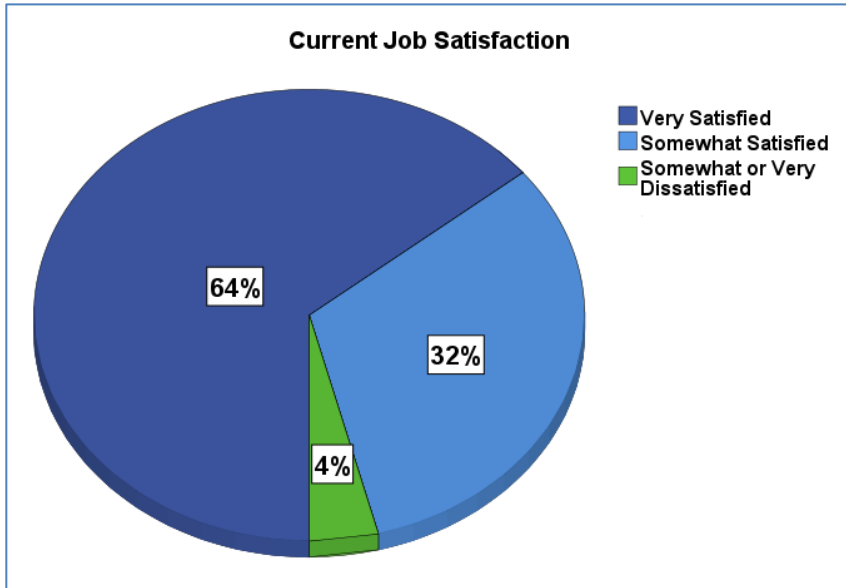
Current Positions		
Positions	#	%
No Positions	21	0%
One Part-Time Position	586	13%
Two Part-Time Positions	172	4%
One Full-Time Position	2,689	61%
One Full-Time Position & One Part-Time Position	809	18%
Two Full-Time Positions	74	2%
More than Two Positions	77	2%
Total	4,428	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	21	0%
1 to 9 Hours	125	3%
10 to 19 Hours	185	4%
20 to 29 Hours	268	6%
30 to 39 Hours	792	18%
40 to 49 Hours	2,257	52%
50 to 59 Hours	427	10%
60 to 69 Hours	194	4%
70 to 79 Hours	56	1%
80 or More Hours	45	1%
Total	4,370	100%

88 Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Satisfaction

Satisfied: 96%

Very Satisfied: 64%

Source: Va. Healthcare Workforce Data Center

Among all QMHPs-C, 96% are satisfied with their current employment situation, including 64% who indicated that they are “very satisfied.”

Job Satisfaction		
Level	#	%
Very Satisfied	2,847	64%
Somewhat Satisfied	1,413	32%
Somewhat Dissatisfied	142	3%
Very Dissatisfied	38	1%
Total	4,440	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	75	2%
Experience Voluntary Unemployment?	131	3%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	466	10%
Work Two or More Positions at the Same Time?	1,479	32%
Switch Employers or Practices?	408	9%
Experience at Least One?	2,102	45%

Source: Va. Healthcare Workforce Data Center

Only 2% of Virginia’s QMHPs-C experienced involuntary unemployment at some point during the past year. By comparison, Virginia’s average monthly unemployment rate was 2.9% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	37	1%	74	5%
Less than 6 Months	282	6%	173	13%
6 Months to 1 Year	497	11%	187	14%
1 to 2 Years	984	23%	288	21%
3 to 5 Years	1,171	27%	351	26%
6 to 10 Years	661	15%	150	11%
More than 10 Years	710	16%	141	10%
Subtotal	4,341	100%	1,363	100%
Did Not Have Location	39		3,245	
Item Missing	305		77	
Total	4,685		4,685	

Source: Va. Healthcare Workforce Data Center

More than nine out of every ten QMHPs-C are either hourly or salaried employees.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 2%
Underemployed: 10%

Turnover & Tenure

Switched Jobs: 9%
New Location: 26%
Over 2 Years: 59%
Over 2 Yrs., 2nd Location: 47%

Employment Type

Hourly Wage: 46%
Salary/Commission: 46%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every five QMHPs-C have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	1,496	46%
Hourly Wage	1,511	46%
By Contract	209	6%
Business/Practice Income	25	1%
Unpaid	26	1%
Subtotal	3,267	100%
Did Not Have Location	39	
Item Missing	1,379	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.5% and a high of 3.3%. At the time of publication, the unemployment rate for June 2023 was still preliminary.

At a Glance:

Concentration

Top Region:	29%
Top 3 Regions:	69%
Lowest Region:	3%

Locations

2 or More (Past Year):	33%
2 or More (Now*):	31%

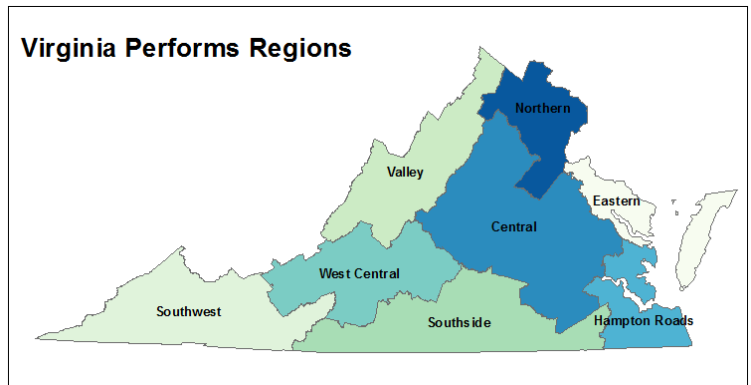
Source: Va. Healthcare Workforce Data Center

More than two-thirds of all QMHPs-C in the state work in Central Virginia, Hampton Roads, or West Central Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,275	29%	457	32%
Eastern	139	3%	46	3%
Hampton Roads	1,274	29%	463	33%
Northern	367	8%	104	7%
Southside	328	8%	99	7%
Southwest	337	8%	60	4%
Valley	151	3%	35	2%
West Central	451	10%	127	9%
Virginia Border State/D.C.	7	0%	13	1%
Other U.S. State	3	0%	13	1%
Outside of the U.S.	0	0%	0	0%
Total	4,332	100%	1,417	100%
Item Missing	314		23	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than three out of every ten QMHPs-C currently have multiple work locations, while 33% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	0	0%	16	0%
1	2,900	67%	2,985	69%
2	498	12%	555	13%
3	802	19%	711	16%
4	49	1%	21	1%
5	20	1%	17	0%
6 or More	65	2%	29	1%
Total	4,334	100%	4,334	100%

*At the time of survey completion, June 2023.

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 70%-79%
Administration: 1%-9%
Supervisory: 1%-9%

Roles

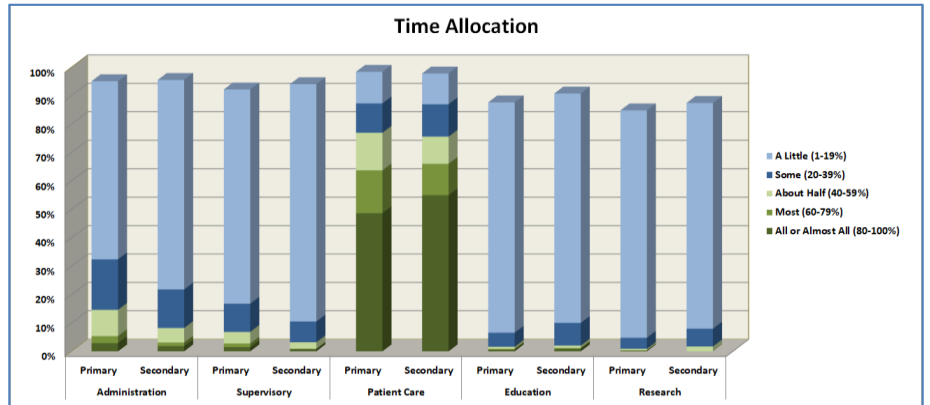
Patient Care: 64%
Administration: 5%
Supervisory: 3%

Patient Care QMHPs-C

Median Admin. Time: 1%-9%
Avg. Admin. Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

QMHPs-C spend approximately three-quarters of their time treating patients. In fact, 64% of all QMHPs-C fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation										
Time Spent	Admin.		Supervisory		Patient Care		Education		Research	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	3%	2%	1%	1%	49%	55%	1%	1%	0%	0%
Most (60-79%)	2%	1%	1%	0%	15%	11%	0%	0%	0%	0%
About Half (40-59%)	9%	5%	4%	2%	13%	10%	1%	1%	1%	2%
Some (20-39%)	18%	14%	10%	7%	10%	11%	5%	8%	4%	6%
A Little (1-19%)	63%	74%	75%	83%	11%	11%	81%	81%	80%	79%
None (0%)	5%	5%	8%	6%	2%	2%	12%	9%	15%	13%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	460	11%	130	10%
1-4	1,432	35%	694	55%
5-9	1,035	26%	207	16%
10-14	469	12%	108	9%
15-29	367	9%	64	5%
30-44	144	4%	33	3%
45-60	59	1%	13	1%
60 or More	69	2%	14	1%
Total	4,035	100%	1,263	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

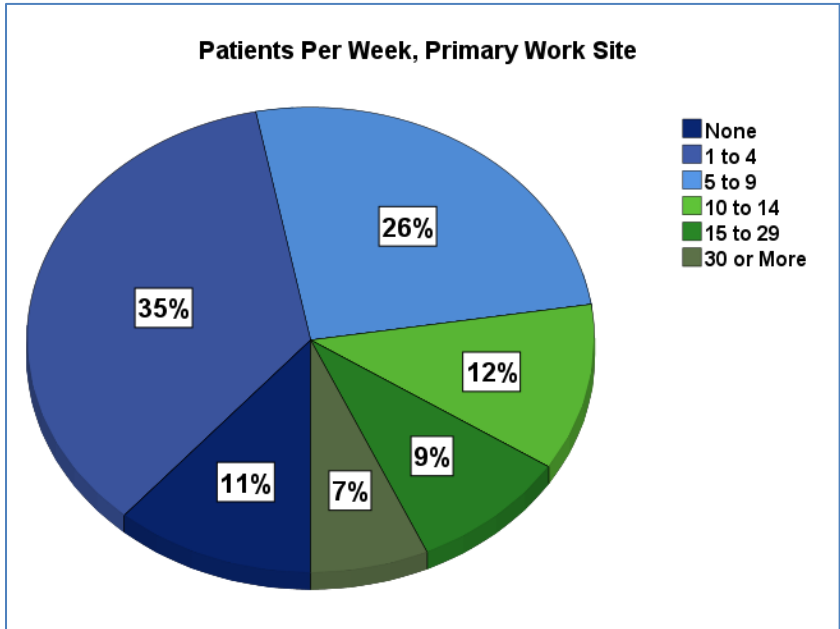
Weekly Patients Totals
(Median)

Primary Location: 5-9

Secondary Location: 1-4

Source: Va. Healthcare Workforce Data Center

The median patient workload for QMHPs-C at their primary work location is between 5 and 9 patients per week. For QMHPs-C who also have a secondary work location, their median patient workload is between 1 and 4 patients per week.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Clinical Services

Treatment:	47%
Case Management:	21%
Assessment:	14%

Provision of Services

% Provide Services:	53%
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Services Provided

Intensive In-Home Services:	30%
Mental Health Skill Building:	15%
Crisis Stabilization:	11%

Source: Va. Healthcare Workforce Data Center

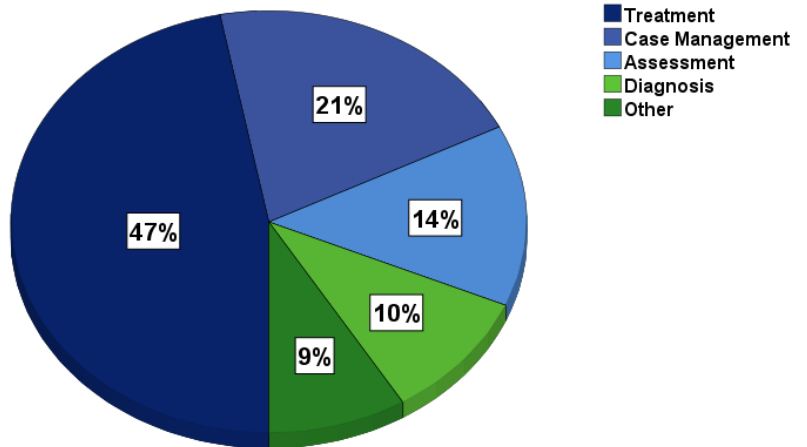
A Closer Look:

Clinical Services		
Service	#	%
Treatment	1,803	47%
Case Management	791	21%
Assessment	533	14%
Diagnosis	378	10%
Other	334	9%
Total	3,839	100%

Source: Va. Healthcare Workforce Data Center

Nearly half of all QMHPs-C define clinical services as treatment, while 21% consider clinical services to be case management.

Description of Clinical Services



Source: Va. Healthcare Workforce Data Center

More than half of all QMHPs-C provide clinical services. Among QMHPs-C who provide clinical services, 30% provide intensive in-home services.

Provision of Services

Response	#	%
Yes	2,059	53%
No	1,815	47%
Total	3,874	100%

Source: Va. Healthcare Workforce Data Center

Clinical Services Provided

Service	#	%
Intensive In-Home Services	620	30%
Mental Health Skill Building Services	304	15%
Crisis Stabilization	234	11%
Therapeutic Day Treatment - Children and Adolescents (TDT)	187	9%
Psychosocial Rehabilitation	47	2%
Other	643	32%
Total	2,035	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Continuing Education		
Response	#	%
Yes	1,743	44%
No	2,206	56%
Total	3,949	100%

Source: Va. Healthcare Workforce Data Center

More than two out of every five QMHPs-C plan on continuing their education or registering as a resident in counseling or as a supervisee in social work in the future. Additionally, the median number of years to eligibility is 2.

At a Glance:

Counseling/Social Work

% Continuing Education: 44%
 % Awaiting Application: 4%
 Median Years to Supervision: 2

Licensure Eligibility

Median Years to Eligibility: 2
 % Not Pursuing Licensure but Eligible: 16%
 % with No Desire for Licensure: 54%

Future Licensure

Temporary Registration: 8%
 % Not Temporarily Registered but Eligible: 35%

Source: Va. Healthcare Workforce Data Center

For those QMHPs-C not planning to continue their education or register as a resident in counseling or as a supervisee in social work, 16% are eligible for licensure. Median years to application for supervision was 2 years.

Licensure Eligibility for QMHPs-C Not Seeking Licensure

Response	#	%
Yes	329	16%
No	1,687	84%
Total	2,016	100%

Source: Va. Healthcare Workforce Data Center

For those QMHPs-C who are eligible for licensure but are not planning to continue their education or register as a resident in counseling or as a supervisee in social work, 54% are not pursuing licensure because they have no desire to become licensed.

