REPORT OF THE VIRGINIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Assessment of Virginia's Emergency Evaluators Qualifications, Training and Oversight (SB261, 2014)

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

SENATE DOCUMENT NO. 9

COMMONWEALTH OF VIRGINIA
RICHMOND
2014

COMMONWEALTH of VIRGINIA

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December 1, 2014

To: The Honorable Terry R. McAuliffe, Governor

and

Members, Virginia General Assembly

Senate Bill 261 and House Bill 1216 of the 2014 Legislative Session required the Department of Behavioral Health and Developmental Services (DBHDS) to "*review requirements related to qualifications, training and oversight of individuals designated by community services boards to perform evaluations of individuals taken into custody pursuant to an emergency custody order and to make recommendations for increasing such qualifications, training and oversight, in order to protect the safety and well-being of individuals who are subject to emergency custody orders and the public.*" This report is to be submitted to the Governor and the General Assembly by December 1, 2014.

Please find enclosed the report in accordance SB261 and HB1216. Staff at the department are available should you wish to discuss this request.

Sincerely,

Debra Ferguson, Ph.D.

Enc.

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Respectfully Submitted

to the

Governor of Virginia
and the
General Assembly of Virginia

December 1, 2014

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Study of Emergency Evaluator Qualifications, Training and Oversight

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EXECUTIVE SUMMARY

This study was conducted pursuant to Senate Bill 261 (Chapter 364, 2014 Acts of Assembly) and House Bill 1216 (Chapter 292, 2014 Acts of Assembly). These identical bills required the Department of Behavioral Health and Developmental Services (DBHDS) to study the qualifications of community services board (CSB) designees authorized by the *Code of Virginia* to perform evaluations[1] of individuals who are subject to emergency custody orders and to report its findings and recommendations. Specifically these bills state:

> *…that the Department of Behavioral Health and Developmental Services shall review requirements related to qualifications, training and oversight of individuals designated by community services boards to perform evaluations of individuals taken into custody pursuant to an emergency custody order and to make recommendations for increasing such qualifications, training and oversight, in order to protect the safety and well-being of individuals who are subject to emergency custody orders and the public. The Department shall report its findings to the Governor and the General Assembly by December 1, 2014.*

DBHDS used three separate data collection approaches to complete the study. These included: (1) a survey of characteristics of the current workforce of CSB evaluators[2], (2) a survey of Virginia stakeholders involved in the emergency custody and involuntary admission process, and (3) a review of selected other states' requirements for individuals who perform similar evaluations as part of the involuntary commitment treatment process in those states.

On the basis of these data, DBHDS determined that the qualifications, training and oversight of CSB evaluators should be strengthened. These evaluations are demanding and complicated to the individuals in crisis and their family members. In addition, the process often involves many other individuals and entities, such as emergency departments, law enforcement agencies, court officials, and public and private hospitals. The evaluations must also incorporate complex and, at times, contradictory clinical information. Individuals are extraordinarily vulnerable during a psychiatric crisis and therefore must be evaluated and treated by professionals who are qualified to provide appropriate treatment for individuals in crisis.

In order to strengthen the CSB evaluator workforce, DBHDS recommends:

- Creating an enhanced certification program for CSB evaluators to become "Certified Crisis Intervention Specialists" to reflect the complex and multifaceted responsibilities of providing emergency evaluations.
- Commencing a five year transition period (2015 - 2020) after which all individuals performing these evaluations will need to meet the enhanced certification requirements as proposed.

[1] "Individuals designated by community services boards to perform evaluations", in this context, do not include independent examiners, who are designated by the district court judge or special justice.

[2] The term "*CSB evaluators*" will be used in this report to describe the individuals currently designated by community services boards (CSBs) to perform the face-to-face clinical evaluations of persons in crisis, who may be in emergency custody or who may need involuntary temporary detention or other emergency treatment.

- Implementing standards of supervision, documentation, and oversight for all Crisis Intervention Specialists.
- Developing and implementing a standardized orientation for all individuals performing emergency evaluations with allowances for local protocols.
- Enhancing, developing and maintaining a blended training approach consisting of online learning, classroom sessions, testing, and ongoing training requirements to maintain certification.
- Requiring that all newly hired CSB evaluators meet the proposed licensing and experiential requirements as of July 1, 2016.
- Codifying the proposed new licensing requirements of all individuals who perform emergency evaluations by 2020.
- Building the infrastructure at DBHDS to support the full range of crisis intervention services of CSBs/BHA.

There will be a fiscal impact for the CSBs and DBHDS to implement these recommendations. Hiring only licensed individuals to provide continuous coverage, along with additional ongoing training and supervision requirements, will increase the fiscal burden for CSBs. DBHDS will incur additional costs for the oversight, technical assistance, training development, and maintenance of the certification process for Crisis Intervention Specialists. The cost of implementing these changes is estimated to be $780,000 per year for the first two years and $520,000 annually thereafter.

1. BACKGROUND

Community Services Boards (CSBs) and Behavioral Health Authorities (BHAs) are the points of entry into the publicly funded mental health, intellectual disability, and substance-use disorder services system in Virginia. CSBs[3] in the Commonwealth are authorized by the *Code of Virginia* to provide these services[4], and the 40 CSBs serve every county and city in the Commonwealth (Appendices 1 and 2). Emergency services are the only services required by law to be provided by all CSBs. Other services are provided subject to available funds.

CSBs provide a variety of crisis intervention and crisis stabilization services to individuals experiencing psychiatric crises. In many cases, the CSB's response to an individual in crisis can only be determined after a face-to-face clinical evaluation performed by CSB staff. The majority of these evaluations are performed on a voluntary basis, but many evaluations occur while the individual is in law enforcement custody under an emergency custody order (ECO).

To complete an emergency evaluation, the CSB evaluator draws from all available sources of information. This includes the individual, family members, treatment providers, law enforcement officers, and medical records, to determine if the individual is in need of immediate psychiatric hospitalization, including involuntary temporary detention, or other treatment. The clinical assessment and recommendations are documented in the *Virginia Preadmission Screening Report.* In cases where involuntary treatment is the recommended disposition, the CSB evaluator completes the comprehensive clinical assessment and provides recommendations to the court regarding the need for temporary detention in accordance with procedures found in the *Code of Virginia*. If an individual is detained under a temporary detention order (TDO), the preadmission screening report is presented to the court at the subsequent commitment hearing, though it may be updated before the hearing.

To better understand the volume of contacts and evaluations conducted by Emergency Services programs in all 40 CSBs, the following data was submitted to the Department of Behavioral Health and Developmental Services (DBHDS) for the period of July 1 through September 30, 2014. There were:

- 93,190 contacts made to CSB Emergency Services Programs.
- 19,198 emergency evaluations conducted.
- 6,348 emergency evaluations (27%) resulted in involuntary hospitalization.

1.1 *Current CSB Emergency Evaluator Requirements*

The *Code of Virginia* requires that anyone who is the subject of an ECO, and anyone who is to be treated involuntarily under a TDO, be evaluated by a qualified CSB employee or designee. These qualifications are described in several places in the Code[5], but the core requirement of these qualifications is that the CSB employee or designee is "*skilled in the assessment and*

[3] The term "CSBs" will be used throughout this report to connote both CSBs and BHAs.
[4] See §37.2-500 and §37.2-600 et seq.
[5] See §§37.2-808, 37.2-809, 37.2-817, 16.1-336, 16.1-340, 16.1-340.4, 19.2-169 et seq)

treatment of mental illness and has completed a certification program approved by the Department [DBHDS]." The DBHDS certification program is described below.

1.2 *Current DBHDS Certification Requirements*

The current certification requirements for CSB employees or designees who perform emergency evaluations were set forth in a Guidance Memorandum issued by then-DBHDS Commissioner James Reinhard on June 26, 2008 (Appendix 3).

Certification for CSB emergency evaluators is based on three elements (1) academic credentials, (2) completion of an on-line series of 25 training modules developed between 2008 and 2011 and maintained by DBHDS, and (3) approval by the appropriate CSB clinical supervisor. Documentation of the employee or designee's academic credentials, practitioner license (if any), completion of the on-line training modules, and supervisory approval to function as a CSB evaluator or preadmission screener is maintained by the CSB and must be available for review. DBHDS itself does not issue a "certificate" or "license" signifying that the employee or designee has satisfied the requirements for CSB evaluators.

The academic requirements for CSB emergency evaluators must include:

- A Master's Degree with a major course of study in Human Services (e.g., Counseling, Social Work, Rehabilitation Counseling and Nursing) or a Master's Degree or equivalent course credits in Psychology. The Master's degree must be recognized by the Virginia Department of Health Professions as meeting the requirements for licensure as a licensed Clinical Social Worker, a Licensed Professional Counselor, a Licensed Substance Abuse Practitioner or a Licensed Marriage and Family Therapist, or
- A Virginia license as a Registered Nurse and 36 months professional work experience with a psychiatric population.

In order to continue to provide emergency services without interruption, CSB emergency evaluators who had completed the DBHDS certification prior to 2008 were allowed to continue conducting evaluations regardless of their educational qualifications, as long as the other requirements set forth in the 2008 Guidance Memorandum were met. This "grandfathering" was allowed only as long as the individual remained employed as an emergency evaluator at that CSB. Any interruption in service as an emergency evaluator at that CSB, or a move to an emergency evaluator position at another CSB, would require the employee to fulfill the 2008 academic requirements.

The 25 training modules were last updated in 2011. There is an identified need to update the modules with current legislative changes and updated best practice information and to develop an online platform that is more easily accessible for ongoing updates.

1.3 *DBHDS Licensing Requirements for CSB Emergency Evaluators*

DBHDS Licensing Regulations do not specify CSB emergency evaluator qualifications, training or oversight requirements. Regulations state that "*a licensed provider shall be licensed to provide specific services as defined in this chapter or as determined by the commissioner*" (12VAC35.105-30). CSBs are DBHDS-licensed providers of emergency services and must adhere to the DBHDS licensing requirements: "*Providers responsible for complying with §§ 37.2-505 and 37.2-606 of the Code of Virginia regarding community service board and behavioral health authority preadmission screening … shall implement policies and procedures that include…1. Identification, qualification, training, and responsibilities of employees responsible for preadmission screening…*(12VAC35-105-155(A)) [and] "*Any provider who serves individuals through an emergency custody order, temporary detention order, or mandatory outpatient treatment order shall implement policies and procedures to comply with §§ 37.2-800 through 37.2-817 of the Code of Virginia."* (12VAC35-105-155(B))

1.4 *DMAS Requirements for CSB Emergency Evaluators*

The Department of Medical Assistance Services (DMAS) Community Mental Health Rehabilitative Services provider manual defines crisis intervention services as "*immediate mental health care, available 24 hours a day, seven days per week, to provide assistance to individuals experiencing acute psychiatric dysfunction requiring immediate clinical attention*." The provider qualifications for crisis intervention include "*an LMHP* [licensed mental health professional], *LMHP Supervisee or Resident, a Certified Pre-screener or a QMHP-A* [qualified mental health professional – adult], *QMHP-C* [qualified mental health professional – child], *or QMHP-E* [qualified mental health professional – eligible]."

2. PURPOSE OF THE STUDY

Identical legislation passed by the 2014 General Assembly (SB 261 and HB 1216) requires that:

> *… the Department of Behavioral Health and Developmental Services shall review requirements related to qualifications, training and oversight of individuals designated by community services boards to perform evaluations of individuals taken into custody pursuant to an emergency custody order and to make recommendations for increasing such qualifications, training and oversight, in order to protect the safety and well-being of individuals who are subject to emergency custody orders and the public. The Department shall report its findings to the Governor and the General Assembly by December 1, 2014.*

3. STUDY METHOD

DBHDS used three separate data collection approaches to complete the study. These included: (1) a survey of characteristics of the current workforce of CSB evaluators (CSB Survey), (2) a

survey of Virginia stakeholders involved in the emergency custody and involuntary admission process (Stakeholder Survey), and (3) a review of selected other states' requirements for individuals who perform similar evaluations as part of the involuntary treatment process in those states (Other States Survey).

3.1 *Study Instruments*

CSB Survey: Information was solicited from the current CSB emergency evaluator workforce through the use of a standard survey (Appendix 4) completed through Survey Monkey. The survey was developed by DBHDS and contained questions that were both contextual in nature and directly related to the qualification, training and oversight of the CSB emergency evaluators.

Stakeholder Survey: The stakeholder survey (Appendix 7) was given to organizations known to interact or have an interest in the qualifications, training and oversight of CSB emergency evaluators (Appendix 6). An email describing the study and background was sent to each of the organizations requesting a response that could be submitted either via email or by completing a paper-and-pencil survey document. Included in the survey correspondence was a complete description of the current requirements for CSB emergency evaluators as well as a list of the 25 required on-line training modules. Reminders were sent to prompt stakeholder participation on the survey.

Other States Survey: To obtain information from other states, a request for information was posted on an email distribution list through the National Association of State Mental Health Program Directors and the National Council of Behavioral Health's Crisis Services Listserv. Several phone calls to other states were also made to gather information from these sources.

3.2 *Study Procedures*

CSB Survey: Each of the 40 CSB Executive Directors was sent an email outlining the study and asking for each CSB to complete one response. To assist with gathering the requested data an attachment to the email with all the questions for the survey was included (Appendix 4). Each CSB was asked to enter their response through an online portal by August 4, 2014.

Stakeholder Survey: The Virginia stakeholder survey (Appendix 7) was emailed to various organizations (Appendix 6) whose members were likely to have an interest in the qualifications, training and oversight of CSB emergency evaluators. The email asked each organization to provide a single response on behalf of the organization. The survey covered current qualifications, training, and oversight while allowing respondents to suggest ways to strengthen the workforce.

Other States Survey: Information was requested from other states through several email distribution lists. DBHDS sought specific information related to the qualifications, training and oversight of individuals providing the equivalent emergency evaluations in these states. Limited information was obtained by these means, so DBHDS made individual phone calls to

neighboring states to attempt to locate relevant information. Individuals who responded or provided information for this study were provided a brief overview of the purpose of the study and participated voluntarily in the process. A list of the various states that shared information with DBHDS is found in Appendix 8.

