



Board of Social Work
Friday, July 1, 2016, 10:00 a.m.
9960 Mayland Drive, Suite 200, Board Room 3
Henrico, VA 23233

Call to Order – Yvonne Haynes, L.C.S.W., Chairperson of the Board

Roll Call

Emergency Egress Instructions

Adoption of Agenda

Public Comment on Agenda Items (5 Minutes per Speaker)

Approval of Minutes of March 25, 2016

Director’s Report – David Brown, D.C., Director of DHP

Regulatory/Legislative Update – Elaine Yeatts, Senior Policy Analyst

- House Bill 319: Continuing Education Requirements
- Public Participation Guidelines (“PPG”)
- NOIRA review for amendment of the definition of “Clinical Social Work Services”

Executive Director’s Report – Jaime Hoyle

Deputy Executive Director’s Report – Jennifer Lang

Licensing Manager’s Report – Sarah Georgen

Committee Reports

- Regulatory/Legislative Committee’s Report – Bernadette Winters, L.C.S.W.
- Credentials Committee Report – John Salay, L.C.S.W.
- Special Conference Committee Report – Yvonne Haynes, L.C.S.W.
- Board of Health Professions Report – Yvonne Haynes, L.C.S.W.

Unfinished Business

- Sanction Reference Point (“SRP”) Guidance Document
- Mid-level licensure
- Healthcare Workforce Data Center Presentation – Elizabeth Carter, Ph.D., Director

New Business

Next Meeting

Adjournment

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

Approval of Minutes of
March 25, 2016

**THE VIRGINIA BOARD OF SOCIAL WORK
MINUTES
Friday, March 25, 2016**

The Virginia Board of Social Work ("Board") meeting convened at 10:10 a.m. on Friday, March 25, 2016, at the Department of Health Professions, 9960 Mayland Drive, Richmond, Virginia. Bernadette Winters, Chair called the meeting to order.

BOARD MEMBERS PRESENT: Maria Eugenia del Villar, L.C.S.W.
Yvonne Haynes, L.C.S.W.
Dolores Paulson, L.C.S.W., Ph.D.
John Salay, L.C.S.W.
Joseph Walsh, L.C.S.W., Ph.D.
Bernadette Winters, L.C.S.W., Ph.D.
Kristi Wooten

BOARD MEMBERS ABSENT: Jamie Clancy, L.C.S.W.
Angelia Allen

STAFF PRESENT: Sarah Georgen, Licensing Manager
Lisa Hahn, Chief Deputy Director of DHP
Jaime Hoyle, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Licensing Specialist
Elaine Yeatts, Senior Policy Analyst

BOARD COUNSEL: James Rutkowski, Assistant Attorney General

ESTABLISHMENT OF A QUORUM:

With seven members of the Board present, a quorum was established.

MISSION STATEMENT:

Ms. Haynes read the mission statement of the Department of Health Professions, which was also the mission statement of the Board.

EMERGENCY EGRESS:

Ms. Haynes announced the Emergency Egress Procedures.

ADOPTION OF AGENDA:

The agenda was accepted as written.

PUBLIC COMMENT:

Debra Riggs, Executive Director of the National Association of Social Workers, Virginia Chapter provided public comment.

APPROVAL OF MINUTES:

Ms. Wooten motioned to approve the October 30, 2015 meeting minutes as written. The motion was seconded and carried.

DIRECTOR'S REPORT:

Ms. Hahn provided the Director's report stating that DHP's Healthcare Workforce Data Center is actively participating in outreach efforts to high school and career counselors to raise interest in the healthcare field.

REGULATORY/LEGISLATIVE UPDATE:

Ms. Yeatts reviewed a report of bills presented to the 2016 General Assembly. Ms. Yeatts indicated that the Board will need to address House Bill 319 at the next full Board meeting for continuing education for certain individuals.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle thanked the staff for their hard work and dedication and acknowledged that the Behavioral Science Boards are currently short staffed with two licensing managers on leave. She reported that Ms. Lang, Ms. Georgen and Ms. Lenart continue to provide coverage for the other Behavioral Sciences Boards during the staffing shortage.

Ms. Hoyle announced that Ms. Georgen was participating in a DHP Licensing Workgroup which shares best practices among Boards and identifies licensing process resolutions to areas of concern. Ms. Hoyle acknowledged Ms. Georgen's leadership in the creation of the Social Work Licensure Process Handbook which is now utilized by the Board of Counseling.

Ms. Hoyle announced that Ms. Lang was participating in a DHP Discipline Workgroup and a DHP Compliance Workgroup which helps identify efficient case processes.

Ms. Hoyle stated that she and Ms. Georgen recently provided a presentation to Virginia Commonwealth University students as a form of outreach to help emerging students obtain licensure. They plan to continue this particular outreach each semester.

Ms. Hoyle stated that Peggy Woods, with the Health Practitioners' Monitoring Program, and Dr. Elizabeth Carter, with Healthcare Workforce Data Center, will provide a presentation to the Board at the next meeting.

DEPUTY EXECUTIVE DIRECTOR'S REPORT:

Ms. Lang referred to the agency's statistics for discipline cases and noted that the Board's data for the past quarter showed significant improvement. She thanked board members for their time in reviewing disciplinary matters but acknowledged that that backlog of cases for review continues. She specifically thanked Dr. Paulson and Mr. Salay for their participation in a recent informal conference and noted that following the conference they were able to review ten cases for probable cause.

Ms. Lang discussed further review of discipline processes and noted that in an effort to ensure more consistent Board decisions, Mr. Salay and Dr. Paulson have agreed to hear the majority of informal conferences as a dedicated Special Conference Committee. Additional Committees will also be appointed

as needed but this process will make the process easier when attempting to ensure a panel of board members at formal hearings. Ms. Lang also noted that she is working on a process to allow an Agency Subordinate to hear credentials matters, in order to allow board members the opportunity to preside over discipline cases. Following a review by an Agency Subordinate, the decision will be presented to the Board as a Recommended Decision, which will require a majority vote before a final order is entered. It is hopeful that this process will allow applicant appeals to be heard more quickly.

LICENSING MANAGER’S REPORT:

Ms. Georgen announced that for Quarter 2 of the 2016 Fiscal Year, the Board of Social Work regulated 6,690 licensees and licensed 125 individuals. Ms. Georgen stated that the satisfaction rate for the Board was 94.4%. She also stated that the updated forms were implemented and have been received positively by the public and applicants.

REGULATORY COMMITTEE REPORT:

Dr. Winters announced that the Sub-Committee and Regulatory Committee had met in February. She provided the Board with a recommendation to consider three types of licensure for consideration: Bachelors of Social Work (“BSW”), Masters of Social Work (“MSW”), and Clinical Social Work (“LCSW”). Dr. Winters recommended that the Regulatory Committee discuss and identify the scope of practice and define the requirements for BSW and MSW licensure. Additionally, Dr. Winters identified exemptions from licensure as a continued topic of discussion.

Dr. Winters reviewed the highlights from the Regulatory Committee meeting and announced the next meeting for April 29, 2016.

Ms. del Villar requested to be appointed to the Regulatory Committee. Ms. Hahn reminded the Board of possible budgetary concerns of the Regulatory Committee consisting of all nine Board members. Ms. Hoyle and Ms. Haynes would review the budget of the Board and will provide a decision to Ms. del Villar.

CREDENTIALS COMMITTEE REPORT:

No report.

SPECIAL CONFERENCE COMMITTEE REPORT:

This report was included in the Deputy Executive Director’s report.

BOARD OF HEALTH PROFESSIONS REPORT:

Ms. Haynes reported that Dr. Elizabeth Carter continues to refine the Healthcare Workforce data and provided a presentation of the interactive program on the Board of Health Professions website which provided current profession-based information for the public.

Ms. Haynes announced that the Board of Health Professions approved the recommendation of the Regulatory Committee that a letter be sent to Senator Alexander explaining findings, to date, and advise of the availability of the Board’s standard policies and procedures process for evaluating the need to regulate any new profession. Inherent in this action is the request for the new classification of ‘funeral counselor’.

Ms. Haynes reported that Mr. Robert Patron, Citizen Member, was elected Board Chair and Dr. Helene Clayton-Jeter, Board of Optometry was elected, Vice Chair of the Board of Health Professions.

Lastly, Ms. Haynes reported that a presentation was provided regarding the Wilder School of Government and Public affairs, capstone project. The deliverable was a comprehensive review of the literature and insights into current best practices in the regulation of telehealth practice. The final report will be submitted to the various boards for review and placement on the web site when completed.

BREAK:

At 11:03 a.m., the Board took a 5 minute break. At 11:08 a.m., the Board reconvened.

NEW BUSINESS:

Ms. Yeatts discussed the adoption of Proposed Regulations pursuant to the Notice of Intended Regulatory Action (“NOIRA”) published on January 11, 2016. When the Board adopted regulatory changes pursuant to a periodic review by a fast-track action, the Department of Planning and Budget determined that 3 of the proposed amendments did not qualify for fast-track. Therefore, this NOIRA was published to identify those changes through the normal Administrative Process Act. The comment period for the NOIRA closed on February 10, 2016. There were no public comments. Mr. Salay motioned to approve the proposed Regulatory changes. The motion was seconded and carried.

The Regulatory Committee recommended issuing a NOIRA to require of those applying for reinstatement or reactivation of licensure to complete a minimum of one hour of face-to-face supervision per 40 hours of work experience. After a lengthy discussion Dr. Winters made a motion to amend the general language for the supervision experience for reinstatement and reactivation of licensure, and refer the issue back to the Regulatory Committee for further discussion. The motion was seconded and carried.

The Regulatory Committee also recommended issuing a NOIRA to amend and broaden the current definition of clinical social work services to include the addition of “psychosocial interventions”. Dr. Walsh motioned to accept the recommendation of the Regulatory Committee. The motion was seconded and carried.

The Board discussed the Petition for Rule-Making that requested to amend section 18VAC140-20-70 to allow persons who have failed the licensing examination to count their supervision hours beyond the 2 years currently prescribed. The amendment would grandfather those applicants who do not meet current requirements for registration of supervision. Ms. Wooten motioned to deny the Petition for Rule-Making as the section reference in the petition was not applicable. The motion was seconded and carried.