Reason for Not Pursuing Licensure

Reason	#	%
No Desire to Become Licensed	154	54%
Incomplete Supervision Hours Due to Other Reasons	18	6%
Ineligible Degree	18	6%
Incomplete Supervision Hours Due to Lack of Staff	7	2%
Other	89	31%
Total	286	100%

Source: Va. Healthcare Workforce Data Center

Only 4% of QMHPs-C registered as a QMHP-C in order to work while awaiting their application for registration as a Resident in Counseling or as a Supervisee in Social Work.

Awaiting Registration Application		
Response	#	%
Yes	87	4%
No	1,968	96%
Total	2,055	100%

Source: Va. Healthcare Workforce Data Center

Temporary Registration		
Response	#	%
Yes	344	8%
No	4,191	92%
Total	4,535	100%

Source: Va. Healthcare Workforce Data Center

Nearly one out of every ten QMHPs-C are registered temporarily in order to bill for services while they pursue licensure.

For those QMHPs-C who are not registered as a temporary measure in order to bill for services while pursuing licensure, 35% are eligible for licensure.

Licensure Eligibility for QMHPs-C Not Temporarily Registered		
Response	#	%
Yes	1,404	35%
No	2,564	65%
Total	3,968	100%

Source: Va. Healthcare Workforce Data Center

Reason for Not Being Eligible for Licensure		
Reason	#	%
Additional Education Required	716	57%
Not Pursuing Licensure	172	14%
Ineligible Degree	129	10%
Currently in School	81	6%
Additional Hours Required	64	5%
Other	91	7%
Total	1,253	100%

Source: Va. Healthcare Workforce Data Center

For QMHPs-As who are eligible to be licensed, the median number of years to licensure is 2.

It is important to note that among QMHPs-C who are not eligible, 57% reported they needed additional education prior to being eligible for licensure. An additional 14% of QMHPs-C reported that they were no longer pursuing licensure.

At a Glance:

FTEs

Total: 3,879
 FTEs/1,000 Residents²: 0.449
 Average: 0.84

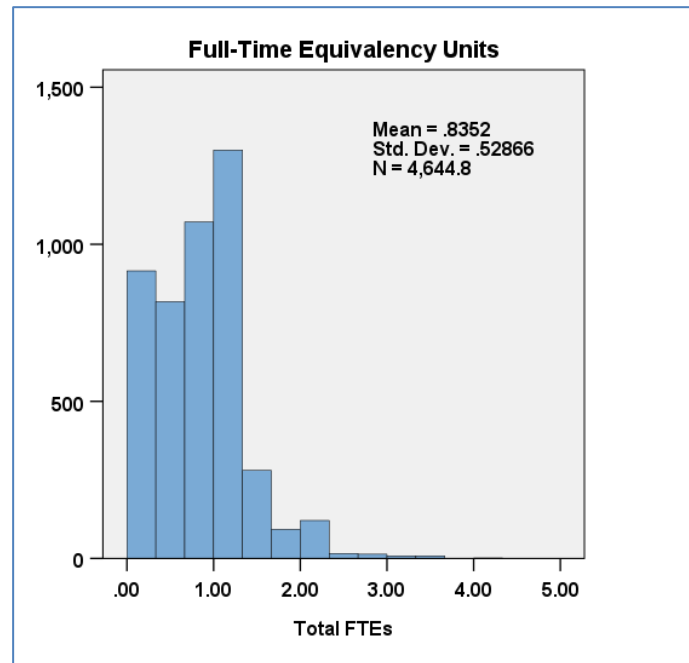
Age & Gender Effect

Age, *Partial Eta*²: Small
 Gender, *Partial Eta*²: Negligible

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

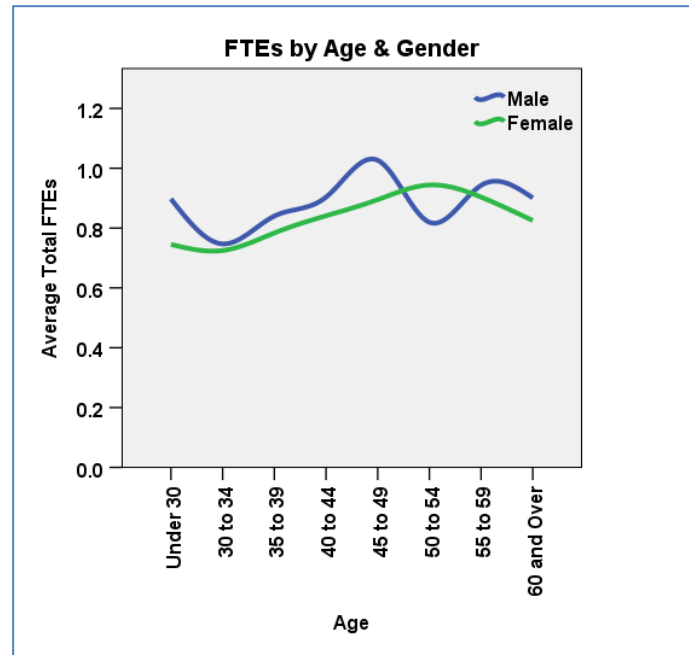


Source: Va. Healthcare Workforce Data Center

The typical (median) QMHP-C provided 0.87 FTEs over the past year, or approximately 35 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.77	0.80
30 to 34	0.73	0.76
35 to 39	0.80	0.83
40 to 44	0.85	0.89
45 to 49	0.93	0.97
50 to 54	0.91	0.93
55 to 59	0.91	0.96
60 and Over	0.85	0.84
Gender		
Male	0.88	0.88
Female	0.82	0.87

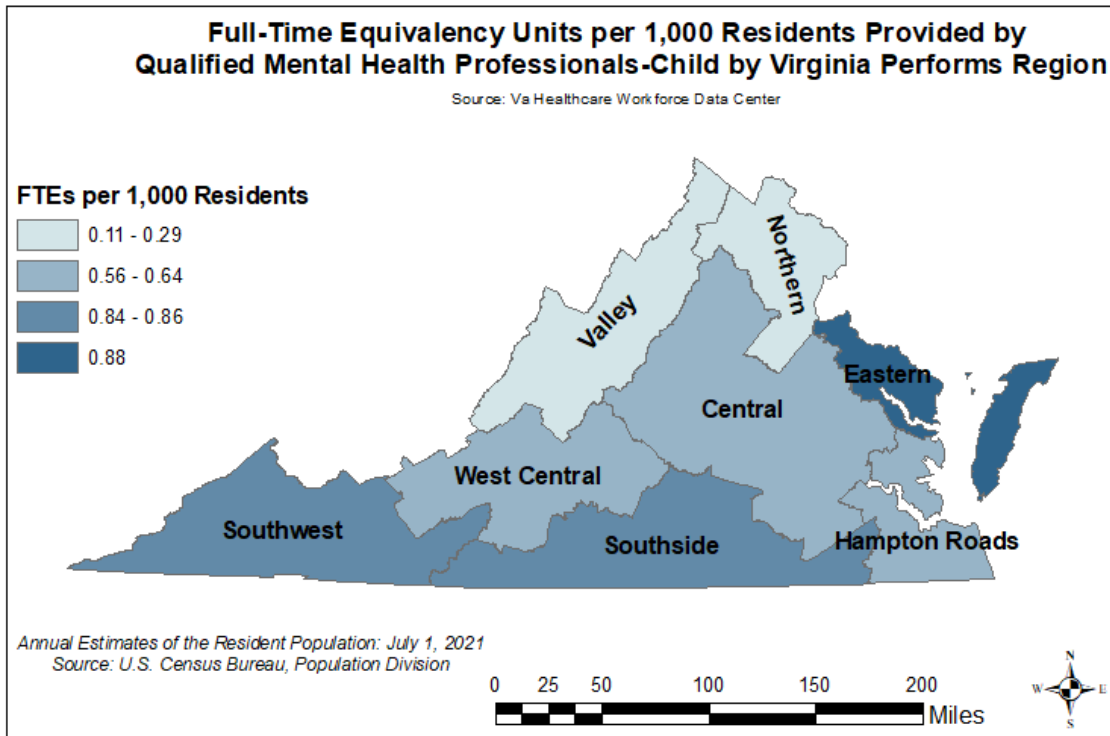
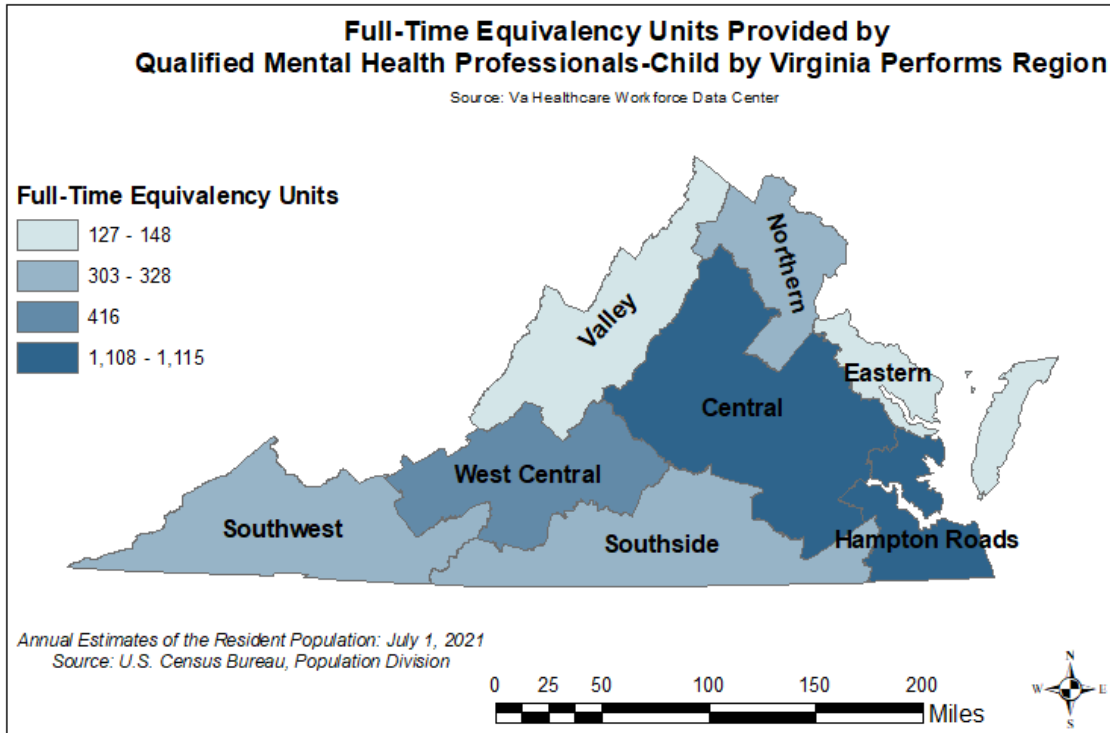
Source: Va. Healthcare Workforce Data Center

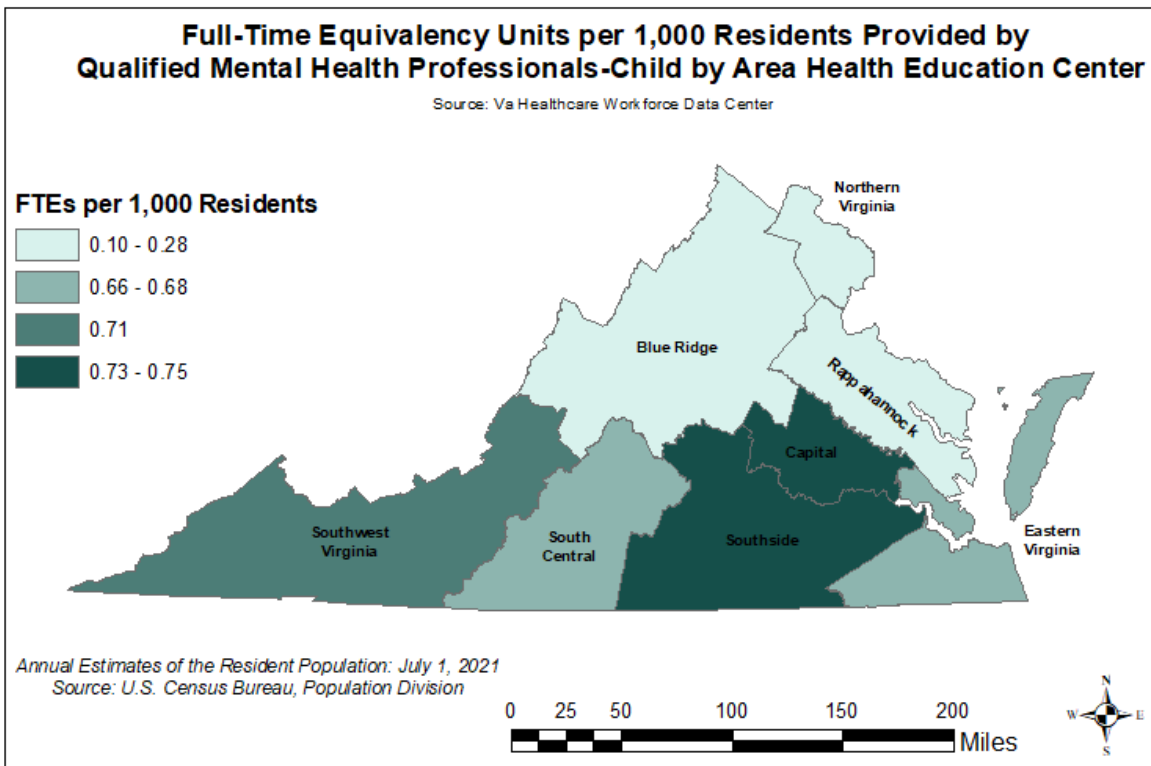
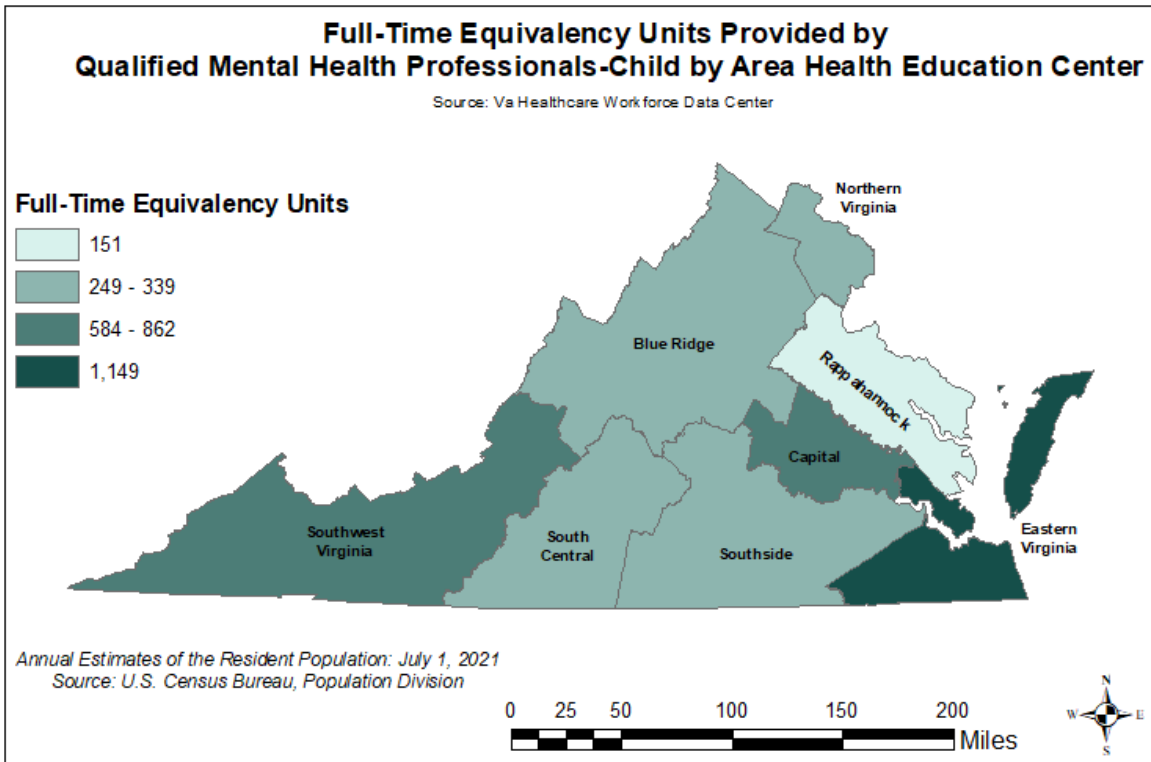


