Virginia Department of Health Professions
Board of Counseling

Agenda

Regulatory Advisory Panel

March 3, 2023

1:00 p.m

9960 Mayland Dr
2nd Floor, Board Room 1
Richmond, VA 23233

1:00 p.m. Call to Order– Gerard Lawson, Ph.D., LPC, LSATP, Regulatory Committee Chair

- Welcome and Introductions
- Mission of the Board/Emergency Egress Instructions ……Page 4

Public Comment

Background and Purpose of the Regulatory Advisory Panel (RAP)

- Petitions for Rulemaking
  - Consideration of petition for rulemaking to register individuals as QMHPs based solely on experience rather than college degree……...Page 5
  - Consideration of petition for rulemaking to allow QMHP with 2 years of experience and supervision training to supervise QMHP trainees……...Page 17
- Board Recommendation

Discussion Points regarding the Regulation of QMHPs

- Background on QMHPs
  - Who are QMHPs?
  - What is the scope of practice for QMHPs?
  - What is the role of QMHPs?
  - In what settings do QMHPs work?
  - What and where is the need for QMHPs and how do they address the workforce shortage? Can and should this need be met by certified or licensed practitioners?
  - Where should QMHPs fit into the behavioral health workforce pipeline to ensure the community needs are met, that QMHPs and licensed practitioners understand the role and scope of practice of the QMHPs, and the public is protected?
- Education Requirements
  - What are the current education requirements to become a QMHP-C, QMHP-A, and QMHP-T?
  - What impact would changing the education requirements have?
  - How can we effectively address potential changes to the educational requirements, without diminishing public safety?
  - Is there a pathway to change the education requirements that satisifies all stakeholders?
- Supervision Requirements
  - What are the current supervision requirements for QMHP-C, QMHP-A, and QMHP-T?
  - What impact would changing the supervision requirements have?

- How an we effectively address potential changes to Supervision requirements, without diminishing public safety?
- Is there a pathway to change the supervision requirements that satisfies all stakeholders?

Conclusion/Summary and Need for Additional Meeting

Meeting Adjournment

*Indicates a Board Vote is required.
**Indicates these items will be discussed within closed session.
This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

Virginia Department of Health Professions
Board of Counseling

Regulatory Advisory Panel Members

Board of Counseling Representatives

Gerard Lawson, Ph.D., LPC, LSATP, Board of Counseling, Regulatory Committee Chairperson

Johnston Brendel, Ed.D., LPC, LMFT, Board of Counseling Chairperson

Danielle Hunt, LPC, Board of Counseling Vice-Chairperson

Maria Stransky, LPC, CSAC, CSOTP, Board Member

External Stakeholders

Alexis Aplasca, MD, FAAP, FAPA, Chief Clinical Officer, Chief Deputy for Clinical and Quality Management, Virginia Department of Behavioral Health and Developmental Services (DBHDS)

Mindy Carlin, Executive Director, Virginia Association of Community-Based Providers

Bruce Cruser, Mental Health America of Virginia

Jennifer Faison, Executive Director, Virginia Association of Community Services Boards (VACSB)

Jennifer Fidura, Executive Director, Virginia Network of Private Providers (VNPP)

Ashely Harrell, LCSW, Senior Program Advisor, Division of Behavioral Health, Virginia Department of Medical Assistance Services (DMAS)

Suzanne Klaas, LCSW, Behavioral Health Policy, Behavioral Health Division, DMAS

Denise Malone, PsyD, BCBA, Chief of Mental Health & Wellness, Department of Corrections

Liv O'Neal, Program Director, Easter Seals

Laura Reed, LCSW, Behavioral Health Senior Program Advisor, Division of Behavior Health, DMAS

Lisa Snider, CHC, CHPC, QMHP-A/C, Assistant Director, Loudoun County Department of MHSADS; Virginia Association of Community Services Boards, Mental Health Council

Frank Valentine, Vice-President of Operations, National Counseling Group

Virginia Department of
Health Professions
Board of Counseling

MISSION STATEMENT

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

Agenda Item: Consideration of petition for rulemaking to register individuals as QMHPs based solely on experience rather than college degree

Included in your agenda package are:

- Petition for rulemaking received by the Board
- Comments received by the Board regarding the petition

Action items:

- Motion to initiate rulemaking in response to the petition; OR
- Motion to take no action, with specific reason(s) why.

Virginia Department of
Health Professions
Board of Counseling

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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,)
Conner, James, A

Street Address	Area Code and Telephone Number
5322 Hull Street Road, Apt 6	804-551-8005
City: Richmond	State: Virginia	Zip Code: 23224

Email Address (optional)
jamesethaneric1211@gmail.com

Respond to the following questions:

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

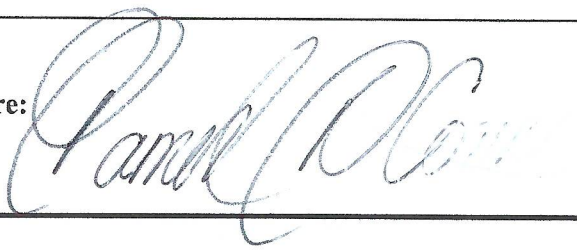
To become an QMHP you must have a college degree, I feel that for those who have the years of experience the board should provide and offering trainings so employees can be grandfathered in.

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

I'm reaching out on behalf of us who work in day supports and group homes. Since COVID-19 there have been many struggles to keep staff meaning Program Managers, Supervisors, Residential Counselors and DSP because most of us don't have our QMHP. Back in 2018 lots of us missed being grandfathered in because of different reasons, I'm advocating for those who have the years of experience and no degree or almost finishing a degree who are stepping out on FAITH asking if the board would reconsider accepting applications to be grandfathered in so we can continue providing the care to those we provide care for as we continue working on our degree. I have a sign up sheet with over 100 signatures just asking for an opportunity to keep our jobs as well not leave the residents we care behind. I can speak for me who has invested so much over the last 15 years and still receive phone calls from former clients, social workers and caseworkers as well as CSB Directors saying Mr. Conner your services have really touched lives for the better. Whether this request is granted or not I have to advocate for us who work so hard to keep our clients healthy and safe. WRIC8 News is willing to accept an interview with me to advocate for this purpose.

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.

I'm not excatly sure on the legal process of the regulations, but it doen't take a degree to have common sense.

Signature: 

Date: 06/10/2022

Virginia.gov Agencies | Governor

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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]

31 comments

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

Back to List of Comments

Commenter: Anonymous 7/4/22 7:44 pm

Educational requirements

Please do not remove educational requirements. The requirements keep getting reduced. It is not beneficial for the clientele these professionals are serving to continue to lower the standards.

CommentID: **122181**

Commenter: Prof. Michael Moates, MA, LP, LCMHC, LBA, LMHP 7/6/22 8:20 pm

Comment on Petition

Board of Counseling,

Thank you for taking the time to read my comment. When evaluating the request of the petitioner, the board should take two things into consideration. First, you should consider the public safety. Second, you should consider the statutory language.

I am wholeheartedly in disagreement with this petition. Here is my reasoning:

First, the Virginia legislature set the standards that the board is required to follow under statutory law. Mental Health Professional is defined in the Code of Virginia § 54.1-2400.1. Mental health service providers; duty to protect third parties; immunity. It says it "means a person who by education and experience..."

The law requires both education and professional experience to be a QMHP. Virginia is vary gracious in giving those with a bachelor's or a masters or even some without a degree in the medical field the ability to qualify.

Experience teaches you how to practice. Education teaches you the theories you need to know for safe practice. The State of Virginia already gives great latitude by expanding the opportunity.

There are many pathways to the QMHP. I would not be opposed to adding additional licenses or certifications by accredited organizations to the qualifying list to be a QMHP but removing the education requirement without adding 3rd party accountability would hurt the community. I think adding addiction counselors, behavior technicians, special education teachers, speech and language pathologists, certified employment assistance professional, and certified pastoral counselor.

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Further, I think that Virginia should recognize members of the military, law enforcement, first responders, and QMHP's from other states that are in a field similar to be able to gain the credential by reciprocity or endorsement.

Finally, I think the board should change the degree requirement from degree in xyz ... to degree at assoc. bach. mast. level with x number of hours in content area.

If anyone can be a QMHP without any accountability then the field suffers. But let make it more accessible while protecting the public.

Thank you,

Prof. Michael Moates, MA, LP, LCMHC, LBA

Adjunct College Professor

Licensed Psychologist - Master (Out of State)

Licensed Clinical Mental Health Counselor (Out of State)

Licensed Behavior Analyst - Virginia

CommentID: **122199**

Commenter: Elizabeth Engelhorn

7/7/22 10:46 am

Requirements for QMHP

I am not in favor of eliminating the educational requirements for the QMHP. In the past few years the requirements for obtaining this certification have increased, creating a new level of professionalism for this role. While it has created barriers for some, it has not been a hurdle that agencies have not been able to work with.

It does make sense to open the degrees that can be approved for the QMHP to be wider, with hours required for the certification in mental health or related field.

Elimination of the educational requirement diminishes the current status of the certification.

Thank you,

Elizabeth Engelhorn

CommentID: **122204**

Commenter: JAAS

7/10/22 10:21 am

Revision to Petition for Rulemaking

Hello Board of Regulatory Town Hall/Department of Health Profession, Board of Social Work, Therapy…

I believe that lowering the requirements to practice would put the field of Behavioral Science and Psychology in a very vulnerable position. I do not believe allowing just anyone with a claim to experience should be able to receive certification. However, I do believe that there may need to be an active (with the intent to change/revise) discussion, about establishing certifications for those who have completed their Bachelors degree, to be able to support licensed providers in a support role.

CommentID: **122227**

Commenter: Jodie Burton, DPCS

7/11/22 10:12 am

QMHP degree requirements

I am not in agreement with removing the educational requirement to obtain QMHP registration. QMHP degree requirements already expand beyond the human services fields to allow for nurses, occupational therapists, and other fields to obtain registration with appropriate experience. The approved fields of study should be reviewed for possible expansion. The list of approved human service degrees should be reviewed and expanded. While experience allows people to gain knowledge of how to provide appropriate services, education prepares them for the field within which they will gain that experience. Removing the requirement will leave the field, which is already vulnerable, increasingly vulnerable. The Board needs to consider ethical and legal considerations to removing the education degree and allowing registration for anyone with claimed experience, which may be of questionable validity.

CommentID: **122232**

Commenter: Melanie Tosh

7/11/22 12:33 pm

QMHP Education Requirement

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CommentID: **122233**

Commenter: Lauren Cressell

7/11/22 12:38 pm

QMHP

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CommentID: **122234**

Commenter: Jordan Wilson, DPCS

7/11/22 12:39 pm

Wholeheartedly Disagree

As an active QMHP, I am not in agreement with removing the educational requirement to obtain QMHP registration. QMHP degree requirements already expand beyond the human services fields to allow for nurses, occupational therapists, and other fields to obtain registration with appropriate

experience. The approved fields of study should be reviewed for possible expansion. The list of approved human service degrees should be reviewed and expanded. While experience allows people to gain knowledge of how to provide appropriate services, education prepares them for the field within which they will gain that experience. Removing the requirement will leave the field, which is already vulnerable, increasingly vulnerable. The Board needs to consider ethical and legal considerations to removing the education degree and allowing registration for anyone with claimed experience, which may be of questionable validity.

CommentID: **122235**

Commenter: Erin Motley

7/11/22 12:42 pm

QMHP Requirements

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CommentID: **122236**

Commenter: Crystal Conard

7/11/22 2:02 pm

QMHP requirements

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CommentID: **122240**

Commenter: Anonymous

7/11/22 2:04 pm

QMHP

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CommentID: **122241**

Commenter: Nickalos Turner

7/11/22 2:05 pm

QMHP Requirements

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CommentID: **122242**

Commenter: Sierra Nunn

7/11/22 3:29 pm

QMHP Requirements

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CommentID: **122244**

Commenter: Anonymous

7/11/22 3:34 pm

QMHP Requirements

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CommentID: **122245**

Commenter: Anonymous

7/11/22 3:41 pm

QMHP Education Requirements

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increasingly vulnerable. The Board needs to consider ethical and legal considerations to removing the education degree and allowing registration for anyone with claimed experience, which may be of questionable validity.

CommentID: **122246**

Commenter: C Everett

7/11/22 4:27 pm

QMHP Requirements

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CommentID: **122248**

Commenter: Amanda Campbell

7/11/22 8:21 pm

Very much Disagree

I am wholeheartedly opposed to eliminating the educational requirements for the QMHP. While experience is important, education is also. Eliminating these requirements leaves the field vulnerable to inconsistencies in ability to successfully complete job related tasks. Education is where the foundation of ethical boundaries is formed and without this, our individuals are at risk of being served in a manner that would be deemed unethical. It does not benefit anyone for these educational requirements to be removed. Just as someone who wants to be a doctor, a lawyer, a teacher, or a CDL driver has to have certain educational requirements, the individuals we serve deserve to have providers who have education to properly serve them. Without the educational component, we are doing our individuals a disservice.

CommentID: **122249**

Commenter: A.H. DPCS

7/11/22 10:21 pm

Not in agreement

I am not in agreement with removing the educational requirement to obtain QMHP registration. QMHP degree requirements already expand beyond the human services fields to allow for nurses, occupational therapists, and other fields to obtain registration with appropriate experience. The approved fields of study should be reviewed for possible expansion. The list of approved human service degrees should be reviewed and expanded. While experience allows people to gain knowledge of how to provide appropriate services, education prepares them for the field within which they will gain that experience. Removing the requirement will leave the field, which is already vulnerable, increasingly vulnerable. The Board needs to consider ethical and legal considerations to removing the education degree and allowing registration for anyone with claimed experience, which may be of questionable validity.

CommentID: **122250**

Commenter: Amanda Coles

7/12/22 4:51 pm

QMHP Requirements

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CommentID: **122256**

Commenter: R. Jones

7/13/22 3:40 pm

QMHP Requirements

I do not agree with removing the educational requirement to obtain QMHP registration. The approved fields of study should be reviewed for possible expansion but not taken completely away. Education in combination with experience prepares someone in this field to provide effective, and proper treatment to the individuals they serve. Removing the requirement will be a disservice the individuals we serve as well as create a risk of ethical and possible legal ramifications.

CommentID: **122376**

Commenter: Amy Jennings

7/15/22 4:21 pm

QMHP requirements

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CommentID: **122522**

Commenter: Prof. Michael Moates, MA, LP, LCMHC, LBA, LMHP

7/15/22 6:28 pm

Alternative Proposal

Something else got me thinking. I would feel comfortable with any bachelor degree even outside of human services if the individual had 1 year of experience or qualified for clinical licensure under DHP in the State of Virginia.

CommentID: **122543**

Commenter: Paula Lea

7/18/22 9:40 am

QMHPS Should Require an Educational Background

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other fields to obtain registration with appropriate experience. The approved fields of study should be reviewed for possible expansion. The list of approved human service degrees should be reviewed and expanded. While experience allows people to gain knowledge of how to provide appropriate services, education prepares them for the field within which they will gain that experience. Removing the requirement will leave the field, which is already vulnerable, increasingly vulnerable. The Board needs to consider ethical and legal considerations to removing the education degree and allowing registration for anyone with claimed experience, which may be of questionable validity.