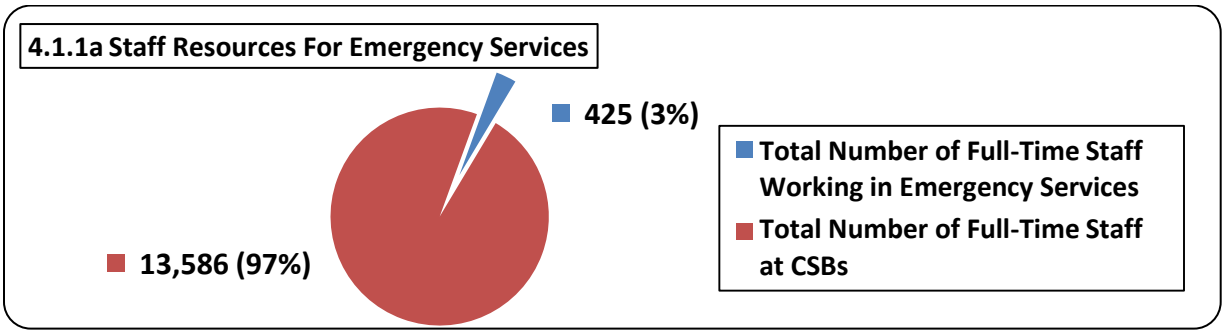
4. CSB SURVEY RESULTS

4.1 *CSB Survey: Virginia Emergency Evaluator Workforce*

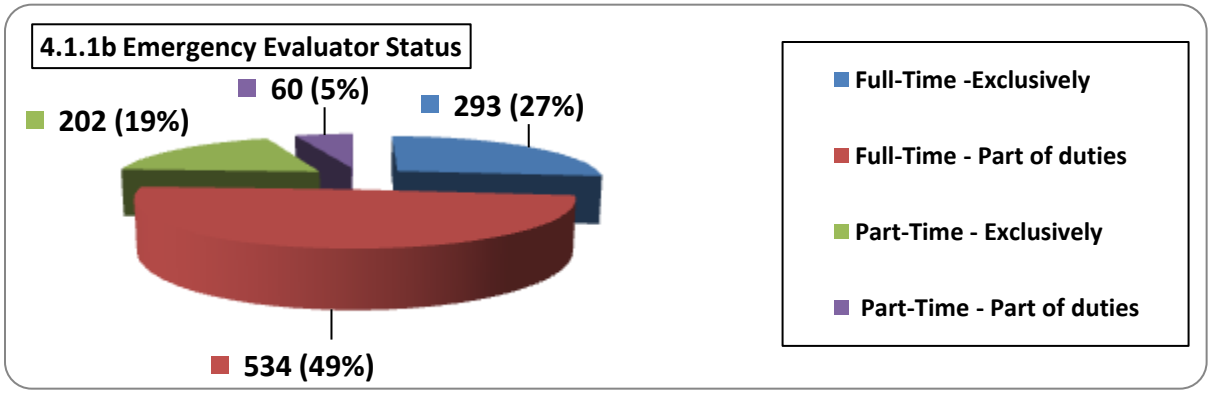
This section reports the results of the CSB Workforce Survey completed by the 40 CSBs for DBHDS pursuant to HB 1216 and SB 261 from the 2014 Session of the General Assembly. All 40 of the CSBs responded to the survey.

4.1.1 *CSB Staffing for Emergency Services*

In August 2014, there were 13,586 full-time staff employed by the CSBs. Full-time staff providing emergency services accounted for 3% of all full-time staff employed by CSBs (Chart 4.1.1a).



The total number of CSB emergency evaluators who exclusively provide crisis contacts and emergency evaluations was 495 (293 full-time and 202 part-time staff). An additional 534 full-time staff and 60 part-time staff provide crisis contacts and emergency evaluations as a part of their assigned duties. (Chart 4.1.1b)



4.1.2 *Emergency Evaluator Credentials*

The educational and licensure credentials [6] of the full-time and part-time staff above were collected to spotlight the current status of these staff. CSBs were asked to report the number of full- time (FT) and part-time (PT) staff by their various degrees and licensure status. The education and professional licensure of FT and PT emergency evaluators are summarized in the tables below:

4.1.2a Educational and Licensure Credentials of Full-Time CSB Emergency Evaluators

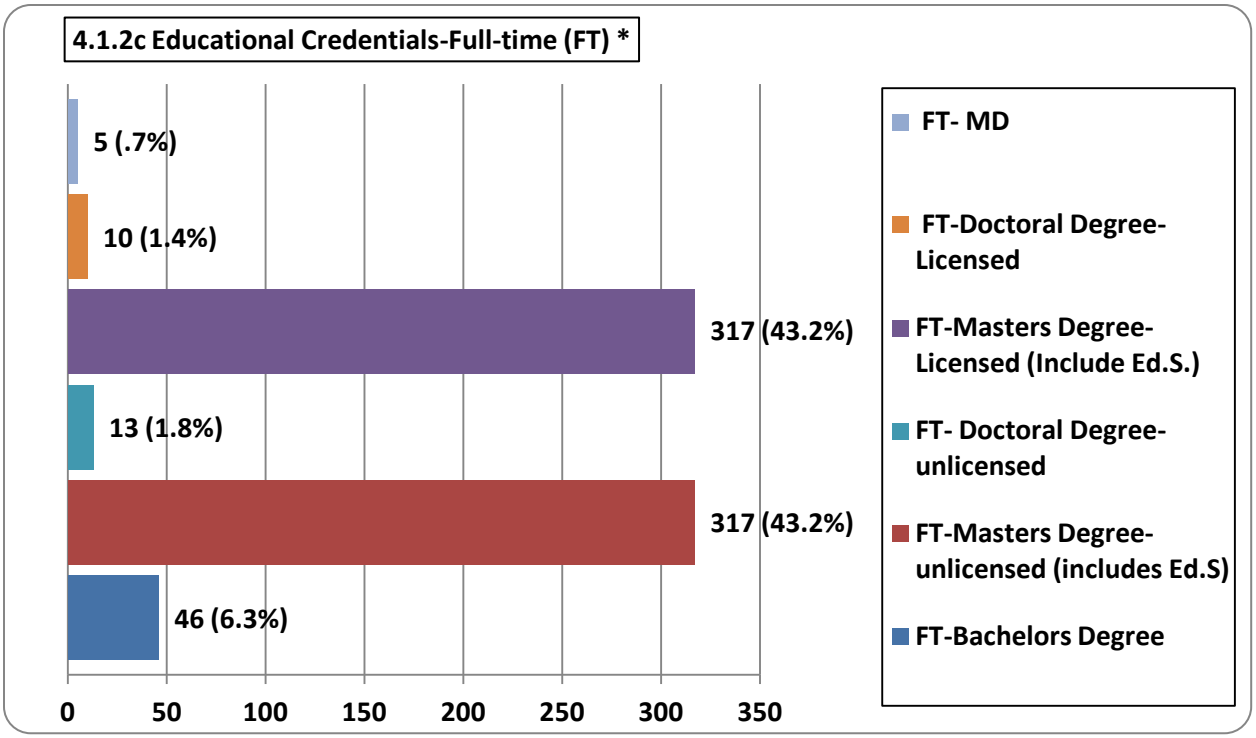
	Full-time	Percentage
Licensed Professionals	332	45.3
Master's or Doctoral Degree (unlicensed)	330	45.0
Bachelor's Degree	46	6.3
Registered Nurses (RN, RNC, MSN)	25	3.4
Total	733	100

4.1.2b Educational and Licensure Credentials of Part-Time CSB Emergency Evaluators

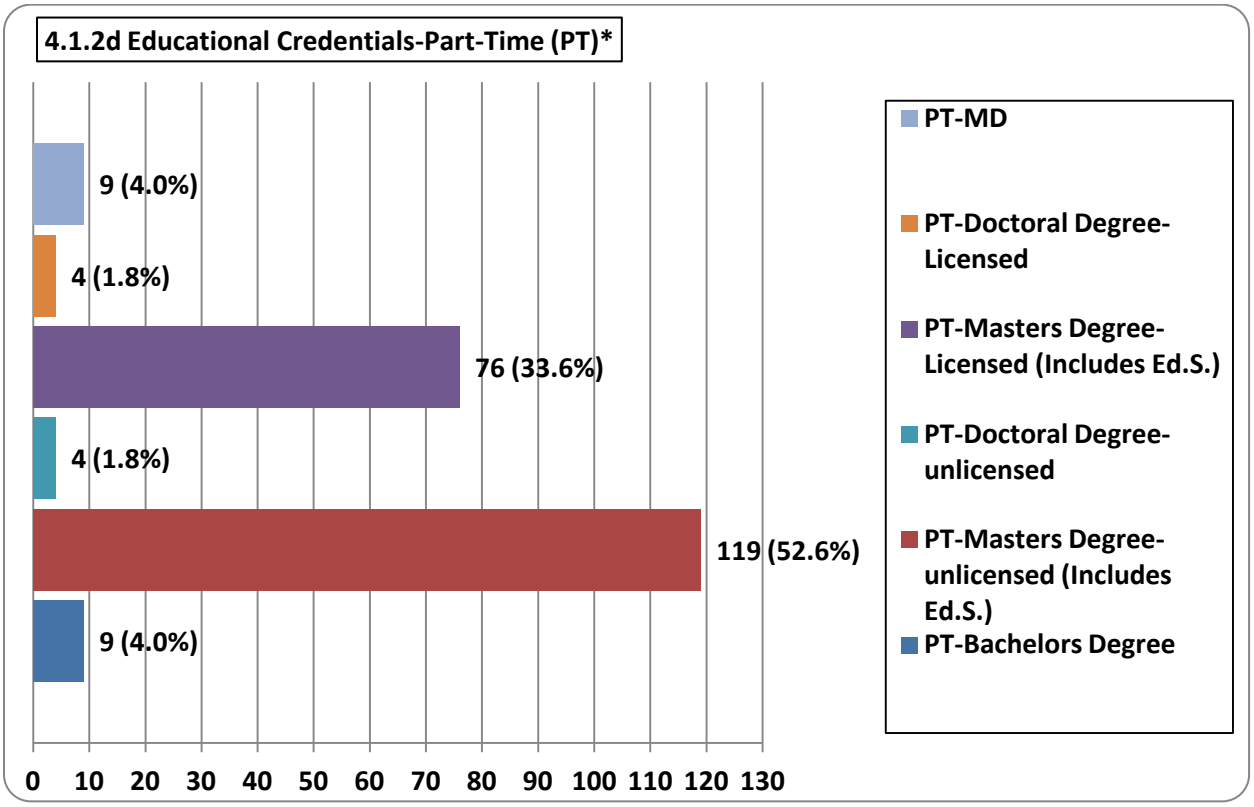
	Part-time	Percentage
Licensed Professionals	89	39.4
Master's or Doctoral Degree (unlicensed)	123	54.4
Bachelor's Degree	9	4
Registered Nurses (RN, RNC, MSN)	5	2.2
Total	226	100

The survey did not request the identification of either full-time or part-time status for individuals with less than a Bachelor's degree, or the degree type/license for Registered Nurses (e.g., no degree, Bachelor's, or Masters). Registered Nurses have been removed from the count of licensed versus unlicensed classification. (Chart 4.1.2c and d)

[6] Please refer to Appendix 4



*Percentages do not add up to 100% as nurses are not included in this chart

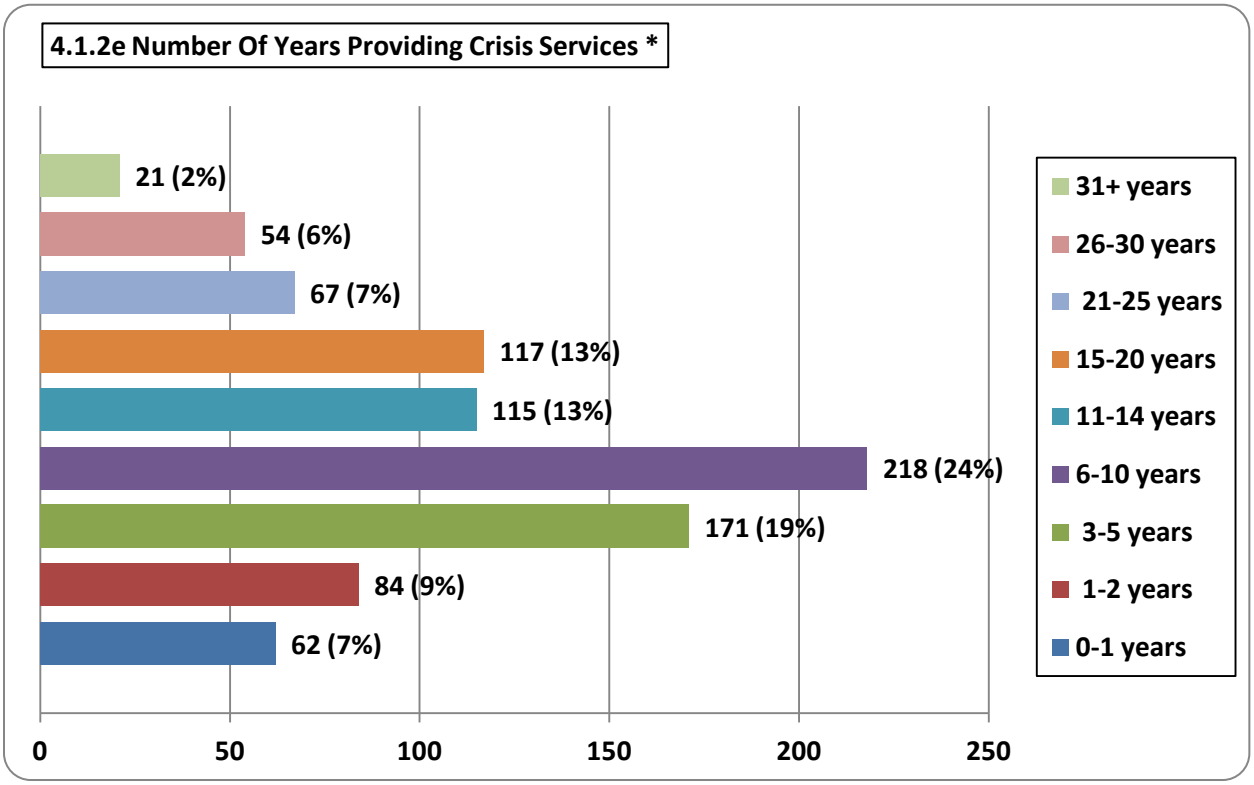


*Percentages do not add up to 100% as nurses are not included in this chart

Emergency Evaluator's Number of Years of Providing Crisis Services

The following shows the years of CSB emergency evaluators' experience providing crisis services of any kind. These figures include both full-time and part-time staff.

- 35% (n=317) have 5 years or fewer of crisis experience including 19.9% (n=146) with 2 years or less experience.
- 65% (n=592) of CSB emergency evaluators have 6 or more years of crisis experience including 15% (n=142) with 21 or more years.



* As compared to 1,089 reported PT and FT Emergency Evaluators, there were 130 missing in the data for this category

4.1.3 *Emergency Evaluator Training*

Emergency evaluators are expected to know current best practices in the assessment and treatment of behavioral health disorders as well as to have extensive knowledge of community health and behavioral health support resources. A thorough understanding of the relevant portions of the *Code of Virginia* and federal law is also needed (e.g., involuntary admission, consent, privacy) as well as familiarity and skills working with various populations who may need CSB emergency services.

All CSB emergency evaluators are required to complete the online learning modules that are maintained by DBHDS and accessible through the Learning Management System operated by the Commonwealth of Virginia. The online training modules first became operational in 2009, were expanded and updated through 2011, and are required training for all CSB emergency

evaluators. The training consists of 25 modules on various topics (see attachment to Stakeholder Survey, Appendix 7).

Each CSB was asked to report if additional clinical training was required by the local CSB for their emergency evaluators and, if not, was additional clinically-relevant training offered to their emergency evaluators. Thirty CSBs (75%) reported having a policy regarding additional clinical training for emergency evaluators.

However, additional feedback regarding the kinds of training required by CSB policy indicated that this training involved CPR, First Aid, confidentiality, HIPAA, OSHA, blood borne pathogens, cultural diversity, preventing workplace violence, and nonviolent crisis behavior management programs required of all CSB employees. Most CSBs did not report an operational standard or practice of requiring ongoing training for emergency evaluators beyond training required for an individual to maintain professional licensure.