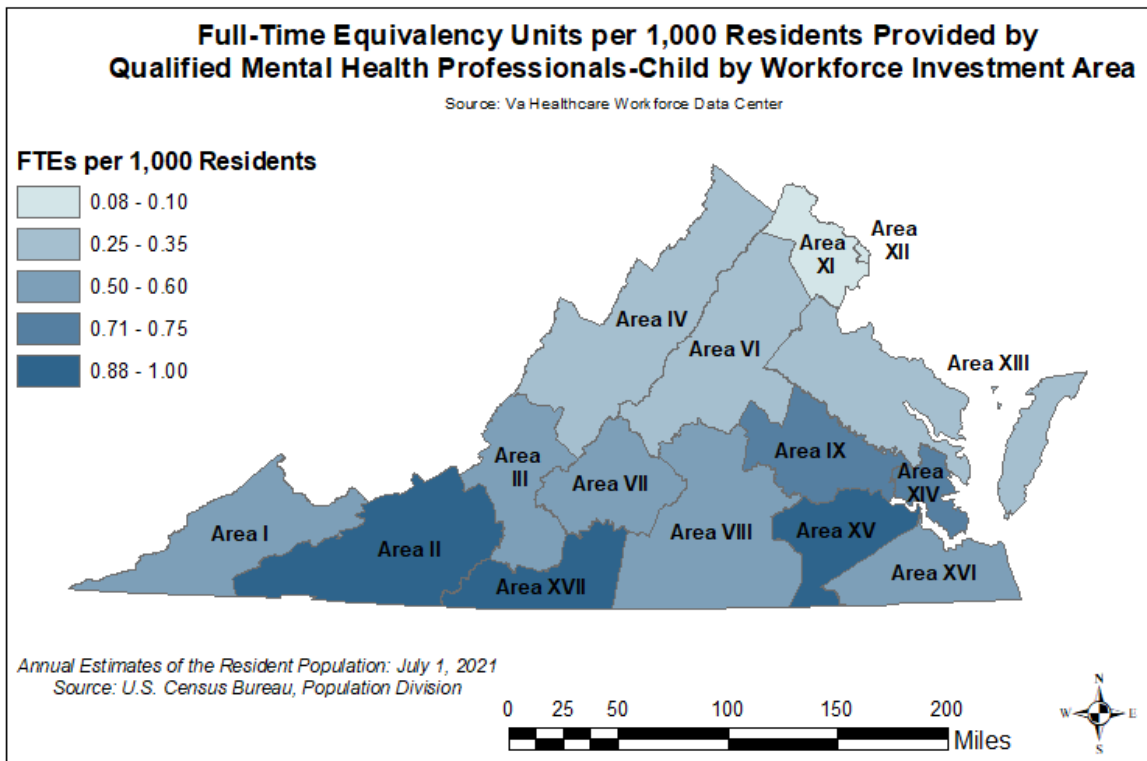
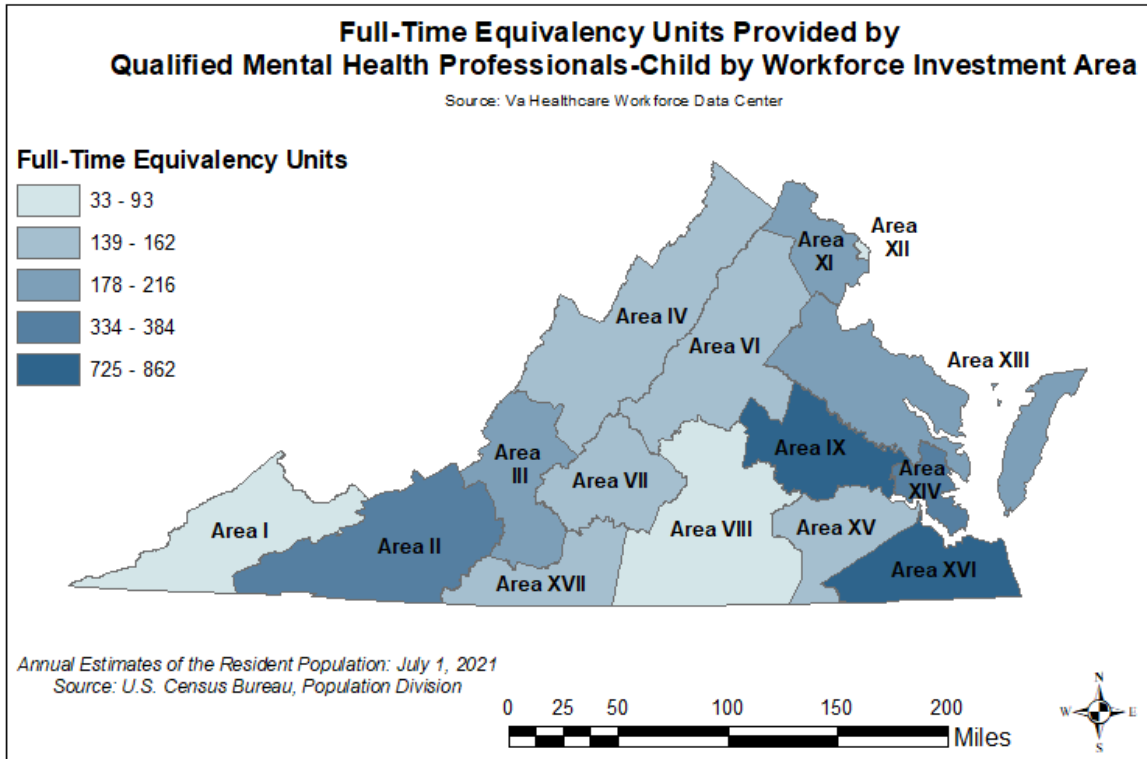
Source: Va. Healthcare Workforce Data Center

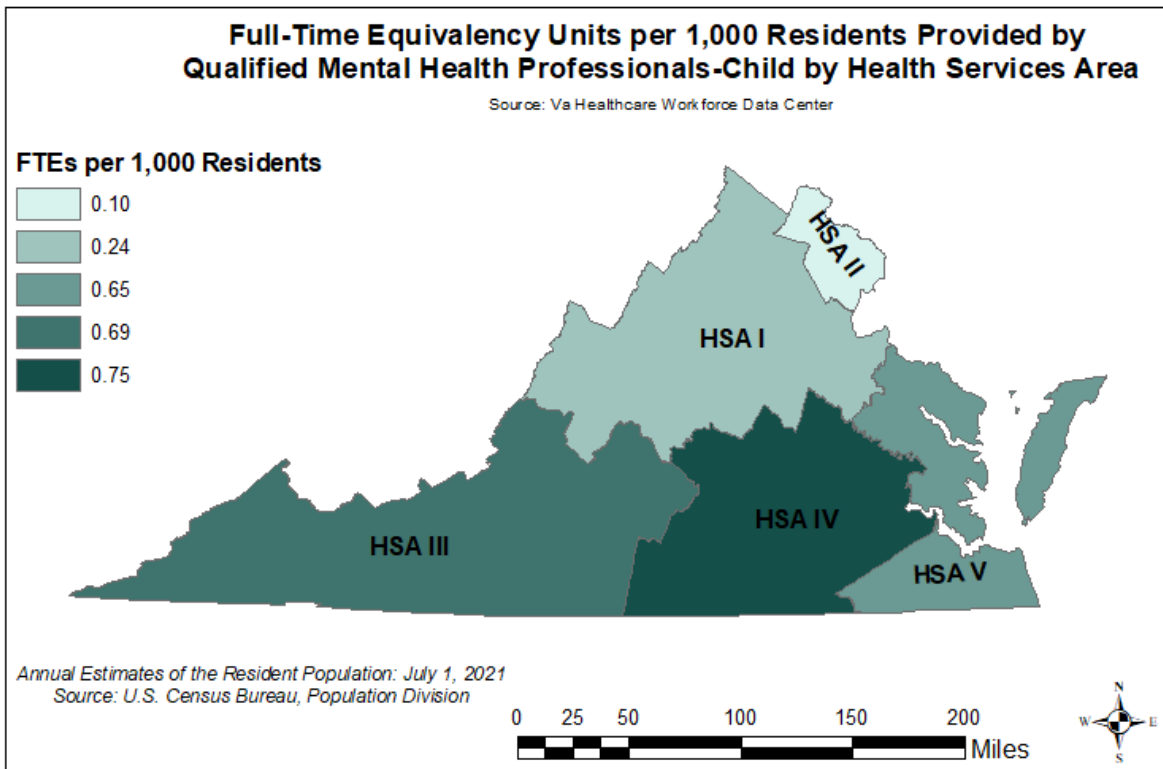
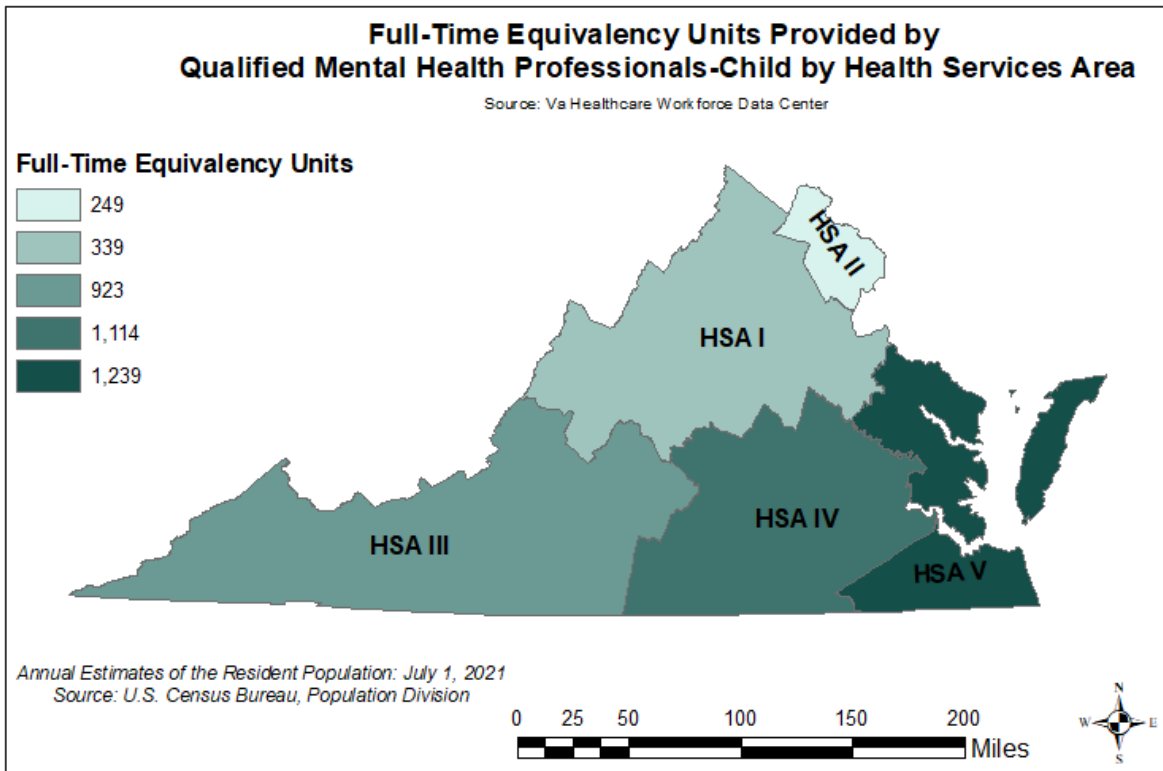
² Number of residents in 2021 was used as the denominator.