CommentID: **122697**

Commenter: Whitney Girten

7/18/22 4:15 pm

QMHP

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CommentID: **122732**

Commenter: Cynthia Miller, Ph.D., LPC

7/19/22 10:25 am

Oppose

Removing the requirement for a college degree in order to be a QMHP would be a mistake. While I appreciate the role of experience in helping to educate someone in a profession, experience alone is not enough. Experience might help me learn **what** to do through repetition and modeling, but it won't help me understand **why** I'm doing it. Additionally, experience won't necessarily teach me about the underlying professional and ethical foundations of a field. Experience will tell me what general norms are in my particular workplace but it won't tell me whether those norms are generally accepted in the wider field or not. Finally, removing the requirement for a college degree moves QMHPs further into the realm of paraprofessional rather than professionals. Clients receiving services from QMHPs are more vulnerable than the average population and they need helpers with the appropriate education in human development, psychopathology, and behavior to serve them well.

CommentID: **122767**

Commenter: Paige Kaiser, Virginia Tech Masters Student

7/20/22 2:38 pm

QMHP

As an individual who has worked in a mental health setting without a graduate degree and as an individual who is currently pursuing one; a graduate degree is needed in this field of work. Before my time at Virginia Tech I worked in a children's home in SC, Connie Maxwell Children's Ministries. I have been in situations where I have helped many but I wondered what more knowledge I could give. A lot of what I said was based off my own experience, not factual information. I have only been pursuing my Masters for three weeks and I can already look back and see mistakes I made. Qualified Mental Health Providers are qualified for a reason, they went through the necessary training to be able to aid people. Without the necessary training then people could be misleading people and it could make them worse. Being able to help others is based off a common philosophy among many professions. Therefore that studying and practice is required to be truly successful at being able to help others. As an individual who has experienced both sides of this, I hope that this

does not pass. Without graduate school, people are not properly qualified to work with others professionally.

CommentID: **122815**

Commenter: William

7/23/22 8:54 pm

Already a Low Bar

Mental healthcare is a complex mix of science and art. It requires a basic understanding to practice competently, even under supervision. Frankly, as a QMHP myself working on a Master's Degree, the requirements for QMHPs are already very low. There are many degrees that are accepted as "related" degrees, and with enough hours of experience any college degree meets this requirement.

I think we should be moving in the other direction. I agree with having related degrees count, but I have concerns that unrelated degrees allow entry into this field. I think we should at least require certain classes like Abnormal Psychology and some kind of undergrad Psychology research class within the context of a Bachelor's degree.

I'm not saying that nobody with a GED or high school diploma can be helpful, but there are just certain things you learn with a Bachelor's degree with classes in related fields that you need in order to understand the issues people are dealing with when you work with them.

CommentID: **122882**

Commenter: DPCS - Aaron

7/25/22 1:02 pm

QMHP

I am not in agreement with removing the educational requirement to obtain QMHP registration. QMHP degree requirements already expand beyond the human services fields to allow for nurses, occupational therapists, and other fields to obtain registration with appropriate experience. The approved fields of study should be reviewed for possible expansion. The list of approved human service degrees should be reviewed and expanded. While experience allows people to gain knowledge of how to provide appropriate services, education prepares them for the field within which they will gain that experience. Removing the requirement will leave the field, which is already vulnerable, increasingly vulnerable. The Board needs to consider ethical and legal considerations to removing the education degree and allowing registration for anyone with claimed experience, which may be of questionable validity.

CommentID: **122949**

Commenter: EHS Support Services

7/25/22 4:09 pm

QMHP

I am not in support of removing the education requirements for the QMHP registration. While experience is a valid credential in mental health evidenced by peer supports, the opportunity to be grandfathered in for experience was available prior to the start date of Jan. 3, 2018.

CommentID: **122972**

Commenter: Christopher Wagner

8/1/22 1:45 pm

Opposed to QMHP change

Opposed. This would be going backward. I get that college is expensive now, but there are plenty of college graduates who could fill these roles and the clients/patients deserve helpers with both educational background and practical experience. There are other peer support roles for those who have only personal experience.

CommentID: **124373**

Commenter: Alexandra Krens and Chloe Billy, Virginia Tech Masters Students 8/2/22 3:05 pm

QMHP requirements

Hello,

We're Alexandra Krens and Chloe Billy, two graduate students in the Virginia Tech counselor education program. We're commenting on this as part of a project focused on advocacy and legislation in the counseling profession.

We saw this petition to alter the educational requirements for Qualified Mental Health Professionals (QMHPs) and we have some concerns.

In preparation for this comment, we spoke with a former QMHP-t, and she talked about often feeling unprepared to provide clients the care they needed, and that many QMHPs that she knew felt the same. Specifically, she talked about feeling ill-equipped to handle crisis situations. If a person like her, who has an undergraduate degree in psychology, feels she doesn't have the education or knowledge to provide adequate care to clients, we should be increasing educational requirements, not decreasing them.

There are already several ways a person can become a QMHP, including being an occupational therapist or a nurse, which doesn't require an educational background in mental health specifically, and provides a good way to allow people whose expertise comes mainly from experience, but still contains an educational component, to enter the field. We're open to the idea of similar professions which still contain a mental health education component coming into the field, but don't think that those without a background should be let in.

We are aware that part of the motivation for this is the labor shortage. To help with this, we suggest that the board consider starting a program or certification process specifically for QMHPs. This would allow more people to enter the field while ensuring that they are properly equipped to help clients.

Sincerely,

Alexandra Krens and Chloe Billy

CommentID: **124586**

Agenda Item: Consideration of petition for rulemaking to allow QMHP with 2 years of experience and supervision training to supervise QMHP trainees

Included in your agenda package are:

- Petition for rulemaking received by the Board
- Comments received by the Board regarding the petition

Action items:

- Motion to initiate rulemaking in response to the petition; OR
- Motion to take no action, with specific reason(s) why.

Virginia Department of Health Professions
Board of Counseling

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

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

Petition for Rule-making

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

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

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

Faison, Jennifer - Virginia Association of Community Services Boards, Inc. (VACSB)

Street Address	Area Code and Telephone Number	
10128 West Broad Street, Suite B	804 330-3141	
City: Glen Allen	State: Virginia	Zip Code: 23060

Email Address (optional)

hpiland@vacsb.org

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.

Please see the addendum attached with this petition.

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

Please see the addendum attached with this petition.

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.

§ 54.1-2400

Signature: 

Date: 06/30/2022

Addendum to the Virginia Association of Community Services Boards, Inc. (VACSB) June 30, 2022 Petition to the Board of Counseling

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.

Title of Regulations: 18 VAC 115-80-10 et seq.

- 18VAC115-80-40. Requirements for registration as a qualified mental health professional-adult. - C. Experience required for registration.
- 18VAC115-80-50. Requirements for registration as a qualified mental health professional-child. - C. Experience required for registration.
- Board of Counseling Guidance Document: 115-8, titled Approved Degrees in Human Services and Related Fields for QMHP Registration.

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

<u>Substance of the Change</u>:

1. Supervision

To allow a seasoned (2 years of experience and specifically trained for supervision) Qualified Mental Health Professional (QMHP) to provide supervision to a QMHP-Trainee. Currently regulations only allow an LMHP to provide that supervision. The request is to allow a hybrid approach to supervision hours, where the QMHP-Trainee would receive some supervision from a seasoned QMHP who is specifically trained for this supervision, and some supervision from an LMHP. The seasoned QMHP would provide supervision through-out since the seasoned QMHP is already there working closely with the QMHP-Trainee, and at least two hours a month of supervision would be provided by an LMHP.

Recommended Trainings: The Virginia Association of Community Services Board's (VACSB's) Mental Health Council recommends two trainings be developed in partnership with relevant state agencies and providers for approval by DHP. Those trainings would be for:

1. A QMHP-Trainee to take before becoming a registered QMHP.
2. A seasoned QMHP to take before providing supervision to a QMHP-Trainee.

Recommended Replacement Language for Section C in both 18VAC115-80-40 and 18VAC115-80-50. *A QMHP-Trainee's required work experience must be supervised by an LMHP or a QMHP who is trained for supervision. There must be documentation of at least weekly supervision to address training, provide feedback and address implementation of treatment plans. At least two hours a month of supervision must be provided by a LMHP while a QMHP-Trainee is completing work experience.*

2. Allowable Degrees

Add undergraduate degrees in sociology and criminal justice to the Board of Counseling's guidance document 115-8, titled Approved Degrees in Human Services and Related Fields for QMHP Registration.

Rationale:

1. Supervision

LMHPs are in High Demand: In CSBs (and some private providers as well) there are not enough LMHPs on staff to provide supervision. Some rural CSBs only have 1-2 LMHPs on staff. Some programs have had to reduce services because they have to hire someone to provide the supervision, which is an inefficient use of resources given that there are most likely seasoned QMHPs on staff who could be trained to provide the supervision. Plus, from a business perspective, for the few LMHPs whom the CSBs do have on staff, their time is best being spent on billable therapy sessions.

QMHPs Can Provide More Specific Training: Seasoned and specially trained QMHPs can provide supervision that is more specific to what a QMHP-Trainee needs to learn and experience for the QMHP profession. The LMHP profession has different roles and responsibilities than a QMHP role. The LMHP may very well have never been trained or worked in the same job responsibilities of a QMHP.

The following are specific tasks or competencies that are unique to QMHPs. Though an LMHP can provide conceptual guidance of these areas, an experienced QMHP can provide position-specific guidance and oversight based on that QMHP's experience.

1. Coordinate care delivery
2. Engaging community resources
3. Knowledge and vetting of community resources
4. Levels of care and standards for care
5. Assess physical and psychological factors impacting the case in a variety of settings
6. Implementing recommendations from multidisciplinary care teams

Utilize QMHPs to Their Fullest Potential: The current trends in healthcare dictate that healthcare providers need to have the tools available to utilize their staff in the most efficient ways, so more people can be served and so that the provider is running a sustainable business model. One example is for staff to be able to practice to the outer edges of their scope of

practice. Allowing seasoned QMHPs to provide supervision is an example of that. With this amendment to the current regulations, CSBs and other providers would be utilizing QMHPs to their fullest potential, which can motivate QMHPs to stay in that role longer and this would be maximizing providers' investment in staffing costs. As well, this allowance for QMHP supervision would make a large impact in incentivizing QMHP-Trainees to work at a CSB to become a QMHP, because supervision will be more readily available.

CSBs are experiencing serious problems with workforce recruitment and retention, which includes the professions of LMHPs and QMHPs. The goal of this request is to alleviate some of the barriers to registration for QMHP-Trainees and give more time back to the LMHPs to do the work they are licensed and trained to do without changes in adequate supervision to QMHP-Trainees.

2. Allowable Degrees

The pool of candidates from which CSBs and other providers could draw would be enhanced if a degree in sociology is added back to the Board of Counseling's guidance document. Removing a sociology degree has created a situation where fewer applicants are eligible for employment. As well, adding a degree in criminal justice to the list of approved degrees would be beneficial because CSBs serve legal-involved populations, provide substance use disorder services and mental health programs for mandated clients. CSBs estimate that only half of the applicants for QMHP/QMHP-Trainee positions meet the requirements because many applicants have qualifying experience, but don't meet the field of study requirement. Many of those candidates being turned away have a sociology or criminal justice degree. It takes the CSBs an average of 3-6 months to fill QMHP or QMHP-Trainee level positions.

Commonwealth of Virginia

Barrett, Erin <erin.barrett@dhp.virginia.gov>

Fwd: QMHP requirements

1 message

Hoyle, Jaime <jaime.hoyle@dhp.virginia.gov> Tue, Aug 2, 2022 at 11:24 PM
To: Charlotte Lenart <charlotte.lenart@dhp.virginia.gov>, Erin Barrett <erin.barrett@dhp.virginia.gov>

FYI

---------- Forwarded message ---------
From: **Chloe Billy** <chloeb22@vt.edu>
Date: Tue, Aug 2, 2022 at 3:13 PM
Subject: QMHP requirements
To: <jaime.hoyle@dhp.virginia.gov>
CC: Alexandra Krens <akrens@vt.edu>

Hello Jaime Hoyle,
We're Alexandra Krens and Chloe Billy, two graduate students in the Virginia Tech counselor education program. We're reaching out to you as part of a project focused on advocacy and legislation in the counseling profession.
We saw your petition to alter the educational requirements for Qualified Mental Health Professionals (QMHPs) and we have some concerns.
In preparation for this project, we spoke with a former QMHP-t, and she talked about often feeling unprepared to provide clients the care they needed, and that many QMHPs that she knew felt the same. Specifically, she talked about feeling ill-equipped to handle crisis situations. If a person like her, who has an undergraduate degree in psychology, feels she doesn't have the education or knowledge to provide adequate care to clients, we should be increasing educational requirements, not decreasing them.

There are already several ways a person can become a QMHP, including being an occupational therapist or a nurse, which doesn't require an educational background in mental health specifically, and provides a good way to allow people whose expertise comes mainly from experience, but still contains an educational component, to enter the field. We're open to the idea of similar professions which still contain a mental health education component coming into the field, but don't think that those without a background should be let in.

We are aware that part of the motivation for this is the labor shortage. To help with this, we suggest that the board consider starting a program or certification process specifically for QMHPs. This would allow more people to enter the field while ensuring they are properly equipped to help clients.

Thank you so much for listening to our concerns, we invite you to respond with your thoughts or feedback.

Sincerely,
Alexandra Krens and Chloe Billy

--
Jaime Hoyle, J.D. , Executive Director
Virginia Boards of Counseling, Psychology, and Social Work
Department of Health Professions
9960 Mayland Dr., Suite 300
Richmond, VA 23233

Virginia.gov Agencies | Governor

Agency **Department of Health Professions**

Board **Board of Counseling**

Chapter

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

37 comments

All comments for this forum

Back to List of Comments

Commenter: Prof. Michael Moates, MA, LP, LBA, LMHC, LADAC 8/1/22 1:47 pm

Bad Idea

Hello,

Thank you for taking the time to read my comment. It is my opinion that this would be detrimental to the mental health community. Years of practice alone should not qualify anyone to be a supervisor. For example, someone who holds a doctorate in psychology but is not a licensed psychologist should not be supervised by someone with a bachelor's degree. This simply does not make sense.

I implore the board to reject this petition.

Thank you.

CommentID: **124374**

Commenter: Anonymous 8/2/22 6:45 pm

Opposed

Two years of experience as a QMHP is not equivalent to the education, training, and professional obligations/responsibility of a LMHP. I oppose this petition for rulemaking.

CommentID: **124649**

Commenter: Charlotte Markva 8/2/22 9:06 pm

Continually lowering the standard

My concern is that the standards, that are suppose to be for safety of the clients continually are being lowered. What is the purpose of licensure? To insure the safety of the public. Once again, you have the least experienced people being empowered to care for some of the most vulnerable people in our community. At least there should be a licensed professional to supervise the care that is given.

CommentID: **124668**

Commenter: Anonymous 8/3/22 8:18 am

Completely Inappropriate

The rationale for QMHPs to provide supervision to other QMHPs due to lack of LMHP types available is a ridiculous and watered down reason to encourage this change. QMHPs do not have the skill set or training that a licensed therapist has in order to guide the practice and service delivery for another QMHP. The purpose of supervision is to ensure that we are good stewards of services for the clients we serve. If we change that standard of service delivery we are doing a disservice and harm to our clients and our communities. I strongly oppose this change and continue to advocate for supervision by an LMHP type for all QMHPs.

CommentID: **124710**

Commenter: Virginia Association of Community Services Boards (VACSB) 8/4/22 4:04 pm

Support This Petition

Thank you for the opportunity to provide public comment. As petitioner, the Virginia Association of Community Services Boards (VACSB) is supportive of these proposed changes which fall into two categories, the second of which involves a guidance document change and therefore not listed on this petition. However, DHP will consider this guidance document change at its September 16, 2022 meeting, so please feel free to comment on the guidance document change as well.