4.2 *Emergency Evaluator Oversight*

4.2.1 *Supervision*

CSBs were asked how often formal clinical supervision is provided to CSB emergency evaluators in the course of their work, excluding case consultation or peer consultation while working with an individual. This clinical supervision refers specifically to a more formal process of ongoing performance monitoring including a review of clinical/interventions, documentation, relevant ethical and legal issues and cultural competence. Twenty-eight CSBs reported having a policy on clinical supervision for emergency evaluators, while 12 CSBs reported that they offered clinical supervision but had no specific policy in place.

Of those 28 with clinical supervision policies:

- 33.3% report weekly supervision
- 26.6% report semi-monthly supervision
- 36.6% report monthly supervision
- 3.3% report quarterly supervision
- 0.02% report “as needed” supervision

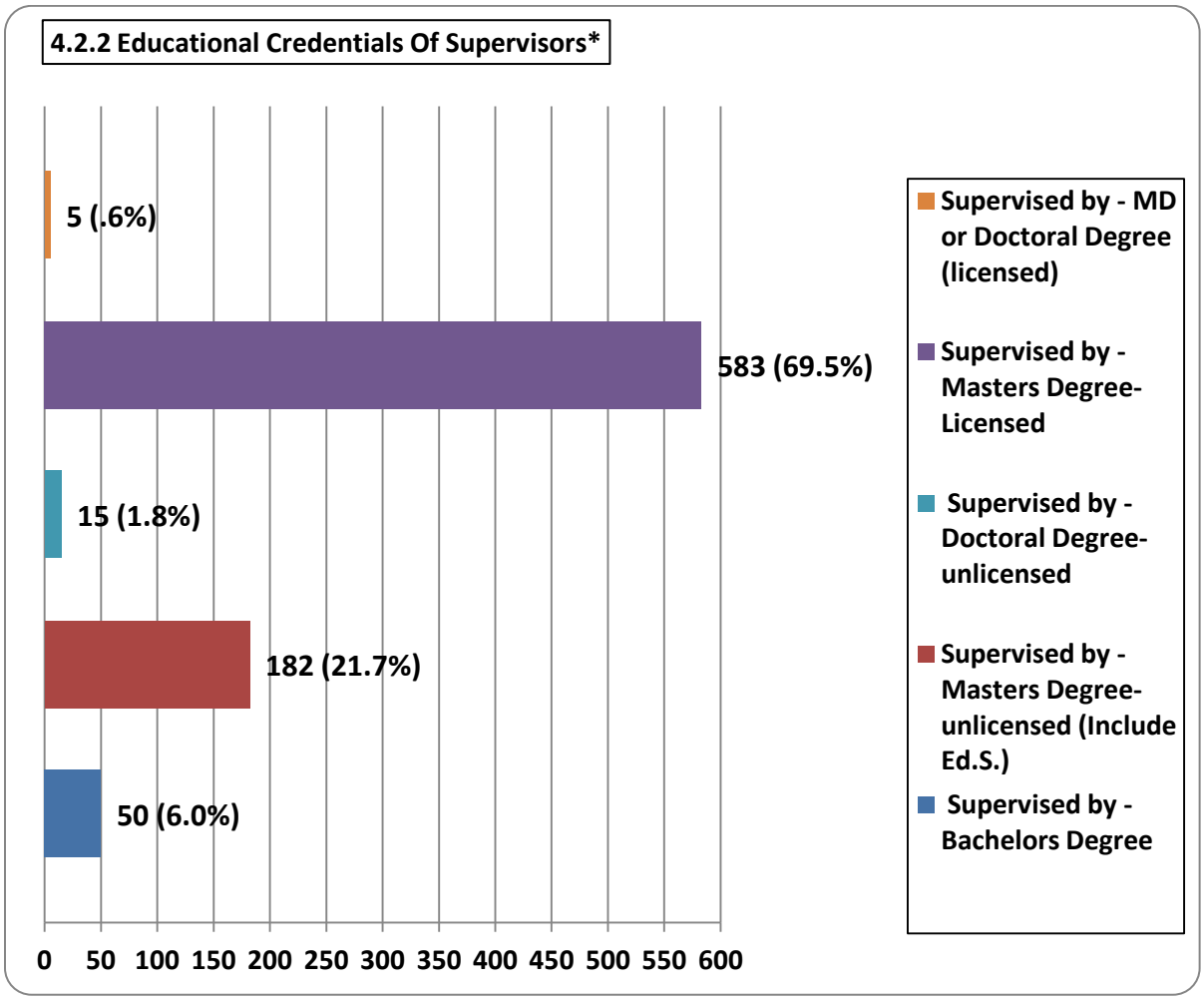
Many CSB respondents indicated that the frequency of clinical supervision is directly related to the experience and/or licensure status of the individual emergency evaluator.

Records are maintained on the amount and type of clinical supervision at 80% of the CSBs, but there is no consistent method of record keeping. The methods used include handwritten notes in personnel files, attendance logs of group supervision, individual electronic files, Excel spreadsheets, and completion of an agency clinical supervision form. Individuals pursuing a professional license must have a supervision documentation log to present as part of the licensing process, but these records vary in how they are maintained.

4.2.2 *Emergency Evaluator Supervisors*

The CSB professionals who provide clinical supervision to emergency evaluators are responsible for cultivating well-developed assessment, evaluation and crisis intervention skills in the staff they supervise. Supervisors are available for direct consultation on a daily basis, and perform ongoing coaching and clinical supervision to advance staff's knowledge and skills in best practices of diagnostic assessments, legal and public safety issues, and planning for community based service alternatives. During a crisis intervention, emergency evaluators may also contact and rely on their supervisors for their advice and guidance. The education level and licensure credentials of these CSB supervisors are presented below. (Chart 5.2.2)

- 70.1% (n=588) of Emergency Evaluators are supervised by a licensed professional.
- 29.5% (n=247) of Emergency Evaluators are supervised by unlicensed persons.
- 0.4% (n=3) of Emergency Evaluators are supervised by a RN.

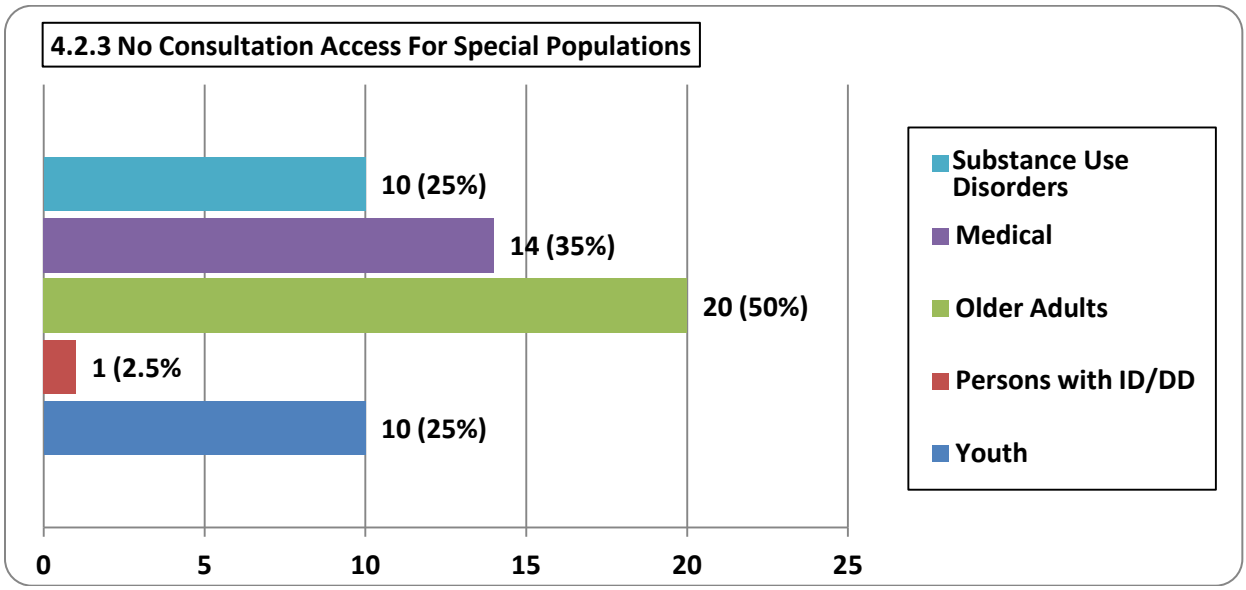


*Percentages do not add up to 100% as nurses are not included in this chart

4.2.3 *Access to Specialists for Consultation*

CSB emergency evaluators must assess anyone with various symptoms that may indicate a behavioral health crisis. Access to skilled professionals with specialized knowledge of particular types of disorders or specific population-based concerns can be helpful in achieving the best outcome for the individual in crisis. All 40 CSBs were asked to report if their emergency evaluators had access to clinical specialists for the following populations: youth, individuals with intellectual or developmental disability (ID/DD), older adults, individuals with medical conditions, or individuals with substance use issues. CSBs reported the following gaps in access to clinical specialists (Chart 5.2.3):

- 25% (n=10) report no access to a clinical specialist for individuals with substance use disorders
- 35% (n=14) report no access to a clinical specialist for individuals with medical issues
- 50% (n=20) report no access to a clinical specialist for older adults (65 years and older)
- 25% (n=10) report no access to a clinical specialist for youth (individuals under age 18)



4.2.4 *Supervision through Documentation Reviews*

Most CSBs (75%, n=30) report having a written policy for conducting clinical documentation reviews. Those CSBs with no written policy (n=10) were asked if they conducted these reviews and 90% (n=9) reported that they did. Many CSBs indicated they used an agency wide quality assurance process and some used a process specific to the Emergency Services unit. While there is a statewide standard *Preadmission Screening Report* form that is used by all CSBs, there is no statewide policy for what information must be included in the narrative sections of this form. Some CSBs reported reviewing all completed *Preadmission Screening Reports* for all clinicians while others rely on weekly or monthly reviews, or complete these reviews during supervision on a random sample of cases.

4.3 *Provision of Resources to Family/Loved Ones during a Crisis*

The CSB Survey data shows that minimal resources are offered to the families or loved ones of individuals experiencing a psychiatric crisis. Only 45% (n=18) of CSBs stated that they offer support and resources for families during a crisis. All CSB emergency evaluators provide families and loved ones with technical information about ECOs and TDOs, as well as the involuntary civil commitment hearing process, but few report providing other supports or resources. The data suggests that CSB emergency evaluators may focus too narrowly on only the individual experiencing the crisis and less on the family. Assistance to families and others to help alleviate anxieties regarding how to care for and support the individual in crisis is inconsistent across the Commonwealth.

4.4 *Additional CSB Survey Data*

Additional data from the CSB workforce survey is presented in Appendix 5, "Data from Emergency Evaluator Survey."

5. STAKEHOLDER SURVEY RESULTS

5.1 *Virginia Emergency Services Stakeholder Perceptions*

The Virginia stakeholder survey was emailed to various organizations[7] whose members were likely to have an informed perception of the qualifications, training and oversight of CSB emergency evaluators. There were 31 completed Stakeholder surveys submitted either by email or through a link to the website, Survey Monkey. Twenty two (22) responses represented organizations' views. The others (9) were from individuals who received the email forwarded to them by the Virginia Counselors Association (VCA). Rather than exclude the extra responses from VCA members, all information that was received was reviewed and included in this report.

5.1.1 *Emergency Evaluator Qualifications*

Respondents were asked if their organization agreed with the current emergency evaluator educational qualifications, which were attached to the survey. Two of the respondents did not answer this question. The majority of respondents, 79.3% indicated agreement with the education qualifications while 20.6% disagreed. Two respondents recommended a requirement that CSB emergency evaluators have professional licensure or be eligible for licensure. One respondent suggested adding a Master's Degree in Addictions Counseling (MAC) to the approved fields of study. Another respondent indicated that a Registered Nurse with three years of psychiatric experience does not have the same level of advanced training as an individual possessing a Master's degree in a human services field with related experience.

[7] See Appendix 7 for list of organizations

5.1.2 *Emergency Evaluator Training*

Regarding the current training and experiential requirements for CSB evaluators, four Stakeholder survey respondents did not include any response to these items. Of those who did respond, 62.9% agreed with the current requirements and 30% did not. The written comments to this question included recommendations to:

- Include additional content in the online training modules (e.g., topics such as Ethics, Clinical Decision Making, Basic Medical Terminology and Labs, Interviewing Skills, Assessing Competence for Voluntary Admissions);
- Include in the training modules specific components on working with individuals over 65 years old and individuals with brain injury;
- Require annual training to maintain certification;[8]
- Create a standardized staff orientation and training method for all CSB emergency evaluators including:
    - specific time periods for "shadowing" more experienced staff;
    - completion of mandatory training modules with monitoring by supervisors;
    - completion of mock evaluations prior to conducting live evaluations with individuals in crisis; and
    - ongoing training and supervision for emergency evaluators.

5.1.3 *Emergency Evaluator Certification*

Asked whether the Stakeholder survey respondents agreed with the current credentialing required for Emergency Evaluators, one respondent did not respond to this question, but 65.3% agreed with the current credentialing and 26.9% disagreed.

Respondents who did not agree with the current credentialing process suggested that CSB evaluators obtain certification through a more formal process overseen by DBHDS or the Department of Health Professions (DHP). More formal testing of CSB evaluators was recommended, with an official certification granted only to individuals who successfully completed training, testing and evaluation requirements. One organization stated that CSBs should not be responsible for credentialing or certifying their own employees, but that this task should be completed by an outside entity, such as DBHDS or DHP, in order to ensure consistency and independent oversight.

5.1.4 *Emergency Evaluator Supervision*

Regarding supervision of CSB emergency evaluators, Stakeholder survey respondents recommended that a specific amount of time be required for clinical supervision, which could be based on years of experience prior to service as an emergency evaluator. The minimum

[8] Currently, once the required on-line training modules have been completed, there is no renewal requirement unless the content of a required module has been updated

suggested time was once per week for individual supervision and bi-monthly group supervision for new evaluators. More experienced CSB emergency evaluators could receive monthly individual and group supervision. Supervisors should possess a clinical background, an advanced degree in human services, a professional license, and direct experience providing emergency services. Several respondents suggested having a psychiatrist provide at least some of the required supervision.

Almost all respondents indicated that, regardless of the individual's experience or licensure, a qualified clinical supervisor with expertise with special populations (e.g., children and adolescents, older adults, individual with ID/DD, individuals with brain injuries, co-occurring substance use, medical conditions and/or combat experience) should be available 24 hours a day for consultation.

5.1.5 *Additional Comments*

Stakeholder survey respondents provided additional comments and suggestions such as having a multi-disciplinary team review of cases where a TDO was not issued, increasing clinical supervision for the most experienced evaluators, ensuring consistent access to consultation on unique or complex situations, and the need for a more standardized orientation process for CSB evaluators with formalized certification requiring ongoing training and supervision.

6. OTHER STATES SURVEY RESULTS

6.1 *Overview*

The following states provided information about its evaluator requirements for this study: Ohio, New Jersey, North Carolina, Tennessee, Washington and West Virginia. State requirements vary, and no real shared standard exists for emergency service certification or credentialing. Detailed information from each state can be found in Appendix 8. Information was collected through phone interviews, online research, and email. Examples of these states' qualifications are presented below.

6.2 *Qualifications*

- Psychiatrists are considered qualified in all of the above states without additional training or certification, as long as they remain licensed in the state.[9]

- Requirements vary among the states reviewed for emergency evaluators who are licensed mental health professionals.