NEXT MEETING:

Ms. Haynes announced that the next full Board meeting would occur on July 29, 2016.

ACTION ITEMS:

For the Regulatory Committee:

- Discuss the requirements for supervision and reinstatement

For the Full Board:

- Discuss House Bill 319 for continuing education for certain individuals
- Receive a presentation from Peggy Woods with the Health Practitioners' Monitoring Program
- Receive a presentation from Dr. Elizabeth Carter with Healthcare Workforce Data Center

ADJOURNMENT:

There being no further business to come before the Committee, the meeting was adjourned at 11:34 p.m.

Yvonne Haynes, Chair

Jaime Hoyle, Executive Director

Regulatory/Legislative Update

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
(As of June 15, 2016)**

| Board | | Board of Social Work |
|-------------------|---|--|
| Chapter | | Action / Stage Information |
| [18 VAC 140 - 20] | Regulations Governing the Practice of Social Work | <u>Regulatory review changes</u> [Action 4475] Proposed - <i>DPB Review in progress (36 days)</i> |
| [18 VAC 140 - 20] | Regulations Governing the Practice of Social Work | <u>Licensure requirements</u> [Action 4442] Fast-Track - <i>Register Date: 6/27/16</i> <i>Effective: 8/11/16</i> |

House Bill (HB) 319:
Continuing Education
Requirements

Agenda Item: Board action on Continuing Education Regulations

Included in your agenda package are:

A copy of HB319 of the 2016 General Assembly

A copy of the statutory authority in Chapter 37 of Title 54.1 to establish continuing education requirements

A copy of the DRAFT regulations

Staff Note:

The legislation requires promulgation of regulations to allow some volunteer service time to count towards meeting CE requirements. The mandate takes effect January 1, 2017.

Board action:

- 1) To adopt the amendments to Chapter 20 by fast-track action; or**
- 2) To modify the amendments and adopt a fast-track action.**

2016 SESSION

CHAPTER 82

An Act to amend and reenact § 54.1-2400 of the Code of Virginia, relating to continuing education requirements; volunteer health services.

[H 319]

Approved March 1, 2016

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2400 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2400. General powers and duties of health regulatory boards.

The general powers and duties of health regulatory boards shall be:

1. To establish the qualifications for registration, certification, licensure or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.
2. To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.
3. To register, certify, license or issue a multistate licensure privilege to qualified applicants as practitioners of the particular profession or professions regulated by such board.
4. To establish schedules for renewals of registration, certification, licensure, and the issuance of a multistate licensure privilege.
5. To levy and collect fees for application processing, examination, registration, certification or licensure or the issuance of a multistate licensure privilege and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions and the health regulatory boards.
6. To promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) ~~which that~~ are reasonable and necessary to administer effectively the regulatory system, *which shall include provisions for the satisfaction of board-required continuing education for individuals registered, certified, licensed, or issued a multistate licensure privilege by a health regulatory board through delivery of health care services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services.* Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) ~~of this title.~~
7. To revoke, suspend, restrict, or refuse to issue or renew a registration, certificate, license or multistate licensure privilege which such board has authority to issue for causes enumerated in applicable law and regulations.
8. To appoint designees from their membership or immediate staff to coordinate with the Director and the Health Practitioners' Monitoring Program Committee and to implement, as is necessary, the provisions of Chapter 25.1 (§ 54.1-2515 et seq.) of this title. Each health regulatory board shall appoint one such designee.
9. To take appropriate disciplinary action for violations of applicable law and regulations, and to accept, in their discretion, the surrender of a license, certificate, registration or multistate licensure privilege in lieu of disciplinary action.
10. To appoint a special conference committee, composed of not less than two members of a health regulatory board or, when required for special conference committees of the Board of Medicine, not less than two members of the Board and one member of the relevant advisory board, or, when required for special conference committees of the Board of Nursing, not less than one member of the Board and one member of the relevant advisory board, to act in accordance with § 2.2-4019 upon receipt of information that a practitioner or permit holder of the appropriate board may be subject to disciplinary action or to consider an

application for a license, certification, registration, permit or multistate licensure privilege in nursing. The special conference committee may (i) exonerate; (ii) reinstate; (iii) place the practitioner or permit holder on probation with such terms as it may deem appropriate; (iv) reprimand; (v) modify a previous order; (vi) impose a monetary penalty pursuant to § 54.1-2401, (vii) deny or grant an application for licensure, certification, registration, permit, or multistate licensure privilege; and (viii) issue a restricted license, certification, registration, permit or multistate licensure privilege subject to terms and conditions. The order of the special conference committee shall become final 30 days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the 30-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 2.2-4020, and the action of the committee shall be vacated. This subdivision shall not be construed to limit the authority of a board to delegate to an appropriately qualified agency subordinate, as defined in § 2.2-4001, the authority to conduct informal fact-finding proceedings in accordance with § 2.2-4019, upon receipt of information that a practitioner may be subject to a disciplinary action. The recommendation of such subordinate may be considered by a panel consisting of at least five board members, or, if a quorum of the board is less than five members, consisting of a quorum of the members, convened for the purpose of issuing a case decision. Criteria for the appointment of an agency subordinate shall be set forth in regulations adopted by the board.

11. To convene, at their discretion, a panel consisting of at least five board members or, if a quorum of the board is less than five members, consisting of a quorum of the members to conduct formal proceedings pursuant to § 2.2-4020, decide the case, and issue a final agency case decision. Any decision rendered by majority vote of such panel shall have the same effect as if made by the full board and shall be subject to court review in accordance with the Administrative Process Act. No member who participates in an informal proceeding conducted in accordance with § 2.2-4019 shall serve on a panel conducting formal proceedings pursuant to § 2.2-4020 to consider the same matter.

12. To issue inactive licenses or certificates and promulgate regulations to carry out such purpose. Such regulations shall include, but not be limited to, the qualifications, renewal fees, and conditions for reactivation of licenses or certificates.

13. To meet by telephone conference call to consider settlement proposals in matters pending before special conference committees convened pursuant to this section, or matters referred for formal proceedings pursuant to § 2.2-4020 to a health regulatory board or a panel of the board or to consider modifications of previously issued board orders when such considerations have been requested by either of the parties.

14. To request and accept from a certified, registered or licensed practitioner or person holding a multistate licensure privilege to practice nursing, in lieu of disciplinary action, a confidential consent agreement. A confidential consent agreement shall be subject to the confidentiality provisions of § 54.1-2400.2 and shall not be disclosed by a practitioner. A confidential consent agreement shall include findings of fact and may include an admission or a finding of a violation. A confidential consent agreement shall not be considered either a notice or order of any health regulatory board, but it may be considered by a board in future disciplinary proceedings. A confidential consent agreement shall be entered into only in cases involving minor misconduct where there is little or no injury to a patient or the public and little likelihood of repetition by the practitioner. A board shall not enter into a confidential consent agreement if there is probable cause to believe the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients or (ii) conducted his practice in such a manner as to be a danger to the health and welfare of his patients or the public. A certified, registered or licensed practitioner who has entered into two confidential consent agreements involving a standard of care violation, within the 10-year period immediately preceding a board's receipt of the most recent report or complaint being considered, shall receive public discipline for any subsequent violation within the 10-year period unless the board finds there are sufficient facts and circumstances to rebut the presumption that the disciplinary action be made public.

15. When a board has probable cause to believe a practitioner is unable to practice with reasonable skill and safety to patients because of excessive use of alcohol or drugs or physical or mental illness, the board, after preliminary investigation by an informal fact-finding proceeding, may direct that the practitioner submit to a mental or physical examination. Failure to submit to the examination shall constitute grounds for disciplinary action. Any practitioner affected by this subsection shall be afforded reasonable opportunity to demonstrate that he is competent to practice with reasonable skill and safety to patients. For the purposes of this subdivision, "practitioner" shall include any person holding a multistate licensure privilege to practice nursing.

2. That the provisions of this act shall become effective on January 1, 2017.

Code of Virginia
Title 54.1. Professions and Occupations
Chapter 37. Social Work

§ 54.1-3708. Continuing education requirements.

The Board shall establish in regulations requirements for the continuing education of licensed social workers.

The Board may approve persons who provide continuing education or accredit continuing education programs in order to accomplish the purposes of this section.

1999, c. 575.

DRAFT

Regulatory Action for Mandate in HB319

18VAC140-20-105. Continued Competency Requirements for Renewal of an Active License.

A. Licensed clinical social workers shall be required to have completed a minimum of 30 contact hours of continuing education and licensed social workers shall be required to have completed a minimum of 15 contact hours of continuing education prior to licensure renewal in even years. Courses or activities shall be directly related to the practice of social work or another behavioral health field. A minimum of two of those hours must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in Virginia. Up to two continuing education hours required for renewal may be satisfied through delivery of social work services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services as verified by the department or clinic. Three hours of volunteer service is required for one hour of continuing education credit.

1. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing education requirement.
2. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters upon written request from the licensee prior to the renewal date.

B. Hours may be obtained from a combination of board-approved activities in the following two categories:

1. Category I. Formally Organized Learning Activities. A minimum of 20 hours for licensed clinical social workers or 10 hours for licensed social workers shall be documented in this category, which shall include one or more of the following:
 - a. Regionally accredited university or college academic courses in a behavioral health discipline. A maximum of 15 hours will be accepted for each academic course.

b. Continuing education programs offered by universities or colleges accredited by the Council on Social Work Education.

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state or local social service agencies, public school systems or licensed health facilities and licensed hospitals.

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

(1) The Child Welfare League of America and its state and local affiliates.

(2) The National Association of Social Workers and its state and local affiliates.

(3) The National Association of Black Social Workers and its state and local affiliates.

(4) The Family Service Association of America and its state and local affiliates.

(5) The Clinical Social Work Association and its state and local affiliates.

(6) The Association of Social Work Boards.

(7) Any state social work board.

2. Category II. Individual Professional Activities. A maximum of 10 of the required 30 hours for licensed clinical social workers or a maximum of five of the required 15 hours for licensed social workers may be earned in this category, which shall include one or more of the following:

a. Participation in an Association of Social Work Boards item writing workshop. (Activity will count for a maximum of two hours.)

b. Publication of a professional social work-related book or initial preparation/presentation of a social work-related course. (Activity will count for a maximum of 10 hours.)

c. Publication of a professional social work-related article or chapter of a book, or initial preparation/presentation of a social work-related in-service training, seminar, or workshop. (Activity will count for a maximum of five hours.)

d. Provision of a continuing education program sponsored or approved by an organization listed under Category I. (Activity will count for a maximum of two hours and will only be accepted one time for any specific program.)