1st A regulation change to allow a hybrid approach to supervision hours where the QMHP-Trainee would complete some supervision hours with a seasoned QMHP who is specifically trained for this supervision, and some supervision with an LMHP.

2nd Allow an undergraduate degree in criminal justice to be added to the Board of Counseling's guidance document titled 115-8 - Approved Degrees in Human Services and Related Fields for QMHP Registration and to reinstate sociology as an approved degree.

Substance of the Change:

1. **Supervision**

To allow a seasoned (2 years of experience and specifically trained for supervision) Qualified Mental Health Professional (QMHP) to provide supervision to a QMHP-Trainee. Currently regulations only allow an LMHP to provide that supervision. The request is to allow a hybrid approach to supervision hours, where the QMHP-Trainee would receive some supervision from a seasoned QMHP who is specifically trained for this supervision, and some supervision from an LMHP. The seasoned QMHP would provide supervision through-out since the seasoned QMHP is already there working closely with the QMHP-Trainee, and at least two hours a month of supervision would be provided by an LMHP.

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CommentID: **127123**

Commenter: Sandra L Irby

8/4/22 6:24 pm

QMHP Reg Change

I am in support of the following:

As you are probably aware, the Mental Health Council has been working with VACSB on pursuing a regulation change through the Board of Counseling at the Department of Health Professionals to allow for:

1st A regulation change to allow a hybrid approach to supervision hours where the QMHP-Trainee would complete some supervision hours with a seasoned QMHP who is specifically trained for this supervision, and some supervision with an LMHP.

2nd Allow an undergraduate degree in criminal justice to be added to the Board of Counseling's guidance document titled 115-8 - Approved Degrees in Human Services and Related Fields for QMHP Registration and to reinstate sociology as an approved degree.

CommentID: **127125**

Commenter: Katherine Baker, Highlands Community Services

8/5/22 8:29 am

QMHP Regulation Change

In addition to considering a hybrid approach to supervision and for criminal justice to be an approved degree, I feel there are at least two other matters that should be taken into consideration.

1. **Sociology should once again be allowed to be considered as a Human Services related degree.**
2. **QMHP-C and QMHP-A candidates should have the same criteria for obtaining there designation. More specifically, those applying for a QMHP-C should be allowed to have an unrelated degree as long as they have 15 semester credit**

hours of human services classes and 3,000 hours of supervised experience. Currently a QMHP-C must have a human service related degree and the unrelated degree alternative that is afforded to QMHP-A candidates is not an option.

CommentID: **127126**

Commenter: Lauren Cressell 8/5/22 10:05 am

QMHP

I am in support of the following:
As you are probably aware, the Mental Health Council has been working with VACSB on pursuing a regulation change through the Board of Counseling at the Department of Health Professionals to allow for:

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2nd Allow an undergraduate degree in criminal justice to be added to the Board of Counseling's guidance document titled 115-8 - Approved Degrees in Human Services and Related Fields for QMHP Registration and to reinstate sociology as an approved degree.

CommentID: **127130**

Commenter: Stephanie Stewart, M.Ed, Norfolk Community Services Board 8/5/22 1:24 pm

Support for QMHP Changes

I am a Clinical Trainer and QMHP at Norfolk Community Services Board, and I am fully supportive of the proposed changes to the QMHP requirements. Sociology should have always remained an approved degree. Additionally, having trained QMHP's assist with QMHP-T's is a MUCH more feasible option than requiring LMHP's to provide supervision. There is a known shortage of LMHP's in Virginia at this time, and therefore it is extremely difficult to find LMHP's to supervise our trainees--it's hard enough finding supervision for licensure these days! Thank you so much for considering my comment.

Stephanie Stewart, M.Ed, Management Analyst I/Clinical Trainer

Norfolk Community Services Board

Norfolk, Virginia

CommentID: **127131**

Commenter: Melanie Tosh 8/5/22 2:11 pm

QMHP

QMHP

I am in support of the following:

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2nd Allow an undergraduate degree in criminal justice to be added to the Board of Counseling's guidance document titled 115-8 - Approved Degrees in Human Services and Related Fields for QMHP Registration and to reinstate sociology as an approved degree.
CommentID: **127132**

Commenter: Eric Greene, PD1 BHS/Frontier Health

8/5/22 2:53 pm

Support the VACSB petition

I support the changes listed in the VACSB petition. Specifically, the supervision of a QMHP trainee by a QMHP is consistent with the supervision process available with CSAC trainees. While supervision from an LMHP would be beneficial, many LMHP's are not familiar with the roles and tasks of a QMHP and have never worked as a QMHP directly. To obtain the CSAC credential, applicants must follow a prescriptive path of supervision, supervised experience and didactic learning. That process is not unlike the QMHP process until it diverges with the supervision requirements. The CSAC trainee is allowed to be supervised by a CSAC with 2 years experience. Allowing this change would promote consistency among certifications regulated by the board of counseling.

I support the allowance of both sociology and criminal justice as eligible degrees for the QMHP credential. Before the requirements changed, persons with these educational backgrounds provided services to CSB consumers. They brought diversity of thought and experience that was beneficial to the services rendered. These educational backgrounds should not have been excluded and allowing this petition will correct that.

CommentID: **127133**

Commenter: Prof. Michael Moates, MA, LP, LBA, LMHC, LADAC

8/5/22 6:59 pm

Response to Supporters Comments

There are many problems with the petition and the responses.

Petitioner requests "The petitioner requests that the Board of Counseling amend 18VAC115-80-40©(1) and 18VAC115-80-50©(1) to allow qualified QMHPs to provide supervision of QMHP-Trainees. QMHPs qualified to provide such supervision would have two or more years of experience and be specifically trained for supervision."

This is very ambiguous. In the first sentence they say "qualified QMHPs..." this is redundant and leads me to believe that they did not do adequate research. Specifically trained is not specific. Would this be a college course? a CEU? Would it require accreditation?

Second, the petition would have additional consequences beyond that of allowing supervision of a QMHP-Trainee by a QMHP with 2 years experience. As noted in 12VAC35-105-20, a QMHP may not engage in independent or autonomous practice. By allowing a QMHP to supervise independently you are removing the LMHP requirement for supervision.

In their comment, the Virginia Association of Community Services Boards stated that they want QMHP's to receive some supervision from a QMHP and some from a LMHP. This is a bad idea

that could cause conflicting information, uneducated responses, and discrimination of degree vs position.

I agree that both criminal justice and sociology should be added to the approved fields. I would also support adding the following: anthropology, medicine (non medical practice), speech and language pathology, addiction, drug and alcohol counseling, occupational therapy, chiropractic, naturopathic, communication disorders, and others related.

The Rationale offered by the Virginia Association of Community Services Boards is not acceptable. The rationale seems only to be concerned with the business and practitioner rather than the public safety which should always be first when considering changes. They do not address this even once.

I implore the board to grant and deny in part the petitioners request. Granting the additional specialites for qualification but rejecting the QMHP supervision. I personally believe that the QMHP-C and QMHP-A should be merged and that the requirements are the same. Virginia is the only state that I am aware of that does it like this.

Prof. Michael Moates, MA, LP, LBA, LMHC, LADAC

CommentID: **127137**

Commenter: QMHPT A&C

8/7/22 12:46 am

Agree

Adding a Criminal Justice degree to the credential will allow many law enforcement officers and personnel to transition into the mental health field to continue to help others after retirement or making a career change. Criminal Justice degree covers many classes that deals with the mental health population. QMHP A & C is very important when it come to working with the diversity of a population that is showing great deal of youth under the age of 18 and older adults entering into the system after being release from mental health institutions and prison . Reviewing the guideline is very important so adjustments can be made to allow staff to obtain their certification. When the grandfather clause was allowed many mental health employees was able to full filled their duties on a higher level.

CommentID: **127141**

Commenter: Anonymous

8/7/22 10:17 am

Proposed QMHP Supervisory Changes

1) How would we determine if a QMHP is qualified to provide training to QMHP-T? Is training enough? As someone who hires and works with QMHPs regularly, I see inconsistency in skill levels of QMHPs.

2) I am opposed to sharing LMHP and QMHP supervision. This places an additional burden on LMHP to know what QMHP trainer is doing and increases risk of sharing conflictual information, depending on knowledge, background, and skill set of QMHP.

3) I believe sociology should be added as an appropriate degree. My experience shows that they are just as qualified as someone who has a degree in psychology.

4) If we are going to allow QMHPs to supervise QMHP-T's, might we require QMHP-T's to go through basic training to acquire baseline universal skills like we do for peer counselors - active listening, reflection, non-judgmental stance, empathy, relationship building, crisis intervention skills, etc.?

CommentID: **127142**

Commenter: Jodie Burton 8/8/22 8:36 am

QMHP

I agree with the following:

1st A regulation change to allow a hybrid approach to supervision hours where the QMHP-Trainee would complete some supervision hours with a seasoned QMHP who is specifically trained for this supervision, and some supervision with an LMHP.

2nd Allow an undergraduate degree in criminal justice to be added to the Board of Counseling's guidance document titled 115-8 - Approved Degrees in Human Services and Related Fields for QMHP Registration and to reinstate sociology as an approved degree.
CommentID: **127147**

Commenter: Brandi Whitman, BA, QMHP- Norfolk CSB 8/8/22 10:56 am

QMHP training

The best training I have ever experienced is direct engagement with someone who knows what it takes and has done the job I am being trained to do. It is essential that we are taught the policies, procedures, and history of mental health professionals. It is also imperative that we learn alongside seasoned specific trainers so that real dialogue can occur about the specifics of the profession, particularly regarding areas that cannot be taught in textbooks or classrooms. I have met many individuals throughout my career who may not have had supervision from a licensed person, but had qualified direct experience that reflected positively in their work.

CommentID: **127149**

Commenter: Prof. Michael Moates, MA, LP, LBA, LMHC, LADAC 8/8/22 11:25 am

Comparison of CSAC

I just want to point out that the CASC is not a license to practice. It is a certification. It does not authorize mental health practice. I don't see how it compares to the QMHP.

CommentID: **127150**

Commenter: Anonymous 8/9/22 9:21 am

Concern

I do not believe the answer to a workforce shortage is to lower the requirements of those delivering or supervising services. The quality of services in Virginia appears to be continuously declining. More individuals seem to be failing to make sustainable progress in services despite being in services significantly longer. With a focus on improving the quality of services received and recovery focused mindset, individuals/families would be serviced more effectively, and in turn this will allow more individuals to be serviced. I do not see how this petition would improve or even maintain the quality and safety of services provided.

Two years of experience should not be the only qualifier considered to ensure an individual is "seasoned" enough to guide/supervise treatment. I would support the allowance of additional degrees to be considered as qualifying towards a QMHP, but would only do so if the level of expertise, education, and training of the supervisor is upheld. Regardless of degree or licensure status, any supervisor should be required to engage in training related to supervision for that particular scope of practice, whether they are supervising a QMHP or a resident working towards licensure.

CommentID: **127154**

Commenter: Anonymous

8/10/22 6:41 am

Support Sociology/Criminal Justice as approved QMHP degrees

Thank you for accepting this comment. I am in favor of adding Sociology and Criminal Justice as approved human service degrees for QMHP credentialing in Virginia. Sociology primarily focuses on understanding human interaction and social behavior which is relevant to MH and SUD. Undergrad/Graduate level Criminal Justice education includes rehabilitiative approaches to addressing criminal conduct which is strongly correlated to AOD and MH. The field of Criminal Justice is not simply punitive approaches to changing or deterring behavior, and includes enhanced focus on rehabilitation (especially in Juvenile Justive Systems where QMHPs provide support). The main issue, as Bachelor Level QMHPs are not considered "Therapists" or "Counselors" and can only provide psycho-education and skill building interventions, it is appropriate to approve Sociology and Criminal Justice as approved QMHP degrees as they are human services degrees (helping professionals) similar to Bachelor Level Social Work or Psychology.

CommentID: **127158**

Commenter: Michele Ebright

8/10/22 12:14 pm

Support for hybrid supervision of QMHP's and for allowing a criminal justice degree to be acceptable

Degree Requirements: Crossroads is a rural CSB, and the hiring of quality case management staff is frequently hindered by the degree requirements for for the QMHP registration. We have had to turn away good candidates because of this. It should not be forgotten that case management positions offer people who want to work in the mental health field and entry level work experience, where on the job training is much more significant than the degree. We believe that individuals with criminal justice and sociology degrees are qualified to learn the specific job functions of case management. In the event that we feel they don't have this potential, they will be selected out through the hiring process.

Hybrid Supervision: I support this regulation change as well. While I see the benefit of having some supervision provided by a licensed mental health professional, I see even more benefit to allowing a combination of supervision from two perspectives. Additionally, our clinicians are extremely taxed at present, and with the amount of turnover in case management positions, this just creates one more task for licensed clinicians that may not be essential.

CommentID: **127175**

Commenter: Jane Fetterman, LPC, CPRP

8/11/22 12:55 pm

In favor

I am in favor of VACSB's petition regarding QMHPs.

Supervision by a combination of QMHPs, with 2 years experience and trained in supervision, and LMHPs is a good way of getting broad look at client issues. While having different supervisors may give conflicting opinions/guidance, people having different opinions will continue throughout one's career.

I am in favor persons with degrees in criminal justice and sociology being eligible to pursue the QMHP.

Both of these will help to address the current mental health workforce shortage. Hopefully, it will also help to address the number of persons with mental illness who are incarcerated due to mental health issues.

CommentID: **127196**

Commenter: Adam S. Yoder, LPC

8/11/22 1:17 pm

Supervisor training is the key

I support this petition. When I was an Resident in Counseling I received supervision from another LPC, not a level above LPC. My LPC supervisor needed 2 years experience and the 20 hour supervision course. I believe the key to success with this petition will be the supervisor training provided to the QMHP's, not the number of years of experience.

CommentID: **127198**

Commenter: C. Scott-Tillerson

8/12/22 8:51 am

Support

I am in support of both of these proposed changes!

Adding sociology and criminal justice degrees to the accepted degree list will open the door for agencies to stop missing out on potentially good employees moving forward.

Having a QMHP, that is currently doing the work, supervise a QMHP-Trainee, makes sense. We will no longer be taking time away from other clinicians and their other assigned duties.

CommentID: **127204**

Commenter: Anonymous

8/13/22 11:56 am

Yes for the change

Having the education, knowledge and theory is very important, but having actual knowledge based on experience is essential for this job. Being trained by someone with more than 2 years experience is all we want when working on the field.

CommentID: **127209**

Commenter: Concerned LPC

8/15/22 8:32 pm

Bad idea

The proposed changes compromises public safety. 2 years experience as a QMHP is not sufficient to act in a supervisory capacity nor substitutes the clinical guidance and skillset of a LMHP for whom the clinical oversight is intended for.

Secondly, a criminal justice degree prepares an individual for a career path in law enforcement. The curriculum does not provide an adequate foundation in the etiology and treatment of behavioral disorders, which is needed given the SMI population that QMHPs are tasked to work with.

Perhaps the CSB needs to explore their staffing and retention concerns through other methods but this proposal is certainly not the ideal solution.

CommentID: **127249**

Commenter: Anonymous

8/16/22 8:20 am

In Support

I think allowing supervision of a QMHP trainee by a QMHP is a great idea, but I do think that it needs to be someone with more than 2 years experience. I think that the supervision should be by a QMHP with 5+ years of experience in the field and there should be training on providing supervision. LPC's and LCSW's are supervised by peers so why not QMHP's. There could be a mechanism for having an LMHP available to the supervising QMHP for consultation if needed.