[9] In Virginia, psychiatrists and licensed clinical psychologists are exempt from certification requirements in order to perform independent examinations for commitment hearings, but they are not exempt from the CSB emergency evaluator requirements.

- Most states allow their licensed clinical psychologists, licensed clinical social workers, licensed professional counselors and registered nurses to perform these evaluations.
- Registered Nurses must typically have a minimum number of years of direct experience assessing and diagnosing psychiatric disorders. Some states require the RN to have completed, at a minimum, a Master of Science in Nursing with 2-3 years of direct experience in psychiatric care.
- Some states offer waivers or exceptions to the requirements, for example, for individuals practicing prior to a certain date, or individuals who have provided extensive direct service to adults with mental illness or youth with serious emotional disturbance in lieu of academic requirements.

6.3 *Certification*

- Specific certification requirements are set forth in state law.
- Professionals apply for formal designation or certification through an entity that officially authorizes the certification on behalf of the state following completion of required elements.
- The state's mental health authority (the agency that serves as the state's Department of Behavioral Health) provides oversight of the certification process, including:
  - Verification of academic achievement, with transcripts;
  - Verification of experience;
  - Professional recommendations from qualified providers or individuals familiar with the applicant's crisis service experience.
- Knowledge-based testing is required prior to certification or recertification.
- Professionals are required to re-certify a minimum of every two years.
- Certification is transferable among agencies for individuals not subject to waiver.
- Individuals with a waiver may not transfer their certification to another agency or maintain their waiver if they leave employment for any reason with the initial organization where the waiver was granted.

6.4 *Training*

- Standardized training is required in most of the states surveyed. The following were among the types of training offered:
  - Academy training offered annually;
  - In person training with supplemental online training;
  - Training conferences;
  - Two-day (or longer) scheduled workshops;
  - Regular training on state law and applications to practice.
  - Basic training on CPR, First Aid, OSHA courses, and other licensure required courses must be completed prior to attending training for certification.

7. DISCUSSION

The ability to perform a thorough clinical assessment in an emergency, under strict time constraints, requires extensive knowledge of behavioral health disorders and symptoms, as well as physical health conditions, substance use disorders, the role of trauma, and other critical issues affecting the lives of individuals with behavioral health disorders. Emergency evaluators must have a comprehensive understanding of state and federal law covering involuntary treatment, informed consent, health information privacy and disclosure, the criminal justice interface, and related issues. This work involves developing rapport with individuals and their loved ones, and the ability to incorporate critical, relevant collateral information into the evaluation and disposition process. Evaluators must often weigh individual liberties and community interests, including public safety. Considerable experience is often required to achieve excellence in this arena.

CSB emergency evaluations are required to be provided 24 hours a day and crisis situations are by nature emotionally charged and complex. Classification of, and recruitment for, these positions should reflect the critical skill levels required to assess and treat those in crisis situations. Having a "certification" that recognizes a specified level of education, training, supervision, and oversight would enhance the quality of services provided to individuals in crisis.

Virginia's current certification process for CSB emergency evaluators needs to be strengthened to reflect the skills and knowledge needed to provide high quality crisis care for individuals during their most vulnerable time. The work of an emergency evaluator is more than just conducting the evaluation; it includes demonstrating compassion for individuals and their loved ones, gathering and clarifying what may be conflicting information, exercising good clinical judgment while balancing the perceived needs and interests of the individual, and identifying appropriate responsive services and supports in the least restrictive environment. The ability to meet these responsibilities and formulate a well designed, recovery-oriented support plan for individuals and their families is essential to the overall positive outcome of crisis services.

The CSB workforce survey documents significant variations among CSBs in their staffing mix of licensed and unlicensed staff, oversight of certification requirements, supervision of emergency evaluators, and the methods of documentation. The results of this study suggest that Virginia should require more standardization of the required qualifications, more standardized and independent oversight of the certification process, and a stronger infrastructure to support this effort.

Clear themes were found throughout the surveys and reviews conducted for this study, including the following:

There is general support for the standardization of requirements and practices:

- Clear minimum requirements for education, experience and licensure;
- Creating a specific position title or designation for CSB emergency evaluators (e.g., Crisis Intervention Specialist) and supervisors;
- Use of a standardized staff orientation checklist to enable consistent oversight;

- Minimum supervision requirements for new and existing staff, regardless of licensure status;
- Statewide accessibility to case consultation for special populations and complex cases.

There is general support for creating an enhanced certification program:
- Establishing an office at DBHDS to manage Crisis Intervention Specialist credentialing;
- Developing an application review process for certification;
- Testing of applicants for certification and re-certification;
- Training to be offered both online and face-to-face for new staff;
- Training and clinical supervision requirements including minimum supervision requirements based upon years of experience and documentation of supervision required for recertification.
- Offering regular statewide conferences for Crisis Intervention Specialists;
- Creating an Institute of Learning for professionals interested in providing crisis services.

In relation to oversight:
- Establishing clear documentation requirements for providers, including certification, supervision, etc;
- Conducting regular DBHDS reviews of provider documentation;
- Providing technical assistance by DBHDS to providers to support implementation of certification and related requirements.

8. RECOMMENDATIONS

DBHDS offers the following recommendations to strengthen and improve the qualifications, training, and oversight of the CSB emergency evaluator workforce, and the expanded DBHDS administrative structure required to develop and manage this effort on an ongoing basis. It should be noted that these recommendations will require additional funding for the infrastructure to support these new requirements.

Recommendation 1: Minimum requirements for CSB emergency evaluators should include professional licensing that are codified in the *Code of Virginia*, and in DBHDS regulations as of July 1, 2020. A plan to allow CSBs to continue providing this vital service while ramping up to the new requirements should be implemented during a five-year transition phase.

- All new hires of CSB emergency evaluators after July 1, 2016, must have verified educational requirements of Master's or Doctoral Degree and possess an unrestricted[10] professional license in one of the following disciplines:
    - Professional Counselor (LPC)
    - Clinical Social Worker (LCSW)
    - Marriage and Family Therapist (LMFT)

[10] Generally, an unrestricted license is one where there are no imposed limitations on the scope of practice and the license has not been subject to a disciplinary action.

- Substance Abuse Treatment Practitioner (LSATP)
- Clinical Psychologist (LCP)
- Psychiatric Nurse Practitioner (PNP) with ANCC Board Certification as an Adult Psychiatric and Mental Health Nurse Practitioner
- Physician's Assistant (PA) with NCCPA Certificate of Added Qualification in Psychiatry
- Psychiatrist (MD).

The license must be current and unrestricted through Virginia's Department of Health Professions.

- All CSB emergency evaluators must meet the above licensing requirement by July 1, 2020.

- CSB emergency evaluators who meet the licensure qualifications and have completed the other certification requirements should be certified as Crisis Intervention Specialists to reflect the scope of work performed by these individuals

- During the five year transitional phase, the certification process should include a temporary waiver of the academic credentials for existing CSB emergency evaluators who have a Bachelor's Degree with a minimum of 15 years of continuous crisis services experience. For existing Registered Nurse emergency evaluators, a minimum of five years of continuous crisis experience would be required. These individuals must currently be certified as preadmission screeners, continue to provide emergency evaluations without a lapse in service, and complete any new requirements for Crisis Intervention Specialists certification, training, and supervision. All of these individuals must meet the new certification requirements by June 30, 2020 in order to continue performing emergency evaluations.

- Each new hire must complete a standardized staff orientation as well as complete any training modules or live training as set forth by DBHDS.

- Certified preadmission screeners, including those with waiver-based certification during the transition period, must complete and document standardized training, testing and supervision and be subject to certification renewal annually.

- Recertification shall require a documented minimum of 12 hours of individual or group supervision, 16 hours of additional relevant training, written approval of a licensed clinical supervisor and successful completion of a written examination.

Recommendation 2: Establish clear licensure and experiential requirements for Crisis Intervention Specialist certification.

- Individuals with a current, valid LCSW, LPC, LMFT, LSATP, PNP, or PA issued by the Department of Health Professions must also possess three years of professional experience working with individuals who have a serious mental illness or serious emotional disturbance.

- Education requirements for all applicants must be verified by the employing CSB, through the appropriate institution of higher education, and verification must be submitted by the individual with the application for Crisis Intervention Specialist certification.

Recommendation 3: Establish a standardized staff orientation and preparation for certification as a Crisis Intervention Specialist.

- Implement a standardized orientation process for CSB emergency services staff that includes statutory, DBHDS, and regional requirements as well as local practices, policies, and procedures.

- Develop a standard orientation process for CSB emergency services staff to prepare them for certification by requiring crisis intervention and emergency evaluation experience with direct supervision and documentation reviews with a licensed clinical supervisor.

Recommendation 4: Establish an expanded training curriculum for Crisis Intervention Specialists including a blended learning approach of online and classroom training. The curriculum would include:

- Completion of online training modules for specific topics with learning goals, objective and knowledge mastery through testing prior to earning the Crisis Intervention Specialist Certification.

- Attendance at mandatory training workshops with subject matter experts with learning goals, objectives and knowledge mastery through testing.

- Minimum (e.g., 16 hours per year) requirements for ongoing knowledge acquisition through training, webinars, etc. on an annual basis for all Crisis Intervention Specialists, to be documented by the individual and CSB.

- Establishment of an Institute of Learning for Crisis Intervention Specialists to teach best practices from leaders in the field and provide additional in-service learning about crisis and emergency behavioral health services. Require mandatory completion of a core set of trainings with access to higher levels of training for Crisis Intervention Specialists to continue to grow and master their practice. Testing would be required upon completion of courses.

Recommendation 5: Require direct clinical supervision by qualified licensed clinical supervisors possessing a documented minimum of five years of full time employment providing emergency services, including emergency evaluations. Psychiatrists and clinical psychologists licensed by the Board of Health Professions in Virginia would be excluded from this experience requirement when providing supervision.

- Standard supervision would be required of all individuals seeking Crisis Intervention Specialists certification, which would include a minimum of one hour of individual supervision every two weeks and one additional hour of group supervision per month. (Individual supervision could be substituted for monthly group supervision.) Supervision logs must be submitted for certification as well as for review by a licensing specialist.

- CSBs would be required to provide access to clinical consultation 24/7 with qualified licensed clinical supervisors who have sufficient knowledge to assist the Crisis Intervention Specialists with a variety of presenting conditions and issues, including special populations, diagnostic clarification, duty to warn/duty to protect issues, risk assessment, and identifying additional collateral contacts etc.

In summary, Crisis Intervention Specialists certification would be contingent upon documentation of meeting the minimum educational and licensing requirements, documentation of meeting the prior experience requirement, and a completed application with accompanying documentation that verifies successful completion of standardized orientation, training, supervision and testing.

Recertification would be granted on an annual cycle, contingent upon meeting the re-certification requirements. (Applicants for Crisis Intervention Specialist certification might be required to submit a $50.00 application or renewal fee to DBHDS to offset the cost of processing and managing the certification cycle within DBHDS.)

Clinical supervisors would be required to maintain Crisis Intervention Specialist Certification, continue to have an unencumbered license in Virginia, and maintain a certification from DBHDS acknowledging their ability to provide clinical supervision to the individuals providing this service.

Recommendation 6: Improve emergency services through regular and timely review to ensure quality of services and proper documentation.

- CSBs should establish and implement a DBHDS-approved standard benchmark for review of clinical emergency services documentation (e.g., 10% of all cases per clinician) within each agency.
- Clinical documentation should include all crisis intervention approaches attempted, thorough documentation of all collateral contact efforts and results, plans developed for family outreach during and after the crisis, and clear rationale for all actions taken by the Crisis Intervention Specialist during the crisis.
- Develop statewide standard quality assurance tools for reviewing emergency services documentation with allowances for local practices.
- Technical assistance should be provided by DBHDS to support CSBs in this effort.
- DBHDS should audit a minimum number of CSBs and emergency services records annually.

Recommendation 7: Improve the provision of emergency services through access to subject matter experts with community based experience.

- DBHDS should consider creating and sustaining a cadre of additional on-call professional consultants to provide guidance and technical assistance to emergency services staff in specialty areas such as applied behavioral analysis for individuals with intellectual or other development disabilities, child psychiatry for children and youth, and gerontology experts for older adults.

9. FISCAL IMPLICATIONS

There will be a fiscal impact for CSBs and DBHDS to implement these recommendations. It will be more costly for CSBs to hire only licensed individuals to provide continuous coverage, and meet additional training and supervision requirements on an ongoing basis. DBHDS will also incur additional costs for oversight, technical assistance, training, and development and maintenance of the certification process.

If DBHDS is to be the credentialing and oversight agency for Crisis Intervention Specialists, increased financial and administrative support will be necessary to implement and operate the certification program outlined above. The cost of implementing these changes is estimated to be $780,000 per year for the first two years and $520,000 annually thereafter. These resource needs are described below.

- **DBHDS Crisis Intervention Specialists Certification Program Staff:**
  - Two additional FTEs are needed to provide direct oversight of the credentialing process, including verification of training, testing, and other pieces of the application process. These individuals would also be responsible for coordinating training in around the state as well as developing the Institute of Crisis Counseling. Documentation reviews would also be a part of the overall responsibilities of these positions with support from existing professionals (e.g., audit team members, licensure specialists and regional mental health consultants) within the department.
    - Annual cost for two FTE Crisis Intervention Specialists Certification Administrators (at pay band 5) including fringe benefits and non-personnel costs = $260,000.
  - One additional FTE (pay band 4) is needed to support training logistics, tracking of applications including dates of recertification, and developing and maintaining a database of all Crisis Intervention Specialists.
    - Annual costs for one FTE Crisis Intervention Specialists Certification Program Assistant including fringe benefits and non-personnel costs = $90,000.

- **Online curriculum development and maintenance**:
  - DBHDS will contract with an organization to update and maintain the online training curriculum (i.e., modules). It may be possible to use the existing training platform but the contractor will also need to develop new modules because of recent changes to the *Code of Virginia* and DBHDS policy and practice that are significant.

        - Initial cost is $250,000 annually for two years for the development of curriculum, testing and training system, and contract administration. After the first two years of development, costs would be $50,000 annually thereafter.

- **Institute of Crisis Intervention**
    - A training institute event would be conducted four times annually for two years, and semiannually thereafter, to present timely and relevant topics for Crisis Intervention Specialists, CSB emergency services supervisors and administrators, and emergency services partner entities. $30,000.00 is requested per two-day Institute for trainer fees and expenses, materials, and meeting space. DBHDS has entered into collaboration with The National Council of Behavioral Health, which may be able to provide the technical assistance as well as curriculum for the Institute.
        - The cost for the Institute is estimated at $120,000 annually for the first two years, and $60,000 annually thereafter.

- **Quarterly Training on Mental Health Law**
    - Understanding Virginia law and how to apply it in practice is critical to effective emergency services. Topics include involuntary commitment, informed consent, privacy and disclosure, the Emergency Medical Treatment and Labor Act (EMTALA) and related health law and use of advance directives. Funding is requested to sponsor quarterly training on mental health law for Virginia Crisis Intervention Specialists and other practitioners.
        - Costs are estimated to be $60,000 annually to cover trainer fees and expenses, materials, and meeting space for four, one-day events.