- e. Field instruction of graduate students in a Council on Social Work Education-accredited school. (Activity will count for a maximum of two hours.)
- f. Serving as an officer or committee member of one of the national professional social work associations listed under subdivision B 1 d of this section or as a member of a state social work licensing board. (Activity will count for a maximum of two hours.)
- g. Attendance at formal staffings at federal, state, or local social service agencies, public school systems, or licensed health facilities and licensed hospitals. (Activity will count for a maximum of five hours.)
- h. Individual or group study including listening to audio tapes, viewing video tapes, reading, professional books or articles. (Activity will count for a maximum of five hours.)

Public Participation Guidelines (PPG)

Agenda Item: Board action on Public Participation Guidelines (PPG)

Included in your agenda package are:

A copy of the applicable law in the Administrative Process Act (APA)

A copy of the applicable section of the Board's PPG regulations

Staff Note:

The action to conform the regulation to language in the Code.

Board action:

To adopt the amendment to 18VAC140-11-50.

Code of Virginia
Title 2.2. Administration of Government
Chapter 40. Administrative Process Act

§ 2.2-4007.02. Public participation guidelines.

A. Public participation guidelines for soliciting the input of interested parties in the formation and development of its regulations shall be developed, adopted, and used by each agency pursuant to the provisions of this chapter. The guidelines shall set out any methods for the identification and notification of interested parties and any specific means of seeking input from interested persons or groups that the agency intends to use in addition to the Notice of Intended Regulatory Action. The guidelines shall set out a general policy for the use of standing or ad hoc advisory panels and consultation with groups and individuals registering interest in working with the agency. Such policy shall address the circumstances in which the agency considers the panels or consultation appropriate and intends to make use of the panels or consultation.

B. In formulating any regulation, including but not limited to those in public assistance and social services programs, the agency pursuant to its public participation guidelines shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency, to include an online public comment forum on the Virginia Regulatory Town Hall, or other specially designated subordinate and (ii) be accompanied by and represented by counsel or other representative. However, the agency may begin drafting the proposed regulation prior to or during any opportunities it provides to the public to submit comments.

2007, cc. 873, 916; 2012, c. 795.

Project 4770 - none

BOARD OF SOCIAL WORK

PPG regulations

Part III

Public Participation Procedures

18VAC140-11-50. Public comment.

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

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

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

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

3. For a minimum of 30 calendar days following the publication of a repropoed regulation.

4. For a minimum of 30 calendar days following the publication of a final adopted regulation.

5. For a minimum of 30 calendar days following the publication of a fast-track regulation.

6. For a minimum of 21 calendar days following the publication of a notice of periodic review.

7. Not later than 21 calendar days following the publication of a petition for rulemaking.

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

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

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

NOIRA review for amendment
of the definition of “Clinical
Social Work Services”

DRAFT
Substance of Notice of Intended Regulatory Action

Substance

Please briefly identify and explain the new substantive provisions that are being considered, the substantive changes to existing sections that are being considered, or both.

Regulations will be amended to:

- 1) Revise and broaden the current definition of clinical social work services to include the addition of psychosocial interventions (recommendation of the Regulatory Committee – 12/4/15); See example below:

"Clinical social work services" include the application of social work principles and methods in performing assessments and diagnoses based on a recognized manual of mental and emotional disorders or recognized system of problem definition, preventive and early intervention services and treatment services, including but not limited to psychosocial interventions, psychotherapy and counseling for mental disorders, substance abuse, marriage and family dysfunction, and problems caused by social and psychological stress or health impairment.

- 2) Revise regulations for reinstatement and reactivation to require one hour of supervision per 40 hours of work experience in providing social work services appropriate to the license being reinstated or reactivated. (recommendation of the Regulatory Committee – 2/26/16); See example below:

B. A social worker or clinical social worker who fails to renew the license for four years or more and who wishes to resume practice shall apply for reinstatement, pay the reinstatement fee and provide documentation of having completed all applicable continued competency hours equal to the number of years the license has lapsed, not to exceed four years. An applicant for reinstatement shall also provide evidence of competency to practice by documenting:

1. Active practice in another U.S. jurisdiction for at least 24 out of the past 60 months immediately preceding application;
2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or
3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding licensure in Virginia with at least one hour of supervision for every 40 hours of work experience providing social work services appropriate to the license begin reinstated. (Same change for reactivation)

Executive Director's Report

Virginia Department of Health Professions
Cash Balance
As of May 31, 2016

| | <u>110- Social Work</u> |
|---|--------------------------|
| Board Cash Balance as of June 30, 2015 | \$ 306,198 |
| YTD FY16 Revenue | 224,720 |
| Less: YTD FY16 Direct and In-Direct Expenditures | <u>415,416</u> |
| Board Cash Balance as May 31, 2016 | <u><u>\$ 115,502</u></u> |

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2015 and Ending May 31, 2016

| Account Number | Account Description | Amount | Budget | Amount Under/(Over) Budget | % of Budget |
|----------------|---|-------------------|-------------------|----------------------------|----------------|
| 4002400 | Fee Revenue | | | | |
| 4002401 | Application Fee | 123,880.00 | 84,000.00 | (39,880.00) | 147.48% |
| 4002406 | License & Renewal Fee | 93,395.00 | 38,050.00 | (55,345.00) | 245.45% |
| 4002407 | Dup. License Certificate Fee | 1,140.00 | 945.00 | (195.00) | 120.63% |
| 4002409 | Board Endorsement - Out | 3,765.00 | 1,710.00 | (2,055.00) | 220.18% |
| 4002421 | Monetary Penalty & Late Fees | 2,460.00 | 4,060.00 | 1,600.00 | 60.59% |
| 4002432 | Misc. Fee (Bad Check Fee) | 70.00 | - | (70.00) | 0.00% |
| | Total Fee Revenue | 224,710.00 | 128,765.00 | (95,945.00) | 174.51% |
| 4003000 | Sales of Prop. & Commodities | | | | |
| 4003020 | Misc. Sales-Dishonored Payments | 10.00 | - | (10.00) | 0.00% |
| | Total Sales of Prop. & Commodities | 10.00 | - | (10.00) | 0.00% |
| | Total Revenue | 224,720.00 | 128,765.00 | (95,955.00) | 174.52% |
| | | | | | |
| 5011110 | Employer Retirement Contrib. | 6,294.51 | 6,717.00 | 422.49 | 93.71% |
| 5011120 | Fed Old-Age Ins- Sal St Emp | 4,068.48 | 3,614.00 | (454.48) | 112.58% |
| 5011140 | Group Insurance | 539.07 | 563.00 | 23.93 | 95.75% |
| 5011150 | Medical/Hospitalization Ins. | 6,237.50 | 6,519.00 | 281.50 | 95.68% |
| 5011160 | Retiree Medical/Hospitalizatn | 475.66 | 496.00 | 20.34 | 95.90% |
| 5011170 | Long term Disability Ins | 298.90 | 312.00 | 13.10 | 95.80% |
| | Total Employee Benefits | 17,914.12 | 18,221.00 | 306.88 | 98.32% |
| 5011200 | Salaries | | | | |
| 5011230 | Salaries, Classified | 47,665.71 | 47,236.00 | (429.71) | 100.91% |
| 5011250 | Salaries, Overtime | 7,015.31 | - | (7,015.31) | 0.00% |
| | Total Salaries | 54,681.02 | 47,236.00 | (7,445.02) | 115.76% |
| 5011300 | Special Payments | | | | |
| 5011380 | Deferred Compnstrn Match Pmts | 150.00 | 480.00 | 330.00 | 31.25% |
| | Total Special Payments | 150.00 | 480.00 | 330.00 | 31.25% |
| 5011930 | Turnover/Vacancy Benefits | | - | - | 0.00% |
| | Total Personal Services | 72,745.14 | 65,937.00 | (6,808.14) | 110.33% |
| 5012000 | Contractual Svs | | | | |
| 5012100 | Communication Services | | | | |

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 11000 - Social Work
 For the Period Beginning July 1, 2015 and Ending May 31, 2016

| Account | | Amount | | | |
|---------|--|------------------|-------------------|-------------------|----------------|
| Number | Account Description | Amount | Budget | Under/(Over) | % of Budget |
| 5012110 | Express Services | 14.18 | 537.00 | 522.82 | 2.64% |
| 5012140 | Postal Services | 7,823.18 | 4,411.00 | (3,412.18) | 177.36% |
| 5012150 | Printing Services | 114.92 | 67.00 | (47.92) | 171.52% |
| 5012160 | Telecommunications Svcs (VITA) | 650.91 | 550.00 | (100.91) | 118.35% |
| 5012190 | Inbound Freight Services | 4.25 | - | (4.25) | 0.00% |
| | Total Communication Services | 8,607.44 | 5,565.00 | (3,042.44) | 154.67% |
| 5012200 | Employee Development Services | | | | |
| 5012210 | Organization Memberships | 1,500.00 | 1,500.00 | - | 100.00% |
| 5012250 | Employee Tuition Reimbursement | 1,800.00 | - | (1,800.00) | 0.00% |
| | Total Employee Development Services | 3,300.00 | 1,500.00 | (1,800.00) | 220.00% |
| 5012400 | Mgmnt and Informational Svcs | - | | | |
| 5012420 | Fiscal Services | 7,247.19 | 5,500.00 | (1,747.19) | 131.77% |
| 5012440 | Management Services | 42.40 | 212.00 | 169.60 | 20.00% |
| 5012460 | Public Infrmtl & Relatn Svcs | 1,209.00 | - | (1,209.00) | 0.00% |
| | Total Mgmnt and Informational Svcs | 8,498.59 | 5,712.00 | (2,786.59) | 148.78% |
| 5012500 | Repair and Maintenance Svcs | | | | |
| 5012510 | Custodial Services | 7.82 | - | (7.82) | 0.00% |
| | Total Repair and Maintenance Svcs | 7.82 | - | (7.82) | 0.00% |
| 5012600 | Support Services | | | | |
| 5012630 | Clerical Services | 33,794.25 | 66,208.00 | 32,413.75 | 51.04% |
| 5012640 | Food & Dietary Services | 613.88 | 480.00 | (133.88) | 127.89% |
| 5012660 | Manual Labor Services | 129.47 | 2,188.00 | 2,058.53 | 5.92% |
| 5012670 | Production Services | 1,144.51 | 2,405.00 | 1,260.49 | 47.59% |
| 5012680 | Skilled Services | 9,198.16 | 24,297.00 | 15,098.84 | 37.86% |
| | Total Support Services | 44,880.27 | 95,578.00 | 50,697.73 | 46.96% |
| 5012800 | Transportation Services | | | | |
| 5012820 | Travel, Personal Vehicle | 3,255.83 | 2,809.00 | (446.83) | 115.91% |
| 5012850 | Travel, Subsistence & Lodging | - | 1,607.00 | 1,607.00 | 0.00% |
| 5012880 | Trvl, Meal Reimb- Not Rprtble | - | 917.00 | 917.00 | 0.00% |
| | Total Transportation Services | 3,255.83 | 5,333.00 | 2,077.17 | 61.05% |
| | Total Contractual Svcs | 68,549.95 | 113,688.00 | 45,138.05 | 60.30% |