As for sociology and criminal justice degrees, those should definitely be allowable degrees for QMHP's

CommentID: **127256**

Commenter: LPC

8/17/22 2:30 pm

Support

I support this petition. I think the supervision training is valuable for QMHP's in supervising QMHP-trainee's. QMHP's with experience and supervision training are capable of supervising trainee's. There is value in QMHP's providing the supervision as QMHP's are providing specific services in the mental health field that are very different than counseling services. LMHP's provide supervision to residents who are eligible for LMHP credential. I see this the same QMHP's providing supervision to trainee's eligible for OMHP credential. These are two very different credentials. Thank you for considering my comments.

CommentID: **127311**

Commenter: Anonymous

8/17/22 6:41 pm

Support CJ/SOC

The bottom line is QMHPs cannot provide Counseling, nor can they provide Therapy and should not be placed in the same supervision "bucket" as Residents in Counseling. In addition, Criminal Justice degrees are not simply "law enforcement" degrees as some have insinuated. Criminal Justice Curiculuum includes law, system management, detterence as well as rehabilitative programming, and offender interaction skills needed to facilitate changing behaivor.

CommentID: **127328**

Commenter: F. Valenine

8/17/22 7:20 pm

In Favor of VACBP petition

I am in favor of VACSB's petition regarding QMHPs providing supervision. I am also in favor of Criminal Justice and Sociology degrees as approved degrees for QMHP. Increasing Mental Health needs that are being experienced across the state are outpacing our workforce. Systems are needing to adapt to meet these ever increasing needs, and this may be that opportunity.

CommentID: **127330**

Commenter: Gabriella Caldwell-Miller

8/19/22 2:40 pm

Maximize the Dwindling BH Workforce

Thank you for the opportunity to provide public comment.

QMHPs are essential to the behavioral health workforce responsible for arranging, coordinating, monitoring, evaluating, and advocating across systems to address clients' complex needs. They are most directly involved with helping clients complete the action steps on the ISP. Allowing seasoned QMHPs to provide supervision hours for QMHP-Ts benefits the BH system in two ways. First, it will improve workforce retention by creating career advancement opportunities. Second, many LMHPs have never worked solely within the QMHP scope of practice. Rather, LMHPs scope of practice focuses more narrowly on clinical assessment and intervention. The presumption that LMHPs are uniquely able to impart competency and professional identity to QMHPs simply by virtue of clinical training is misguided. LMHPs provide supervision that highlights the broader clinical and ethical context of client care. However, seasoned QMHPs speak more directly to the application of theory into practice in real-time. Seasoned QMHPs can better assess the QMHP -T within the scope of practice and promote professional identity unique to the QMHP role.

Curricula in Criminal Justice and Sociology address human behavior, social psychology, societal issues, and the legal system - the major themes that human services agencies address in their mission. For many individuals graduating from undergraduate and graduate human service programs, there is a gap between theory and practice that on-the-job training fills. Quality assurance mechanisms are in place at the state level that defines professional development and training for QMHPs. The Board of Counseling outlines continuing education requirements, and the DBHDS Office of Licensure defines training standards to which all direct service employees at licensed facilities must adhere. With these factors in mind, individuals with degrees in Sociology and Criminal Justice are equipped and capable of holding the QMHP credential.
CommentID: **127367**

Commenter: Adrien Monti, Blue Ridge Behavioral Healthcare

8/22/22 2:59 pm

Agee with Proposed Changes

1. In favor of a regulation change to allow QMHP-trainees to be supervised by QMHPs with at least two years of experience who have been specifically trained to provide supervision. As a licensed clinician who currently supervises QMHP-trainees, I believe this supervision could be equally effective when completed by experienced QMHPs with relevant job experience and training.

IMPORTANT: **If some supervision must be done by LMHP, please include the language LMHP or LMHP-E. Regulations currently allow for a master's level clinician under supervision toward clinical licensure (LMHP-**

E) can provide supervision. We do not want to remove this ability and therefore make the requirements more strict.

2. In favor of allowing an undergraduate degree in criminal justice to be added to the Board of Counseling's guidance document titled 115-8 - Approved Degrees in Human Services and Related Fields for QMHP Registration and to reinstate sociology as an approved degree.

CommentID: **127385**

Commenter: Laura Fonner, LPC

8/23/22 8:05 am

Support

Thank you for considering the petition and providing an opportunity to comment. I am in support of this petition. It is appropriate and, in my experience, more effective to have someone with the same credentials supervising. It has become redundant and exhausting for agencies to provide two levels of supervision by two different staff. At our agency we have QMHP-A supervisors who have been doing this work effectively and efficiently for a very long time. They are capable and qualified to supervise those trying to achieve the same credentials. Licensed staff can be hard to come by and it is not practical to require them to supervise Residents in Counseling and QMHP-E's, in addition to regular supervision duties. Overtasking licensed staff places the goal of quality supervision at risk. Requiring supervisory CEU's is appropriate. Our industry does not need more regulations though. We need to set standards within our agencies to address supervisory training.

CommentID: **127393**

Commenter: Prof. Michael Moates, MA, LP, LBA, LMHC, LADAC

8/23/22 12:06 pm

Argument Based On Law

Pursuant to § 54.1-2400.1:

""Mental health professional" means a person who by education and experience is professionally qualified and licensed in Virginia to provide counseling interventions designed to facilitate an individual's achievement of human development goals and remediate mental, emotional, or behavioral disorders and associated distresses which interfere with mental health and development."

Someone with a bachelor's degree in criminal justice does not have the knowledge, experience, or education to train someone else regardless of experience. I do not object to the degree being a degree that qualifies for the QMHP.

I take issue when that same degree is used to train people on the foundations of "human development goals and remediate mental, emotional, or behavioral disorders and associated distresses which interfere with mental health and development." It is my opinion that that is not the proper foundation to teach or train on those issues.

I do not object to the creation of a QMHP-Supervisor certification to training someone if all of the following are met:

1. The QMHP has 3,000 hours of experience. 2 years is not a good criteria as someone could work 1 day a week for 2 years. 3,000 hours is specific.
2. The 3,000 hours were done under a medical doctor, counselor, psychologist, behavior analyst, addiction counselor, someone authorized by the state within the scope of practice, or QMHP-Supervisor.

3. The QMHP holds a bachelors degree or higher in psychology, counseling, sociology, anthropology, public health, social work, addiction counseling, special education, etc. or... holds a license by the Commonwealth of Virginia in an educational field that does not qualify as a Licensed Mental Health Professional.

CommentID: **127402**

Commenter: Bonnie Alford

8/29/22 2:59 pm

In Support

I am in support of QMHP -T supervisions completed by a QMHP-A with 5 years experience. As you are aware, many trainees have degrees and multiple years of training, just not the supervised number of hours required by the BOC. This can be due to difficulty with obtaining verfication from previous employers. Supervision training prior to a QMHP-A being certified to train could also be a requirement. Having the available support of a LPC or LPC-Resident, if needed, would also eliminate any concerns of not having input from licensed individuals. I also support having criminal justice and sociology as continued recognized degrees by the BOC.

CommentID: **127453**

Commenter: Colleen Kivley, Harrisonburg-Rockingham Community Services Board

8/30/22 12:31 pm

In Support

I support the proposal of experienced QMHPs supervising QMHP trainees as the proposal specifies that such QMHPs would be trained to provide supervision. I believe this is a responsible use of educated and experienced professionals and not a lowering of the standard.

CommentID: **127458**

Commenter: Carlinda Kleck, Loudoun County MHSADS

8/31/22 12:02 pm

Support

We are in support to allow QMHPs to supervise QMHP trainees along with LMHPs in a hybrid approach as outlined in the VACSB petition.

CommentID: **127470**

Commenter: Anonymous

8/31/22 12:44 pm

In support

I am in support of QMHP Trainees having supervision completed by experienced QMHPs who have access to a LMHP. QMHP supervisors could be required to complete additional training prior to supervising QMHP trainees and pass a competency test. I also support having criminal justice and sociology as continued recognized degrees.

CommentID: **127472**

Chapter 35 of Title 54.1 of the Code of Virginia

Professional Counseling

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Article 1. General Provisions.

§ 54.1-3500. Definitions.

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

"Appraisal activities" means the exercise of professional judgment based on observations and objective assessments of a client's behavior to evaluate current functioning, diagnose, and select appropriate treatment required to remediate identified problems or to make appropriate referrals.

"Art therapist" means a person who has (i) completed a master's or doctoral degree program in art therapy, or an equivalent course of study, from an accredited educational institution; (ii) satisfied the requirements for licensure set forth in regulations adopted by the Board; and (iii) been issued a license for the independent practice of art therapy by the Board.

"Art therapy" means the integrated use of psychotherapeutic principles, visual art media, and the creative process in the assessment, treatment, and remediation of psychosocial, emotional, cognitive, physical, and developmental disorders in children, adolescents, adults, families, or groups.

"Art therapy associate" means a person who has (i) completed a master's or doctoral degree program in art therapy, or an equivalent course of study from an accredited educational institution; (ii) satisfied the requirements for licensure set forth in regulations adopted by the Board; and (iii) been issued a license to practice art therapy under an approved clinical supervisor in accordance with regulations of the Board.

"Board" means the Board of Counseling.

"Certified substance abuse counseling assistant" means a person certified by the Board to practice in accordance with the provisions of § 54.1-3507.2.

"Certified substance abuse counselor" means a person certified by the Board to practice in accordance with the provisions of § 54.1-3507.1.

"Counseling" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health.

"Licensed substance abuse treatment practitioner" means a person who: (i) is trained in and engages in the practice of substance abuse treatment with individuals or groups of individuals suffering from the effects of substance abuse or dependence, and in the prevention of substance abuse or dependence; and (ii) is licensed to provide advanced substance abuse treatment and independent, direct, and unsupervised treatment to such individuals or groups of individuals, and to plan, evaluate, supervise, and direct substance abuse treatment provided by others.

"Marriage and family therapist" means a person trained in the appraisal and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques.

"Marriage and family therapy" means the appraisal and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques and delivery of services to individuals, couples, and families, singularly or in groups, for the purpose of treating such disorders.

"Practice of counseling" means rendering or offering to render to individuals, groups, organizations, or the general public any service involving the application of principles, standards, and methods of the counseling profession, which shall include appraisal, counseling, and referral activities.

"Practice of marriage and family therapy" means the appraisal and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques, which shall include assessment, treatment, and referral activities.

"Practice of substance abuse treatment" means rendering or offering to render substance abuse treatment to individuals, groups, organizations, or the general public.

"Professional counselor" means a person trained in the application of principles, standards, and methods of the counseling profession, including counseling interventions designed to facilitate an individual's achievement of human development goals and remediating mental, emotional, or behavioral disorders and associated distresses that interfere with mental health and development.

"Qualified mental health professional" includes qualified mental health professionals-adult and qualified mental health professionals-child.

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

"Qualified mental health professional-child" means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative mental health services for children and adolescents up to 22 years of age. A qualified mental health professional-child shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or the Department of Corrections, or as a provider licensed by the Department of Behavioral Health and Developmental Services.

"Qualified mental health professional-trainee" means a person who is receiving supervised training to qualify as a qualified mental health professional and is registered with the Board.

"Referral activities" means the evaluation of data to identify problems and to determine advisability of referral to other specialists.

"Registered peer recovery specialist" means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative services to assist individuals in achieving sustained recovery from the effects of addiction or mental illness, or both. A registered peer recovery specialist shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, a provider licensed by the Department of Behavioral Health and Developmental Services, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.

"Residency" means a post-internship supervised clinical experience registered with the Board.

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

"Substance abuse" and "substance dependence" mean a maladaptive pattern of substance use leading to clinically significant impairment or distress.

"Substance abuse treatment" means (i) the application of specific knowledge, skills, substance abuse treatment theory, and substance abuse treatment techniques to define goals and develop a treatment plan of action regarding substance abuse or dependence prevention, education, or treatment in the substance abuse or dependence recovery process and (ii) referrals to medical, social services, psychological, psychiatric, or legal resources when such referrals are indicated.

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

1976, c. 608, §§ 54-924, 54-932; 1983, c. 115; 1986, cc. 64, 464; 1988, c. 765; 1993, c. 342; 1995, c. 820; 1997, c. 901; 2000, c. 473; 2001, c. 460; 2013, c. 264; 2017, cc. 418, 426; 2018, cc. 171, 375, 803; 2019, cc. 101, 217; 2020, c. 301.

§ 54.1-3501. Exemption from requirements of licensure.

The requirements for licensure in this chapter shall not be applicable to:

1. Persons who render services that are like or similar to those falling within the scope of the classifications or categories in this chapter, including persons acting as members of substance abuse self-help groups, so long as the recipients or beneficiaries of such services are not subject to any charge or fee, or any financial requirement, actual or implied, and the person rendering such service is not held out, by himself or otherwise, as a person licensed under this chapter.

2. The activities or services of a student pursuing a course of study in counseling, substance abuse treatment or marriage and family therapy in an institution accredited by an accrediting agency recognized by the Board or under the supervision of a person licensed or certified under this chapter, if such activities or services constitute a part of the student's course of study and are adequately supervised.

3. The activities, including marriage and family therapy, counseling, or substance abuse treatment, of rabbis, priests, ministers or clergymen of any religious denomination or sect when such activities are within the scope of the performance of their regular or specialized ministerial duties, and no separate charge is made or when such activities are performed, whether with or without charge, for or under auspices or sponsorship, individually or in conjunction with others, of an established and legally cognizable church, denomination or sect, and the person rendering service remains accountable to its established authority.

4. Persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or of any agency established or funded, in whole or part, by any such governmental entity or of a private, nonprofit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization. Any person who renders

psychological services, as defined in Chapter 36 (§ 54.1-3600 et seq.) of this title, shall be subject to the requirements of that chapter. Any person who, in addition to the above-enumerated employment, engages in an independent private practice shall not be exempt from the requirements for licensure.

5. Persons regularly employed by private business firms as personnel managers, deputies or assistants so long as their counseling activities relate only to employees of their employer and in respect to their employment.

6. Persons regulated by this Board as professional counselors or persons regulated by another board within the Department of Health Professions who provide, within the scope of their practice, marriage and family therapy, counseling or substance abuse treatment to individuals or groups.

7. Any practitioner of a profession regulated by the Board who is licensed in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession who provides behavioral health services, as defined in § 37.2-100, to a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services as defined in § 38.2-3418.16 and (ii) the practitioner has previously established a practitioner-patient relationship with the patient. A practitioner who provides behavioral health services to a patient located in the Commonwealth through use of telemedicine services pursuant to this subdivision may provide such services for a period of no more than one year from the date on which the practitioner began providing such services to such patient.

1976, c. 608, § 54-944; 1986, c. 581; 1988, c. 765; 1995, c. 820; 1997, c. 901; 2022, c. 275.

§ 54.1-3502. Administration or prescription of drugs not permitted.

This chapter shall not be construed as permitting the administration or prescribing of drugs or in any way infringing upon the practice of medicine as defined in Chapter 29 (§ 54.1-2900 et seq.) of this title.

(1976, c. 608, § 54-945; 1988, c. 765.)

§ 54.1-3503. Board of Counseling.

The Board of Counseling shall regulate the practice of counseling, substance abuse treatment, art therapy, and marriage and family therapy.

The Board shall consist of 12 members to be appointed by the Governor, subject to confirmation by the General Assembly. Ten members shall be professionals licensed in the Commonwealth, who shall represent the various specialties recognized in the profession, and two shall be nonlegislative citizen members. Of the 10 professional

members, six shall be professional counselors, three shall be licensed marriage and family therapists who have passed the examination for licensure as a marriage and family therapist, and one shall be a licensed substance abuse treatment practitioner.