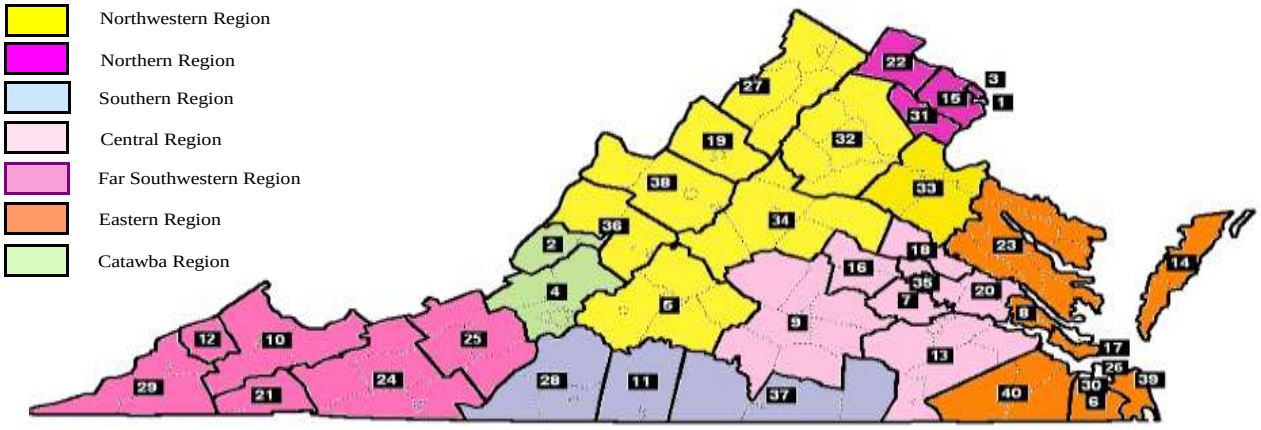
Ongoing funding will be needed to support efforts to strengthen the Crisis Intervention Specialists workforce in Virginia. Without this funding, DBHDS will be unable to create, manage or maintain effective oversight of the education, training and supervision of Crisis Intervention Specialists and emergency services in Virginia.

APPENDIX 1

Table of CSB Partnership Planning Regions	
Partnership Planning Region	Community Service Board or Regional Behavioral Health Authority
1 Northwestern Virginia	Horizon Behavioral Health Services Harrisonburg-Rockingham CSB Northwestern Community Services Rappahannock Area CSB Rappahannock-Rapidan CSB Region Ten CSB Rockbridge Area Community Services Valley CSB
2 Northern Virginia	Alexandria CSB Arlington County CSB Fairfax-Falls Church CSB Loudon County CSB Prince William County CSB
3 Southwestern Virginia	Cumberland Mountain CSB Dickenson County Behavioral Health Services Highlands Community Services Mount Rogers CSB New River Valley Community Services Planning District One Behavioral Health Services
4 Central Virginia	Chesterfield CSB Crossroads CSB District 19 CSB Goochland-Powhatan Community Services Hanover CSB Henrico Area Mental Health & Developmental Services Board Richmond Behavioral Health Authority
5 Eastern Virginia	Chesapeake CSB Colonial Behavioral Health Eastern Shore CSB Hampton-Newport News CSB Middle Peninsula-Northern Neck CSB Norfolk CSB Portsmouth Department of Behavioral Healthcare Services Virginia Beach CSB Western Tidewater CSB
6 Southern	Danville-Pittsylvania Community Services Piedmont Community Services Southside CSB
7 Catawba Region	Alleghany Highlands CSB Blue Ridge Behavioral Healthcare

APPENDIX 2

REGIONAL PARTNERSHIP PLANNING AREAS



1 Alexandria
2 Alleghany Highlands
3 Arlington
4 Blue Ridge
5 Central Virginia
6 Chesapeake
7 Chesterfield
8 Colonial
9 Crossroads
10 Cumberland Mountain
11 Danville-Pittsylvania
12 Dickenson County
13 District 19
14 Eastern Shore
15 Fairfax-Falls Church
16 Goochland-Powhatan
17 Hampton-Newport News
18 Hanover County
19 Harrisonburg-Rockingham
20 Henrico Area
21 Highlands
22 Loudoun County
23 Middle Peninsula-Northern Neck
24 Mount Rogers
25 New River Valley
26 Norfolk
27 Northwestern
28 Piedmont
29 Planning District One
30 Portsmouth
31 Prince William County
32 Rappahannock-Rapidan
33 Rappahannock Area
34 Region Ten
35 Richmond
36 Rockbridge Area
37 Southside
38 Valley
39 Virginia Beach
40 Western Tidewater

COMMONWEALTH of VIRGINIA

DEPARTMENT OF
MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

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Memorandum

To: CSB Executive Directors
DMHMRSAS Facility Directors
Independent Examiners

From: James S. Reinhard, M.D.

Date: June 26, 2008

Re: **Reform Guidance Memo #3: Certification of Independent Examiners and CSB Evaluators**

This is the third in the series of *Reform Guidance Memos* related to implementation of the mental health law changes that go into effect on July 1, 2008.

Background: Virginia law currently requires that community services board (CSB) evaluators who provide recommendations and prepare preadmission screening reports for the courts pursuant to §§37.2-808, 37.2-809, 37.2-816 and 37.2-817 (emergency custody and temporary detention orders, preadmission screening report) must complete a certification program approved by the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). This requirement remains in effect under the new law.

As of July 1, however, new requirements will go into effect for licensed practitioners performing the independent clinical examination under §37.2-815. Specifically, only certain licensed professionals who are designated in the new law may perform these examinations. Secondly, except for psychiatrists and licensed psychologists, these examiners are also required to complete a certification program approved by DMHMRSAS.

Issue: After July 1, the emergency custody, temporary detention and involuntary commitment process will continue to require an evaluation of the individual and preparation of a preadmission screening report by a qualified CSB evaluator or designee and an independent clinical examination by a licensed professional. These professionals are subject to specific licensing and education requirements and, except for psychiatrists and psychologists performing examinations under §37.2-815, will need to complete a certification program approved by DMHMRSAS. A new certification program for independent examiners and CSB evaluators and preadmission screeners is under development and will be a modular, on-line learning program with a competency test for each required module. **This new certification program, however, will not be operational July 1, 2008.**

This memorandum provides guidance for CSB and other licensed practitioners who are subject to the certification requirements as of July 1, 2008. This guidance will remain in effect until the new certification program is fully operational.

I. Guidance for Community Services Board (CSB) Evaluators and Preadmission Screeners: Certification for CSB employees and designees is based on three elements - education, successful completion of training modules, and supervisory approval by the appropriate CSB clinical supervisor. Documentation of academic credentials, licensing (if any), completion of DMHMRSAS certification training, and supervisory approval to function as a CSB evaluator or preadmission screener should be maintained and available in CSB personnel files. The following requirements will be in effect on July 1, 2008:

- **Education requirements:** After July 1, 2008, individuals hired or contracted by CSBs to function as ECO evaluators and preadmission screeners must possess the following minimum educational qualifications prior to completion of the DMHMRSAS certification training:
  - Master's degree with a major course of study in Human Services (.e.g., Counseling, Social Work, Rehabilitation Counseling, Nursing) or Masters degree or equivalent course credits in Psychology. The degree should be acceptable by the Virginia Department of Health Professions as a sufficient Master's degree to allow licensure as a Licensed Clinical Social Worker, a Licensed Professional Counselor, a Licensed Substance Abuse Practitioner, or a Licensed Marriage and Family Therapist, or
  - Virginia license as a Registered Nurse and 36 months professional work experience with a psychiatric population.
- **DMHMRSAS Certification:** CSB evaluators and preadmission screeners certified prior to July 1, 2008 under the existing program will remain certified pending availability of the new certification program. CSB evaluators and preadmission screeners hired after July 1, 2008 will be considered certified upon successful completion of the existing certification program.

II. Guidance for Independent Examiners under §37.2-815: Effective July 1, 2008, qualification for appointment as an independent examiner under §37.2-815 will be limited to psychiatrists licensed by the Board of Medicine and psychologists licensed by the Board of Psychology, who are qualified in the diagnosis of mental illness. If a psychiatrist or psychologist is not available, a practitioner who is licensed in Virginia through the Department of Health Professions as a clinical social worker (LCSW), professional counselor (LPC), psychiatric nurse practitioner or clinical nurse specialist, as described in §37.2-815, who is qualified in the assessment of mental illness may also serve as an independent examiner. Independent examiners, except psychiatrists and psychologists, are also required to complete a DMHMRSAS certification program. Because the new certification program for independent examiners will not be operational on July 1, the Commissioner will consider practitioners who meet the following requirements as meeting the requirements of an approved certification program, until such time as a new certification program is implemented :

- The examiner meets the specific licensing requirements specified in § 37.2-815;
- The examiner is qualified in the assessment of mental illness, as demonstrated through their professional experience;
- The examiner is free of conflict of interest, as specified in § 37.2-815, i.e.:
  - Is not related by blood or marriage to the person,
  - Is not responsible for treating the person,
  - Has no financial interest in the admission or treatment of the person,
  - Has no investment interest in the facility detaining or admitting the person, and
  - Except as noted in the statute, is not employed by the facility.

III. Notification of Availability of New Certification Program: CSBs and independent examiners will be notified when the new certification program modules become available, and all CSB evaluators, CSB preadmission screeners and independent examiners will be required to complete the new certification modules to maintain their certification and continue to serve in this capacity.

IV. Timetable for Certification Program Implementation: The certification program is currently under development. The first training modules are expected to be ready in mid-summer 2008, and the complete certification curriculum is expected to be operational by June 2009. Specific instructions for accessing and completing the modules will be disseminated as the modules become operational, and information will also be posted on the Department's 2008 Mental Health Reform Web page: www.dmhmrsas.virginia.gov/OMH-MHReform.htm.

Conclusion: I believe strongly that a fair and effective involuntary commitment process requires highly qualified and capable practitioners who can understand and engage individuals at a most critical time in their lives. I look forward to working with you to implement these mental health law reforms and improve the quality of our citizens' encounters with our system of care, and I appreciate your dedication and commitment to this task.

cc: The Honorable Marilyn B. Tavenner
The Honorable Chief Justice Leroy Hassell
The Honorable Robert McDonnell
Karl Hade
Mary Ann Bergeron
Victoria Cochran
Betty Long
Scott Johnson
Brian Parrish
Paula Price
Mira Signer

APPENDIX 4

Virginia Department of Behavioral Health and Developmental Services

CSB/BHA Emergency Evaluation Workforce Survey

CSB/BHA *(will have a drop down list)*

Characteristics of Emergency Services at Your Agency:

Are emergency services provided during **traditional working hours** by staff that are:

1. In an office with capabilities for on-site assessments? *Yes or No*
2. In an assessment center with capability to transfer custody if needed? *Yes or No*
3. Mobile in your catchment area to respond directly to individuals in their own environment? *Yes or No*
4. Mobile to jails, nursing homes, group homes, other agency sites? *Yes or No*
5. Mobile to Emergency Rooms only? *Yes or No*

Do you have a protocol for adjusting coverage if the staff (either on-call or on shift) become inundated, overstretched, or involved in multiple requests for services, etc during normal business hours? *Yes or No (If yes, please describe)*

Please use this space to add any additional information/comments you would like to add, regarding your emergency services provided during traditional working hours (optional) *(comment box)*

Are emergency services provided during **non-business working hours** by staff that are:

1. In an office with capabilities for on-site assessments? *Yes or No*
2. In an assessment center with capability to transfer custody if needed? *Yes or No*
3. Mobile in your catchment area to respond directly to individuals in their own environment? *Yes or No*
4. Mobile to jails, nursing homes, group homes, other agency sites? *Yes or No*
5. Mobile to Emergency Rooms only? *Yes or No*

Are emergency services provided during non-business working hours by on-call staff who respond to requests for crisis intervention? *Yes or No*

Do you have a protocol for adjusting non-business working hour coverage if the staff (either on-call or on shift) becomes inundated, overstretched, or involved in multiple requests for service, etc? *Yes or No (If yes, please describe)*

Please use this space to add any additional information/comments you would like to add, regarding your emergency services provided during non-business working hours (optional) *(comment box)*

Pre-screener Information:

Number of individuals in your agency that have completed the Pre-Admission Screener Curriculum. (drop *down box, field will require a whole number)*

	Emergency Evaluations Provided Exclusively (includes crisis contacts)	Emergency Evaluations are only a part of duties (includes crisis contacts)
Staff who are employed Full-Time	(1-999)	(1-999)
Staff who are employed Part-Time (who work less than F/T, PRN, Oncall, etc)	(1-999)	(1-999)
Total Staff		

Total Number of FTEs (forty hour equivalent) in Emergency Services at your agency: *(This answer requires a whole number, so please round up or down: drop down box 1-9999)*

Total Number of FTEs (include all paid positions) in your agency: *(This answer requires a whole number, so please round up or down: drop down box 1-9999)*

Emergency Evaluator Staff to Degree/License Ratio								
	Bachelor's Degree	Master's Degree-unlicensed	Master's Degree-License Eligible	Master's Degree-Licensed	Doctoral Degree-unlicensed	Doctoral Degree-Licensed	MD	RN
#of FT Staff with:								
#of PT Staff with:								

What are the titles of the positions of staff that have completed the Pre-Admission Screener Training that are currently providing emergency evaluations? Please list all the titles, including management positions. *(E.g., Prescreener Clinician, Emergency Services Counselor, ES Manager, etc.) Comment Box*

Number of Emergency Evaluators who are providing emergency evaluations, by range of years of actual behavioral health crisis experience:

_____0-1 years of actual crisis experience

_____ 1-2 years of actual crisis experience

_____3-5 years of actual crisis experience

_____6-10 years of actual crisis experience

_____11-14 years of actual crisis experience

_____15-20 years of actual crisis experience

_____21-25 years of actual crisis experience

_____26-30 years of actual crisis experience

_____ 31+ years of actual crisis experience

Does your agency have a policy regarding additional clinically relevant training for Emergency Evaluators, beyond the Pre-Admission Screener Curriculum? *(yes or no: if yes: What additional clinically relevant training does your agency require for Emergency Evaluators? (Please list); if no: Does your agency still offer additional clinically relevant training for Emergency Evaluators? if yes: please describe)*

Does your agency have policy governing emergency evaluation documentation requirements? *(Yes or No, If yes, please describe)*

Number of P/T Emergency Evaluators for each hourly compensation range?