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2015 and Ending May 31, 2016

| Account Number | Account Description | Amount | Budget | Amount Under/(Over) Budget | % of Budget |
|----------------|---|------------------|------------------|----------------------------|----------------|
| 5013000 | Supplies And Materials | | | | |
| 5013100 | Administrative Supplies | | | | |
| 5013120 | Office Supplies | 563.28 | 276.00 | (287.28) | 204.09% |
| 5013130 | Stationery and Forms | - | 41.00 | 41.00 | 0.00% |
| | Total Administrative Supplies | <u>563.28</u> | <u>317.00</u> | <u>(246.28)</u> | <u>177.69%</u> |
| 5013600 | Residential Supplies | | | | |
| 5013620 | Food and Dietary Supplies | 26.70 | 21.00 | (5.70) | 127.14% |
| 5013630 | Food Service Supplies | 4.81 | 82.00 | 77.19 | 5.87% |
| | Total Residential Supplies | <u>31.51</u> | <u>103.00</u> | <u>71.49</u> | <u>30.59%</u> |
| 5013700 | Specific Use Supplies | | | | |
| 5013730 | Computer Operating Supplies | 3.33 | - | (3.33) | 0.00% |
| | Total Specific Use Supplies | <u>3.33</u> | <u>-</u> | <u>(3.33)</u> | <u>0.00%</u> |
| | Total Supplies And Materials | <u>598.12</u> | <u>420.00</u> | <u>(178.12)</u> | <u>142.41%</u> |
| 5014000 | Transfer Payments | | | | |
| 5014100 | Awards, Contrib., and Claims | | | | |
| 5014130 | Premiums | 120.00 | - | (120.00) | 0.00% |
| | Total Awards, Contrib., and Claims | <u>120.00</u> | <u>-</u> | <u>(120.00)</u> | <u>0.00%</u> |
| | Total Transfer Payments | <u>120.00</u> | <u>-</u> | <u>(120.00)</u> | <u>0.00%</u> |
| 5015000 | Continuous Charges | | | | |
| 5015100 | Insurance-Fixed Assets | | | | |
| 5015160 | Property Insurance | - | 26.00 | 26.00 | 0.00% |
| | Total Insurance-Fixed Assets | <u>-</u> | <u>26.00</u> | <u>26.00</u> | <u>0.00%</u> |
| 5015300 | Operating Lease Payments | | | | |
| 5015340 | Equipment Rentals | 398.99 | 540.00 | 141.01 | 73.89% |
| 5015350 | Building Rentals | 5.94 | - | (5.94) | 0.00% |
| 5015390 | Building Rentals - Non State | 9,631.04 | 10,076.00 | 444.96 | 95.58% |
| | Total Operating Lease Payments | <u>10,035.97</u> | <u>10,616.00</u> | <u>580.03</u> | <u>94.54%</u> |
| 5015500 | Insurance-Operations | | | | |
| 5015510 | General Liability Insurance | - | 97.00 | 97.00 | 0.00% |
| 5015540 | Surety Bonds | - | 6.00 | 6.00 | 0.00% |

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2015 and Ending May 31, 2016

| Account Number | Account Description | Amount | | | % of Budget |
|----------------|--|-----------------|-----------------|---------------------|-------------|
| | | Amount | Budget | Under/(Over) Budget | |
| | Total Insurance-Operations | - | 103.00 | 103.00 | 0.00% |
| | Total Continuous Charges | 10,035.97 | 10,745.00 | 709.03 | 93.40% |
| 5022000 | Equipment | | | | |
| 5022200 | Educational & Cultural Equip | | | | |
| 5022240 | Reference Equipment | - | 43.00 | 43.00 | 0.00% |
| | Total Educational & Cultural Equip | - | 43.00 | 43.00 | 0.00% |
| 5022600 | Office Equipment | | | | |
| 5022610 | Office Appurtenances | - | 21.00 | 21.00 | 0.00% |
| | Total Office Equipment | - | 21.00 | 21.00 | 0.00% |
| | Total Equipment | - | 64.00 | 64.00 | 0.00% |
| | Total Expenditures | 152,049.18 | 190,854.00 | 38,804.82 | 79.67% |
| | Allocated Expenditures | | | | |
| 20100 | Behavioral Science Exec | 34,879.20 | 79,982.00 | 45,102.80 | 43.61% |
| 30100 | Data Center | 45,040.20 | 71,586.68 | 26,546.47 | 62.92% |
| 30200 | Human Resources | 4,640.47 | 2,842.19 | (1,798.28) | 163.27% |
| 30300 | Finance | 29,585.93 | 24,234.93 | (5,350.99) | 122.08% |
| 30400 | Director's Office | 14,264.57 | 14,066.91 | (197.66) | 101.41% |
| 30500 | Enforcement | 95,371.89 | 122,700.35 | 27,328.46 | 77.73% |
| 30600 | Administrative Proceedings | 3,319.32 | 44,203.69 | 40,884.37 | 7.51% |
| 30700 | Impaired Practitioners | 723.65 | 729.40 | 5.75 | 99.21% |
| 30800 | Attorney General | 20,681.84 | 20,681.82 | (0.01) | 100.00% |
| 30900 | Board of Health Professions | 7,815.22 | 7,790.20 | (25.03) | 100.32% |
| 31100 | Maintenance and Repairs | 83.88 | 417.32 | 333.44 | 20.10% |
| 31300 | Emp. Recognition Program | 102.24 | 114.57 | 12.33 | 89.24% |
| 31400 | Conference Center | 118.71 | 219.42 | 100.71 | 54.10% |
| 31500 | Pgm Devlpmnt & Implmntn | 6,739.63 | 8,229.94 | 1,490.31 | 81.89% |
| | Total Allocated Expenditures | 263,366.75 | 397,799.42 | 134,432.67 | 66.21% |
| | Net Revenue in Excess (Shortfall) of Expenditures | \$ (190,695.93) | \$ (459,888.42) | \$ (269,192.49) | 41.47% |

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

**For the Period
Beginning July 1, 2015
and Ending May 31,
2016**

| Account Number | Account Description | July | August | September | October | November | December | January | February | March | April | May | Total |
|----------------|--------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|
| 5011170 | Long term Disability Ins | 38.40 | 25.60 | 26.10 | 26.10 | 26.10 | 26.10 | 26.10 | 26.10 | 26.10 | 26.10 | 26.10 | 298.90 |
| | Total Employee Benefits | 2,265.15 | 1,565.66 | 1,557.92 | 1,546.79 | 1,519.38 | 1,562.57 | 1,512.83 | 1,626.97 | 1,586.28 | 1,583.05 | 1,587.52 | 17,914.12 |
| 5011200 | Salaries | | | | | | | | | | | | |
| 5011230 | Salaries, Classified | 6,107.73 | 4,112.55 | 4,153.28 | 4,054.39 | 3,955.50 | 3,955.50 | 3,955.50 | 4,318.08 | 4,351.06 | 4,351.06 | 4,351.06 | 47,665.71 |
| 5011250 | Salaries, Overtime | 1,561.11 | 1,184.07 | 391.75 | 345.03 | 85.57 | 650.35 | - | 1,129.50 | 564.75 | 522.27 | 580.91 | 7,015.31 |
| | Total Salaries | 7,668.84 | 5,296.62 | 4,545.03 | 4,399.42 | 4,041.07 | 4,605.85 | 3,955.50 | 5,447.58 | 4,915.81 | 4,873.33 | 4,931.97 | 54,681.02 |
| | Deferred Compnstn | | | | | | | | | | | | |
| 5011380 | Match Pmts | 30.00 | 20.00 | 20.00 | 20.00 | 20.00 | 20.00 | 20.00 | - | - | - | - | 150.00 |
| | Total Special Payments | 30.00 | 20.00 | 20.00 | 20.00 | 20.00 | 20.00 | 20.00 | - | - | - | - | 150.00 |
| | Total Personal Services | 9,963.99 | 6,882.28 | 6,122.95 | 5,966.21 | 5,580.45 | 6,188.42 | 5,488.33 | 7,074.55 | 6,502.09 | 6,456.38 | 6,519.49 | 72,745.14 |
| 5012000 | Contractual Svs | | | | | | | | | | | | - |
| | Communication | | | | | | | | | | | | |
| 5012100 | Services | | | | | | | | | | | | - |
| 5012110 | Express Services | - | - | - | - | - | 14.18 | - | - | - | - | - | 14.18 |
| 5012140 | Postal Services | 4,030.65 | 2,078.63 | 406.06 | 180.77 | 196.93 | 136.89 | 13.01 | 186.68 | 120.14 | 318.76 | 154.66 | 7,823.18 |
| 5012150 | Printing Services | - | - | 23.27 | - | - | 31.62 | - | - | 60.03 | - | - | 114.92 |
| | Telecommunications | | | | | | | | | | | | |
| 5012160 | Svcs (VITA) | 53.72 | 77.10 | 85.72 | 60.22 | 35.93 | 55.45 | 50.52 | 46.89 | 43.06 | 93.95 | 48.35 | 650.91 |
| 5012190 | Inbound Freight Services | - | - | 3.25 | - | - | - | - | - | 1.00 | - | - | 4.25 |
| | Total Communication Services | 4,084.37 | 2,155.73 | 518.30 | 240.99 | 232.86 | 238.14 | 63.53 | 233.57 | 224.23 | 412.71 | 203.01 | 8,607.44 |
| 5012200 | Employee Development Services | | | | | | | | | | | | |
| | Organization | | | | | | | | | | | | |
| 5012210 | Memberships | - | - | - | - | - | - | - | 1,500.00 | - | - | - | 1,500.00 |
| | Employee | | | | | | | | | | | | |
| 5012250 | Tuition Reimbursement | - | - | - | - | - | 600.00 | - | 600.00 | - | 600.00 | - | 1,800.00 |