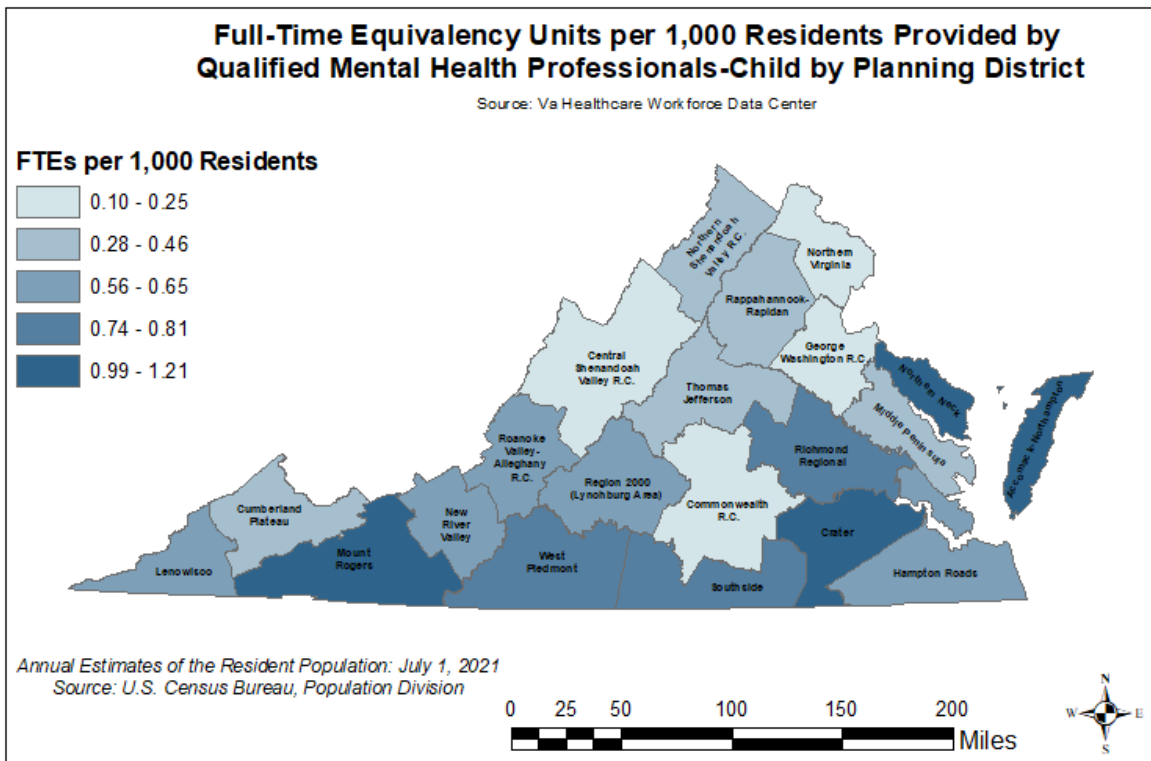
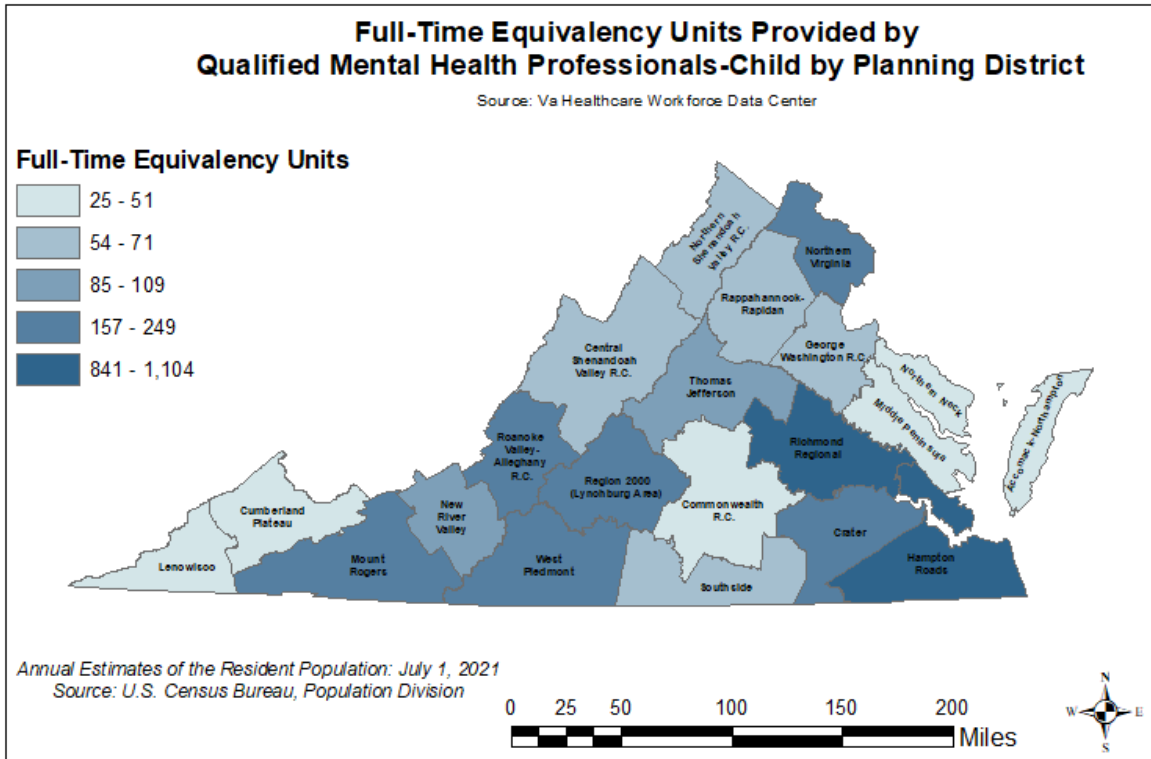
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	3,015	61.72%	1.620	1.468	2.062
Metro, 250,000 to 1 Million	409	64.30%	1.555	1.409	1.979
Metro, 250,000 or Less	306	63.07%	1.585	1.437	2.018
Urban, Pop. 20,000+, Metro Adj.	148	58.78%	1.701	1.541	2.165
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	309	70.23%	1.424	1.290	1.812
Urban, Pop. 2,500-19,999, Non-Adj.	206	64.08%	1.561	1.414	1.986
Rural, Metro Adj.	124	69.35%	1.442	1.307	1.835
Rural, Non-Adj.	57	71.93%	1.390	1.260	1.769
Virginia Border State/D.C.	235	58.72%	1.703	1.543	2.167
Other U.S. State	93	50.54%	1.979	1.793	2.518

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	515	49.13%	2.036	1.769	2.518
30 to 34	800	57.00%	1.754	1.525	2.171
35 to 39	746	62.06%	1.611	1.401	1.993
40 to 44	788	64.72%	1.545	1.343	1.912
45 to 49	642	69.00%	1.449	1.260	1.793
50 to 54	543	65.56%	1.525	1.326	1.887
55 to 59	414	67.39%	1.484	1.290	1.836
60 and Over	454	67.18%	1.489	1.294	1.842

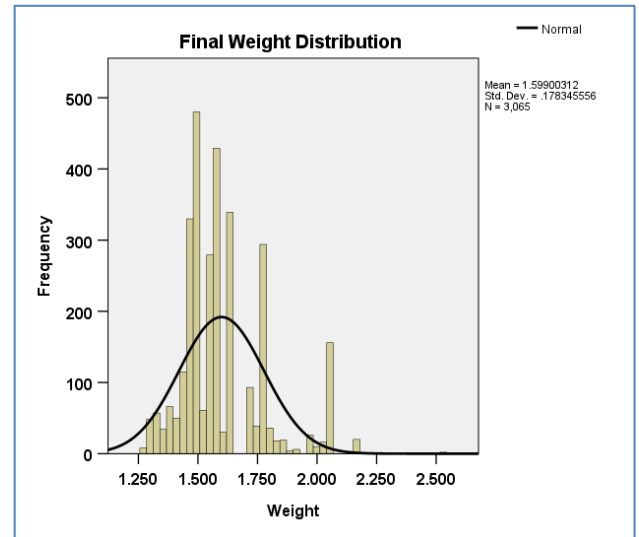
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.625255



Source: Va. Healthcare Workforce Data Center

Board of Counseling
Current Regulatory Actions
As of October 16, 2023

In the Governor's Office

None.

In the Secretary's Office

VAC	Stage	Subject Matter	Date submitted	Office; time in office	Notes
18VAC115-90	Proposed	New chapter for licensure of art therapists	12/2/2021	Secretary 571 days	Licenses art therapists pursuant to General Assembly legislation.
18VAC115-20	NOIRA	Removal of redundant provisions related to conversion therapy	9/21/2022	Secretary 377 days	Removes language regarding conversion therapy which has been replaced by statutory language.
18VAC115-20	Fast-Track	Regulatory reduction September 2022	9/21/2022	Secretary 304 days	Reduces unneeded regulatory requirements.
18VAC115-20	Emergency/ NOIRA	Implementation of the Counseling Compact	5/8/2023	Secretary 77 days	Implements the Counseling Compact.

At DPB/OAG

VAC	Stage	Subject Matter	Date submitted	Office; time in office	Notes
18VAC115-20; 18VAC115-50; 18VAC115-60	Final	Changes resulting from periodic review	9/12/2022	OAG 390 days	Implements changes from 2018 periodic review

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date
18VAC115-20	Exempt/ Final	Exempt regulatory changes to allow agency subordinates to hear credentials cases	10/9/2023	11/8/2023

Agenda Item: Consideration of petition for rulemaking

Included in your agenda package:

- Petition for rulemaking received requesting to amend 18VAC115-80-80(C) to automatically approve an individual or business as a continuing education provider for QMHPs if the individual or business can provide proof that they are qualified to provide continuing education to QMHPs;
- Public comments received in response to the petition; and
- 18VAC115-80-80.

Staff Note: Six comments were received on Virginia Regulatory Town Hall regarding this petition. All were in support of the petition.

Action needed:

- Motion to either:
 - Accept petition and institute rulemaking; OR
 - Take no action, providing explanation of why.

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,)

Street Address

Area Code and Telephone Number

City

State

Zip Code:
____ _

Email Address (optional)

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.
2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.
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.

Signature:



Date:



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Agency Department of Health Professions

Board Board of Counseling

Chapter

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

6 comments

All good comments for this forum [Show Only Flagged](#)

[Back to List of Comments](#)

Commenter: Anonymous

8/4/23 6:20 pm

Approval for this amendment

I agree that as long as a provider is a licensed professional or business who have the credentials in this field, have experience and can provide education should be able to. QMHPs haven't been under a board for years and were working with clients with no form of continuing education specific to the work they were doing. They are not clinical, therefore the rules for continuing education shouldn't be as stringent as it would for a clinical professional.

CommentID: **218452**

Commenter: Debra Riggs

8/9/23 10:01 am

QMHP professional development and approval

The National Association of Social workers, Virginia Chapter supports the Board of Counseling to approve accrediting bodies that are already written into the Code from adjacent health professions, including NASWVA. NASWVA is a widely utilized body for credentialing social workers and other aligned health professionals. Hundreds of social workers are QMHP's so this would also align with the professional development requirement. Because QMHP's work with clients with serious mental health issue and/or challenging families, and are apart of the behavioral health continuum, it is important that competencies using life long learning in the form of continuing education be a priority.

CommentID: **218561**

Commenter: Anonymous

8/13/23 3:08 pm

Support amendment

I am a nurse and I provide continuing education trainings to CNAs and direct care staff in Assisted Living Facilities. As long as you have the credentials and expertise as an individual you can provide it. On a personal note, I have taken Alesha's classes and they are very much needed. They are interactive, informative and catered to the population she is teaching. She provides these

same trainings for professional organizations which demonstrates she is qualified to provide these QMHP classes.

CommentID: **218660**

Commenter: Anonymous

8/13/23 4:11 pm

Approval for this amendment

As long as a person is qualified and credentialed they should be able to provide classes for QMHPs. The trainings should not be limited to certain entities as some of these approved entities don't provide trainings specific to QMHPs but to counselors or are geared towards which makes it hard to find trainings specific to QMHPs.

CommentID: **218662**

Commenter: Mental Health Community-QMHP

8/16/23 2:23 pm

Petition-391-

To: Virginia Board of Counseling

Refer: Alesha Perkins/Perkins Medical Services, LLC

Petition--391

I am a Qualified Mental Health Professionals-A, recipient of Alesha Perkins/Perkins Medical Services, LLC, CEU classes. I hope the board will amend the regulation to allow qualified trainers/business to provide classes to QMHP-A, C. There is a great deal of CEU for counselors and social workers but not for QMHP. As the board knows, QMHP may only render some psychological services but only practice within their lawful scope of employment. Alesha Perkins/Perkins Medical Services, LLC render CEU that are helpful to QMHP i.e., ethnic training, cultural competence, integrated care, CPR training, first-aid training, etc. Since I have been taking my 8 CEU classes with this company, I have become a better employee as well as servicing my mental health clients in the community. I have increased my communication skills with the care physicians, nurses, and other healthcare providers to coordinate patient care. I want to fight for Alesha Perkins/Perkins Medical Services, LLC to continue to provide CEU classes. QMHP-A needs to take at least 8 hours of continuing educational credits to maintain the credential. I am asking the Virginia Board of Counseling to make Alesha Perkins/Perkins Medical Services, LLC, an "approved entity".

Thanks in advance.

Community Mental Health-QMHP

CommentID: **218766**

Commenter: Anonymous

8/17/23 1:04 pm

Petition 391

To: VBC

Refer: Alesha Perkins/PerkinsMedical Services LLC

Petition -391

Hello all, as a Qualified Mental health Professional A/C and a recipient of the training(s) provided by Alesha Perkins/Perkins Medical Services LLC. have been both affordable and beneficial to my

career. In our small rural community of Martinsville Henry County, we find it very difficult to find a provider that can provide the services that she offers at an affordable price. Not only by price but have the quality education and experience to assist and educate other professionals to not only better themselves but the quality care that they provide/ offer to their consumers/clients. Alesha Perkins/Perkins Medical Services LLC has been providing these services for years to all of the local businesses in the area. Please consider and recognize Alesha Perkins/Perkins Medical Services LLC as an entity to continue to provide CEU's to current and developing efficient health care professionals.

CommentID: **219014**

Virginia Administrative Code
Title 18. Professional And Occupational Licensing
Agency 115. Board of Counseling
Chapter 80. Regulations Governing the Registration of Qualified Mental Health Professionals

18VAC115-80-80. Continued competency requirements for renewal of registration.

- A. Qualified mental health professionals shall be required to have completed a minimum of eight contact hours of continuing education for each annual registration renewal. Persons who hold registration both as a QMHP-A and QMHP-C shall only be required to complete eight contact hours. A minimum of one of these hours shall be in a course that emphasizes ethics.
- B. Qualified mental health professionals shall complete continuing competency activities that focus on increasing knowledge or skills in areas directly related to the services provided by a QMHP.
- C. The following organizations, associations, or institutions are approved by the board to provide continuing education, provided the hours are directly related to the provision of mental health services:
1. Federal, state, or local governmental agencies, public school systems, licensed health facilities, or an agency licensed by DBDHS; and
 2. Entities approved for continuing education by a health regulatory board within the Department of Health Professions.
- D. Attestation of completion of continuing education is not required for the first renewal following initial registration in Virginia.
- E. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the registrant prior to the renewal date. Such extension shall not relieve the registrant of the continuing education requirement.
- F. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the registrant, such as temporary disability, mandatory military service, or officially declared disasters, upon written request from the registrant prior to the renewal date.
- G. All registrants shall maintain original documentation of official transcripts showing credit hours earned or certificates of participation for a period of three years following renewal.
- H. The board may conduct an audit of registrants to verify compliance with the requirement for a renewal period. Upon request, a registrant shall provide documentation as follows:
1. Official transcripts showing credit hours earned; or
 2. Certificates of participation.
- I. Continuing education hours required by a disciplinary order shall not be used to satisfy renewal requirements.

Statutory Authority

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

Historical Notes

Derived from Virginia Register [Volume 36, Issue 4](#), eff. November 13, 2019.

Website addresses provided in the Virginia Administrative Code to documents incorporated by reference are for the reader's convenience only, may not necessarily be active or current, and should not be relied upon. To ensure the information incorporated by reference is accurate, the reader is encouraged to use the source document described in the regulation.

As a service to the public, the Virginia Administrative Code is provided online by the Virginia General Assembly. We are unable to answer legal questions or respond to requests for legal advice, including application of law to specific fact. To understand and protect your legal rights, you should consult an attorney.

9/25/202

Agenda Item: Consideration of periodic review result

Included in your agenda package:

- 18VAC115-11
- Town Hall summary page showing no comments

Staff Note: As a reminder, the Board was required to initiate a periodic review of this Chapter, but the Department of Planning and Budget has not provided updated model regulations. Therefore, no changes should be made to this Chapter by the Board.

Action needed:

- Motion to retain 18VAC115-11 as is.

Commonwealth of Virginia



PUBLIC PARTICIPATION GUIDELINES

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-11-10 et seq.

**Statutory Authority: §§ 54.1-2400 and 2.2-4007
of the *Code of Virginia***

Revised Date: January 12, 2017

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Part I

Purpose and Definitions

18VAC115-11-10. Purpose.