_____$15-20 _____$21-30 _____$31-40 _____$41-50

_____$51-60 _____$61-70 _____$71-80 _____$81-90

_____$91-100 _____$100+

Number of Emergency Evaluators for each oncall, base rate hourly compensation range? (Please note, you also have the option of selecting "all", in the dropdown list)

____$5-10 ____$11-15 ____$16-20 ____$21-30

____$31-40 ____$41-50 ____$50+

Number of Emergency Evaluators for each oncall, face to face or two-way electronic communication emergency evaluation, hourly compensation range? (Please note, you also have the option of selecting "all", in the dropdown list)

_____$15-20 _____$21-30 _____$31-40 _____$41-50

_____$51-60 _____$61-70 _____$71-80 _____$81-90

_____$91-100 _____$100+

Number of F/T Emergency Evaluators for Each Salary Range

____$15,000-20,000 ____$21,000-30,000 ____$31,000-40,000

____$41,000-50,000 ____$51,000-60,000 ____$61,000-70,000

____$71,000-80,000 ____$81,000-90,000 ____$91,000-100,000

____$100,000+

Pre-screener Supervision:

Total number of supervisors providing administrative supervision (i.e., agency policy, timesheets, leave requests, etc.) in your Emergency Services program: *(This answer requires a whole number)*

Total number of supervisors providing clinical supervision (i.e., best practice, consultation, coaching, etc.) (This does not include peer/co-worker consultation or coaching) in your Emergency Services program: *(This answer requires a whole number)*

Total number of supervisors providing dual administrative and clinical supervision in your Emergency Services program: (This does not include peer/co-worker consultation or coaching) in your Emergency Services program: *(This answer requires a whole number)*

Number of Emergency Evaluators Reporting to Each Educational Level of Clinical Supervisor							
Degree/Licensure of Supervisor							
Bachelor's Degree							
Master's Degree-unlicensed							
Master's Degree-License Eligible							
Master's Degree-Licensed (i.e.LPC, LCSW)							
Doctoral Degree-unlicensed							
Doctoral Degree-Licensed (i.e. PhD, MD)							
RN (i.e. RN-C, BSN, MSN)							

Does your agency have a standard in policy regarding clinical supervision for Emergency Evaluators? *(If yes: What is the frequency of clinical supervision of Emergency Evaluators, required by your agency); if no – Is clinical supervision offered but not required by policy? (yes or no; if yes, please describe)*

Is a record maintained on clinical supervision for each Emergency Evaluator? *(If yes, How is this record maintained? Describe protocol)*

Does your agency have a policy on conducting and facilitating clinical documentation reviews? *(yes or no; if yes, please describe this policy, if no-Are clinical documentation reviews being conducted on Emergency Evaluations? If yes, please describe; no)*

During a crisis intervention, do preadmission screeners have access to clinical specialists for the following populations?

Youth? (yes or no) Persons with ID/DD? (yes or no) Older Adults? (yes or no) Medical? (yes or no)

Substance Use (yes or no)

Does your agency have a policy for providing support and/or resources to families to make a safer environment for individuals during a crisis? *(yes or no, if yes please describe)*

Please use this space to add any information that you would like to provide about the Emergency Evaluators' qualifications, training and oversight within your agency? *(comment box)*

Please provide a contact person's name and contact information (email, phone number) for any additional follow up that may be needed.

Name and contact information box

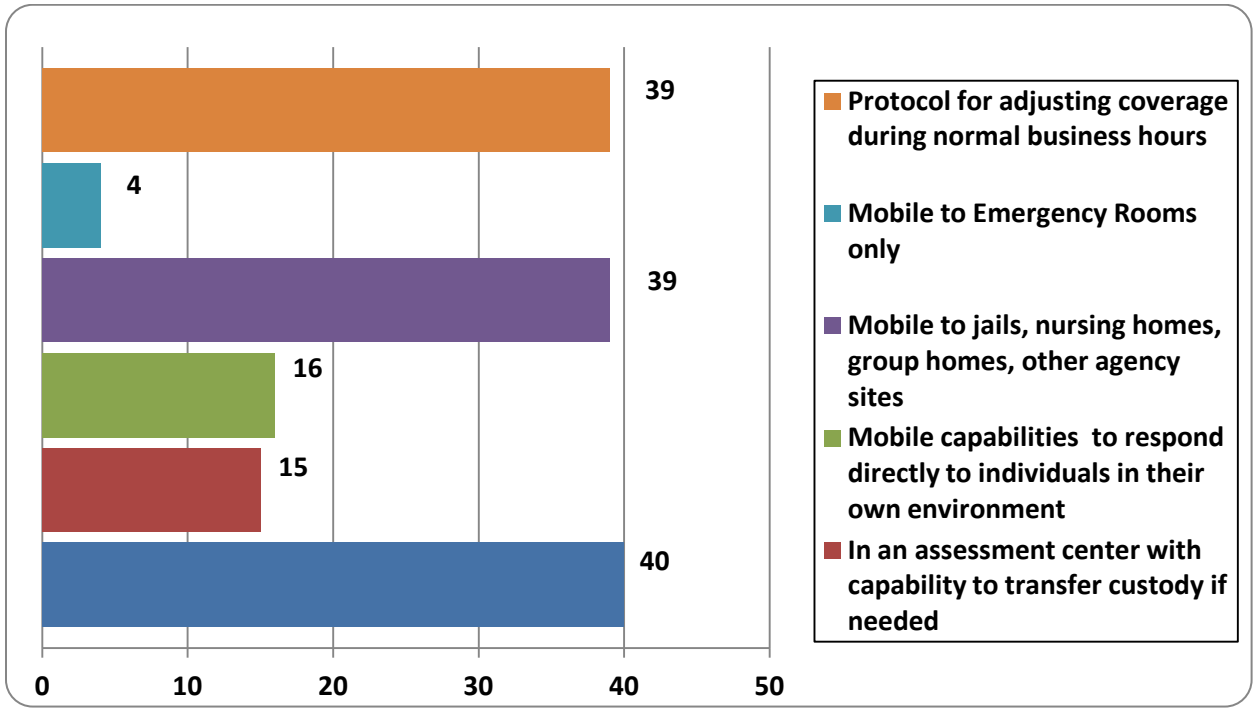
If you have any questions about completing this survey, please contact Mary Begor, mary.begor@dbhds.virginia.gov or 804-371-0462 or George E. Banks, George.banks@dbhds.virginia.gov .

Thank you for your participation!

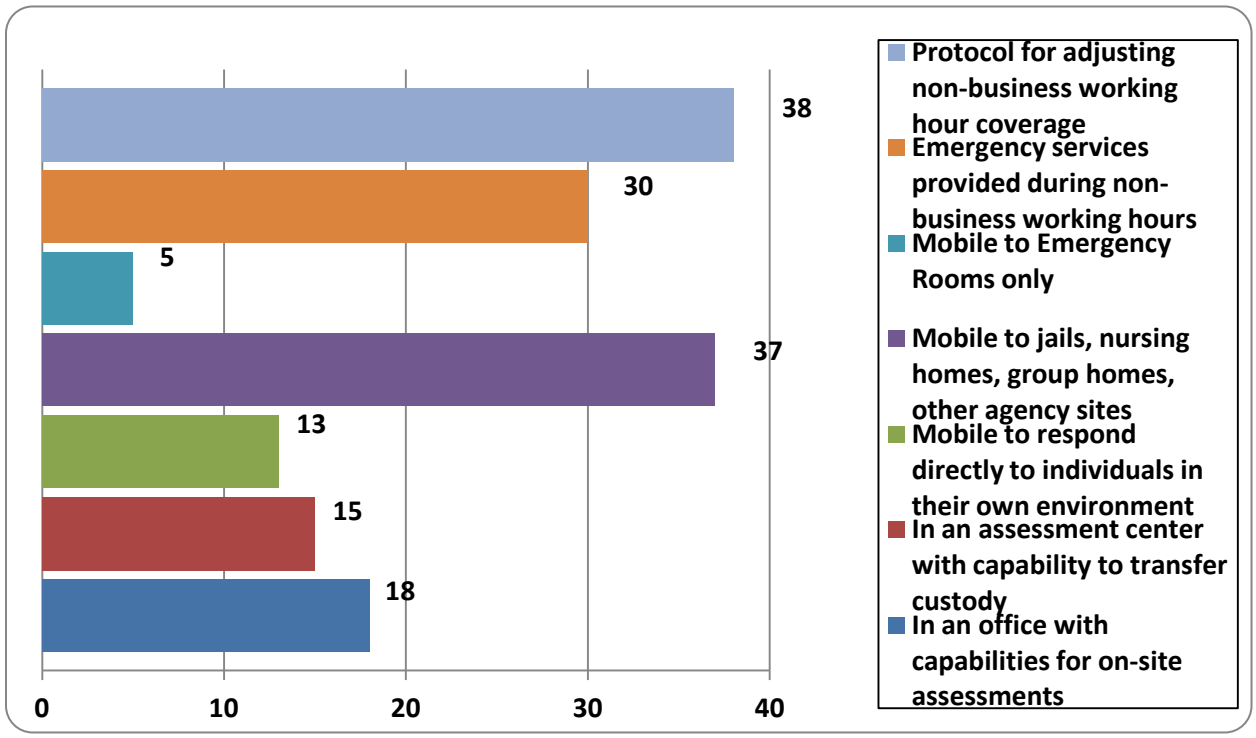
APPENDIX 5

Data from Emergency Evaluator Survey

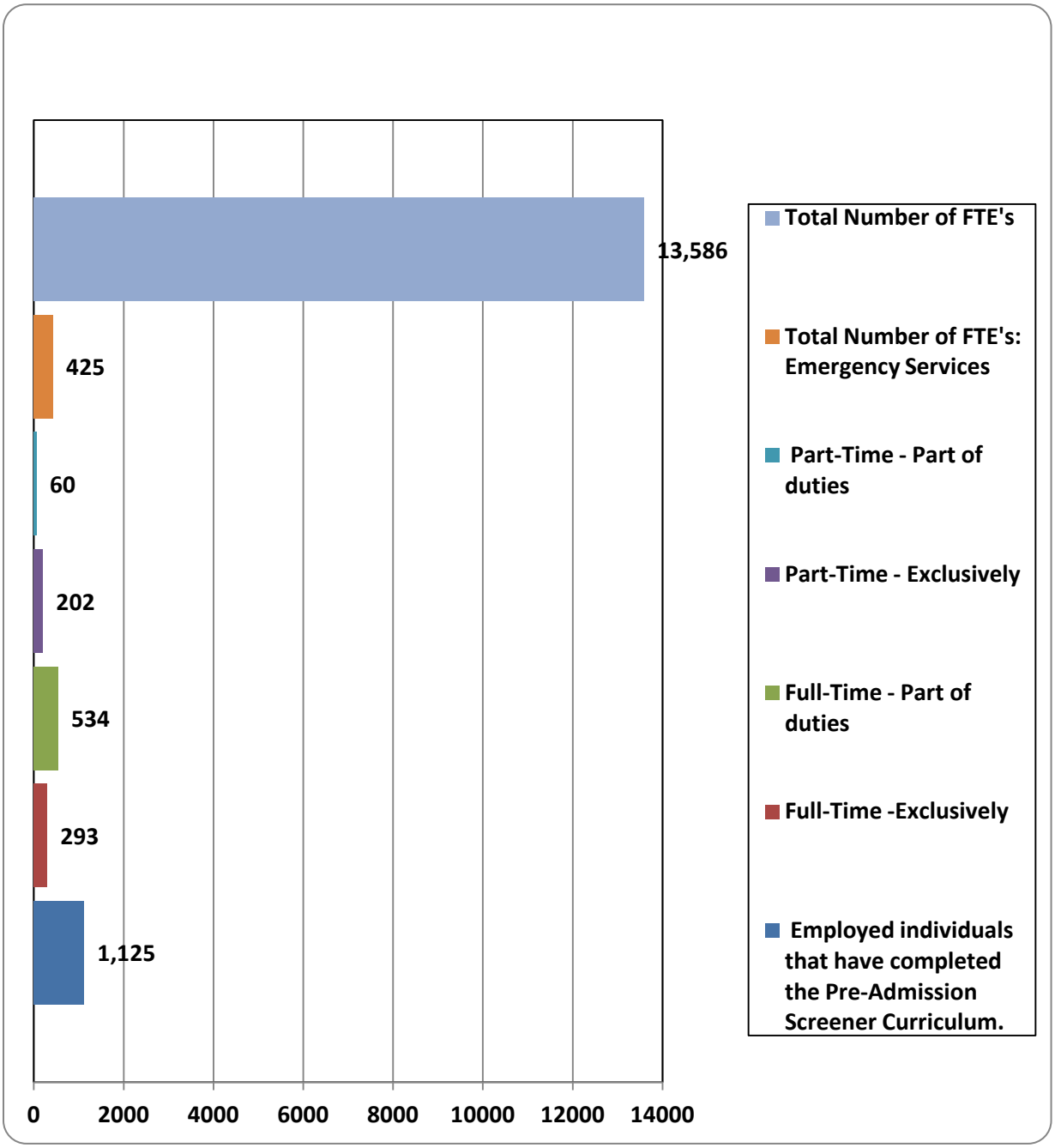
A5.1 CSB-Emergency Services Operations: Number of CSBs by Business Hours



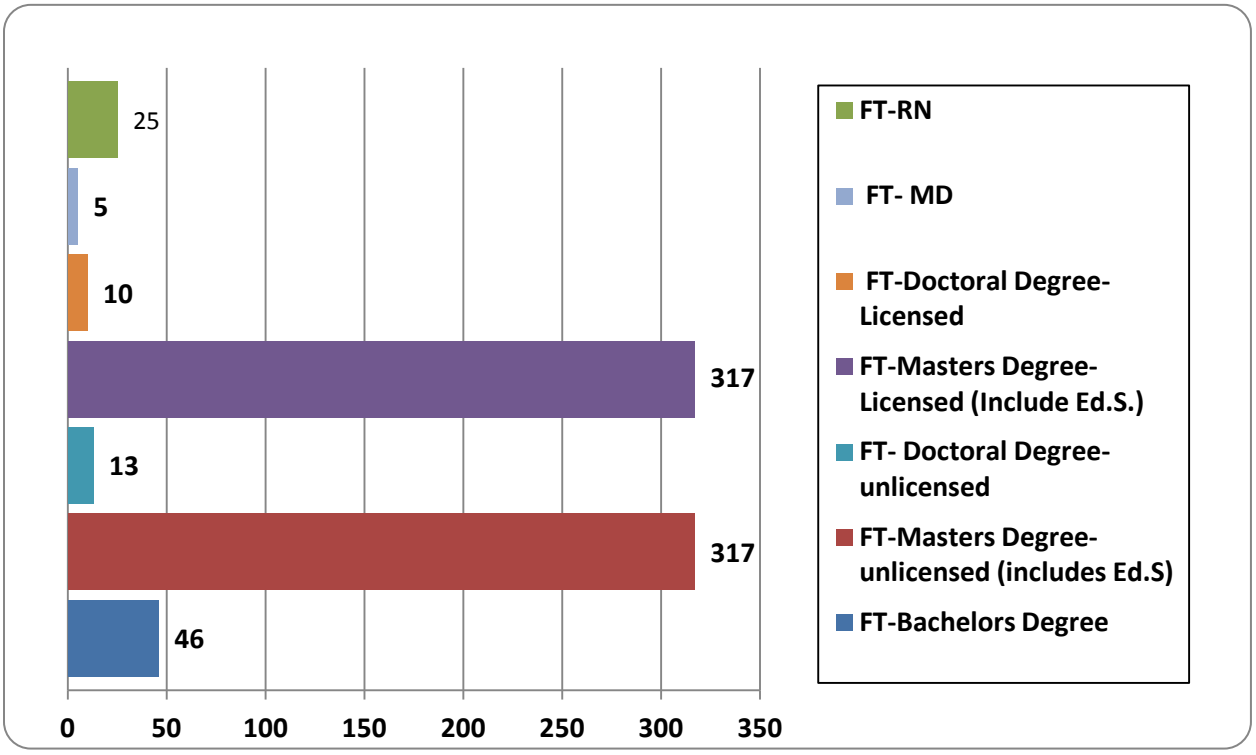
A5.2 CSB- Emergency Services Operations: Number of CSB by Evenings, Weekends, and Holidays