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period
Beginning July 1, 2015
and Ending May 31,
2016

| Account Number | Account Description | July | August | September | October | November | December | January | February | March | April | May | Total |
|----------------|-------------------------------------|----------|-----------|-----------|----------|----------|----------|----------|-----------|----------|----------|----------|-----------|
| | Total Employee Development Services | - | - | - | - | - | 600.00 | - | 2,100.00 | - | 600.00 | - | 3,300.00 |
| 5012400 | Mgmt and Informational Svcs | | | | | | | | | | | | |
| 5012420 | Fiscal Services | - | 7,020.23 | - | 45.67 | 148.49 | 89.13 | (84.85) | 12.72 | 8.13 | - | 7.67 | 7,247.19 |
| 5012440 | Management Services | - | 29.95 | - | 2.26 | - | 3.29 | - | 1.15 | 5.75 | - | - | 42.40 |
| 5012460 | Public Infrmtnl & Relatn Svcs | - | 219.00 | 153.00 | 171.00 | 141.00 | 105.00 | 150.00 | 108.00 | 120.00 | - | 42.00 | 1,209.00 |
| | Total Mgmt and Informational Svcs | - | 7,269.18 | 153.00 | 218.93 | 289.49 | 197.42 | 65.15 | 121.87 | 133.88 | - | 49.67 | 8,498.59 |
| 5012500 | Repair and Maintenance Svcs | | | | | | | | | | | | |
| 5012510 | Custodial Services | - | 7.82 | - | - | - | - | - | - | - | - | - | 7.82 |
| | Total Repair and Maintenance Svcs | - | 7.82 | - | - | - | - | - | - | - | - | - | 7.82 |
| 5012600 | Support Services | | | | | | | | | | | | |
| 5012630 | Clerical Services | - | - | - | - | - | - | - | 29,280.15 | 1,562.10 | - | 2,952.00 | 33,794.25 |
| 5012640 | Food & Dietary Services | - | 112.63 | 153.61 | - | - | 176.15 | - | - | - | - | 171.49 | 613.88 |
| 5012660 | Manual Labor Services | 13.43 | 51.18 | 15.76 | 3.08 | - | - | - | - | - | 4.48 | 41.54 | 129.47 |
| 5012670 | Production Services | 98.32 | 275.93 | 384.32 | 14.69 | 109.30 | - | 19.07 | 15.50 | 8.40 | 28.58 | 190.40 | 1,144.51 |
| 5012680 | Skilled Services | 1,269.82 | 1,044.82 | 1,044.82 | 1,044.82 | 798.98 | - | 798.98 | 798.98 | 798.98 | 798.98 | 798.98 | 9,198.16 |
| | Total Support Services | 1,381.57 | 1,484.56 | 1,598.51 | 1,062.59 | 908.28 | 176.15 | 818.05 | 30,094.63 | 2,369.48 | 832.04 | 4,154.41 | 44,880.27 |
| 5012800 | Transportation Services | | | | | | | | | | | | |
| 5012820 | Travel, Personal Vehicle | 188.60 | 221.38 | 238.05 | 374.33 | 617.55 | 313.95 | 89.13 | - | 414.18 | 419.04 | 379.62 | 3,255.83 |
| | Total Transportation Services | 188.60 | 221.38 | 238.05 | 374.33 | 617.55 | 313.95 | 89.13 | - | 414.18 | 419.04 | 379.62 | 3,255.83 |
| | Total Contractual Svcs | 5,654.54 | 11,138.67 | 2,507.86 | 1,896.84 | 2,048.18 | 1,525.66 | 1,035.86 | 32,550.07 | 3,141.77 | 2,263.79 | 4,786.71 | 68,549.95 |

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period

Beginning July 1, 2015

and Ending May 31,
2016

| Account Number | Account Description | July | August | September | October | November | December | January | February | March | April | May | Total |
|----------------|--------------------------------|------------------|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|------------------|-----------------|------------------|-------------------|
| 5015300 | Operating Lease Payments | | | | | | | | | | | | |
| 5015340 | Equipment Rentals | - | 44.09 | 44.09 | 44.08 | 45.20 | 44.08 | 44.09 | 44.08 | 44.09 | - | 45.19 | 398.99 |
| 5015350 | Building Rentals | - | 1.08 | - | - | 1.62 | - | - | 1.62 | - | - | 1.62 | 5.94 |
| 5015390 | Building Rentals - Non State | 834.20 | 979.69 | 828.72 | 828.72 | 943.93 | 828.72 | 828.72 | 828.72 | 928.49 | 849.48 | 951.65 | 9,631.04 |
| | Total Operating Lease Payments | 834.20 | 1,024.86 | 872.81 | 872.80 | 990.75 | 872.80 | 872.81 | 874.42 | 972.58 | 849.48 | 998.46 | 10,035.97 |
| | Total Continuous Charges | 834.20 | 1,024.86 | 872.81 | 872.80 | 990.75 | 872.80 | 872.81 | 874.42 | 972.58 | 849.48 | 998.46 | 10,035.97 |
| | Total Expenditures | 16,452.73 | 19,133.92 | 9,595.48 | 8,916.68 | 8,643.33 | 8,611.00 | 7,456.14 | 40,609.59 | 10,705.51 | 9,569.65 | 12,355.15 | 152,049.18 |
| | Allocated Expenditures | | | | | | | | | | | | |
| | Behavioral Science | | | | | | | | | | | | |
| 20100 | Exec | 555.67 | 632.01 | 544.09 | 3,986.48 | 3,692.00 | 31,280.63 | (22,771.48) | 4,225.71 | 4,284.59 | 4,191.77 | 4,257.71 | 34,879.20 |
| 30100 | Data Center | 6,627.62 | 3,192.25 | 1,627.26 | 3,411.33 | 4,098.32 | 3,901.77 | 6,154.57 | 3,936.66 | 3,762.03 | 1,381.22 | 6,947.18 | 45,040.20 |
| 30200 | Human Resources | 25.36 | 45.05 | 351.18 | 50.96 | 31.54 | 3,929.20 | 30.53 | 55.58 | 43.24 | 33.42 | 44.41 | 4,640.47 |
| 30300 | Finance | 4,436.74 | 2,005.16 | 1,975.23 | 2,102.78 | 1,831.05 | 2,853.08 | 1,854.20 | 2,374.23 | 2,290.33 | 4,565.57 | 3,297.56 | 29,585.93 |
| 30400 | Director's Office | 1,546.52 | 1,089.22 | 1,058.28 | 1,027.45 | 1,297.09 | 1,299.17 | 1,310.52 | 1,418.80 | 1,406.65 | 1,390.96 | 1,419.91 | 14,264.57 |
| 30500 | Enforcement | 14,381.27 | 10,055.04 | 6,977.41 | 5,836.60 | 6,010.57 | 7,813.96 | 9,406.99 | 9,760.88 | 9,258.32 | 8,224.90 | 7,645.95 | 95,371.89 |
| | Administrative | | | | | | | | | | | | |
| 30600 | Proceedings | - | - | 433.05 | 1,950.95 | - | - | - | - | 935.32 | - | - | 3,319.32 |
| 30700 | Impaired Practitioners | 103.62 | 77.56 | 74.43 | 58.17 | 59.23 | 58.05 | 57.01 | 55.89 | 58.74 | 60.58 | 60.37 | 723.65 |
| 30800 | Attorney General | - | - | 4,229.87 | 4,856.86 | - | - | 5,327.21 | - | - | 6,267.90 | - | 20,681.84 |
| 30900 | Board of Health Professions | 976.11 | 400.69 | 613.61 | 887.40 | 433.90 | 1,022.49 | 729.65 | 699.50 | 747.51 | 643.45 | 660.90 | 7,815.22 |
| 31100 | Maintenance and Repairs | - | - | - | - | - | 83.88 | - | - | - | - | - | 83.88 |
| 31300 | Emp. Recognition Program | - | 17.57 | - | 2.10 | 5.96 | 42.50 | 15.67 | - | 7.96 | - | 10.48 | 102.24 |
| 31400 | Conference Center | 9.41 | 24.33 | (14.59) | 4.60 | 13.44 | 13.47 | 22.71 | 14.51 | 26.33 | (8.56) | 13.06 | 118.71 |

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period

Beginning July 1, 2015

and Ending May 31,

2016

| Account Number | Account Description | July | August | September | October | November | December | January | February | March | April | May | Total |
|----------------|---|--------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------|----------------------|----------------------|----------------------|----------------------|---------------------|
| 31500 | Pgm Devlpmnt & Implimentn | 605.62 | 461.47 | 503.68 | 522.60 | 571.79 | 585.27 | 646.50 | 701.56 | 749.80 | 622.13 | 769.22 | 6,739.63 |
| | Total Allocated Expenditures | 29,267.93 | 18,000.35 | 18,373.50 | 24,698.29 | 18,044.89 | 52,883.48 | 2,784.08 | 23,243.32 | 23,570.83 | 27,373.34 | 25,126.74 | 263,366.75 |
| | Net Revenue in Excess (Shortfall) of Expenditures | <u>\$50,934.34</u> | <u>\$(23,754.27)</u> | <u>\$(17,218.98)</u> | <u>\$(23,549.97)</u> | <u>\$(19,368.22)</u> | <u>\$(52,984.48)</u> | <u>\$ 1,424.78</u> | <u>\$(50,957.91)</u> | <u>\$(15,656.34)</u> | <u>\$(20,232.99)</u> | <u>\$(19,331.89)</u> | <u>(190,695.93)</u> |