The purpose of this chapter is to promote public involvement in the development, amendment or repeal of the regulations of the Board of Counseling. This chapter does not apply to regulations, guidelines, or other documents exempted or excluded from the provisions of the Administrative Process Act (§2.2-4000 et seq. of the Code of Virginia).

18VAC115-11-20. Definitions.

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

"Administrative Process Act" means Chapter 40 (§2.2-4000 et seq.) of Title 2.2 of the Code of Virginia.

"Agency" means the Board of Counseling, which is the unit of state government empowered by the agency's basic law to make regulations or decide cases. Actions specified in this chapter may be fulfilled by state employees as delegated by the agency.

"Basic law" means provisions in the Code of Virginia that delineate the basic authority and responsibilities of an agency.

"Commonwealth Calendar" means the electronic calendar for official government meetings open to the public as required by §2.2-3707 C of the Freedom of Information Act.

"Negotiated rulemaking panel" or "NRP" means an ad hoc advisory panel of interested parties established by an agency to consider issues that are controversial with the assistance of a facilitator or mediator, for the purpose of reaching a consensus in the development of a proposed regulatory action.

"Notification list" means a list used to notify persons pursuant to this chapter. Such a list may include an electronic list maintained through the Virginia Regulatory Town Hall or other list maintained by the agency.

"Open meeting" means any scheduled gathering of a unit of state government empowered by an agency's basic law to make regulations or decide cases, which is related to promulgating, amending or repealing a regulation.

"Person" means any individual, corporation, partnership, association, cooperative, limited liability company, trust, joint venture, government, political subdivision, or any other legal or commercial entity and any successor, representative, agent, agency, or instrumentality thereof.

"Public hearing" means a scheduled time at which members or staff of the agency will meet for the purpose of receiving public comment on a regulatory action.

"Regulation" means any statement of general application having the force of law, affecting the rights or conduct of any person, adopted by the agency in accordance with the authority conferred on it by applicable laws.

"Regulatory action" means the promulgation, amendment, or repeal of a regulation by the agency.

"Regulatory advisory panel" or "RAP" means a standing or ad hoc advisory panel of interested parties established by the agency for the purpose of assisting in regulatory actions.

"Town Hall" means the Virginia Regulatory Town Hall, the website operated by the Virginia Department of Planning and Budget at www.townhall.virginia.gov, which has online public comment forums and displays information about regulatory meetings and regulatory actions under consideration in Virginia and sends this information to registered public users.

"Virginia Register" means the Virginia Register of Regulations, the publication that provides official legal notice of new, amended and repealed regulations of state agencies, which is published under the provisions of Article 6 (§2.2-4031 et seq.) of the Administrative Process Act.

Part II

Notification of Interested Persons

18VAC115-11-30. Notification list.

A. The agency shall maintain a list of persons who have requested to be notified of regulatory actions being pursued by the agency.

B. Any person may request to be placed on a notification list by registering as a public user on the Town Hall or by making a request to the agency. Any person who requests to be placed on a notification list shall elect to be notified either by electronic means or through a postal carrier.

C. The agency may maintain additional lists for persons who have requested to be informed of specific regulatory issues, proposals, or actions.

D. When electronic mail is returned as undeliverable on multiple occasions at least 24 hours apart, that person may be deleted from the list. A single undeliverable message is insufficient cause to delete the person from the list.

E. When mail delivered by a postal carrier is returned as undeliverable on multiple occasions, that person may be deleted from the list.

F. The agency may periodically request those persons on the notification list to indicate their desire to either continue to be notified electronically, receive documents through a postal carrier, or be deleted from the list.

18VAC115-11-40. Information to be sent to persons on the notification list.

A. To persons electing to receive electronic notification or notification through a postal carrier as described in 18VAC115-11-30, the agency shall send the following information:

1. A notice of intended regulatory action (NOIRA).
2. A notice of the comment period on a proposed, a repropoed, or a fast-track regulation and hyperlinks to, or instructions on how to obtain, a copy of the regulation and any supporting documents.
3. A notice soliciting comment on a final regulation when the regulatory process has been extended pursuant to §2.2-4007.06 or 2.2-4013 C of the Code of Virginia.

B. The failure of any person to receive any notice or copies of any documents shall not affect the validity of any regulation or regulatory action.

Part III Public Participation Procedures

18VAC115-11-50. Public comment.

A. In considering any nonemergency, nonexempt regulatory action, the agency shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency; and (ii) be accompanied by and represented by counsel or other representative. Such opportunity to comment shall include an online public comment forum on the Town Hall.

1. To any requesting person, the agency shall provide copies of the statement of basis, purpose, substance, and issues; the economic impact analysis of the proposed or fast-track regulatory action; and the agency's response to public comments received.
2. The agency may begin crafting a regulatory action prior to or during any opportunities it provides to the public to submit comments.

B. The agency shall accept public comments in writing after the publication of a regulatory action in the Virginia Register as follows:

1. For a minimum of 30 calendar days following the publication of the notice of intended regulatory action (NOIRA).
2. For a minimum of 60 calendar days following the publication of a proposed regulation.
3. For a minimum of 30 calendar days following the publication of a repropoed regulation.

4. For a minimum of 30 calendar days following the publication of a final adopted regulation.
5. For a minimum of 30 calendar days following the publication of a fast-track regulation.
6. For a minimum of 21 calendar days following the publication of a notice of periodic review.
7. Not later than 21 calendar days following the publication of a petition for rulemaking.

C. The agency may determine if any of the comment periods listed in subsection B of this section shall be extended.

D. If the Governor finds that one or more changes with substantial impact have been made to a proposed regulation, he may require the agency to provide an additional 30 calendar days to solicit additional public comment on the changes in accordance with § 2.2-4013 C of the Code of Virginia.

E. The agency shall send a draft of the agency's summary description of public comment to all public commenters on the proposed regulation at least five days before final adoption of the regulation pursuant to § 2.2-4012 E of the Code of Virginia.

18VAC115-11-60. Petition for rulemaking.

A. As provided in §2.2-4007 of the Code of Virginia, any person may petition the agency to consider a regulatory action.

B. A petition shall include but is not limited to the following information:

1. The petitioner's name and contact information;
2. The substance and purpose of the rulemaking that is requested, including reference to any applicable Virginia Administrative Code sections; and
3. Reference to the legal authority of the agency to take the action requested.

C. The agency shall receive, consider and respond to a petition pursuant to §2.2-4007 and shall have the sole authority to dispose of the petition.

D. The petition shall be posted on the Town Hall and published in the Virginia Register.

E. Nothing in this chapter shall prohibit the agency from receiving information or from proceeding on its own motion for rulemaking.

18VAC115-11-70. Appointment of regulatory advisory panel.

A. The agency may appoint a regulatory advisory panel (RAP) to provide professional specialization or technical assistance when the agency determines that such expertise is necessary to address a specific regulatory issue or action or when individuals indicate an interest in working with the agency on a specific regulatory issue or action.

B. Any person may request the appointment of a RAP and request to participate in its activities. The agency shall determine when a RAP shall be appointed and the composition of the RAP.

C. A RAP may be dissolved by the agency if:

1. The proposed text of the regulation is posted on the Town Hall, published in the Virginia Register, or such other time as the agency determines is appropriate; or
2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act.

18VAC115-11-80. Appointment of negotiated rulemaking panel.

A. The agency may appoint a negotiated rulemaking panel (NRP) if a regulatory action is expected to be controversial.

B. A NRP that has been appointed by the agency may be dissolved by the agency when:

1. There is no longer controversy associated with the development of the regulation;
2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act; or
3. The agency determines that resolution of a controversy is unlikely.

18VAC115-11-90. Meetings.

Notice of any open meeting, including meetings of a RAP or NRP, shall be posted on the Virginia Regulatory Town Hall and Commonwealth Calendar at least seven working days prior to the date of the meeting. The exception to this requirement is any meeting held in accordance with §2.2-3707 D of the Code of Virginia allowing for contemporaneous notice to be provided to participants and the public.

18VAC115-11-100. Public hearings on regulations.

A. The agency shall indicate in its notice of intended regulatory action whether it plans to hold a public hearing following the publication of the proposed stage of the regulatory action.

B. The agency may conduct one or more public hearings during the comment period following the publication of a proposed regulatory action.

C. An agency is required to hold a public hearing following the publication of the proposed regulatory action when:

1. The agency's basic law requires the agency to hold a public hearing;
2. The Governor directs the agency to hold a public hearing; or
3. The agency receives requests for a public hearing from at least 25 persons during the public comment period following the publication of the notice of intended regulatory action.

D. Notice of any public hearing shall be posted on the Town Hall and Commonwealth Calendar at least seven working days prior to the date of the hearing. The agency shall also notify those persons who requested a hearing under subdivision C 3 of this section.

18VAC115-11-110. Periodic review of regulations.

- A. The agency shall conduct a periodic review of its regulations consistent with:
 1. An executive order issued by the Governor pursuant to §2.2-4017 of the Administrative Process Act to receive comment on all existing regulations as to their effectiveness, efficiency, necessity, clarity, and cost of compliance; and
 2. The requirements in §2.2-4007.1 of the Administrative Process Act regarding regulatory flexibility for small businesses.
- B. A periodic review may be conducted separately or in conjunction with other regulatory actions.
- C. Notice of a periodic review shall be posted on the Town Hall and published in the Virginia Register.



Agency Department of Health Professions

Board Board of Counseling

Chapter Public Participation Guidelines [18 VAC 115 - 11]

[Edit Review](#)

Review 2444

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 7/21/2023

Notice of Periodic Review

Pursuant to Executive Order 19 (2022) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, this regulation is undergoing a periodic review.

The review of this regulation will be guided by the principles in Executive Order 19 <https://TownHall.Virginia.Gov/EO-19-Development-and-Review-of-State-Agency-Regulations.pdf>.

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

In order for you to receive a response to your comment, your contact information (preferably an email address or, alternatively, a U.S. mailing address) must accompany your comment. Following the close of the public comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations.

Contact Information

Name / Title: Jaime Hoyle / *Executive Director*

Address: 9960 Mayland Drive
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Henrico, VA 23233

Email Address: jaime.hoyle@dhp.virginia.gov

Telephone: (804)367-4406 FAX: (804)527-4435 TDD: (-)

Publication of Notice in the Register and Public Comment Period

Published in the Virginia Register on 8/14/2023 [Volume: 39 Issue: 26]

Comment Period begins on the publication date and ends on 9/4/2023

Comments Received: 0

Review Result

Pending

TH-07 Periodic Review Report of Findings *(not yet submitted)*

ORM Economic Review Form *(not yet submitted)*

Attorney General Certification

Submitted to OAG: 7/21/2023

Attorney General review in progress.

This periodic review was created by Matthew Novak on 07/21/2023 at 1:29pm

Agenda Item: Consideration of periodic review result

Included in your agenda package:

- 18VAC115-40
- Town Hall summary page showing no comments

Action needed:

- Motion to either:
 - Retain 18VAC115-40 as is; or
 - Retain and amend 18VAC115-40.

Commonwealth of Virginia



REGULATIONS

**GOVERNING THE CERTIFICATION OF
REHABILITATION PROVIDERS**

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-40-10 et seq.

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

Revised Date: September 29, 2021

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Part I. General Provisions.

18VAC115-40-10. Definitions.

A. The terms "board," "certified rehabilitation provider," and "professional judgment," when used in this chapter, shall have the meanings ascribed to them in §§54.1-3500 and 54.1-3510 of the Code of Virginia.

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

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

"Experience" means on-the-job experience under appropriate supervision as set forth in this chapter.

"Internship" means a supervised field experience as part of a degree requirement obtained from a regionally accredited university as set forth in 18VAC115-40-22.

"Regionally accredited" means an institution accredited by one of the regional accreditation agencies recognized by the United States Secretary of Education as responsible for accrediting senior post-secondary institutions and training programs.

"Rehabilitation client" means an individual receiving rehabilitation services whose benefits are regulated by the Virginia Workers' Compensation Commission.

"Supervisee" means any individual who has met the education requirements and is under appropriate supervision and working towards certification according to the requirements of this chapter. Services provided by the supervisee shall not involve the exercise of professional judgment as defined in §54.1-3510 of the Code of Virginia.

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

"Supervisor" means one who provides case-related supervision, consultation, education, and guidance for the applicant. The supervisor must be credentialed as defined in 18VAC115-40-27.

"Training" means the educational component of on-the-job experience.

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

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

Initial certification by examination: Processing and initial certification	\$115
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Initial certification by endorsement: Processing and initial certification	\$115
Certification renewal	\$65
Duplicate certificate	\$10
Verification of certification	\$25
Late renewal	\$25
Reinstatement of a lapsed certificate	\$125
Replacement of or additional wall certificate	\$25
Returned check or dishonored credit card or debit card	\$50
Reinstatement following revocation or suspension	\$600

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

Part II. Requirements for Certification.

18VAC115-40-22. Criteria for eligibility.

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

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

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

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

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

18VAC115-40-23 to 18VAC115-40-24. (Reserved.)

18VAC115-40-25. Application process.

The applicant shall submit to the board:

1. A completed application form;
2. The official transcript or transcripts submitted from the appropriate institutions of higher education;
3. Documentation, on the appropriate forms, of the successful completion of the supervised experience requirement of 18VAC115-40-26. Documentation of supervision obtained outside of Virginia must include verification of the supervisor's out-of-state license or certificate;
4. Documentation of passage of the examination required by 18VAC115-40-28;
5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and
6. Verification that the applicant's national or out-of-state license or certificate is in good standing where applicable.

18VAC115-40-26. Supervised experience requirement.

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

1. On average, the supervisor and the supervisee shall consult for two hours per week in group or personal instruction. The total hours of personal instruction shall not be less than 100 hours within the 2,000 hours of experience. Group instruction shall not exceed six persons in a group.
2. Half of the personal instruction contained in the total supervised experience shall be face-to-face between the supervisor and supervisee. A portion of the face-to-face instruction shall include direct observation of the supervisee-rehabilitation client interaction.

18VAC115-40-27. Supervisor requirements.

A. A supervisor shall:

1. Be a licensed professional counselor, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed substance abuse treatment practitioner, licensed physician or licensed registered nurse with a minimum of one year of experience in rehabilitation service provision;
2. Be a rehabilitation provider certified by the board who has national certification in rehabilitation service provision as outlined in subsection C of 18VAC115-40-22; or
3. Have two years experience as a board certified rehabilitation provider.

B. The supervisor shall assume responsibility for the professional activities of the supervisee.

C. At the time of application for certification by examination, the supervisor shall document for the board: (i) credentials to provide supervision in accordance with this section, (ii) the applicant's total hours of supervision, (iii) length of work experience, (iv) competence in rehabilitation service provision, and (v) any needs for additional supervision or training.

D. Supervision by any individual whose relationship to the supervisee compromises the objectivity of the supervisor is prohibited. This includes but is not limited to immediate family members (spouses, parents, siblings, children and in-laws).

Part III. Examinations.

18VAC115-40-28. General examination requirements.

Every applicant for certification as a rehabilitation provider shall take a written examination approved by the board and achieve a passing score as determined by the board.

18VAC115-40-29. (Reserved.)

Part IV. Renewal and Reinstatement.