The terms of the members of the Board shall be four years.

1976, c. 608; § 54-933; 1981, c. 447; 1983, c. 150; 1986, cc. 185, 464; 1988, c. 765; 1995, c. 820; 1997, c. 901; 2000, c. 473; 2013, cc. 201, 590; 2016, c. 105; 2020, c. 301.

§ 54.1-3504. Nominations.

Nominations for professional members may be made from a list of at least three names for each vacancy submitted to the Governor by the Virginia Counselors Association, the Virginia Association of Clinical Counselors, the Virginia Association of Alcoholism and Drug Abuse Counselors, and the Virginia Association for Marriage and Family Therapy. The Governor may notify such organizations of any professional vacancy other than by expiration. In no case shall the Governor be bound to make any appointment from among the nominees.

(1986, c. 464, § 54-933.2; 1988, c. 765; 1995, c. 820; 1997, c. 901.)

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

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

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

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

3. To designate specialties within the profession.

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

5. [Expired.]

6. To promulgate regulations for the qualifications, education, and experience for licensure of marriage and family therapists. The requirements for clinical membership in the American Association for Marriage and Family Therapy (AAMFT), and the

professional examination service's national marriage and family therapy examination may be considered by the Board in the promulgation of these regulations. The educational credit hour, clinical experience hour, and clinical supervision hour requirements for marriage and family therapists shall not be less than the educational credit hour, clinical experience hour, and clinical supervision hour requirements for professional counselors.

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

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

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

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

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

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

§ 54.1-3505.1. Continued competency requirements.

The Board shall promulgate regulations establishing requirements for evidence of continued competency as a condition of renewal of a license under the provisions of this chapter. The Board may approve persons who provide or accredit continuing education programs in order to accomplish the purposes of this section. The Board shall have the authority to grant exemptions or waivers or to reduce the number of continuing education hours required in cases of certified illness or undue hardship.

(2002, c. 430.)

§ 54.1-3506. License required.

In order to engage in the practice of counseling or marriage and family therapy or in the independent practice of substance abuse treatment, as defined in this chapter, it shall be necessary to hold a license issued by the Board.

The Board may issue a license, without examination, for the practice of marriage and family therapy or the independent practice of substance abuse treatment to persons who hold a current and unrestricted license as a professional counselor within the Commonwealth and who meet the clinical and academic requirements for licensure as a marriage and family therapist or licensed substance abuse treatment practitioner, respectively. The applicant for such license shall present satisfactory evidence of qualifications equal to those required of applicants for licensure as marriage and family therapists or licensed substance abuse treatment practitioners, respectively, by examination in the Commonwealth.

Any person who renders substance abuse treatment services as defined in this chapter and who is not licensed to do so, other than a person who is exempt pursuant to § 54.1-3501, shall render such services only when he is (i) under the supervision and direction of a person licensed under this chapter who shall be responsible for the services performed by such unlicensed person, or (ii) in compliance with the regulations governing an organization or a facility licensed by the Department of Behavioral Health and Developmental Services.

(1979, c. 408, § 54-935.1; 1988, c. 765; 1995, c. 820; 1997, c. 901; 2009, cc. 813, 840; 2013, c. 264.)

§ 54.1-3506.1. Client notification.

Any person licensed, certified, or registered by the Board and operating in a nonhospital setting shall post a copy of his license, certification, or registration in a conspicuous place. The posting shall also provide clients with (i) the number of the toll-free complaint line at the Department of Health Professions, (ii) the website address of the Department for the purposes of accessing the

licensee's, certificate holder's, or registrant's record, and (iii) notice of the client's right to report to the Department if he believes the licensee, certificate holder, or registrant may have engaged in unethical, fraudulent, or unprofessional conduct. If the licensee, certificate holder, or registrant does not operate in a central location at which clients visit, he or his employer shall provide such information on a disclosure form signed by the client and maintained in the client's record.

2015, c. 530; 2017, cc. 418, 426.

Article 1.1. Licensed Substance Abuse Treatment Practitioners.

§ 54.1-3507. Scope of practice of and qualifications for licensed substance abuse treatment practitioners.

A. A licensed substance abuse treatment practitioner shall be qualified to (i) perform on an independent basis the substance abuse treatment functions of screening, intake, orientation, assessment, treatment planning, treatment, case management, substance abuse or dependence crisis intervention, client education, referral activities, recordkeeping, and consultation with other professionals; (ii) exercise independent professional judgment, based on observations and objective assessments of a client's behavior, to evaluate current functioning, to diagnose and select appropriate remedial treatment for identified problems, and to make appropriate referrals; and (iii) supervise, direct and instruct others who provide substance abuse treatment.

B. Pursuant to regulations adopted by the Board, an applicant for a license as a licensed substance abuse treatment practitioner shall submit evidence satisfactory to the Board that the applicant has (i) completed a specified number of hours of graduate studies, including a specified number of didactic substance abuse education courses at, and has received a master's degree in substance abuse or a substantially equivalent master's degree from, a college or university accredited by an accrediting agency recognized by the Board; and (ii) completed a specified number of hours of experience involving the practice of substance abuse treatment supervised by a licensed substance abuse treatment practitioner, or by any other mental health professional licensed by the Department, such number of hours being greater than the number of hours required of a certified substance abuse counseling assistant. The applicant shall also pass an examination, as required by the Board.

(1997, c. 901; 2001, c. 460.)

§ 54.1-3507.1. Scope of practice, supervision, and qualifications of certified substance abuse counselors.

A. A certified substance abuse counselor shall be (i) qualified to perform, under appropriate supervision or direction, the substance abuse treatment functions of screening, intake, orientation, the administration of substance abuse assessment instruments, recovery and relapse prevention planning, substance abuse treatment, case management, substance abuse or dependence crisis intervention, client education, referral activities, record keeping, and consultation with other professionals; (ii) qualified to be responsible for client care of persons with a primary diagnosis of substance abuse or dependence; and (iii) qualified to supervise,

direct and instruct certified substance abuse counseling assistants. Certified substance abuse counselors shall not engage in independent or autonomous practice.

B. Such counselor shall also be clinically supervised or directed by a licensed substance abuse treatment practitioner, or any other mental health professional licensed by the Department, or, in an exempt setting as described in § 54.1-3501, another person with substantially equivalent education, training, and experience, or such counselor shall be in compliance with the supervision requirements of a licensed facility.

C. Pursuant to regulations adopted by the Board, an applicant for certification as a substance abuse counselor shall submit evidence satisfactory to the Board that the applicant has (i) completed a specified number of hours of didactic substance abuse education courses in a program or programs recognized or approved by the Board and received a bachelor's degree from a college or university accredited by an accrediting agency recognized by the Board; and (ii) accumulated a specified number of hours of experience involving the practice of substance abuse treatment while supervised by a licensed substance abuse treatment practitioner, or by any other mental health professional licensed by the Department, or by a certified substance abuse counselor who shall submit evidence satisfactory to the Board of clinical supervision qualifications pursuant to regulations adopted by the Board, such number of hours being greater than the number of hours required of a certified substance abuse counseling assistant. The applicant shall also pass an examination as required by the Board.

(2001, c. 460.)

§ 54.1-3507.2. Scope of practice, supervision, and qualifications of certified substance abuse counseling assistants.

A. A certified substance abuse counseling assistant shall be qualified to perform, under appropriate supervision or direction, the substance abuse treatment functions of orientation, implementation of substance abuse treatment plans, case management, substance abuse or dependence crisis intervention, record keeping, and consultation with other professionals. Certified substance abuse counseling assistants may participate in recovery group discussions, but shall not engage in counseling with either individuals or groups or engage in independent or autonomous practice.

B. Such certified substance abuse counseling assistant shall be supervised or directed either by a licensed substance abuse treatment practitioner, or by any other mental health professional licensed by the Department, or by a certified substance abuse counselor, or, in an exempt setting as described in § 54.1-3501, another person with substantially equivalent education, training, and experience, or such counseling assistant shall be in compliance with the supervision requirements of a licensed facility.

C. Pursuant to regulations adopted by the Board, an applicant for certification as a certified substance abuse counseling assistant shall submit evidence satisfactory to the Board that the applicant has (i) received a high school diploma or its equivalent, (ii) completed a specified number of hours of didactic substance abuse education in a program or programs recognized or

approved by the Board, and (iii) accumulated a specified number of hours of experience and completed a practicum or an internship involving substance abuse treatment, supervised either by a licensed substance abuse treatment practitioner, or by any other mental health professional licensed by the Department, or by a certified substance abuse counselor. The applicant shall also pass an examination, as required by the Board.

(2001, c. 460.)

§ 54.1-3507.3. Use of titles.

No person shall claim to be, or use the title of, a substance abuse treatment practitioner, a substance abuse counselor, or a substance abuse counseling assistant unless he has been licensed or certified as such pursuant to §§ 54.1-3507, 54.1-3507.1 or § 54.1-3507.2.

(2001, c. 460.)

§ 54.1-3508. Licensure of certain persons possessing substantially equivalent qualifications, education or experience.

Notwithstanding the provisions of § 54.1-3507, (i) the Board may issue a license as a licensed substance abuse treatment practitioner to a person who, after the effective date of the regulations promulgated pursuant to subdivision 7 of § 54.1-3505, has applied for such a license and who, in the judgment of the Board, possesses qualifications, education or experience substantially equivalent to the requirements of § 54.1-3507; however, any such applicant shall have completed at least one year of supervised clinical experience in substance abuse treatment, and (ii) for a period of time to be determined by the Board but not less than one year after the effective date of the regulations, the Board shall issue such a license to any such person who, in the judgment of the Board, possesses qualifications, education or experience acceptable to the Board and has completed at least one year of supervised clinical experience in substance abuse treatment.

(1997, c. 901; 1999, c. 863.)

§ 54.1-3509. Continued certification of certain certified substance abuse counselors.

On and after July 1, 2001, unless such certification is suspended or revoked by the Board, the Board shall continue to certify as a certified substance abuse counselor any person (i) who was certified by the Board as a certified substance abuse counselor prior to July 1, 2001, or (ii) who registered his supervisory contract with the Board or filed an application with the Board prior to July 1, 2001, for certification as a certified substance abuse counselor and was certified by the Board after July 1, 2001. The person's scope of practice shall be limited to that set forth in subsection A of § 54.1-3507.1.

(2001, c. 460.)

Article 2. Rehabilitation Providers.

§ 54.1-3510. Definitions.

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

"Certified rehabilitation provider" means a person who is certified by the Board as possessing the training, the skills and the experience as a rehabilitation provider to form an opinion by discerning and evaluating, thereby allowing for a sound and reasonable determination or recommendation as to the appropriate employment for a rehabilitation client and who may provide vocational rehabilitation services under subdivision A 3 of § 65.2-603 that involve the exercise of professional judgment.

"Professional judgment" includes consideration of the client's level of disability, functional limitations and capabilities; consideration of client aptitudes, career and technical skills and abilities; education and pre-injury employment; and identification of return-to-work options and service needs which culminate in the determination or recommendation of appropriate employment for the rehabilitation client.

(1994, c. 558; 1995, c. 343; 1997, c. 839; 2001, c. 483; 2004, c. 10.)

§§ 54.1-3511. , 54.1-3512.

Repealed by Acts 2004, c. 10.

§ 54.1-3513. Restriction of practice; use of titles.

A. No person, other than a person licensed by the Boards of Counseling; Medicine; Nursing; Optometry; Psychology; or Social Work, shall hold himself out as a provider of rehabilitation services or use the title "rehabilitation provider" or a similar title or any abbreviation thereof unless he holds a valid certificate under this article.

B. Subsection A shall not apply to employees or independent contractors of the Commonwealth's agencies and sheltered workshops providing vocational rehabilitation services, under the following circumstances: (i) such employees or independent contractors are not providing vocational rehabilitation services under § 65.2-603 or (ii) such employees are providing vocational rehabilitation services under § 65.2-603 as well as other programs and are certified by the Commission on Rehabilitation Counselor Certification (CRCC) as certified rehabilitation counselors (CRC) or by the Commission on Certification of Work Adjustment and Vocational Evaluation Specialists (CCWAVES) as Certified Vocational Evaluation Specialists (CVE).

(1994, c. 558; 2000, c. 473; 2004, c. 271.)

§ 54.1-3514. Certification of existing providers.

The Board of Counseling upon receipt of a completed application and payment of the prescribed fee on or before June 30, 1995, shall issue a certificate to any person who was actively engaged in providing rehabilitation services on January 1, 1994.

(1994, c. 558; 2000, c. 473.)

§ 54.1-3515. Certification renewal of individuals who became certified under the provisions of § 54.1-3514.

After July 1, 2001, the Board of Counseling shall not renew a certificate to any person who became certified under the provisions of § 54.1-3514 without documentation that such person meets the current requirements for certification established by the Board, unless such person provided rehabilitation services for at least two years immediately preceding July 1, 1997, and has done so continuously since that date without interruption and received a passing score on a Board approved examination. The Board of Counseling, pursuant to its authority in this section and in § 54.1-3505, shall adopt regulations to implement the 1997 revisions of the law relating to certified rehabilitation providers in 280 days or less of the date of the enactment of such revisions.

(1997, c. 839; 1999, c. 609; 2000, c. 473.)

Article 3. Art Therapists.

§ 54.1-3516. Art therapist and art therapy associate; licensure.

A. No person shall engage in the practice of art therapy or hold himself out or otherwise represent himself as an art therapist or art therapy associate unless he is licensed by the Board. Nothing in this chapter shall prohibit a person licensed, certified, or registered by a health regulatory board from using the modalities of art media if such modalities are within his scope of practice.

B. The Board shall adopt regulations governing the practice of art therapy, upon consultation with the Advisory Board on Art Therapy established in § 54.1-3517. Such regulations shall (i) set forth the requirements for licensure as an art therapist or art therapy associate, (ii) provide for appropriate application and renewal fees, and (iii) include requirements for licensure renewal and continuing education.

C. In the adoption of regulations for licensure, the Board shall consider requirements for registration as a Registered Art Therapist (ATR) and certification as a Board Certified Art Therapist (ATR-BC) with the Art Therapy Credentials Board and successful completion of the Registered Art Therapist Board Certified Art Therapist examination.

D. A license issued for an art therapy associate shall be valid for a period of five years. At the end of the five-year period, an art therapy associate who has not met the requirements for licensure as an art therapist may submit an application for extension of licensure as an art therapy associate to the Board. Such application shall include (i) a plan for completing the requirements to obtain licensure as an art therapist, (ii) documentation of compliance with the continuing education requirements, (iii) documentation of compliance with requirements related to supervision, and (iv) a letter of recommendation from the clinical supervisor of record. An extension of a license as an art therapy associate pursuant to this subsection shall be valid for a period of two years and shall not be renewable.

2020, c. 301.

§ 54.1-3517. Advisory Board on Art Therapy; membership; terms.

A. The Advisory Board on Art Therapy (the Advisory Board) is hereby established to assist the Board in formulating regulations related to the practice of art therapy. The Advisory Board shall also assist in such other matters relating to the practice of art therapy as the Board may require.

B. The Advisory Board shall have a total membership of five nonlegislative citizen members to be appointed by the Governor as follows: three members shall be licensed art therapists, one member shall be a licensed health care provider other than an art therapist, and one member shall be a citizen at large.

C. After the initial staggering of terms, members shall be appointed for a term of four years. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired terms. All members may be reappointed. However, no member shall serve more than two consecutive four-year terms. The remainder of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining the member's eligibility for reappointment. Vacancies shall be filled in the same manner as the original appointments.