Deputy Executive Director's Report



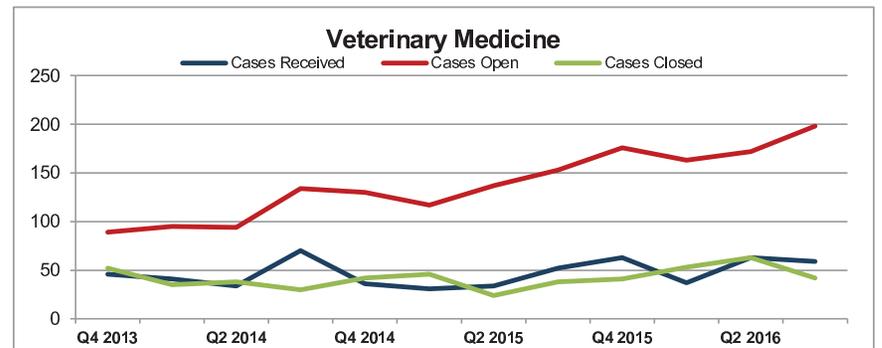
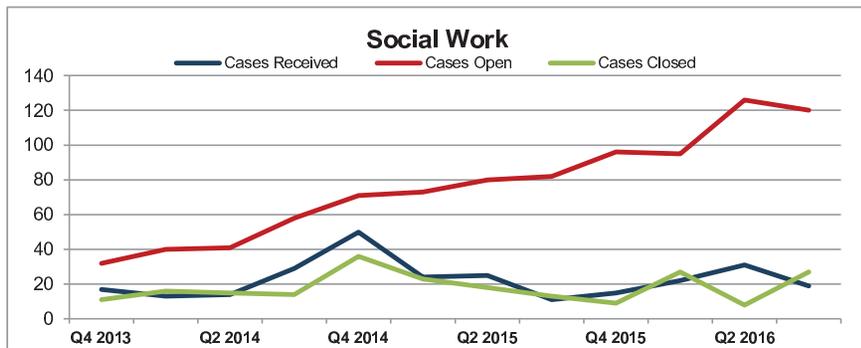
CASES RECEIVED, OPEN, & CLOSED REPORT SUMMARY BY BOARD

FISCAL YEAR 2016, QUARTER ENDING 03/31/2016

| Quarter Breakdown | |
|-------------------|-----------------------------|
| Quarter 1 | July 1st - September 30th |
| Quarter 2 | October 1st - December 31st |
| Quarter 3 | January 1st - March 31st |
| Quarter 4 | April 1st - June 30th |

The "Received, Open, Closed" table below shows the number of received and closed cases during the quarters specified and a "snapshot" of the cases still open at the end of the quarter.

| Board Of | Q4 2013 | Q1 2014 | Q2 2014 | Q3 2014 | Q4 2014 | Q1 2015 | Q2 2015 | Q3 2015 | Q4 2015 | Q1 2016 | Q2 2016 | Q3 2016 | CURRENT |
|----------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Social Work | | | | | | | | | | | | | |
| Number of Cases Received | 17 | 13 | 14 | 29 | 50 | 24 | 25 | 11 | 15 | 22 | 31 | 19 | |
| Number of Cases Open | 32 | 40 | 41 | 58 | 71 | 73 | 80 | 82 | 96 | 95 | 126 | 120 | |
| Number of Cases Closed | 11 | 16 | 15 | 14 | 36 | 23 | 18 | 13 | 9 | 27 | 8 | 27 | |
| Veterinary Medicine | | | | | | | | | | | | | |
| Number of Cases Received | 46 | 41 | 34 | 70 | 36 | 31 | 34 | 52 | 63 | 37 | 63 | 59 | |
| Number of Cases Open | 89 | 95 | 94 | 134 | 130 | 117 | 137 | 153 | 176 | 163 | 172 | 198 | |
| Number of Cases Closed | 52 | 35 | 38 | 30 | 42 | 46 | 24 | 38 | 41 | 53 | 63 | 42 | |
| AGENCY | | | | | | | | | | | | | |
| Number of Cases Received | 1368 | 1413 | 1223 | 1449 | 1384 | 1391 | 1262 | 1257 | 1327 | 1297 | 1332 | 1483 | |
| Number of Cases Open | 2658 | 2639 | 2627 | 2893 | 2935 | 3084 | 3184 | 3223 | 3230 | 3183 | 3141 | 3296 | |
| Number of Cases Closed | 1325 | 1438 | 1240 | 1218 | 1318 | 1282 | 1249 | 1238 | 1393 | 1440 | 1466 | 1422 | |



AVERAGE TIME TO CLOSE A CASE (IN DAYS) PER QUARTER

FISCAL YEAR 2016, QUARTER ENDING 03/31/2016

| Quarter Breakdown | |
|-------------------|-----------------------------|
| Quarter 1 | July 1st - September 30th |
| Quarter 2 | October 1st - December 31st |
| Quarter 3 | January 1st - March 31st |
| Quarter 4 | April 1st - June 30th |

*The average age of cases closed is a measurement of how long it takes, on average, for a case to be processed from entry to closure. These calculations include only cases closed within the quarter specified.

| | Q4 2013 | Q1 2014 | Q2 2014 | Q3 2014 | Q4 2014 | Q1 2015 | Q2 2015 | Q3 2015 | Q4 2015 | Q1 2016 | Q2 2016 | CURRENT Q3 2016 |
|------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------------|
| Audiology/Speech Pathology | 77.8 | 47.2 | 0.0 | 53.0 | 77.5 | 92.0 | 66.7 | 179.0 | 82.1 | 134.9 | N/A | 215.2 |
| Counseling | 422.6 | 254.2 | 225.4 | 225.8 | 170.4 | 204.6 | 238.2 | 315.6 | 252.2 | 284.1 | 193.5 | 415.6 |
| Dentistry | 280.2 | 286.0 | 325.1 | 298.1 | 394.1 | 307.5 | 259.4 | 222.8 | 350.3 | 272.5 | 292.7 | 248.3 |
| Funeral Directing | 177.5 | 180.4 | 164.2 | 185.7 | 175.5 | 175.9 | 99.4 | 205.8 | 140.4 | 181.3 | 190.7 | 134.3 |
| Long Term Care Administrator | 233.1 | 120.7 | 195.0 | 291.1 | 143.8 | 184.8 | 154.7 | 179.7 | 260.5 | 247.6 | 145.4 | 218.5 |
| Medicine | 129.2 | 225.0 | 135.9 | 167.5 | 151.7 | 170.8 | 165.4 | 219.3 | 147.3 | 177.1 | 181.1 | 161.6 |
| Nurse Aide | 150.3 | 164.9 | 167.1 | 146.6 | 121.1 | 116.4 | 147.2 | 172.6 | 145.5 | 169.6 | 121.8 | 154.7 |
| Nursing | 164.7 | 190.1 | 179.8 | 184.0 | 182.9 | 173.2 | 214.3 | 188.1 | 231.2 | 191.1 | 196.3 | 217.6 |
| Optometry | 124.2 | 163.5 | 220.5 | 229.5 | 289.4 | 205.5 | 184.3 | 122.1 | 197.2 | 294.0 | 154.2 | 231.0 |
| Pharmacy | 154.2 | 158.7 | 142.4 | 130.5 | 148.4 | 139.7 | 102.1 | 247.3 | 121.9 | 200.2 | 102.6 | 110.8 |
| Physical Therapy | 177.2 | 99.8 | 127.0 | 125.8 | 123.0 | 176.4 | 137.9 | 120.8 | 280.5 | 190.0 | 117.1 | 145.3 |
| Psychology | 298.3 | 155.1 | 177.5 | 149.5 | 176.5 | 210.0 | 129.0 | 171.1 | 181.1 | 216.0 | 287.0 | 437.0 |
| Social Work | 276.5 | 176.0 | 138.9 | 216.9 | 171.2 | 183.9 | 314.4 | 198.9 | 202.9 | 199.4 | 132.5 | 342.0 |
| Veterinary Medicine | 165.4 | 243.9 | 243.9 | 187.2 | 118.2 | 214.5 | 318.2 | 269.9 | 158.9 | 295.7 | 331.7 | 332.4 |
| AGENCY | 168.2 | 199.8 | 179.9 | 175.9 | 170.1 | 178.3 | 187.6 | 207.2 | 186.7 | 200.1 | 190.8 | 201.6 |



**PERCENTAGE OF CASES OF ALL TYPES
CLOSED WITHIN 365 CALENDAR DAYS***

FISCAL YEAR 2016, QUARTER ENDING 03/31/2016

| Quarter Breakdown | |
|-------------------|-----------------------------|
| Quarter 1 | July 1st - September 30th |
| Quarter 2 | October 1st - December 31st |
| Quarter 3 | January 1st - March 31st |
| Quarter 4 | April 1st - June 30th |