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

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

1. To renew certification, the certified rehabilitation provider shall submit a renewal form and fee as prescribed in 18VAC115-40-20.
2. Failure to receive a renewal notice and form shall not excuse the certified rehabilitation provider from the renewal requirement.

18VAC115-40-35. Reinstatement.

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

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

18VAC115-40-36 to 18VAC115-40-37. (Reserved.)

18VAC115-40-38. Change of address.

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

18VAC115-40-39. (Reserved.)

Part V. Standards of Practice; Disciplinary Actions; Reinstatement.

18VAC115-40-40. Standards of practice.

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

B. Each person certified by the board shall:

1. Provide services in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare.
2. Provide services only within the competency areas for which one is qualified by training or experience.
3. Not provide services under a false or assumed name, or impersonate another practitioner of a like, similar or different name.
4. Be aware of the areas of competence of related professions and make full use of professional, technical and administrative resources to secure for rehabilitation clients the most appropriate services.

5. Not commit any act which is a felony under the laws of this Commonwealth, other states, the District of Columbia or the United States, or any act which is a misdemeanor under such laws and involves moral turpitude.
6. Stay abreast of new developments, concepts and practices which are important to providing appropriate services.
7. State a rationale in the form of an identified objective or purpose for the provision of services to be rendered to the rehabilitation client.
8. Not engage in offering services to a rehabilitation client who is receiving services from another rehabilitation provider without attempting to inform such other providers in order to avoid confusion and conflict for the rehabilitation client.
9. Represent accurately one's competence, education, training and experience.
10. Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.
11. Not engage in improper direct solicitation of rehabilitation clients and shall announce services fairly and accurately in a manner which will aid the public in forming their own informed judgments, opinions and choices and which avoids fraud and misrepresentation through sensationalism, exaggeration or superficiality.
12. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.
13. Report to the board known or suspected violations of the laws and regulations governing the practice of rehabilitation providers.
14. Report to the board any unethical or incompetent practices by other rehabilitation providers that jeopardize public safety or cause a risk of harm to rehabilitation clients.
15. Provide rehabilitation clients with accurate information of what to expect in the way of tests, evaluations, billing, rehabilitation plans and schedules before rendering services.
16. Provide services and submission of reports in a timely fashion and ensure that services and reports respond to the purpose of the referral and include recommendations, if appropriate. All reports shall reflect an objective, independent opinion based on factual determinations within the provider's area of expertise and discipline. The reports of services and findings shall be distributed to appropriate parties and shall comply with all applicable legal regulations.

17. Specify, for the referral source and the rehabilitation client, at the time of initial referral, what services are to be provided and what practices are to be conducted. This shall include the identification, as well as the clarification, of services that are available by that member.

18. Assure that the rehabilitation client is aware, from the outset, if the delivery of service is being observed by a third party. Professional files, reports and records shall be maintained for three years beyond the termination of services.

19. Never engage in nonprofessional relationships with rehabilitation clients that compromise the rehabilitation client's well-being, impair the rehabilitation provider's objectivity and judgment or increase the risk of rehabilitation client exploitation.

20. Never engage in sexual intimacy with rehabilitation clients or former rehabilitation clients, as such intimacy is unethical and prohibited.

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

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

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

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

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

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

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

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

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

8. Intentional or negligent conduct that causes or is likely to cause injury to a client;
9. Performance of an act likely to deceive, defraud, or harm the public;
10. Failure to cooperate with an employee of the Department of Health Professions in the conduct of an investigation;
11. Failure to report evidence of child abuse or neglect as required by § [63.2-1509](#) of the Code of Virginia or elder abuse or neglect as required by § [63.2-1606](#) of the Code of Virginia;
12. Knowingly allowing persons under supervision to jeopardize client safety or provide care to clients outside of such person's scope of practice or area of responsibility; or
13. Violating any provisions of this chapter, including practice standards set forth in [18VAC115-40-40](#).

18VAC115-40-60. [Repealed]

18VAC115-40-61. Reinstatement following disciplinary action.

- A. Any person whose certificate has been revoked, suspended or denied renewal by the board under the provisions of 18VAC115-40-50 must submit a new application for reinstatement of certification.
- B. The board in its discretion may, after a hearing, grant the reinstatement sought in subsection A of this section.
- C. The applicant for such reinstatement, if approved, shall be certified upon payment of the appropriate fee applicable at the time of reinstatement.



Agency Department of Health Professions

Board Board of Counseling

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

Edit Review

Review 2445

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 7/21/2023

Notice of Periodic Review

Pursuant to Executive Order 19 (2022) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, this regulation is undergoing a periodic review.

The review of this regulation will be guided by the principles in Executive Order 19 <https://TownHall.Virginia.Gov/EO-19-Development-and-Review-of-State-Agency-Regulations.pdf>.

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

In order for you to receive a response to your comment, your contact information (preferably an email address or, alternatively, a U.S. mailing address) must accompany your comment. Following the close of the public comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations.

Contact Information

Name / Title:	Jaime Hoyle / <i>Executive Director</i>
Address:	9960 Mayland Drive Suite 300 Henrico, VA 23233
Email Address:	jaime.hoyle@dhp.virginia.gov
Telephone:	(804)367-4406 FAX: (804)527-4435 TDD: (-)

Publication of Notice in the Register and Public Comment Period

Published in the Virginia Register on 8/14/2023 [Volume: 39 Issue: 26]

Comment Period begins on the publication date and ends on 9/4/2023

Comments Received: 0

Review Result

Pending

TH-07 Periodic Review Report of Findings *(not yet submitted)*

ORM Economic Review Form *(not yet submitted)*

Attorney General Certification

Submitted to OAG: 7/21/2023

Review Completed: 8/17/2023

Result: Certified

 **Review Memo**

This periodic review was created by Matthew Novak on 07/21/2023 at 1:31pm

Discipline Reports

July 1, 2023 to October 13, 2023

NEW CASES RECEIVED BY BOARD July 1, 2023 to October 13, 2023
128

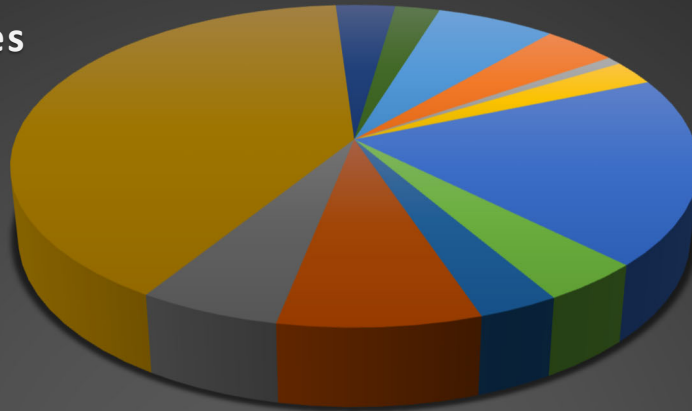
TOTAL OPEN INVESTIGATIONS (ENFORCEMENT)
113

OPEN CASE STAGES as of October 13, 2023	
Probable Cause Review	82
Scheduled for Informal Conferences	16
Scheduled for Formal Hearings	7
Other (pending CCA, PHCO, hold, etc.)	15
Cases with APD for processing (IFC, FH, Consent Order)	6
TOTAL ACTIVE CASES AT BOARD LEVEL	126

UPCOMING CONFERENCES AND HEARINGS	
Informal Conferences	<p>Conferences Held: August 25, 2023 (Special Conference Committee) September 13, 2023 (Agency Subordinate)</p> <p>Scheduled Conferences: November 17, 2023 December 13, 2023 January 26, 2024 April 12, 2024 May 17, 2024</p>
Formal Hearings	<p>Hearings Held: n/a</p> <p>Scheduled Hearings: February 2, 2024 (2)</p>

CASES CLOSED July 1, 2023 to October 13, 2023	
Closed – No violation	106
Closed – Undetermined	6
Closed – Violation	
Conference/Hearing held	3
Consent Order	2
Confidential Consent Agreement	2
Credentials/Reinstatement – Denied	2
Credentials/Reinstatement – Approved	1
TOTAL CASES CLOSED	122

Closed Case Categories



- Abuse/Abandonment/Neglect (8)
1 CCA
- Business Practice Issues (5)
- CE Noncompliance (1)
1 violation (QMHP-A)
- Confidentiality Breach (3)
- Diagnosis/Treatment (23)
- Eligibility (5)
2 denied (QMHP-A Appl, RMFT Appl)
1 approved (CSAC-A and RPRS)
- Fraud, patient care (4)
2 violations (2 QMHP-A)
1 CCA
- Inability to Safely Practice (10)
- Inappropriate Relationship (7)
2 violations (LPC, RIC)
- No jurisdiction (49)
- Scope of Practice (4)
- Unlicensed Activity (3)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	175
Avg. time in Enforcement (investigations)	110
Avg. time in APD (IFC/FH preparation)	60
Avg. time in Board (includes hearings, reviews, etc).	62

BEFORE THE VIRGINIA BOARD OF COUNSELING

IN RE: KAITLIN BENNETT JONES, C.S.A.C.-A. APPLICANT & R.P.R.S. APPLICANT
Case Number: 220109

ORDER

JURISDICTION AND PROCEDURAL HISTORY

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), a Special Conference Committee of the Virginia Board of Counseling (“Board”) held an informal conference on August 25, 2023, in Henrico County, Virginia, to receive and act upon Kaitlin Bennet Jones’ applications for certification to practice as a substance abuse counseling assistant and for registration to practice as a peer recovery specialist in the Commonwealth of Virginia and to inquire into evidence that grounds may exist to deny said applications.

Kaitlin Bennett Jones appeared at this proceeding and was represented by Craig Cooley, Esquire.

Upon consideration of the evidence, the Committee adopts the following Findings of Fact and Conclusions of Law and issues the Order contained herein.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Kaitlin Bennett Jones submitted an application for certification by examination to practice as a substance abuse counseling assistant in the Commonwealth of Virginia on April 1, 2022. Ms. Jones also submitted an application for registration to practice as a peer recovery specialist in the Commonwealth of Virginia on April 13, 2022.

2. Ms. Jones violated 18 VAC 115-30-150(1) of the Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants (“C.S.A.C. Regulations”) and 18 VAC 115-70-80(1) of the Regulations Governing the Registration of Peer Recovery Specialists (“R.P.R.S. Regulations”) in that she was convicted of the following felonies:

a. On April 10, 2014, Ms. Jones was convicted of child abuse, reckless disregard for human life, a class 6 felony, in the Circuit Court of Hanover County, Virginia.

b. On April 4, 2022, Ms. Jones was convicted of possession of a Schedule I or II controlled substance, a class 5 felony, in the Circuit Court of Hanover County, Virginia.

3. Ms. Jones violated 18 VAC 115-30-150(10) of the C.S.A.C. Regulations and 18 VAC 115-70-80(8) of the R.P.R.S. Regulations in that the Virginia Board of Nursing took the following actions against her license to practice practical nursing in Virginia:

a. By an Order of the Virginia Board of Nursing entered on December 18, 2012, Ms. Jones was required to comply with the terms and conditions of the Virginia Health Practitioners' Monitoring Program ("HPMP") due to findings that she suffered from substance abuse and mental health issues to the extent that such use rendered her unsafe to practice practical nursing.

b. By a Consent Order of the Virginia Board of Nursing entered on November 20, 2013, Ms. Jones was reprimanded and her license to practice practical nursing in Virginia was indefinitely suspended due to findings that she was dismissed from the HPMP for failing to comply with the urine toxicology screening program and for continuing to practice without the approval of the HPMP.

4. Ms. Jones violated 18 VAC 115-30-150(3) of the C.S.A.C. Regulations and 18 VAC 115-70-80(3) of the R.P.R.S. Regulations in that she suffers from substance abuse issues and mental health issues to the extent that she is unable to practice as a substance abuse counseling assistant and/or as a peer recovery specialist with reasonable skill and safety to clients. Specifically:

a. On August 16, 2011, Ms. Jones was convicted of DWI: 1st Offense, BAC .15-.20% W/Child, a misdemeanor, and Accident: Driver Not Report, W/Damage <=\$1000, another misdemeanor, in the Hanover County General District Court, Virginia. In addition, on January 3, 2012, Ms. Jones was convicted in the Circuit Court of Hanover County of contributing to the delinquency of a minor, a misdemeanor. As part of her sentence, Ms. Jones was ordered to comply with the requirements of the Virginia Alcohol Safety Action Program ("VASAP"). The preceding convictions were the result of an

incident that occurred on April 24, 2011, wherein Ms. Jones caused an accident resulting in damage to another vehicle and left the scene, and, when later apprehended, showed signs of intoxication, including the odor of alcohol on her breath. At the time of the accident, Ms. Jones had a minor child in her vehicle.

b. See Confidential Exhibit.

c. See Confidential Exhibit.

d. See confidential Exhibit.

e. See confidential Exhibit.

f. On November 8, 2013, Ms. Jones was convicted of possession of marijuana, first offense, in the Hanover County General District Court, for an offense that took place on August 23, 2013.

g. On November 15, 2013, Ms. Jones was convicted of refusal to provide a blood sample or breath to determine the alcohol or drug content of the blood, 2nd offense, a misdemeanor, in the Hanover County General District Court, Virginia, due to an incident that occurred on July 28, 2013.

h. See Confidential Exhibit.

i. On August 21, 2015, Ms. Jones appeared in the Circuit Court of Hanover County for a sentencing hearing related to her felony conviction for child abuse, reckless disregard for human life, as more fully set out in Finding of Fact 2(a). As part of her sentence, Ms. Jones was required to undergo one year of supervised probation during which she was ordered to receive substance abuse treatment.

j. On October 10, 2017, Ms. Jones was convicted of deliberately smelling or inhaling a drug or substance to become intoxicated, a misdemeanor, in the Chesterfield County General District Court, for an offense that took place on August 20, 2017.

k. On October 23, 2017, Ms. Jones was convicted of possession of marijuana, second offense, a misdemeanor, in the Chesterfield County General District Court, for an offense that took place on August 23, 2017.

l. On October 25, 2017, Ms. Jones was convicted of DWI, 2nd offense within five years, a misdemeanor, in the Chesterfield County General District Court, for an offense that took place on July 28, 2017.

m. See Confidential Exhibit.

n. See Confidential Exhibit.

o. On July 6, 2018, Ms. Jones was convicted of possession of marijuana, a misdemeanor, in the Hanover County General District Court, for an offense that took place on November 8, 2017.

p. See Confidential Exhibit.

q. On May 20, 2021, Ms. Jones was convicted of DWI: 2nd offense within ten years and hit and run, both misdemeanors, in the Circuit Court of Hanover County, due to offenses that took place on November 16, 2019. As part of her sentence, Ms. Jones was required to successfully complete the requirements of VASAP.

r. See Confidential Exhibit.

s. See Confidential Exhibit.

t. On April 4, 2022, Ms. Jones was convicted of possession of a Schedule I or II controlled substance, a class 5 felony, as more fully set out in Finding of Fact 2(b); engaging in disorderly conduct in a public place, a misdemeanor; and obstructing a law enforcement officer in the performance of his duties without force, a misdemeanor, in the Circuit Court of Hanover County. These convictions were related to offenses that took place on May 10, 2021. On July 7, 2022, Ms. Jones was sentenced to five years of incarceration, with the total period suspended, and three years of supervised probation that would require that Ms. Jones undergo substance abuse counseling and screening; that she not consume alcohol, illicit drugs, or controlled substances without a valid prescription from a healthcare provider; and that she provide copies of all current and future prescriptions, filled or unfilled, to her probation officer.

u. Since 2012, Ms. Jones has received substance abuse treatment for the following diagnoses, as more fully set out in the Confidential Exhibit: alcohol use disorder, severe; opiate use disorder, severe; major depressive disorder, severe with psychotic symptoms; post-traumatic stress disorder; generalized anxiety disorder; and panic disorder.