2020, c. 301.

Commonwealth of Virginia

REGULATIONS

GOVERNING THE REGISTRATION OF QUALIFIED MENTAL HEALTH PROFESSIONALS

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-80-10 et seq.

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

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Part I
General Provisions

18VAC115-80-10. Definitions.

"Accredited" means a school that is listed as accredited on the U.S. Department of Education College Accreditation database found on the U.S. Department of Education website. If education was obtained outside the United States, the board may accept a report from a credentialing service that deems the degree and coursework is equivalent to a course of study at an accredited school.

"Applicant" means a person applying for registration as a qualified mental health professional.

"Board" means the Virginia Board of Counseling.

"Collaborative mental health services" means those rehabilitative supportive services that are provided by a qualified mental health professional, as set forth in a service plan under the direction of and in collaboration with either a mental health professional licensed in Virginia or a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure.

"DBHDS" means the Virginia Department of Behavioral Health and Developmental Services.

"Face-to-face" means the physical presence of the individuals involved in the supervisory relationship or the use of technology that provides real-time, visual, and audio contact among the individuals involved.

"Mental health professional" means a person who by education and experience is professionally qualified and licensed in Virginia to provide counseling interventions designed to facilitate an individual's achievement of human development goals and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health and development.

"Qualified mental health professional" or "QMHP" includes qualified mental health professionals-adult and qualified mental health professionals-child.

"Qualified mental health professional-adult" or "QMHP-A" means a qualified mental health professional who provides collaborative mental health services for adults. A qualified mental health professional-adult shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental

Services or the Department of Corrections, or as a provider licensed by the Department of Behavioral Health and Developmental Services.

"Qualified mental health professional-child" or "QMHP-C" means a person who by education and experience is professionally qualified and registered by the board to provide collaborative mental health services for children and adolescents up to 22 years of age. A qualified mental health professional-child shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or the Department of Corrections, or as a provider licensed by the Department of Behavioral Health and Developmental Services.

"Qualified mental health professional-trainee" means a person who is receiving supervised training to qualify as a qualified mental health professional and is registered with the board.

"Registrant" means a QMHP registered with the board.

18VAC115-80-20. Fees required by the board.

A. The board has established the following fees applicable to the registration of qualified mental health professionals:

Registration as a QMHP-A	$50
Registration as a QMHP-C	$50
Registration as a QMHP-trainee	$25
Renewal of registration	$30
Late renewal	$20
Reinstatement of a lapsed registration	$75
Duplicate certificate of registration	$10
Returned check or dishonored credit card or debit card	$50
Reinstatement following revocation or suspension	$500

B. Unless otherwise provided, fees established by the board shall not be refundable.

18VAC115-80-30. Current name and address.

Each registrant shall furnish the board his current name and address of record. Any change of name or address of record or public address if different from the address of record shall be furnished to the board within 60 days of such change. It shall be the duty and responsibility of each registrant to inform the board of his current address.

18VAC115-80-35. Requirements for registration as a qualified mental health professional-trainee.

A. Prior to receiving supervised experience toward registration as a QMHP-A, an applicant for registration as a QMHP-trainee shall provide a completed application, the fee prescribed in 18VAC115-80-20, and verification of one of the following:

1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy verified by an official transcript from an accredited college or university;

2. A master's or bachelor's degree in human services or a related field verified by an official transcript from an accredited college;

3. Current enrollment in a master's program in psychology, social work, counseling, substance abuse, marriage and family therapy, or human services with at least 30 semester or 45 quarter hours as verified by an official transcript;

4. A bachelor's degree verified by an official transcript from an accredited college in an unrelated field that includes at least 15 semester credits or 22 quarter hours in a human services field;

5. Licensure as a registered nurse in Virginia; or

6. Licensure as an occupational therapist.

B. Prior to receiving supervised experience toward registration as a QMHP-C, an applicant for registration as a QMHP-trainee shall provide a completed application, the fee prescribed in 18VAC115-80-20, and verification of one of the following:

1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy verified by an official transcript from an accredited college or university;

2. A master's or bachelor's degree in a human services field or in special education verified by an official transcript from an accredited college;

3. Current enrollment in a master's program in psychology, social work, counseling, substance abuse, marriage and family therapy, human services, or special education with at least 30 semester or 45 quarter hours as verified by an official transcript;

4. Licensure as a registered nurse in Virginia; or

5. Licensure as an occupational therapist.

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

D. Registration as a QMHP-trainee shall expire five years from date of issuance.

Part II
Requirements for Registration

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

A. An applicant for registration shall submit:

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

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

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

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

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

2. A master's or bachelor's degree in human services or a related field, as verified by an official transcript, from an accredited college with no less than 1,500 hours of

supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

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

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

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

C. Experience required for registration.

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

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

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

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

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

A. An applicant for registration shall submit:

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

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

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

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

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

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

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

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

C. Experience required for registration.

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

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

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

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

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

18VAC115-80-60. Reserved.

Part III
Renewal of Registration

18VAC115-80-70. Annual renewal of registration.

All registrants as a QMHP-A or a QMHP-C shall renew their registrations on or before June 30 of each year. Along with the renewal form, the registrant shall submit the renewal fee as prescribed in 18VAC115-80-20.

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.

Part IV
Standards of Practice, Disciplinary Action, and Reinstatement

18VAC115-80-90. Standards of practice.

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

B. Persons 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 competency area for which they are qualified by training or experience and shall not provide clinical mental health services for which a license is required pursuant to Chapters 35 (§ 54.1-3500 et seq.), 36 (§ 54.1-3600 et seq.), and 37 (§ 54.1-3700 et seq.) of the Code of Virginia.

3. Report to the board known or suspected violations of the laws and regulations governing the practice of qualified mental health professionals.

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

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

C. In regard to confidentiality and client records, persons registered by the board shall:

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

2. Disclose client records to others only in accordance with applicable law.

3. 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.

4. Maintain timely, accurate, legible, and complete written or electronic records for each client, to include dates of service and identifying information to substantiate treatment plan, client progress, and termination.

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

1. Not engage in dual relationships with clients or former clients that are harmful to the client's well-being, that would impair the practitioner's objectivity and professional

judgment, or that would increase the risk of client exploitation. This prohibition includes such activities as providing services to close friends, former sexual partners, employees, or relatives or engaging in business relationships with clients.

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

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

E. Upon learning of evidence that indicates a reasonable probability that another mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons registered by the board shall advise their clients of the client's right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

18VAC115-80-100. Grounds for revocation, suspension, restriction, or denial of registration.

In accordance with subdivision 7 of § 54.1-2400 of the Code of Virginia, the board may revoke, suspend, restrict, or decline to issue or renew a registration based upon the following conduct:

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 qualified mental health professionals, or any provision of this chapter;

2. Procuring, attempting to procure, or maintaining a registration by fraud or misrepresentation;

3. Conducting one's practice in such a manner so 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 with reasonable skill and safety to clients by reason of illness or abusive use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition;

4. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of qualified mental health professionals or any regulation in this chapter;

5. Performance of functions outside the board-registered area of competency;

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

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

8. Action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;

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

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

18VAC115-80-110. Late renewal and reinstatement.

A. A person whose registration as a QMHP-A or a QMHP-C has expired may renew it within one year after its expiration date by paying the late renewal fee and the registration fee as prescribed in 18VAC115-80-20 for the year in which the registration was not renewed and by providing documentation of completion of continuing education as prescribed in 18VAC115-80-80.

B. A person who fails to renew registration as a QMHP-A or a QMHP-C after one year or more shall:

1. Apply for reinstatement;

2. Pay the reinstatement fee for a lapsed registration; and

3. Submit evidence of completion of 20 hours of continuing education consistent with requirements of 18VAC115-80-80.

C. A person whose registration 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 registration as prescribed in 18VAC115-80-20. Any person whose registration has been revoked by the board may, three years subsequent to such board action, submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-80-20. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in this subsection.

Board of Counseling

Approved Degrees in Human Services and Related Fields for QMHP Registration

Regulations for the Virginia Board of Counseling provide in 18VAC115-80-40 that a person may qualify as a QMHP-A with a "master's or bachelor's degree in human services or a related field from an accredited college." Section 18VAC115-80-50 provides that "a person may qualify as a QMHP-C with a "master's or bachelor's degree in human services or in special education from an accredited college."

The Board defines "human services" as an area of study that focuses on the mental health, biological, psychological, behavioral, and social aspects of human welfare with emphasis on the direct services designed to improve it. The Board recognizes the following degrees as "human services or related fields:"

Art Therapy
Behavioral Sciences
Child Development
Child and Family Studies/Services
Cognitive Sciences
Community Mental Health
Counseling (Mental health, Vocational, Pastoral, etc.)
Counselor Education
Early Childhood Development
Education (with a focus in psychology and/or special education)
Educational Psychology
Family Development/Relations
Gerontology
Health and Human Services
Human Development
Human Services
Marriage and Family Therapy
Music Therapy
Nursing
Psychiatric Rehabilitation
Psychology
Rehabilitation Counseling
School Counseling
Social Work
Special Education
Therapeutic Recreation
Vocational Rehabilitation

Virginia Association Of Community Services Boards, Inc.

Making a Difference Together

VACSB's Mental Health Council Presentation to the Virginia Board of Counseling

January 20, 2023

VACSB—Who are We?

- 40 Community Service Boards (CSBs) who provide services across Virginia
- Services provided for individuals with serious mental illness, substance use disorders and/or developmental delays

CSBs Serve Virginia's Most Vulnerable Populations as public safety net provider.

Workforce Crisis

- 27.4% vacancy rate for direct care positions in CSBs in FY 22, this is up from 24% vacancy rate in FY 21
- 3-6 months to fill QMHP level positions at CSBs
- Less than 50% of applicants meet requirements for QMHP/QMHP-Trainee Positions

Virginia Association Of Community Services Boards, Inc.

Making a Difference Together

"We had to decide whether to reduce a LMHPs workload to supervise QMHP-Trainees or reduce service capacity as we could not fill the QMHP position."

-VACSB MH Council Member

Workforce Crisis

- Difficulty Providing Code Mandated Services
- CSBs having to suspend or reduce services
- Waitlists for Services
- Longer Times to Initiate Services

Virginia Association Of Community Services Boards, Inc.

Making a Difference Together

"Community-based Services help to prevent the usage of other service areas that are also strained right now, like hospital emergency departments, law enforcement, state psychiatric hospitals and jails. "

-VACSB MH Council Member

QMHP Requirements

- Defined in § 54.1-3500 of the Code of Virginia
- Requires specific human service degree; Human service credits-QMHP-A
- QMHP-Trainee must:
  - Be supervised by Licensed Mental Health Professional (or LMHP-E)
- QMHP-Trainee Supervisor *NOT Required to:*
  - Be a QMHP
  - Have supervisory experience
  - Complete any training

Where QMHPs Work

- QMHPs recognized for work in programs licensed by DBHDS
- The Services require Comprehensive Assessment by a LMHP
- QMHPs provide services as part of treatment teams

Where QMHPs Work

Examples of services with Qualified Mental Health Professional-Adult

- Psychosocial Rehabilitation
- Assertive Community Treatment
- Mental Health Skill Building
- Partial Hospitalization
- Comprehensive Crisis and Transition Service

Where QMHPs Work

Examples of services with Qualified Mental Health Professional-Child

- Intensive In-Home Services
- Therapeutic Day Treatment
- Comprehensive Crisis and Transition Service
- Multisystemic Therapy
- Functional Family Therapy

What QMHPs Do

- QMHPs deliver services as outlined in a service plan
  - Service Plan is reflective of what the LMHP assessment recommends

- The role of a QMHP is to provide:
  - A model of appropriate behavior;
  - Skills training in communication, anger management, peer relations, daily living, problem solving, and impulse control;
  - Service collaboration and coordination;
  - Psychoeducation; and,
  - Medication education.

The Behavioral Health Workforce in Virginia

January 20, 2023

Alexis Aplasca, MD

Chief Clinical Officer

Deputy Commissioner for Clinical and Quality Management

Virginia Department of Behavioral Health & Developmental Services

Agenda

- Governor Youngkin's Right Help, Right Now Plan
- Behavioral Health Workforce needs in Virginia
- High Priority Behavioral Health Services – Crisis System Transformation
- Services provided by Qualified Mental Health Professionals
  - Regulatory requirements- Medicaid, DBHDS
- Opportunities to improve quality, competency, consistency

Transforming Behavioral Health Care for Virginians

2025 Vision for Behavioral Health in the Commonwealth

All Virginians will…

… be able to access behavioral health care when they need it,

… have prevention and management services personalized to their needs, particularly for children and youth,

… know who to call, who will help, and where to go when in crisis, and

… have paths to reentry and stabilization when transitioning from crisis

Behavioral Health Services for Virginia

Implement fully-integrated behavioral health services that provide a full continuum of care to all Virginians. This comprehensive system will focus on access to services that are:

High Quality

Quality care from quality providers in community settings such as home, schools and primary care

Evidence-Based

Proven practices that are preventive and offered in the least restrictive environment

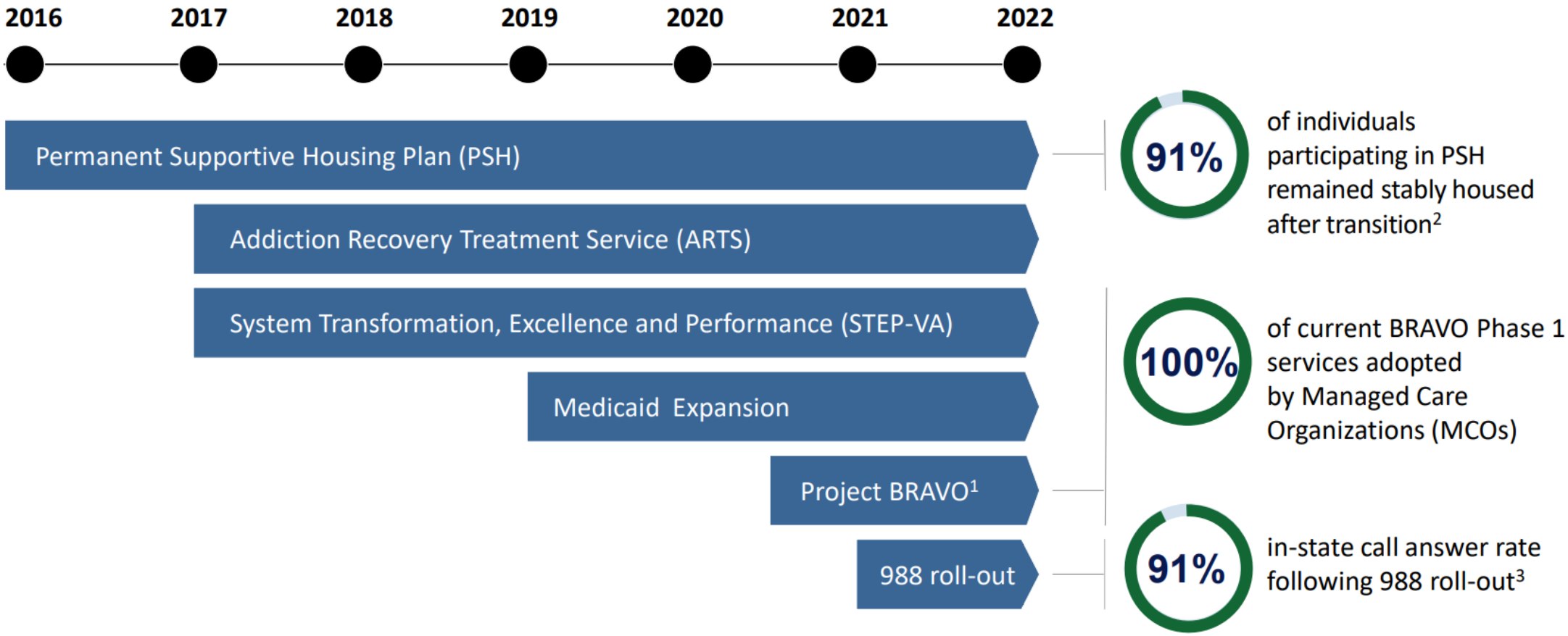
Trauma-Informed

Better outcomes from best-practice services that acknowledge and address the impact of trauma for individuals