**The percent of cases closed in fewer than 365 days shows, from the total of all cases closed during the specified period, the percent of cases that were closed in less than one year.*

| | Q4 2013 | Q1 2014 | Q2 2014 | Q3 2014 | Q4 2014 | Q1 2015 | Q2 2015 | Q3 2015 | Q4 2015 | Q1 2016 | Q2 2016 | CURRENT Q3 2016 |
|-------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------------|
| Audiology/Speech Pathology | 100.0% | N/A | N/A | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | N/A | 100.0% |
| Counseling | 47.6% | 80.0% | 80.0% | 89.5% | 96.8% | 86.7% | 78.6% | 75.0% | 76.2% | 64.3% | 72.7% | 36.0% |
| Dentistry | 75.5% | 73.0% | 64.0% | 72.9% | 52.7% | 67.5% | 81.2% | 83.7% | 53.6% | 74.0% | 69.8% | 80.0% |
| Funeral Directing | 85.7% | 93.3% | 82.4% | 95.8% | 86.7% | 90.9% | 100.0% | 87.5% | 100.0% | 88.2% | 88.2% | 100.0% |
| Long Term Care Administrator | 85.7% | 100.0% | 75.0% | 71.4% | 100.0% | 84.6% | 92.9% | 90.9% | 84.6% | 77.8% | 88.9% | 80.8% |
| Medicine | 92.5% | 79.6% | 95.9% | 91.6% | 92.7% | 90.4% | 89.9% | 87.1% | 94.3% | 87.8% | 87.9% | 89.7% |
| Nurse Aide | 93.9% | 94.3% | 95.7% | 96.7% | 96.2% | 97.9% | 96.2% | 96.6% | 93.0% | 91.1% | 97.1% | 95.9% |
| Nursing | 93.5% | 90.8% | 91.8% | 92.3% | 90.1% | 94.1% | 86.5% | 92.4% | 87.2% | 87.3% | 86.2% | 84.2% |
| Optometry | 100.0% | 100.0% | 75.0% | 66.7% | 75.0% | 82.4% | 75.0% | 100.0% | 66.7% | 85.7% | 100.0% | 80.0% |
| Pharmacy | 88.5% | 91.1% | 90.1% | 92.7% | 132.9% | 95.5% | 95.1% | 76.7% | 62.2% | 82.8% | 95.4% | 93.1% |
| Physical Therapy | 100.0% | 100.0% | 90.0% | 100.0% | 100.0% | 90.9% | 87.5% | 100.0% | 75.0% | 75.0% | 100.0% | 100.0% |
| Psychology | 83.3% | 90.5% | 94.1% | 92.3% | 100.0% | 93.3% | 100.0% | 87.5% | 100.0% | 75.0% | 50.0% | 37.5% |
| Social Work | 72.7% | 93.8% | 100.0% | 85.7% | 91.7% | 95.7% | 72.2% | 92.3% | 77.8% | 65.5% | 87.5% | 46.2% |
| Veterinary Medicine | 88.5% | 85.7% | 94.7% | 96.7% | 100.0% | 93.5% | 66.7% | 71.1% | 92.7% | 65.3% | 63.5% | 69.1% |
| AGENCY TOTAL | 90.3% | 86.9% | 89.6% | 91.4% | 97.4% | 90.9% | 88.6% | 87.9% | 88.3% | 84.4% | 85.8% | 84.8% |

Licensing Manager's Report

COUNT OF CURRENT LICENSES* BOARD SUMMARY

FISCAL YEAR 2016, QUARTER ENDING 03/31/2016

| Quarter Breakdown | |
|-------------------|-----------------------------|
| Quarter 1 | July 1st - September 30th |
| Quarter 2 | October 1st - December 31st |
| Quarter 3 | January 1st - March 31st |
| Quarter 4 | April 1st - June 30th |

**CURRENT LICENSES BY BOARD AND OCCUPATION AS OF THE LAST DAY OF THE QUARTER*

| | Q4 2013 | Q1 2014 | Q2 2014 | Q3 2014 | Q4 2014 | Q1 2015 | Q2 2015 | Q3 2015 | Q4 2015 | Q1 2016 | Q2 2016 | CURRENT Q3 2016 |
|------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------------|
| Audiology/Speech Pathology | 3756 | 4019 | 4093 | 3936 | 4104 | 4418 | 4674 | 4653 | 4840 | 4944 | 4992 | 4720 |
| Counseling | 6801 | 6788 | 6960 | 7098 | 6545 | 7026 | 7183 | 7256 | 7042 | 7249 | 7490 | 7597 |
| Dentistry | 12216 | 13103 | 13226 | 12617 | 13140 | 13390 | 13507 | 12782 | 13753 | 13999 | 14186 | 14319 |
| Funeral Directing | 2373 | 2484 | 2516 | 2379 | 2471 | 2521 | 2543 | 2313 | 2506 | 2540 | 2573 | 2618 |
| Long Term Care Administrator | 1961 | 2030 | 2079 | 1968 | 2054 | 2107 | 2176 | 1922 | 2058 | 2115 | 2165 | 2206 |
| Medicine | 58848 | 61299 | 61769 | 61910 | 61789 | 62714 | 62617 | 62816 | 64137 | 65337 | 65922 | 66177 |
| Nurse Aide | 54833 | 53995 | 53989 | 53751 | 53098 | 54250 | 54491 | 53695 | 53834 | 54568 | 54402 | 54374 |
| Nursing | 154149 | 159261 | 159067 | 159315 | 159974 | 162346 | 161891 | 161569 | 163058 | 164128 | 163594 | 163637 |
| Optometry | 1875 | 1896 | 1915 | 1852 | 1906 | 1927 | 1946 | 1856 | 1915 | 1931 | 1963 | 1874 |
| Pharmacy | 32263 | 34021 | 34800 | 33321 | 34398 | 35424 | 36750 | 34226 | 35476 | 36365 | 37218 | 34741 |
| Physical Therapy | 9384 | 10170 | 10390 | 10574 | 10901 | 11401 | 11647 | 10533 | 11000 | 10908 | 11075 | 11240 |
| Psychology | 3656 | 3696 | 3799 | 3888 | 3624 | 3893 | 4017 | 4093 | 3876 | 4028 | 4141 | 4253 |
| Social Work | 6008 | 5923 | 6076 | 6242 | 6350 | 6481 | 6590 | 6741 | 6306 | 6544 | 6690 | 6828 |
| Veterinary Medicine | 6348 | 6833 | 6882 | 6651 | 6897 | 7029 | 7108 | 6888 | 7187 | 7304 | 7370 | 7112 |
| AGENCY TOTAL | 354471 | 365518 | 367561 | 365502 | 367251 | 374927 | 377140 | 371343 | 376988 | 381960 | 383781 | 381696 |

COUNT OF CURRENT LICENSES *

FISCAL YEAR 2016, QUARTER ENDING 03/31/16

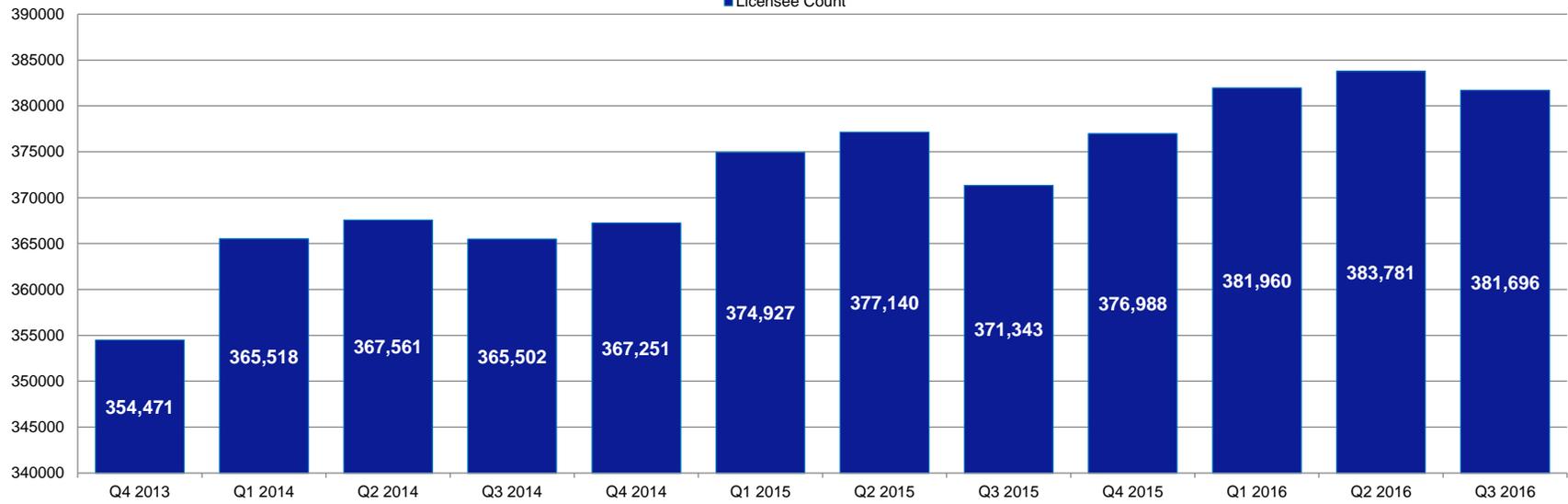
| Quarter Breakdown | |
|-------------------|-----------------------------|
| Quarter 1 | July 1st - September 30th |
| Quarter 2 | October 1st - December 31st |
| Quarter 3 | January 1st - March 31st |
| Quarter 4 | April 1st - June 30th |

**CURRENT LICENSES BY BOARD AND OCCUPATION AS OF THE LAST DAY OF THE QUARTER*

| Board | Occupation | Q4 2013 | Q1 2014 | Q2 2014 | Q3 2014 | Q4 2014 | Q1 2015 | Q2 2015 | Q3 2015 | Q4 2015 | Q1 2016 | Q2 2016 | CURRENT Q3 2016 |
|----------------------------|----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------------|
| Psychology | Applied Psychologist | 35 | 34 | 35 | 35 | 26 | 31 | 31 | 31 | 29 | 29 | 30 | 32 |
| | Clinical Psychologist | 2764 | 2858 | 2929 | 2983 | 2831 | 2985 | 3047 | 3104 | 3003 | 3104 | 3167 | 3223 |
| | School Psychologist | 98 | 97 | 98 | 100 | 92 | 98 | 100 | 102 | 97 | 99 | 99 | 100 |
| | School Psychologist-Limited | 344 | 310 | 332 | 361 | 310 | 384 | 436 | 448 | 365 | 406 | 438 | 480 |
| | Sex Offender Treatment Provider | 415 | 397 | 405 | 409 | 365 | 395 | 403 | 408 | 382 | 390 | 407 | 418 |
| Total | | 3656 | 3696 | 3799 | 3888 | 3624 | 3893 | 4017 | 4093 | 3876 | 4028 | 4141 | 4253 |
| Social Work | Associate Social Worker | 3 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 |
| | Licensed Clinical Social Worker | 5515 | 5502 | 5622 | 5736 | 5814 | 5903 | 5986 | 6104 | 5781 | 5948 | 6060 | 6170 |
| | Licensed Social Worker | 469 | 403 | 436 | 488 | 518 | 560 | 586 | 619 | 525 | 583 | 617 | 645 |
| | Registered Social Worker | 21 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 0 | 12 | 12 | 12 |
| Total | | 6008 | 5923 | 6076 | 6242 | 6350 | 6481 | 6590 | 6741 | 6306 | 6544 | 6690 | 6828 |
| Veterinary Medicine | Equine Dental Technician | 23 | 24 | 25 | 24 | 23 | 24 | 25 | 24 | 24 | 24 | 25 | 22 |
| | Full Service Veterinary Facility | 744 | 751 | 751 | 747 | 750 | 756 | 753 | 760 | 768 | 771 | 771 | 770 |
| | Restricted Veterinary Facility | 284 | 295 | 295 | 297 | 298 | 304 | 304 | 308 | 317 | 324 | 327 | 330 |
| | Veterinarian | 3640 | 4044 | 4074 | 3899 | 4038 | 4119 | 4164 | 3986 | 4157 | 4221 | 4252 | 4054 |
| | Veterinary Technician | 1657 | 1719 | 1737 | 1684 | 1788 | 1826 | 1862 | 1810 | 1921 | 1964 | 1995 | 1936 |
| Total | | 6348 | 6833 | 6882 | 6651 | 6897 | 7029 | 7108 | 6888 | 7187 | 7304 | 7370 | 7112 |
| AGENCY TOTAL | | 354471 | 365518 | 367561 | 365502 | 367251 | 374927 | 377140 | 371343 | 376988 | 381960 | 383781 | 381696 |