5. During the informal conference, Ms. Jones reported that she had maintained sobriety for over two years. Ms. Jones further reported that she continues to meet with her therapist, Susann-Nicole Schwarz, L.P.C., on a biweekly basis.

6. Prior to the informal conference, Ms. Jones provided the Committee with the results of hair follicle tests for drug screening from samples collected from her on August 19, 2022; November 22, 2022; February 2, 2023; April 27, 2023; and July 24, 2023. All test results were negative for illicit drugs for which Ms. Jones did not have a valid prescription. At the informal conference, Ms. Jones stated that she voluntarily engages in hair follicle drug screening on a quarterly basis for self-accountability and that she intended to continue doing so for the foreseeable future.

7. At the informal conference, Ms. Jones stated that she had developed coping skills through meditation and that she had a lot of community connections and family support.

8. Between February and May 2022, Ms. Jones completed an internship with Virginia Family Services in order to obtain her certification to practice as a substance abuse counseling assistant. In addition, on December 15, 2022, Ms. Jones obtained her Associate of Applied Science from J. Sargeant Reynolds Community College. Ms. Jones is currently maintaining stable employment.

9. Ms. Jones is currently on supervised probation with the Circuit Court of Hanover County and is subject to random substance abuse screening until 2025.

Pursuant to Virginia Code § 54.1-2400.2(K), the Board considered whether to disclose or not disclose Applicant's health records or health services.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Counseling hereby ORDERS that the applications of Kaitlin Bennett Jones for certification to practice as a substance abuse counseling assistant and for registration to practice as a peer recovery specialist in the Commonwealth of Virginia is APPROVED and that Ms. Jones is placed on INDEFINITE PROBATION for a period of not less than 24 months of active practice as a substance abuse counseling assistant and/or as a peer recovery specialist, subject to the following terms and conditions:

1. The period of probation shall begin on the date that this Order is entered and shall continue INDEFINITELY. Ms. Jones may request that the Board terminate her probation after not less than 24 months from the date this Order is entered. Upon receipt of evidence that Ms. Jones has complied with the terms and conditions of this Order for no less than 24 months of active practice as a substance abuse counseling assistant and/or as a peer recovery specialist, the Board authorizes the Executive Director of the Board to terminate the probation imposed on Ms. Jones's certificate and registration. In the alternative, the Executive Director may refer the matter to the Board for further administrative proceedings.

2. All reports required by this Order shall be submitted in writing to the Board office with the first report being received no later than 40 days following the date that this Order is entered. Subsequent reports must be received quarterly by the last day of the months of March, June, September, and December until the period of probation ends. Ms. Jones is fully responsible for ensuring that all required reports are properly submitted and received by the Board in a timely manner.

3. Ms. Jones shall not practice as a substance abuse counseling assistant or as a peer recovery specialist except in a supervised setting satisfactory to the Board. Prior to beginning employment as a substance abuse counseling assistant or as a peer recovery specialist, Ms. Jones shall obtain Board approval.

4. Ms. Jones shall provide a copy of the Order in its entirety to any current employers in a health or mental health setting within 40 days of the date of entry of this Order. In addition, Ms. Jones

shall also provide each future employer in a health or mental health setting with a copy of this Order in its entirety prior to or on the first day of her employment. Each current employer in a health or mental health setting shall send a signed written statement to the Board within forty days of entry of this Order stating that they have received and read this Order in its entirety. Each future employer shall send a signed written statement to the Board within ten days of Ms. Jones's beginning employment with them stating that they have received and read this Order in its entirety. Ms. Jones is fully responsible for ensuring that said written statements are received by the Board in a timely manner.

5. Any and all employers in a health or mental health setting shall provide written reports regarding Ms. Jones's performance on a quarterly basis as stated in Term No. 2 of this Order. The reports shall include the employer's opinion of her practice judgment and performance and shall notify the Board of any disciplinary actions and concerns.

6. Within 40 days of entry of this Order, or, where applicable, within ten days of beginning employment working as a substance abuse counseling assistant and/or as a peer recovery specialist, Ms. Jones shall enter into individual supervision of her practice with an on-site supervisor, under the following terms:

a. Said supervisor shall hold a current, active, and unrestricted license as a licensed professional counselor, a licensed marriage and family therapist, or a licensed substance abuse treatment practitioner in the Commonwealth of Virginia. In addition, said supervisor shall practice on site at the same place of employment as Ms. Jones. Said supervisor shall submit his/her resume, qualifications, and credentials to the Board for approval, and shall act as a duly constituted agent of the Board. Ms. Jones shall meet with the supervisor within 15 days of the date of approval for the purpose of beginning supervision. Ms. Jones shall ensure that the Board-approved supervisor receives a copy of this Order in its entirety prior to supervision commencing. Prior to any change of supervision, Ms. Jones must obtain Board approval.

b. Ms. Jones and her supervisor shall meet in person at least one hour every week of practice during the period of probation, in a supervisory session for the purpose of engaging in continuous audit and monitoring of Ms. Jones's practice.

c. Ms. Jones's supervisor shall submit quarterly reports to the Board. Each report shall include a detailed review of supervisory activities and of Ms. Jones's practice judgement and performance. Said reports shall also include any recommendations. These reviews shall be sent to the Board office quarterly as stated in Term No. 2 of this Order. Should Ms. Jones or her practice supervisor request modification of the terms of this Order, said request shall be proffered in writing to the Board.

e. Ms. Jones shall bear all reasonable expenses of her supervisor including a per hour charge for the supervision, report writing, and information gathering of the supervisor at his/her hourly fee.

f. Should Ms. Jones and/or her supervisor terminate supervision, within 10 days of the termination of supervision, Ms. Jones shall notify the Board of the termination, the date(s) of the termination and the last supervisory session, and the reason for the termination of the supervisory relationship. In addition, within 15 days of the date of termination of supervision, Ms. Jones shall submit the name and curriculum vitae of a new supervisor for approval by the Board. If Ms. Jones fails to submit the name and curriculum vitae of a new supervisor to the Board within 15 days of termination of supervision, Ms. Jones shall discontinue practice until such time as she is able to submit the name and curriculum vitae of a new supervisor and obtain approval of the new supervisor from the Board. Supervision with any new supervisor shall be subject to the terms and conditions of this Order.

7. Ms. Jones shall continue in therapy with Susann-Nicole Schwarz, L.P.C., or another mental health practitioner approved by the Board. Ms. Jones shall meet with the therapist in individual therapy at a frequency to be determined by the therapist. Said therapist shall provide written reports regarding Ms. Jones's condition on a quarterly basis, as stated in Term No. 2 of this Order. The initial report shall include a statement of the diagnosis, treatment plan, and prognosis. Thereafter, the report shall contain a

detailed statement on the current condition, prognosis, and any change in the treatment plan or diagnosis. Should Ms. Jones wish to change treating practitioners, she shall submit the name and curriculum vitae of a practitioner for approval by the Board. Upon approval, Ms. Jones shall advise the Board when she has made an appointment and shall await authorization from the Board before seeing the practitioner. Ms. Jones shall provide Ms. Schwarz or any other therapist she sees subject to this term with a copy of this Order in its entirety.

8. Ms. Jones shall provide a copy of this Order in its entirety to her court appointed probation officer and request that her probation officer provide the Board with written reports twice per year to document Ms. Jones's status. Each written report subject to this term must be received by the last day of the months of December and June.

9. Ms. Jones shall sign all required releases and authorization forms within 40 days of the date of entry of this Order or, where applicable, within ten days of the Board's approval of a practice supervisor, employer, or therapist, allowing for unrestricted communication between and among the Board, Ms. Jones's practice supervisor, her therapist, her court appointed probation officer, and her employer(s).

10. Ms. Jones shall submit "Self-Reports" quarterly as stated in Term No. 2 of this Order. These reports shall include a current address, telephone number, and verification of any and all current practice employment, as well as any changes in practice employment status. Self-Reports must be submitted whether Ms. Jones has current practice employment or not.

11. Ms. Jones shall notify the Board within ten days, in writing, of any changes in the location of her practice; additional practice locations; change in employment, including termination, suspension, separation, or other interruption in employment (including the name and address of any new employer and the date of employment); change in address, telephone number, or e-mail address; and/or criminal charges or convictions.

12. Ms. Jones shall bear any costs associated with the terms and conditions of this Order.

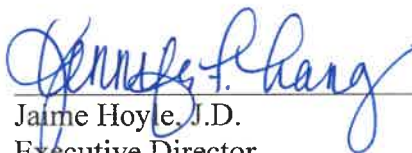
13. Ms. Jones shall comply with all laws and regulations governing the practice of substance abuse counseling assistants and peer recovery specialists in the Commonwealth of Virginia.

14. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of substance abuse counseling assistants and/or peer recovery specialists shall constitute grounds for further disciplinary action.

15. Failure to comply with all terms and conditions of this Order within five years of the date of entry of the Order may be reason for revoking or suspending the certificate and/or registration of Kaitlin Bennett Jones and an administrative proceeding shall be held to determine whether to impose such action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

for 
Jaime Hoyle, J.D.
Executive Director
Virginia Board of Counseling

ENTERED AND MAILED: September 12, 2023

NOTICE OF RIGHT TO APPEAL

Pursuant to Virginia Code § 54.1-2400(10), Ms. Jones may, not later than 5:00 p.m., on October 16, 2023, notify Jaime Hoyle, Executive Director, Board of Counseling, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that she desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated. This Order shall become final on October 16, 2023, unless a request for a formal administrative hearing is received as described above.

BEFORE THE VIRGINIA BOARD OF COUNSELING

IN RE: GEROD STUKES, QMHP-A APPLICANT
Case Number: 227029

ORDER

JURISDICTION AND PROCEDURAL HISTORY

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), a Special Conference Committee of the Virginia Board of Counseling (“Board”) held an informal conference on August 25, 2023, in Henrico County, Virginia, to receive and act upon Gerod Stukes’ application for registration to practice as a qualified mental health professional – adult in the Commonwealth of Virginia and to inquire into evidence that grounds may exist to deny said application.

Gerod Stukes, QMHP-A Applicant, appeared at this proceeding and was not represented by legal counsel.

Upon consideration of the evidence, the Committee adopts the following Findings of Fact and Conclusions of Law and issues the Order contained herein.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Gerod Stukes submitted an application for registration to practice as a qualified mental health professional - adult in the Commonwealth of Virginia on March 23, 2022.

2. Mr. Stukes does not meet the requirements of 18 VAC 115-80-40(B)(1) of the Regulations Governing the Registration of Qualified Mental Health Professionals (“Regulations”) in that he failed to demonstrate that he has 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. Specifically, Mr. Stukes has a bachelor’s degree in biblical studies from Angelos Bible College.

3. Mr. Stukes does not meet the requirements of 18 VAC 115-80-40(B)(2) of the Regulations in that he failed to demonstrate that he has completed no less than 1,500 hours of supervised experience obtained within a five-year period immediately preceding his application for registration and as specified in 18 VAC 115-80-40(C) of the Regulations. Specifically, Mr. Stukes provided documentation demonstrating that he performed 1,032 hours of supervised experience under the supervision of a Resident in Counseling licensed by the Board within the five-year period immediately preceding his application for registration, leaving a deficit of 468 hours. In addition, Mr. Stukes provided documentation demonstrating that he performed 480 hours of supervised experience under the supervision of an individual certified as a substance abuse counselor and registered as a qualified mental health professional – adult by the Board. However, said individual is not 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, making her ineligible to provide supervision as required under 18 VAC 115-80-40(C)(1) of the Regulations.

4. Mr. Stukes does not meet the requirements of 18 VAC 115-80-40(B)(3) of the Regulations in that he failed to demonstrate that he has completed no less than 3,000 hours of supervised experience obtained within a five-year period immediately preceding his application for registration and as specified in 18 VAC 115-80-40(C) of the Regulations. Specifically, Mr. Stukes provided documentation demonstrating that he completed only 1,032 hours of supervised experience obtained within a five-year period immediately preceding his application for registration as specified in 18 VAC 115-80-40(C) of the Regulations, as more fully set out in Finding of Fact Number 3, leaving a deficit of 1,968 hours.

5. Mr. Stukes does not meet the requirements of 18 VAC 115-80-40(B)(4) and (5) of the Regulations in that he failed to demonstrate that he is licensed as an occupational therapist or as a registered nurse in Virginia. Specifically, on his application for registration, Mr. Stukes denied that he had ever been issued a mental health or health professional license/certification/registration in any

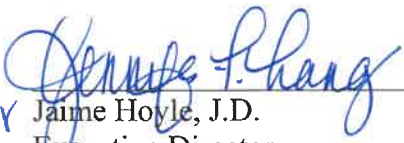
jurisdiction. In addition, Mr. Stukes failed to demonstrate that he completed no less than 1,500 hours of supervised experience obtained within a five-year period immediately preceding his application for registration and as specified in 18 VAC 115-80-40(C) of the Regulations, as more fully set out in Finding of Fact Number 3.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Counseling hereby ORDERS that the application of Gerod Stukes for registration to practice as a qualified mental health professional - adult in the Commonwealth of Virginia is DENIED.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

for 

Jaime Hoyle, J.D.
Executive Director
Virginia Board of Counseling

ENTERED AND MAILED: September 12, 2023

NOTICE OF RIGHT TO APPEAL

Pursuant to Virginia Code § 54.1-2400(10), Mr. Stukes may, not later than 5:00 p.m., on October 16, 2023, notify Jaime Hoyle, Executive Director, Board of Counseling, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that he desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated. This Order shall become final on October 16, 2023, unless a request for a formal administrative hearing is received as described above.

BEFORE THE VIRGINIA BOARD OF COUNSELING

**IN RE: SCOTT SUCCARDI, APPLICANT FOR RESIDENCY IN MARRIAGE AND
FAMILY THERAPY
Case Number: 226513**

ORDER

JURISDICTION AND PROCEDURAL HISTORY

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), a Special Conference Committee of the Virginia Board of Counseling (“Board”) held an informal conference on August 25, 2023, in Henrico County, Virginia, to receive and act upon Scott Succardi’s application for licensure to practice as a resident in marriage and family therapy in the Commonwealth of Virginia and to inquire into evidence that grounds may exist to deny said application.

Scott Succardi appeared at this proceeding and was not represented by legal counsel.