Cost-Effective

Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system

The Plan builds on the Commonwealth's progress across several initiatives



1. Consists of the implementation of fully integrated behavioral health services that provide a full continuum of care to Medicaid members; DMAS Viginia.gov
2. Referring to the population served by PSH: Permanent Supportive Housing: Outcomes and Impact – November 2022 (virginia.gov)
3. DBHDS data, received November 28, 2022

Across the Commonwealth, access to Behavioral Health care remains a challenge

None of county is shortage area

Part of county is shortage area

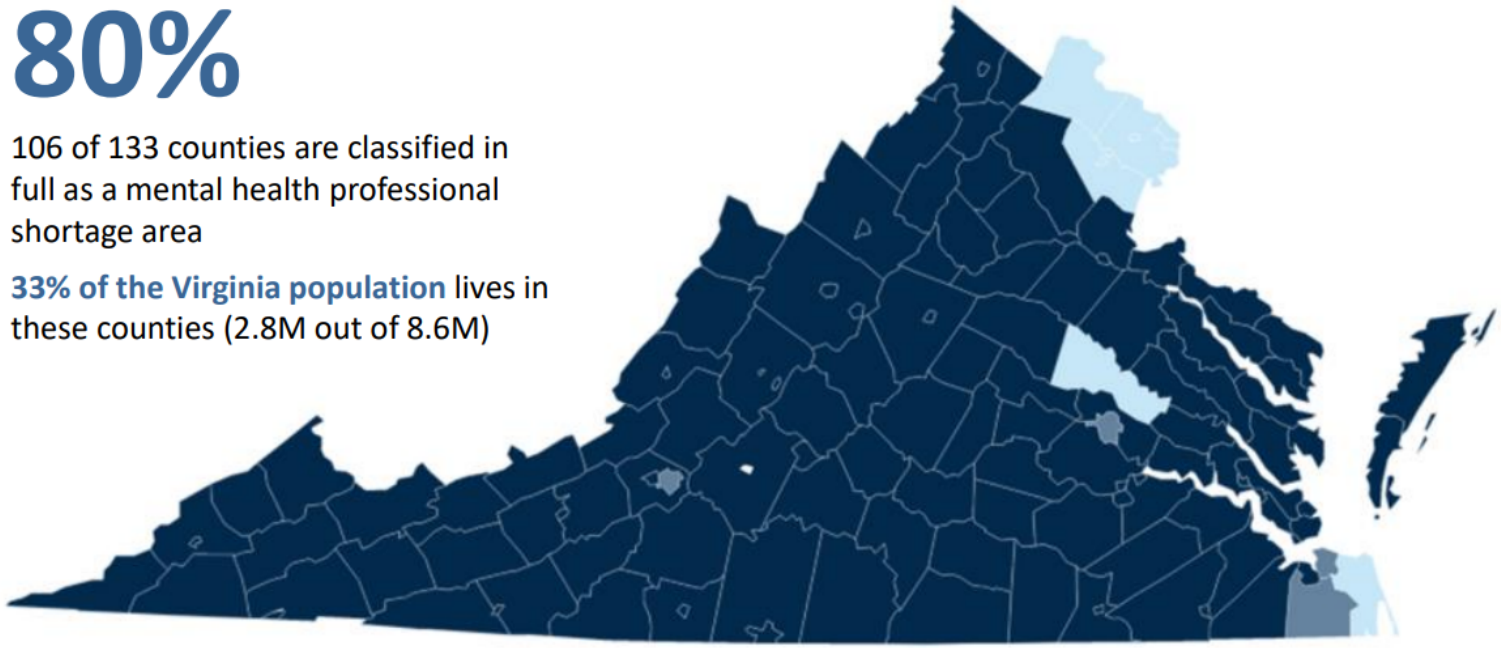
Full county is shortage area

Virginia Health Professional Shortage Areas by County, Mental Health, HRSA[1]

80%

106 of 133 counties are classified in full as a mental health professional shortage area

33% of the Virginia population lives in these counties (2.8M out of 8.6M)



Mental Health America rankings[2]

34th Access to Care

39th Mental Health Workforce Availability

1. Health Resources and Services Administration Mental Health Care Health Professional Shortage Areas, by State, as of September 30, 2022, data.HRSA.gov
2. State of Mental Health America, Access to Care Ranking 2023

The Commonwealth's Behavioral Health Plan is founded on six pillars

An aligned approach to BH that provides access to **timely, effective, and community-based care** to reduce the burden of mental health needs, developmental disabilities, and substance use disorders on Virginians and their families

1: We must strive to ensure **same-day care for individuals experiencing behavioral health crises**

2: We must **relieve the law enforcement communities' burden** while providing care and **reduce the criminalization of behavioral health**

3: We must **develop more capacity** throughout the system, going beyond hospitals, especially to enhance community-based services

4: We must **provide targeted support for substance use disorder (SUD)** and efforts to prevent overdose

5: We must **make the behavioral health workforce a priority**, particularly in underserved communities

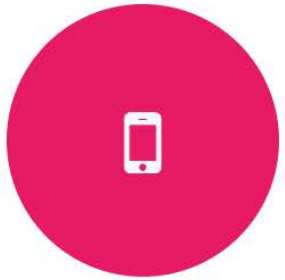
6: We must **identify service innovations and best practices** in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps

High Priority Behavioral Health Services

- Crisis Services
- Underserved/Under Resourced Communities
- Public Mental Health System

Vision for the Crisis System Transformation

Objective: The development of a community-based, trauma-informed, recovery-oriented crisis system that responds to crises **where they occur** and **prevent out-of-home placements**



HIGH-TECH CRISIS CALL CENTERS

These programs use technology for real-time coordination across a system of care and leverage big data for performance improvement and accountability across systems. At the same time, they provide high-touch support to individuals and families in crisis.

24/7 MOBILE CRISIS

Mobile crisis offers outreach and support where people in crisis are. Programs should include contractually required response times and medical backup.

CRISIS STABILIZATION PROGRAMS

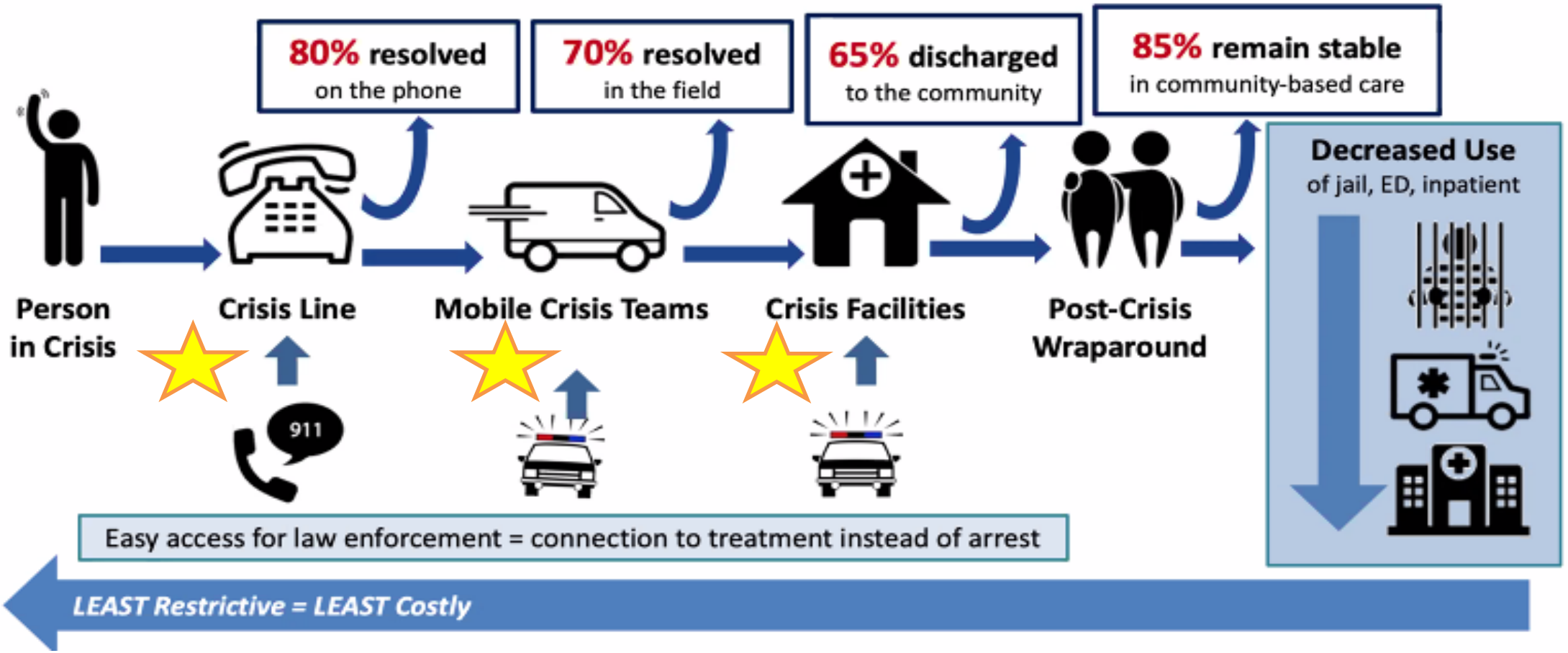
These programs offer short-term "sub-acute" care for individuals who need support and observation, but not ED holds or medical inpatient stay, at lower costs and without the overhead of hospital-based acute care.

ESSENTIAL PRINCIPLES & PRACTICES

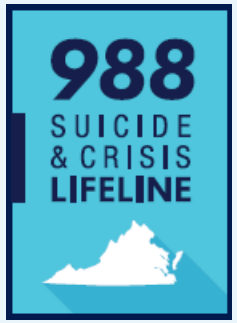
These must include a recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement.

Three Required Protocols

Crisis System: Alignment of services toward a common goal



Virginia's 988 Buildout



Calls to the Lifeline are routed to their closest center based on area code, with the goal of connecting callers to counselors in their own state.

- Current average of 5,500 calls each month
- Call Centers are currently at 90% of staffing
- FY22-23 will be the first full year of funding to Centers

- National Suicide Hotline Designation Act of 2020
  - July 16, 2022
- SAMSHA 988 Capacity Building Grant: $2.6 Million
- SAMSHA 988 Capacity Building Supplemental Grant: $1 Million
- SB 1302 Crisis Call Center Fund
  - https://talk.crisisnow.com/virginia-is-first-state-to-pass-988-service-fee-legislation/

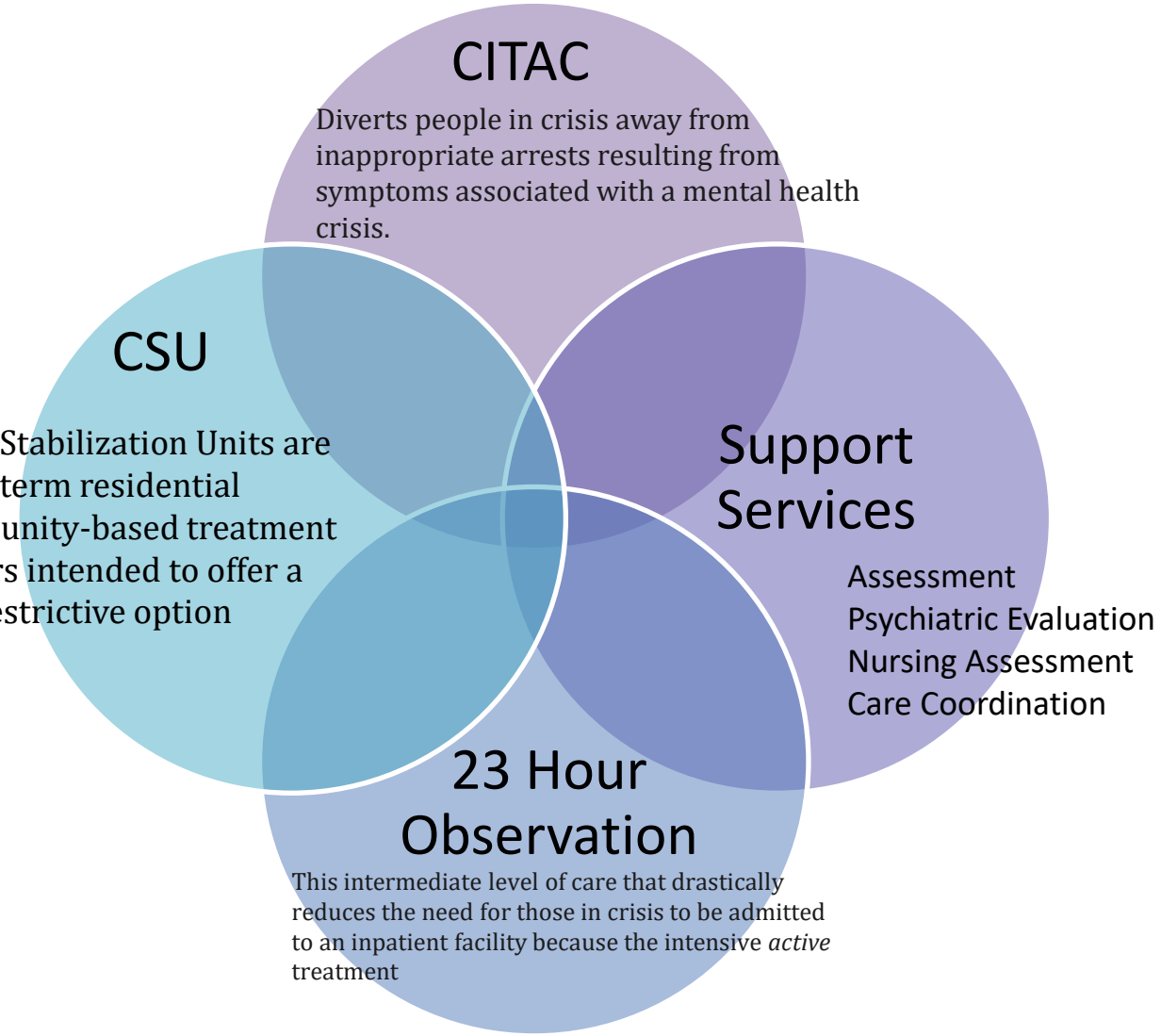
DBHDS has been partnering with in-state National Suicide Prevention Line call centers in Virginia since 2020. In that time, the in-state answer rate has risen 33% despite a call volume increase of 24%

Mobile Crisis Response

- Rapid response, assessment and early intervention to individuals experiencing crisis
- Provided 24/7
- Purpose:
  - Prevention of acute exacerbation of symptoms,
  - prevention of harm to the individual or others,
  - provision of quality intervention in the least restrictive setting,
  - development of immediate plan of safety to help avoid higher level of care

Aleksei Morozov/iStock

Crisis Receiving Center



QMHPs in Community Based Behavioral Health Services

- QMHPs work within a team-based approach to providing behavioral health care in the Medicaid Community Mental Health Services
  - Partial Hospitalization/Intensive Outpatient Programs
  - Multisystemic Therapy/Functional Family Therapy
  - Assertive Community Treatment
  - Mental Health Skill Building
  - Psychosocial Rehabilitation
  - Therapeutic Day Treatment
  - Intensive In-Home Treatment
  - Crisis Services: Mobile Crisis Response, Community Stabilization, Crisis Stabilization Units

QMHPs in Community Based Behavioral Health Services

- DMAS regulations (12VAC30-50-226) are specific with respect to team composition and qualifications of staff required to deliver services
  - Regulations do not allow for QMHPs to bill independently for services
  - Example: Mobile Crisis Response

Staff/Team Composition #	Modifier	Modifier Meaning
1	HN	1 QMHP-A or QMHP-C or 1 CSAC[x]
2	HO	1 Licensed[x]
3	HT, HM	1 Licensed[x] **and** 1 Peer **or** 1 Licensed[x] **and** 1 CSAC-A
4	HT	1 Licensed[x] **and** 1 QMHP-E or QMHP-C or QMHP-A **or** 1 Licensed[x] **and** 1 CSAC[x]

[x] Includes those in their regulatory board approved residency/supervisee status.