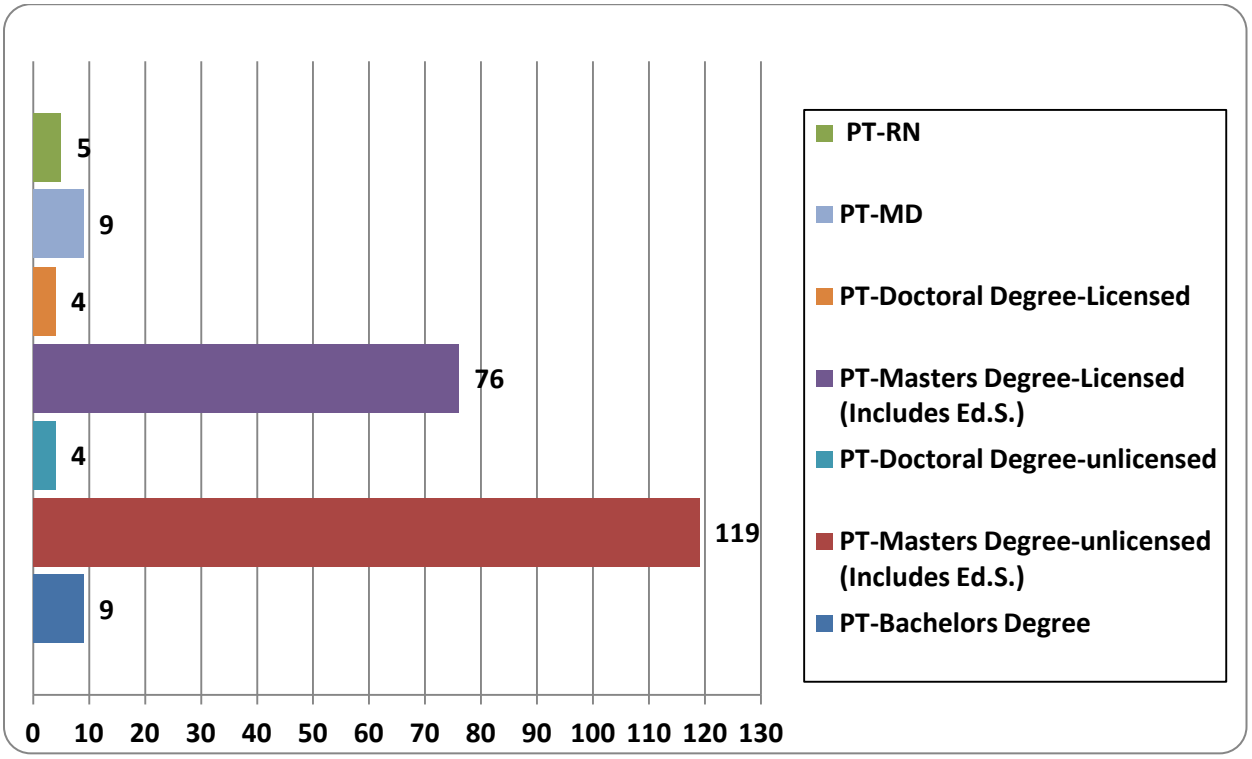
A5.3 CSB Personnel: Total FTE and Emergency Services FTE



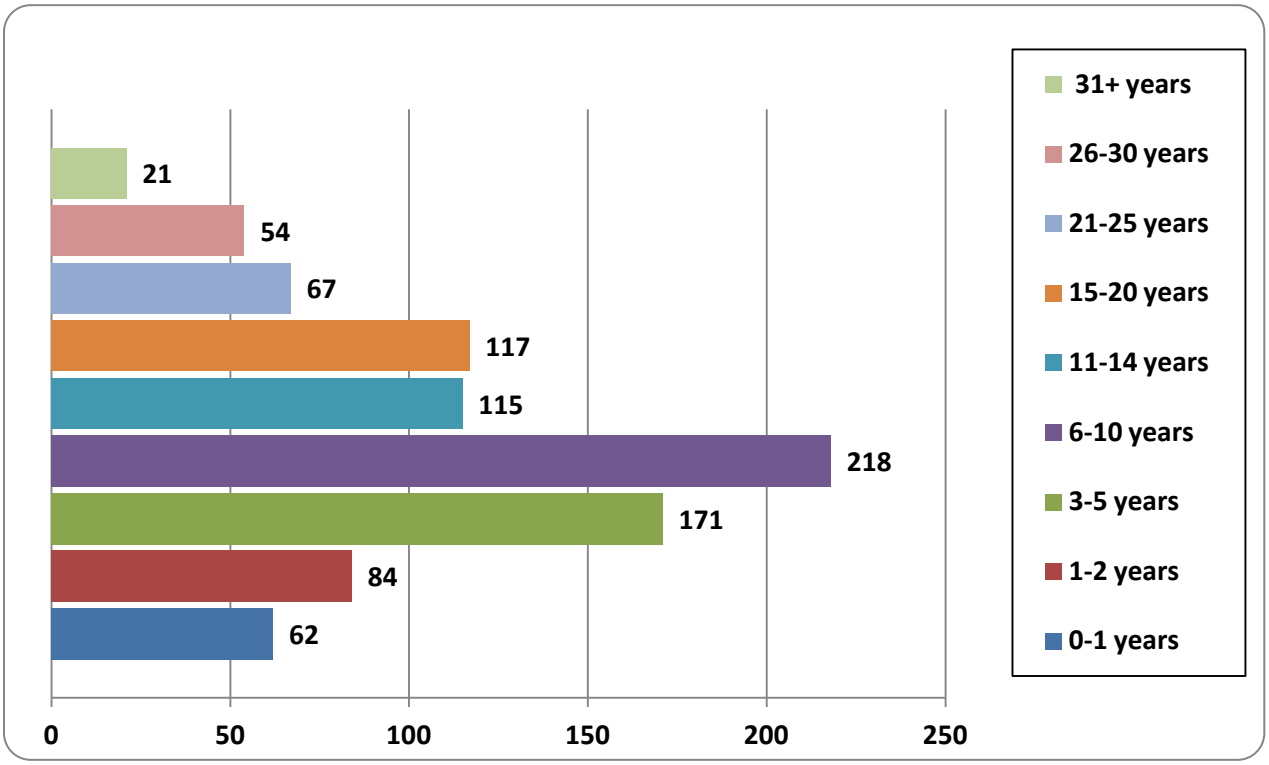
A5.4 Educational Qualifications of Emergency Evaluators (Full-time)



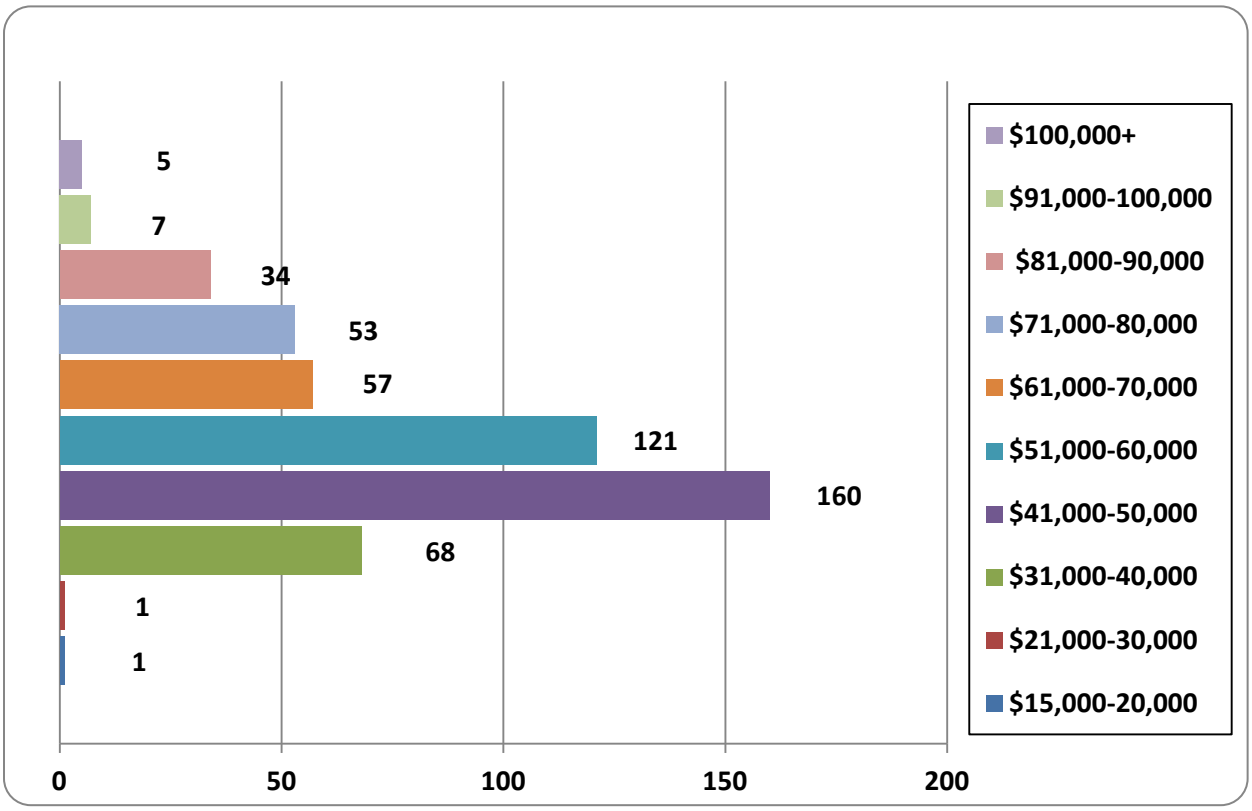
A5.5 Educational Qualifications of Emergency Evaluators (Part-time)



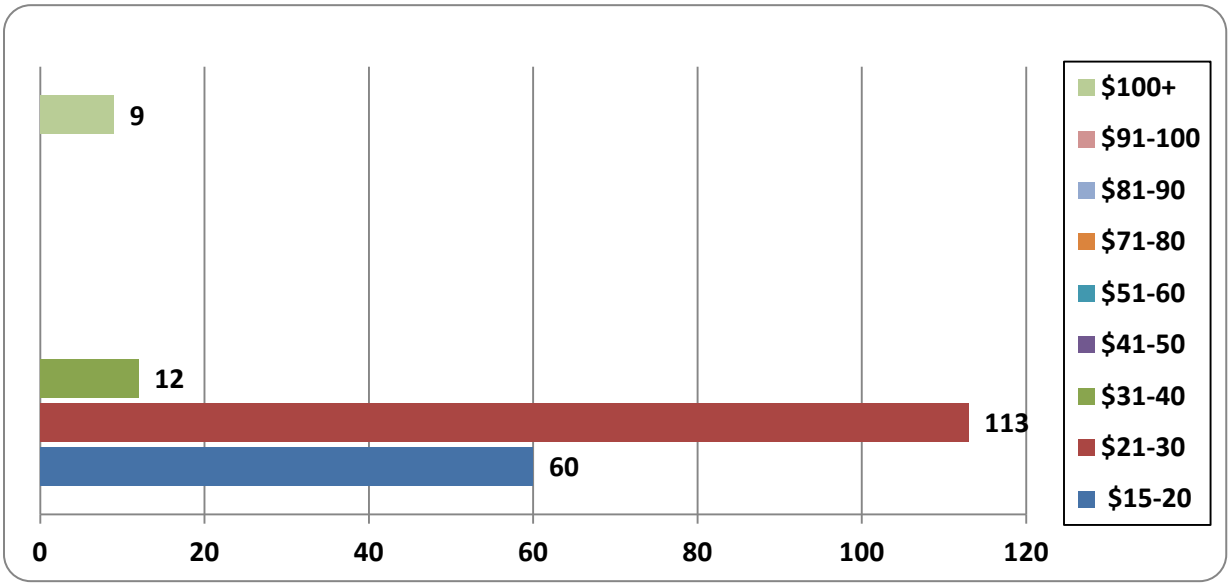
A5.6 Years of Experience in Crisis Services



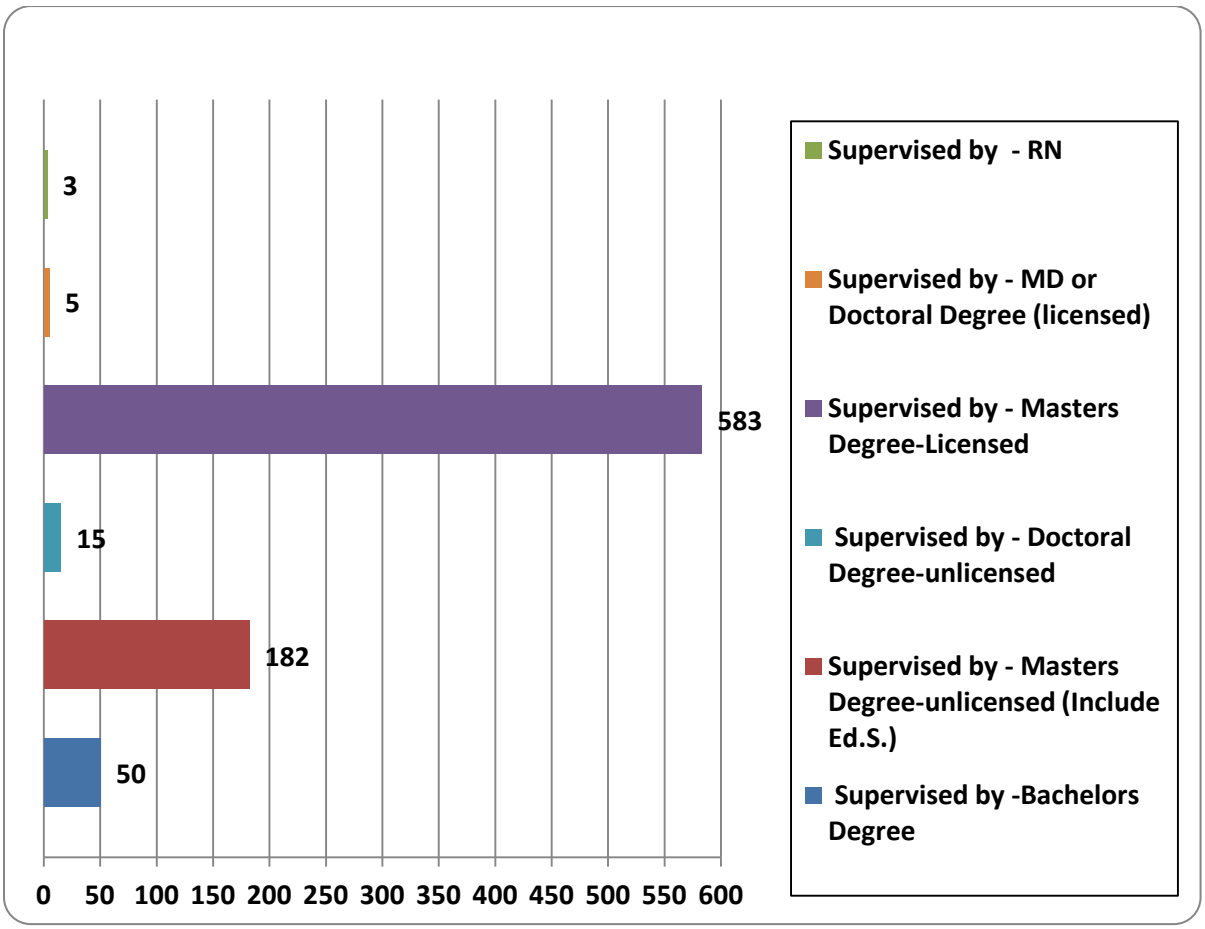
A5.7 Annual Salary Ranges for Full-time Emergency Evaluators



A5.8 Hourly Compensation Ranges for Part-time Emergency Evaluators



A5.9 Number of Emergency Evaluators by level of Educational Qualification of Supervisor



APPENDIX 6

List of Virginia Stakeholder Organizations Surveyed

Brain Injury Association of Virginia
Medical Society of Virginia
National Alliance on Mental Illness-Virginia
National Association of Social Workers-Virginia Chapter
Psychiatric Society of Virginia
Virginia Association of Community Services Boards
Virginia Association of Addiction Professionals
Virginia Academy of Clinical Psychologists
Virginia College of Emergency Physicians
Virginia Counselor's Association
Virginia Hospital and Healthcare Association
Virginia Organization of Consumers Asserting Leadership
Virginia Psychological Association
Voices for Virginia's Children

APPENDIX 7

Virginia Stakeholder Survey:

CSB Evaluator Qualifications, Training and Oversight

July 31, 2014

Name of respondent organization:

Name of individual completing questionnaire:

Contact information (phone and or e-mail):

Please provide a response to each of the following questions:

Place an "X" in the appropriate box and use as much space as you need to answer the open-ended questions.