Upon consideration of the evidence, the Committee adopts the following Findings of Fact and Conclusions of Law and issues the Order contained herein.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Scott Succardi submitted an application for licensure by examination to practice as a resident in marriage and family therapy in the Commonwealth of Virginia on September 3, 2022.
2. Mr. Succardi does not meet the requirements of 18 VAC 115-50-55(A)(2) and (7) of the Regulations, which are incorporated by reference into 18 VAC 115-50-60(A)(2) of the Regulations, in that he failed to demonstrate that he completed a minimum of six semester hours or nine quarter hours of graduate coursework in the subject of marriage and family studies (systemic therapeutic interventions and application of major theoretical approaches). Specifically, Mr. Succardi completed only three semester hours of graduate coursework in the subject of marriage and family studies (systemic therapeutic interventions and application of major theoretical approaches).

3. Mr. Succardi does not meet the requirements of 18 VAC 115-50-55(A)(10) of the Regulations, which are incorporated by reference into 18 VAC 115-50-60(A)(2) of the Regulations, in that he failed to demonstrate that he completed a supervised internship of at least 600 hours including 240 hours of direct client contact, with a minimum of 200 direct client contact hours with couples and families. Specifically, during his graduate level internship at Vanguard University, Mr. Succardi completed a total of 253 supervised internship hours, leaving a deficit of 347 hours, and a total of 157 direct client contact hours, leaving a deficit of 83 direct client contact hours. In addition, on the “Verification of Degree and Internship for LMFT Licensure” form submitted as part of Mr. Succardi’s application, the director of the clinical psychology program at Vanguard University was unable to verify the number of direct client contact hours Mr. Succardi spent with couples and families during his internship.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Counseling hereby ORDERS that the application of Scott Succardi for licensure to practice as a resident in marriage and family therapy in the Commonwealth of Virginia is DENIED.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

for 

Jaime Hoyle, J.D.
Executive Director
Virginia Board of Counseling

ENTERED AND MAILED: September 12, 2023

NOTICE OF RIGHT TO APPEAL

Pursuant to Virginia Code § 54.1-2400(10), Mr. Succardi may, not later than 5:00 p.m., on October 16, 2023, notify Jaime Hoyle, Executive Director, Board of Counseling, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that he desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated. This Order shall become final on October 16, 2023, unless a request for a formal administrative hearing is received as described above.

BEFORE THE VIRGINIA BOARD OF COUNSELING

IN RE: MEGHAN GARRETT, RESIDENT IN COUNSELING

License Number: 0704-014447

Case Number: 225163

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Counseling (“Board”) and Meghan Garrett, Resident in Counseling, as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Ms. Garrett’s license to practice as a resident in counseling in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Meghan Garrett, Resident in Counseling, was issued License Number 0704-014447 to practice as a resident in counseling on November 24, 2021. Said license is scheduled to expire on November 30, 2023.

2. Ms. Garrett violated 18 VAC 115-20-130(B)(1) and (D)(1) and (2) and 18 VAC 115-20-140(A)(3), (4), (7), and (8) of the Regulations Governing the Practice of Professional Counseling in that in December 2022, she engaged in a romantic and sexual relationship with Client A, a former client who was a minor at the time he initially received services from her, less than five years after terminating the therapeutic relationship. Specifically:

a. Beginning in September 2020, Ms. Garrett was employed as a school counselor for a private, all-male, college preparatory military boarding school. On at least one occasion in April 2021, she provided counseling to Client A, a male client who was a minor at that time.

b. On November 14, 2022, Client A, who was then a legal adult, was dismissed from the boarding school. Following his dismissal, Client A reached out to a former student requesting Ms.

Meghan Garrett, Resident in Counseling

CONSENT ORDER

Page 2 of 5

Garrett's Snapchat user ID. After receiving the request from the former student, Ms. Garrett authorized him to provide her Snapchat user ID to Client A.

c. After Client A reached out to Ms. Garrett on Snapchat for information on how to apply for readmission to the school, they began exchanging messages by social media, text messages, and phone calls. Client A began sending flirtatious messages to Ms. Garrett, telling her that he loved her and that she was "hot," in late November 2022. In addition, he requested that she send him a photograph, to which she responded by sending him a picture of herself nude from the waist up. In her interview with an investigator for the Virginia Department of Health Professions ("DHP Investigator") on January 31, 2023, Ms. Garret stated that they started texting or messaging on and off every day, and she stated that they were "kind of like 'sexting.'"

d. On December 3, 2022, Ms. Garrett met Client A at a store where he worked in retail. In her interview with the DHP Investigator, Ms. Garret stated that they walked around the store for a while, then went into a fitting room together, where they started kissing and making out. She stated that they had sexual intercourse at that time.

e. On December 7, 2022, Ms. Garrett met Client A again in person. In her interview with the DHP Investigator, Ms. Garret stated that they met in his car, where they talked and kissed, but did not engage in other sexual activity.

f. On December 8, 2022, Ms. Garrett was advised by her employer that Client A had posted the topless photograph of her and a video of him half naked with her in the fitting room. Ms. Garrett's employment was terminated following an internal investigation.

3. See Confidential Exhibit.

4. In her interview with the DHP Investigator, Ms. Garrett stated that she no longer intended to seek licensure to practice professional counseling. By a letter dated February 12, 2023, addressed to

Meghan Garrett, Resident in Counseling

CONSENT ORDER

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the executive director of the Board, Ms. Garrett stated that she wished to surrender her license to practice as a resident in counseling.

5. Pursuant to Virginia Code § 54.1-2400.2(K), the Board considered whether to disclose or not disclose Ms. Garrett's health records or health services.

CONSENT

Meghan Garrett, Resident in Counseling, by affixing her signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document;
2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;
3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;
4. I waive my right to an informal conference;
5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;
6. I consent to the entry of the following Order affecting my license to practice as a resident in counseling in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Counseling hereby ORDERS as follows:

1. The license issued to Meghan Garrett, Resident in Counseling, to practice as a resident in counseling in the Commonwealth of Virginia is INDEFINITELY SUSPENDED for a period of not less than 24 months from the date of entry of this Order.

Meghan Garrett, Resident in Counseling

CONSENT ORDER

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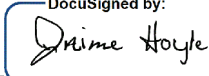
The Board accepts the VOLUNTARY SURRENDER for INDEFINITE SUSPENSION, for a period of not less than 24 months from the date of entry of this Order, of Meghan Garrett’s license to practice as a resident in counseling in the Commonwealth of Virginia.

2. The license of Ms. Garrett will be recorded as SUSPENDED.

3. Ms. Garrett shall not petition the Board for reinstatement of the license for 24 months from entry of this Order. Should Ms. Garrett seek reinstatement of her license, an administrative proceeding shall be convened to consider such application. At such time, the burden shall be on Ms. Garrett to demonstrate that she is safe and competent to return to practice as a resident in counseling. Ms. Garrett shall be responsible for any fees that may be required for the reinstatement and/or renewal of the license prior to issuance of the license to resume practice.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

DocuSigned by:

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Jaime Hoyle, J.D.
Executive Director
Virginia Board of Counseling

ENTERED: 9/20/2023

SEEN AND AGREED TO:

DocuSigned by:

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Meghan Garrett, Resident in Counseling

9/20/2023
Date Signed

BEFORE THE VIRGINIA BOARD OF COUNSELING

IN RE: JAMES E. LEFFLER, L.P.C.
License Number: 0701-001491
Case Number: 223710

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Counseling (“Board”) and James E. Leffler, L.P.C., as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Mr. Leffler’s license to practice professional counseling in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. James E. Leffler, L.P.C., was issued License Number 0701-001491 to practice professional counseling on December 27, 1989. Said license expired on June 30, 2023.
2. Mr. Leffler violated 18 VAC 115-20-130(B)(1) and (D)(2) and 18 VAC 115-20-140(A)(3), (4), (7), and (8) of the Regulations Governing the Practice of Professional Counseling (“Regulations”) in that he engaged in a dual romantic and sexual relationship with Client A. Specifically:
 - a. In November 2019, Mr. Leffler performed an assessment of Client A, a female client seeking assistance with substance abuse treatment. In addition, in an interview with an investigator for the Virginia Department of Health Professions (“DHP Investigator”) on December 6, 2022, Client A stated that she attended counseling sessions with Mr. Leffler about twice a month for a few months after the initial assessment.
 - b. In his interview with the DHP Investigator on January 11, 2023, Mr. Leffler stated that he called Client A from his personal cell phone to check in on her from time to time, and he met with her one time in January 2021 for coffee. In addition, Mr. Leffler stated that between May and early June 2021, he engaged in phone sex with Client A on between four and six occasions.

James E. Leffler, L.P.C.

CONSENT ORDER

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c. In his interview with the DHP Investigator, Mr. Leffler stated that prior to engaging in phone sex with Client A, he saw her as a friend, but he knew that it was inappropriate to have a friendship with a client. In addition, he stated that he had a history of sex addiction, and he told his therapist, whom he had been seeing for seven or eight years for treatment of sex addiction, about the situation with Client A and attended a week long recovery program to get back on track with his recovery.

3. In his interview with the DHP Investigator, Mr. Leffler stated that he did not want to practice professional counseling again and that he had no intention of renewing his license.

CONSENT

James E. Leffler, L.P.C., by affixing his signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document and am represented by Jeffrey H. Geiger, Esq.;

2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. I waive my right to an informal conference;

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice professional counseling in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Counseling hereby ORDERS as follows:

James E. Leffler, L.P.C.

CONSENT ORDER

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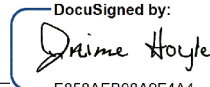
1. The Board accepts the VOLUNTARY SURRENDER for INDEFINITE SUSPENSION of James E. Leffler’s right to renew his license to practice professional counseling in the Commonwealth of Virginia.

2. The license of Mr. Leffler will be recorded as SUSPENDED.

3. Should Mr. Leffler seek reinstatement of his license, an administrative proceeding shall be convened to consider such application. At such time, the burden shall be on Mr. Leffler to demonstrate that he is safe and competent to return to the practice of professional counseling. Mr. Leffler shall be responsible for any fees that may be required for the reinstatement and/or renewal of the license prior to issuance of the license to resume practice.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection and copying upon request.

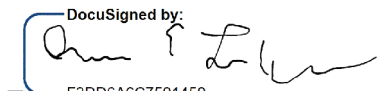
FOR THE BOARD

DocuSigned by:

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Jaime Hoyle, J.D.
Executive Director
Virginia Board of Counseling

ENTERED: 10/4/2023

SEEN AND AGREED TO:

DocuSigned by:

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James E. Leffler, L.P.C.

Date Signed: 10/3/2023

LICENSING REPORT

Satisfaction Survey Results	
2023 4th Quarter (April 1 – June 30)	88.9%

Totals as of October 16, 2023*

Current Active Licenses	
Certified Substance Abuse Counselor	1,724
CSAC Supervisee	2,359
Substance Abuse Counseling Assistant	263
Licensed Marriage and Family Therapist	1,040
Marriage & Family Therapist Resident	165
Licensed Professional Counselor	9,030
Resident in Counseling	3,279
Substance Abuse Treatment Practitioner	461
Substance Abuse Treatment Residents	14
Rehabilitation Provider	148
Qualified Mental Health Prof-Adult	6,405
Qualified Mental Health Prof-Child	4,259
Trainee for Qualified Mental Health Prof	9,446
Registered Peer Recovery Specialist	626
Total	39,219*

*Unofficial numbers (for informational purposes only)

Licenses, Certifications and Registrations Issued

License Type	May 2023	June 2023	July 2023	August 2023	September 2023*
Certified Substance Abuse Counselor	6	14	6	14	2
CSAC Supervisee	31	22	57	40	37
Certified Substance Abuse Counseling Assistant	7	8	5	0	5
Licensed Marriage and Family Therapist	5	7	3	16	5
Marriage & Family Therapist Resident	3	2	5	4	2
Pre-Education Review for LMFT	0	0	0	1	1
Licensed Professional Counselor	92	93	94	104	90
Resident in Counseling	76	155	110	129	129
Pre-Education Review for LPC	9	7	7	10	7
Substance Abuse Treatment Practitioner	5	11	11	8	6
Substance Abuse Treatment Residents	0	0	0	1	0
Pre-Education Review for LSATP	0	1	1	0	0
Rehabilitation Provider	1	0	1	1	
Qualified Mental Health Prof-Adult	36	56	79	63	64
Qualified Mental Health Prof-Child	23	33	40	32	56
Trainee for Qualified Mental Health Prof	148	205	196	200	196
Registered Peer Recovery Specialist	25	24	22	14	21
Total	467	638	637	637	621

*Unofficial numbers (for informational purposes only)

Licenses, Certifications and Registration Applications Received

Applications Received	May 2023*	June 2023*	July 2023*	August 2023*	September 2023*
Certified Substance Abuse Counselor	17	11	9	11	12
CSAC Supervisee	36	53	39	41	51
Certified Substance Abuse Counseling Assistant	6	10	5	3	3
Licensed Marriage and Family Therapist	3	9	7	13	9
Marriage & Family Therapist Resident	5	4	5	7	4
Pre-Education Review for LMFT	0	0	0	2	1
Licensed Professional Counselor	104	95	115	106	106
Resident in Counseling	124	130	108	137	129
Pre-Education Review for LPC	13	2	12	6	9
Substance Abuse Treatment Practitioner	8	11	7	5	10
Substance Abuse Treatment Residents	1	2	1	3	0
Pre-Education Review for LSATP	0	0	1	0	0
Rehabilitation Provider	1	1	1	0	0
Qualified Mental Health Prof-Adult	84	102	75	89	80
Qualified Mental Health Prof-Child	62	63	39	66	56
Trainee for Qualified Mental Health Prof	207	206	196	234	188
Registered Peer Recovery Specialist	24	18	22	20	24
Total	695	717	642	743	682

*Unofficial numbers (for informational purposes only)

Additional Information:

- **Board of Counseling Staffing Information:**

- The Board currently has six full-time to answer phone calls, emails and to process applications across all license, certification and registration types.
 - Licensing Staff:
 - Brenda Maida – Licensing Program Manager (Full-Time)
 - Victoria Cunningham – Licensing Specialist (Full-Time)
 - Dalyce Logan – Licensing Specialist (Full-Time)
 - Maya Weeks – Licensing Specialist (Full -Time)
 - QMHP Staff:
 - Sandie Cotman – Licensing Program Manager (Full-Time)
 - Shannon Brogan – Licensing Specialists (Full-Time)
 - Vacant - Licensing Administration Assistant (Part-Time)

- **Technology**

- BOT technology sending standardized emails.
- Ability for applicants to upload documents during the application process.
- Updated Board Website (new look-same content)
- Licenses now have QR Codes

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

9960 Mayland Drive
Henrico, VA 23233

Phone: (804) 367-4610
FAX: (804) 527-4435
email: coun@dhp.virginia.gov

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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.

"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.

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

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

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

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

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

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

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

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

"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 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.

18VAC115-20-45. 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. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

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

18VAC115-20-105. 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 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.

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

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;
2. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality;
3. Disclose or release records to others only with the client's expressed written consent or that of the client's legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

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

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

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

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

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

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

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

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

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

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

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

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

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 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, 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, the licensee 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 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.

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