CSB Code Mandated Services § 37.2-500.

B. The core of services provided by community services boards within the cities and counties that they serve shall include:

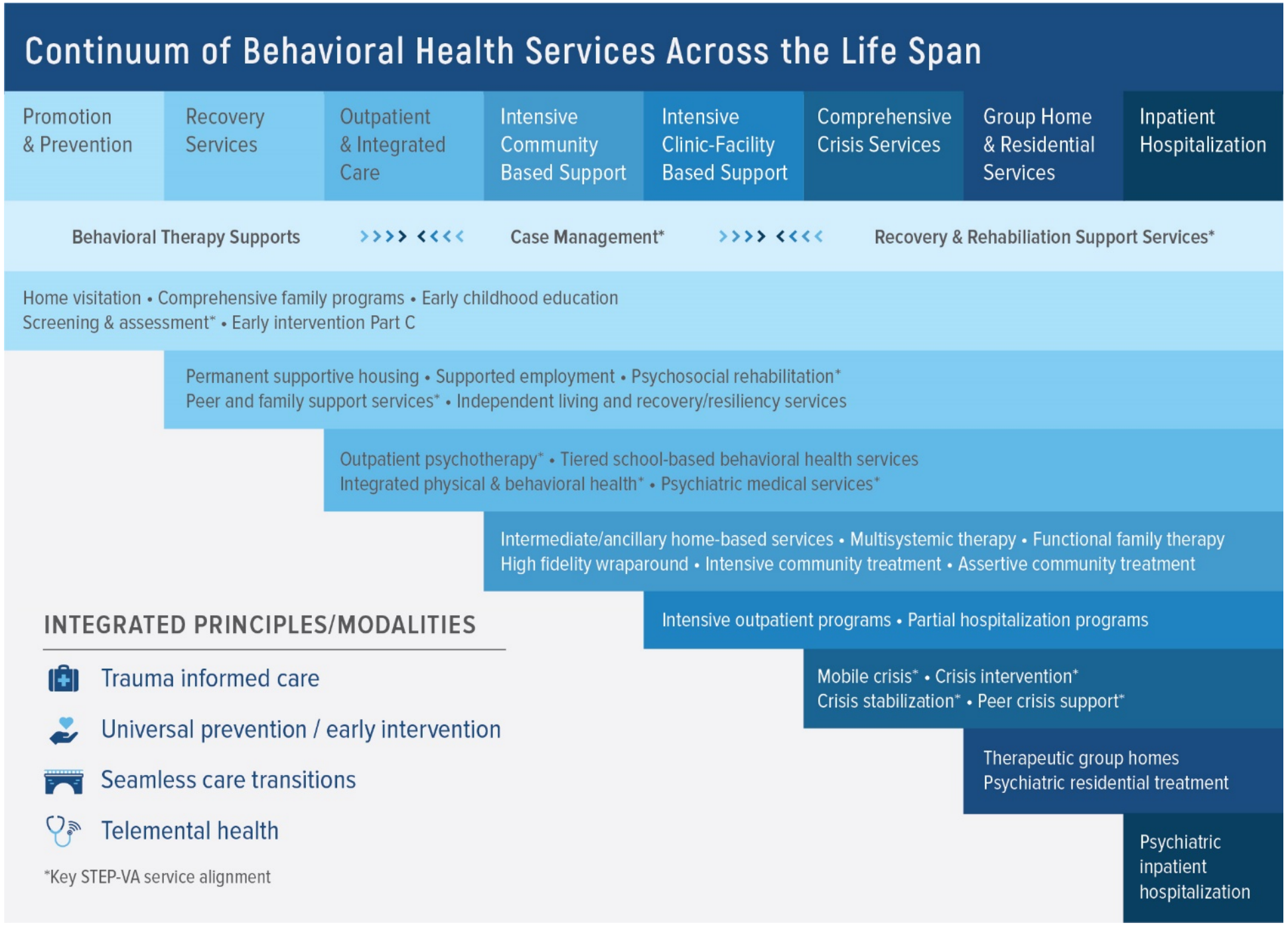
1. Emergency services;
2. Same-day mental health screening services;
3. Outpatient primary care screening and monitoring services for physical health indicators and health risks and follow-up services for individuals identified as being in need of assistance with overcoming barriers to accessing primary health services, including developing linkages to primary health care providers; and
4. Subject to the availability of funds appropriated for them, case management services.

C. Subject to the availability of funds appropriated for them, the core of services **may include** a comprehensive system of inpatient, outpatient, day support, residential, prevention, early intervention, and other appropriate mental health, developmental, and substance abuse services necessary to provide individualized services and supports to persons with mental illness, developmental disabilities, or substance abuse. Community services boards may establish crisis stabilization units that provide residential crisis stabilization services.

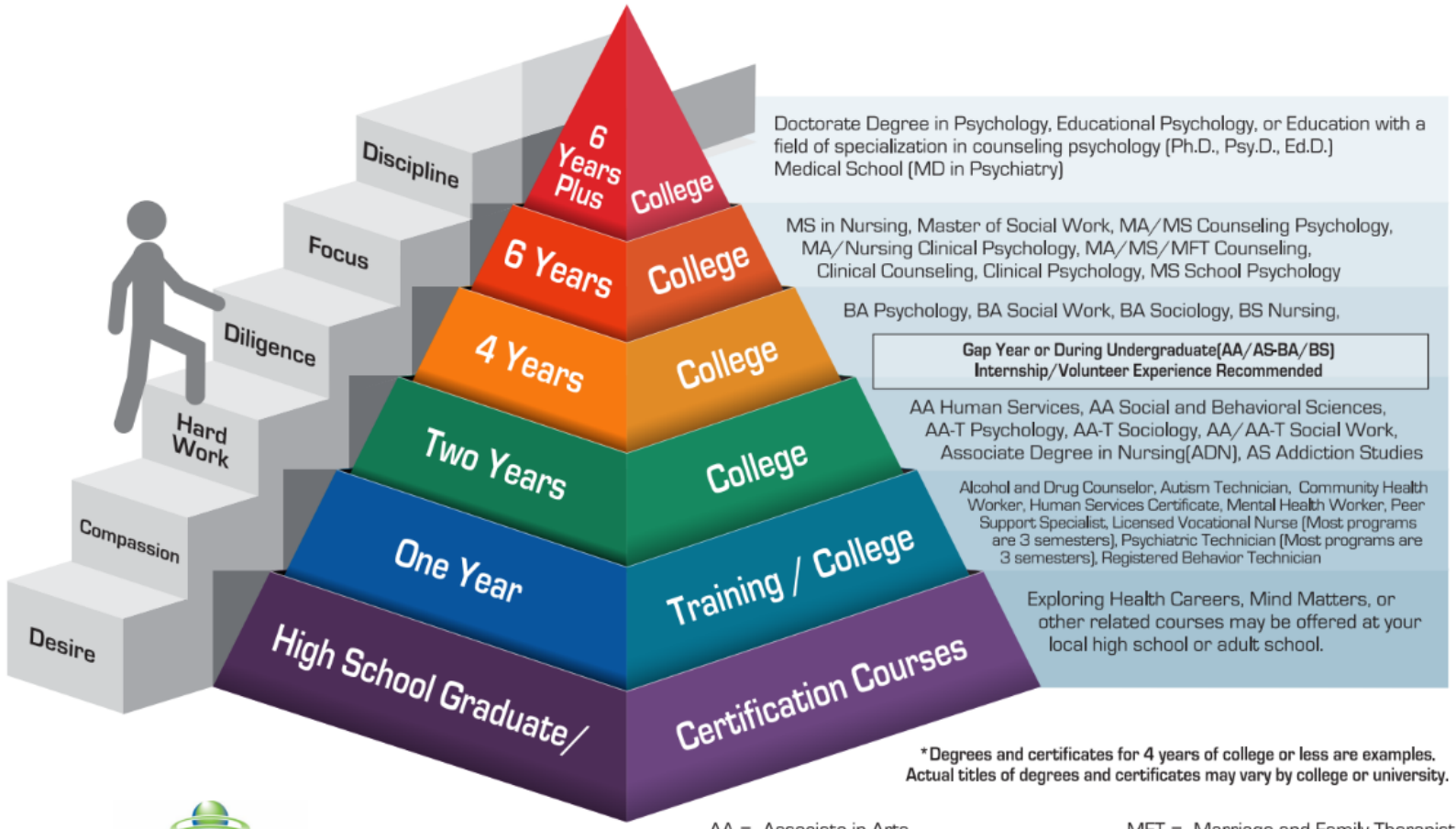
D. In order to provide comprehensive mental health, developmental, and substance abuse services within a continuum of care, the **community services board shall function as the single point of entry into publicly funded mental health, developmental, and substance abuse services**.

CSB Certified Prescreening Clinician

- Definitions under § 37.2-809."Designee of the local community services board" means an examiner designated by the local community services board who (i) is skilled in the assessment and treatment of mental illness, (ii) has **completed a certification program approved by the Department,** (iii) is able to provide an independent examination of the person, (iv) is not related by blood or marriage to the person being evaluated, (v) has no financial interest in the admission or treatment of the person being evaluated, (vi) has no investment interest in the facility detaining or admitting the person under this article, and (vii) except for employees of state hospitals and of the U.S. Department of Veterans Affairs, is not employed by the facility.


Continuum of Behavioral Health Services Across the Life Span
Promotion & Prevention
Recovery Services
Outpatient & Integrated Care
Intensive Community Based Support
Intensive Clinic-Facility Based Support
Comprehensive Crisis Services
Group Home & Residential Services
Inpatient Hospitalization
Behavioral Therapy Supports
Case Management*
Recovery & Rehabiliation Support Services*
Home visitation • Comprehensive family programs • Early childhood education
Screening & assessment* • Early intervention Part C
Permanent supportive housing • Supported employment • Psychosocial rehabilitation*
Peer and family support services* • Independent living and recovery/resiliency services
Outpatient psychotherapy* • Tiered school-based behavioral health services
Integrated physical & behavioral health* • Psychiatric medical services*
Intermediate/ancillary home-based services • Multisystemic therapy • Functional family therapy
High fidelity wraparound • Intensive community treatment • Assertive community treatment
Intensive outpatient programs • Partial hospitalization programs
Mobile crisis* • Crisis intervention*
Crisis stabilization* • Peer crisis support*
Therapeutic group homes
Psychiatric residential treatment
Psychiatric inpatient hospitalization
INTEGRATED PRINCIPLES/MODALITIES
Trauma informed care
Universal prevention / early intervention
Seamless care transitions
Telemental health
*Key STEP-VA service alignment

Behavioral-Mental Health Related Certificates and Educational Degrees



*Degrees and certificates for 4 years of college or less are examples. Actual titles of degrees and certificates may vary by college or university.

AA = Associate in Arts
AA-T = Associate in Arts for Transfer
AS = Associate in Science
AS-T = Associate in Science for Transfer
MA = Master of Arts
MD = Medical Doctor
MFT = Marriage and Family Therapist
MS = Master of Science
MSW = Master of Social Work
Ed.D = Doctor of Education
Ph.D = Doctor of Philosophy
Psy.D = Doctor of Psychology

Health Workforce Initiative
https://ca-hwi.org

Adapted with permission from OneFuture Coachella Valley 2019

Vision for the Behavioral Health Workforce

- Every person that wants to serve individuals with mental health needs can be trained, supported, and develop a life-long and rewarding career in behavioral health.
- The behavioral health workforce is robust, diverse, and opportunities are available in every community.
- The services provided are high quality, outcome driven, and reimbursement rates are reflective of the service provided.
- Virginia is the best place to be a mental health professional.

COMPLAINTS RECEIVED

	2020	2021	2022
Certified Substance Abuse Counseling Assistant	3	0	6
Certified Substance Abuse Counselor	31	42	36
Licensed Marriage and Family Therapist	32	27	24
Licensed Professional Counselor	173	225	203
Licensed Substance Abuse Treatment Practitioner	15	10	18
Qualified Mental Health Professional-Adult	86	118	97
Qualified Mental Health Professional-Child	62	72	51
Qualified Mental Health Practitioner-Trainee	31	54	66
Registered Peer Recovery Specialist	4	9	6
Resident in Counseling	52	61	86
Resident in Marriage and Family Therapy	11	2	9
Resident in Substance Abuse Treatment	0	1	5
Substance Abuse Trainee	8	13	27
TOTAL	**508**	**634**	**634**

2020
DISCIPLINARY ACTION (VIOLATIONS)

CASE CATEGORY	TOTAL VIOLATIONS	QMHP-A	QMHP-C	QMHP-TRAINEE	OTHER
Abuse/Abandonment/Neglect	**5**	1	1	0	3
CE Noncompliance	**3**	0	0	0	3
Criminal Conviction	**3**	1	1	0	1
Diagnosis/Treatment	**2**	1	0	0	1
Fraud, Patient Care	**2**	1	1	0	0
Inability to Safely Practice	**5**	1	1	0	3
Inappropriate Relationship	**6**	1	1	0	4
	26	6	5	0	15

2021
DISCIPLINARY ACTION (VIOLATIONS)

CASE CATEGORY	TOTAL VIOLATIONS	QMHP-A	QMHP-C	QMHP-TRAINEE	OTHER
Abuse/Abandonment/Neglect	**3**	1	0	0	2
CE Noncompliance	**1**	0	0	0	1
Criminal Conviction	**4**	2	2	0	0
Diagnosis/Treatment	**1**	0	0	0	1
Fraud, Patient Care	**8**	2	4	2	0
Inability to Safely Practice	**2**	0	0	0	2
Inappropriate Relationship	**3**	1	1	0	1
Noncompliance with Board Order	**1**	1	0	0	0
	23	7	7	2	7

2022
DISCIPLINARY ACTION (VIOLATIONS)

CASE CATEGORY	TOTAL VIOLATIONS	QMHP-A	QMHP-C	QMHP-TRAINEE	OTHER
Abuse/Abandonment/Neglect	**1**	0	0	0	1
Business Practice Issues	**2**	0	0	0	2
CE Noncompliance	**4**	1	0	0	3
Criminal Conviction	**4**	0	0	0	4
Diagnosis/Treatment	**1**	0	0	0	1
Fraud, Patient Care	**9**	4	4	1	0
Inability to Safely Practice	**1**	0	0	0	1
Inappropriate Relationship	**18**	5	1	2	10
	40	10	5	3	22