1) In reference to the accompanying *Summary of CSB Evaluator Qualifications*, does your organization agree with the educational qualifications required for CSB Evaluators?

Yes ☐ (If yes, skip to question 2) **No** ☐ (If no, please answer 1a)

a) If no, what changes in the educational qualifications would you suggest?

2) In reference to the accompanying *Summary of CSB Evaluator Qualifications*, does your organization agree with the current training and experience required for CSB Evaluators?

Yes ☐ (If yes, skip to question 3) **No** ☐ (If (If no, please answer 2a)

a) What type and/or amount of additional training or experience should these CSB evaluators have to qualify them for this work?

3) In reference to the accompanying *Summary of CSB Evaluator Qualifications*, does your organization agree with the current credentialing required for CSB Evaluators?

Yes ☐ (If yes, skip to question 4) **No** ☐ (If no, please answer 3a and b)

a) What additional credentialing should be required of these CSB evaluators (i.e., certification, licensing, etc.)?

b) If additional credentialing is required, what entity should be the credentialing body? (i.e., DBHDS, Health Professions, Health Dept, etc.)

4) What type and amount of clinical supervision should CSB Evaluators receive?

a) Who should provide this clinical supervision?

5) What other oversight, if any, should be in place for CSB Evaluators?

6) Please provide any additional comments or suggestions on this subject:

Attachments to the Stakeholder Survey

Summary of CSB Evaluator Qualifications

July 2014

Current Virginia law requires that an adult or minor who is taken into emergency custody under §37.2-808 or §16.1-340, respectively, must be evaluated by a person employed or designated by the community services board (CSB) who has completed a certification program approved by the Department of Behavioral Health and Developmental Services (DBHDS). The current certification requirements were implemented in FY 2009, and are based on three factors including (1) minimum education, (2) successful completion of training modules, and (3) supervisory approval by the appropriate CSB clinical supervisor.

Education: After July 1, 2008, individuals hired or contracted by CSBs to function as ECO evaluators and pre-admission screeners must possess the following minimum educational qualifications prior to completion of the DBHDS certification training:

- Masters degree with a major course of study in Human Services (e.g., Counseling, Social Work, Rehabilitation Counseling, Nursing) or Masters degree or equivalent course credits in Psychology. The degree should be acceptable by the Virginia Department of Health Professions as a sufficient Masters degree to allow licensure as a Licensed Clinical Social Worker, a Licensed Professional Counselor, a Licensed Substance Abuse Practitioner, or a Licensed Marriage and Family Therapist, or
- Virginia license as a Registered Nurse and 36 months professional work experience with a psychiatric population.

Training: In addition to the above academic qualifications, CSB evaluators must successfully complete the series of 25 on-line learning modules covering the involuntary admission process and related information. These modules are accessed on-line through the DBHDS *Knowledge Center* (COV Learning Management System). The current list of modules is below.

Documentation of Certification: Documentation of completion of the DBHDS approved certification program (i.e., educational credentials, supervisory approval and completion of on-line curriculum) is maintained in CSB personnel files.

Department of Behavioral Health and Developmental Services (DBHDS)

CURRICULUM FOR COMMUNITY SERVICES BOARD EVALUATORS AND PREADMISSION SCREENERS

DBHDS Required Certification Training Modules*

Module 1	*Recovery*
Module 2	*Statutory Requirements for Adults*
Module 3	*Psychiatric Treatment of Minors: Statutory Requirements*
Module 4	*Statutory Requirements for Incarcerated Adults*
Module 5	*Adults—Mandatory Outpatient Treatment*
Module 5B	*Minors—Mandatory Outpatient Treatment*
Module 6	*Basic Expectations—Preadmission Screeners*
Module 8	*Medical Screening and Assessment*
Module 9	*Understanding Adult Emergency Custody Order (EDO), Temporary Detention Order (TDO) and Civil Commitment Criteria*
Module 10	*Assessing the Risk of Serious Physical Harm to Self*
Module 11	*Assessing the Risk of Serious Physical Harm to Others*
Module 12	*Clinical Assessment and Trauma* Sensitivity
Module 13	*Older Adults and Mental Health*
Module 14	*Unique Adult Populations*
Module 15	*Mental Health and Substance Use Disorders in Children and Adolescents*
Module 17	*People with Co-Occurring Mental Health and Substance Use Disorders (MH/SUD)*
Module 18	*Co-Occurring Mental Illness/Intellectual Disorder or Developmental Disorder*
Module 19	*Tips for Interviewing and Intervening in a Crisis*
Module 20	*Psychotropic Medications, Drugs of Abuse and Medical Conditions*
Module 21	*Disclosure of Information*
Module 22	*Hospitals, Emergency Departments and Continuity of Care*
Module 23	*Capacity to Consent and Advance Directives*
Module 25	*Cultural Competency*
Module 26	*Mandatory Outpatient Treatment Following Inpatient Admission*
Module 27	*Alternative Transportation*

*****CSB Evaluators and Preadmission Screeners who begin certification training on or after July 1, 2010 should complete this curriculum

**Module numbers may be missing due to updating and condensing into other modules.

APPENDIX 8
Information from Other States

New Jersey
(J. Verney, personal communication, March 5, 2014)

Who can perform evaluations?

- Individuals with a bachelor's degree or Registered Nurse with three years of full time post-degree work in a professional setting. One year of the experience must be at a crisis setting such as a screening center, inpatient psychiatric unit, a licensed crisis stabilization unit, or a children's mobile response team.
- Individuals with a master's degree and one year post-degree full time experience can also perform evaluations; experience in crisis setting is not required.

What is the process?

- Individuals must work for a screening center. The screening center must document that the individual has submitted a verified resume including employment and educational history to the State department of mental health.
  - Not all emergency service providers are designated screening centers; emergency service providers must apply to be considered a screening center.
- Office of Mental Health approves the application and issues temporary certification which is valid for one year. All work must be signed off by a certified screener.
- Office of Mental Health offers an 8 week training course – usually one day per week for eight weeks. Training is offered twice a year in two different locations; psychiatrists are exempt from training.
- Training topics include recovery, prevention, laws, policies and procedures, assessment practices, special populations, safety, law enforcement participation, and interpreter services.
- Upon completion of training, individuals must pass a formal written examination prior to full certification. The pass/fail exam includes 50 multiple choice questions.
- Failed test results are reviewed and shared with the individual's supervisor for remediation.
- Individuals may take a make-up exam once after remediation, but must repeat the 8 week training if they fail a second time.
- Certification must be renewed annually with recertification credentials consisting of training and an assessment of casework; however, a formal exam is no longer required.

North Carolina
(R. Krutz, personal communication, August 18, 2014)

Who can perform evaluations?

- First evaluation must be performed by a:
  - Physician,
  - Eligible Psychologist,
  - Licensed Clinical Social Worker,
  - Master's Level Psychiatric Nurse or a
  - Master's Level Clinical Addictions Specialist

What is the process?

- All certified professionals must pass rigorous training, testing and certification program.
- Recertification is required every three years.

OHIO
(A. Priest, personal communication, August 19, 2014)

Hospitalization of Mentally Ill, R.C. §§ 5122.01, 5122.10 (2014).

http://codes.ohio.gov/orc/5122

Who can perform evaluations?

- Individuals must apply and be granted the designation as a Health Officer. Individuals must be employed by a provider under the State of Ohio's Mental Health and Addiction Services agencies.
- Agency employees recommended for designation as a Health Officer must have two years experience in mental health assessment of severely and persistently mentally ill persons, and possess appropriate professional licensure including:
  - Licensed Independent Social Worker,
  - Licensed Professional Clinical Counselor,
  - Registered Nurse (Master of Science in Nursing) or a Registered Nurse with three years of experience in mental health assessment of individuals with serious mental illness, or
  - Licensed Mental Health Professional (requires a Bachelor's or Master's in Social Work) with three years of experience in mental health assessment of individuals with serious mental illness.

What is the process?

- Individuals must have verification of scholastic transcripts, two written references on ability to assess individuals with serious mental illness, pass a criminal background check and complete board approved training curriculum.

- Designation is valid for two years before recertification at which time the employing agency can request continuation of certification; continuation is contingent on review of work and any complaints or violations.
- Certification is transferable to another licensed agency as long as the request for transfer is submitted prior to employment; transfer is contingent on good standing.

Tennessee:

Community-Based Screening Process for Emergency Involuntary Admissions, 0940-3-8. T.C.A. §§4-4-103, 4-5-202, 4-5-204, 33-1-301, 33-1-303, 33-1-305, 33-6-102, 33-6-104, 33-6-402, 33-6-403, 33-6-404, 33-6-406, 33-6-427 (2004).

http://www.state.tn.us/sos/rules/0940/0940-03/0940-03-08.pdf

Who can perform evaluations?

- Designated Mandatory Pre-screening Agents (MPAs) who are qualified mental health professionals designated by the Commissioner of the Department of Mental Health and Substance Abuse Services.
- Status as a qualified mental health professional with license to practice in Tennessee is required in order to be eligible for MPA designation.
    - MPAs ensure that individuals with a behavioral health crisis have access to a mental health professional who is familiar with available community resources and appropriate treatment interventions.
    - MPAs have experience assessing and managing a behavioral health crisis and consider less restrictive alternatives to emergency involuntary hospitalization during the screening process.
    - MPAs may issue a certificate of need (CON) for an emergency involuntary hospitalization if necessary.
- Qualified mental health professionals include: Psychiatrists, physicians with expertise in psychiatry, psychologists with health service provider designation, licensed psychological examiners, licensed senior psychological examiners, licensed Master's Social Workers with two years of mental health experience, licensed Clinical Social Workers, Licensed or Certified Marital and Family Therapists, Licensed Professional Counselors, licensed nurses with a master's degree in nursing who functions as a Psychiatric Nurse, licensed Physician's Assistants with a master's degree and expertise in psychiatry as determined by training, education or experience.

What is the process?

- MPAs must complete an initial four-hour training session with a mandated refresher course every two years.
- MPA designation is contingent on maintaining professional licensure.
- The MPA is an additional license that must be maintained.

Utah
(S. Hardinger, personal communication, September 15, 2014).
Certification of Designated Examiners and Case Managers, 0940-3-8. Rule R523-5. UCA §§ 62A-15-602 (2012).

http://www.rules.utah.gov/publicat/code/r523/r523-005.htm
http://dsamh.utah.gov/provider-information/designated-examiner-information/

Who can perform evaluations?

- "Designated examiner" refers to a licensed physician familiar with severe mental illness, preferably a psychiatrist, designated by the division as specially qualified by training or experience in the diagnosis of mental or related illness or a licensed mental health professional with at least five years post-licensure, having continual experience in the treatment of mental or related illness.
- Mental health officer refers to an individual who is designated by a local mental health authority as qualified by training and experience in the recognition and identification of mental illness; Mental Health Officers are able to interact with and transport persons to any mental health facility.
- Local mental health authorities in Utah provide the mandated emergency or crisis intervention service delivery systems that offer crisis intervention services to cover the broad range of typical responses to a variety of crisis situations including: telephone services, peer support, community outreach, and hospital emergency department assessments.

What is the process?

- Mental Health Officers and Designated Examiners must demonstrate a complete and thorough understanding of abnormal psychology and abnormal behavior and are trained and certified by the local mental health authority.
- Training is offered 4-6 times annually in different areas of the state, depending on need; there is at least one training in the spring and one training in the fall.
- Attendance at an all-day Designated Examiner Certification Training is required and individuals must pass a knowledge assessment examination with 72% or higher.

Washington
(D. Kludt, personal communication, July 28, 2014)

Mental Illness, Definitions, Revised Code of Washington (RCW) §§ 71.05.020 (2011) and 71.34

http://app.leg.wa.gov/rcw/default.aspx?cite=71.05&full=true

Who can perform evaluations?

- Designated mental health professionals (DMHPs) are the only individuals who have the authority to conduct involuntary commitment investigations and to detain individuals for an initial detention of up to 72 hours (excluding weekends and holidays).
- Mental health professionals may include a:
    - Psychiatrist,
    - Psychologist,
    - Psychiatric Nurse;
    - Social Worker,
    - Other Mental Health Professionals with a Master's degree and at least two years of direct treatment of persons with serious mental illness or serious emotional disturbance.
    - Individuals with a waiver provision (Bachelor's level with at least ten years of direct experience, employed prior to June 11, 1986) or
    - Exception based waiver provision (Bachelor's degree in an approved area of study, 5 years of experience and plan to complete requirements for MHP within two years) as defined by WAC 388-0150.
- DMHPs are employed either by a licensed community health agency or in some cases by the County. All must have experience working with the chronically mentally ill population, under the direct supervision of a mental health professional.
- A DMHP must meet these criteria and be designated by their Regional Support Network to perform and conduct involuntary commitment evaluations and initial detentions.

What is the process?

- Agencies or counties that employ DMHPs have their own training programs for all staff. Some offer specific training for DMHPs, but there are no statutory requirements for ongoing training.
- The Washington Association of Designated Mental Health Professionals (WADMHP) provides a two-day and a single day conference/training for DMHPs annually.
    - These trainings are generally well attended but not required. Historically the Department of Behavioral Health and Recovery (DBHR) has contracted with the DMHP Association to provide a five day DMHP Training Academy for new DMHPs and individuals being trained to become DMHPs. This training is not currently required and its availability is dependent on year to year funding.
- Washington has a certification unit that conducts Regional Support Networks and agency monitoring as well as one DBHR staff whose primary responsibility is work related to crisis and involuntary commitment services. Policy and direct oversight is determined by agencies.

- Certification is valid for five years, at which point, individuals must attend another all-day training and successfully pass the exam.

West Virginia
(E. Birckhead, personal communication, August 14, 2014)

Who can perform evaluations?

- Licensed physician, licensed psychologist (Master's or Ph. D level), Court approved Licensed Clinical Social Worker, Court approved Advanced Nurse Practitioner or Physician's Assistant.

What is the process?

- Individuals must have ongoing training as mandated by licensure board.
- All professionals except physicians must participate in training on the specific laws and commitment criteria by the Psychology Board.
- Training is 2.5 days per year on a variety of subjects to always include the law.