Total Current License Count

■ Licensee Count



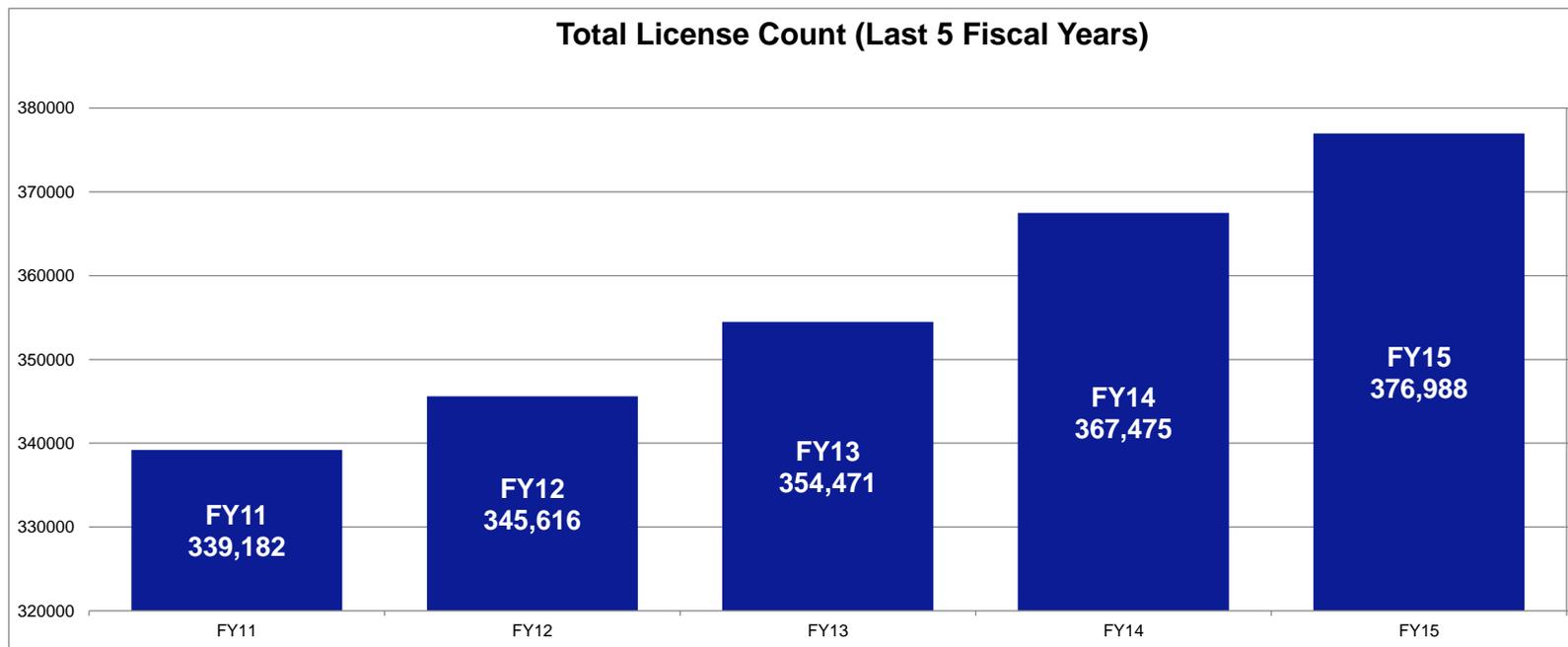
COUNT OF CURRENT LICENSES *

LAST FIVE FISCAL YEARS

| Quarter Breakdown | |
|-------------------|-----------------------------|
| Quarter 1 | July 1st - September 30th |
| Quarter 2 | October 1st - December 31st |
| Quarter 3 | January 1st - March 31st |
| Quarter 4 | April 1st - June 30th |

**CURRENT LICENSES BY BOARD AND OCCUPATION AS OF THE LAST DAY OF THE FISCAL YEAR*

| Board | Occupation | FY11 | Change Between FY12 & FY11 | FY12 | Change Between FY13 & FY12 | FY13 | Change Between FY14 & FY13 | FY14 | Change Between FY15 & FY14 | FY15 |
|----------------------------|----------------------------------|---------------|----------------------------------|---------------|----------------------------------|---------------|----------------------------------|---------------|----------------------------------|---------------|
| Psychology | Applied Psychologist | 41 | -17.1% | 34 | 2.9% | 35 | -25.7% | 26 | 11.5% | 29 |
| | Clinical Psychologist | 2709 | -2.4% | 2644 | 4.5% | 2764 | 2.4% | 2831 | 6.1% | 3003 |
| | School Psychologist | 111 | -9.0% | 101 | -3.0% | 98 | -6.1% | 92 | 5.4% | 97 |
| | School Psychologist-Limited | 295 | 4.4% | 308 | 11.7% | 344 | -9.9% | 310 | 17.7% | 365 |
| | Sex Offender Treatment Provider | 422 | 0.9% | 426 | -2.6% | 415 | -12.0% | 365 | 4.7% | 382 |
| | Total | | 3578 | -1.8% | 3513 | 4.1% | 3656 | -0.9% | 3624 | 7.0% |
| Social Work | Associate Social Worker | 3 | -33.3% | 2 | 50.0% | 3 | -66.7% | 1 | - | 0 |
| | Licensed Clinical Social Worker | 5468 | -4.3% | 5233 | 5.4% | 5515 | 5.4% | 5814 | -0.6% | 5781 |
| | Licensed Social Worker | 431 | -8.8% | 393 | 19.3% | 469 | 10.4% | 518 | 1.4% | 525 |
| | Registered Social Worker | 28 | -25.0% | 21 | 0.0% | 21 | -19.0% | 17 | - | 0 |
| Total | | 5930 | -4.7% | 5649 | 6.4% | 6008 | 5.7% | 6350 | -0.7% | 6306 |
| Veterinary Medicine | Equine Dental Technician | 22 | 9.1% | 24 | -4.2% | 23 | 0.0% | 23 | 4.3% | 24 |
| | Full Service Veterinary Facility | 722 | 1.8% | 735 | 1.2% | 744 | 0.8% | 750 | 2.4% | 768 |
| | Restricted Veterinary Facility | 264 | 2.3% | 270 | 5.2% | 284 | 4.9% | 298 | 6.4% | 317 |
| | Veterinarian | 3728 | -5.3% | 3530 | 3.1% | 3640 | 10.9% | 4038 | 2.9% | 4157 |
| | Veterinary Technician | 1469 | 7.5% | 1579 | 4.9% | 1657 | 7.9% | 1788 | 7.4% | 1921 |
| Total | | 6205 | -1.1% | 6138 | 3.4% | 6348 | 8.6% | 6897 | 4.2% | 7187 |
| AGENCY TOTAL | | 339182 | 1.9% | 345616 | 2.6% | 354471 | 3.7% | 367475 | 2.6% | 376988 |



NEW LICENSES ISSUED BOARD SUMMARY

FISCAL YEAR 2016, QUARTER ENDING 03/31/2016

| Quarter Breakdown | |
|-------------------|-----------------------------|
| Quarter 1 | July 1st - September 30th |
| Quarter 2 | October 1st - December 31st |
| Quarter 3 | January 1st - March 31st |
| Quarter 4 | April 1st - June 30th |

***CURRENT LICENSES BY BOARD AND OCCUPATION AS OF THE LAST DAY OF THE QUARTER**

| | Q4 2013 | Q1 2014 | Q2 2014 | Q3 2014 | Q4 2014 | Q1 2015 | Q2 2015 | Q3 2015 | Q4 2015 | Q1 2016 | Q2 2016 | CURRENT Q3 2016 |
|------------------------------|--------------|--------------|-------------|-------------|--------------|--------------|-------------|-------------|--------------|-------------|-------------|--------------------|
| Audiology/Speech Pathology | 103 | 164 | 63 | 68 | 138 | 276 | 200 | 235 | 169 | 167 | 42 | 71 |
| Counseling | 291 | 496 | 304 | 240 | 253 | 148 | 125 | 91 | 174 | 94 | 200 | 123 |
| Dentistry | 420 | 350 | 131 | 134 | 348 | 251 | 130 | 152 | 335 | 302 | 190 | 138 |
| Funeral Directing | 52 | 43 | 51 | 40 | 51 | 45 | 29 | 51 | 54 | 45 | 35 | 41 |
| Long Term Care Administrator | 75 | 80 | 72 | 73 | 88 | 93 | 79 | 80 | 96 | 77 | 74 | 61 |
| Medicine | 2237 | 1631 | 910 | 1113 | 2171 | 1411 | 993 | 1045 | 2588 | 1768 | 1139 | 1184 |
| Nurse Aide | 2479 | 1614 | 1495 | 1258 | 2216 | 1756 | 1565 | 1227 | 2224 | 1716 | 1327 | 1099 |
| Nursing | 2820 | 4089 | 2186 | 2875 | 3226 | 3844 | 2231 | 2851 | 3216 | 3418 | 2281 | 2610 |
| Optometry | 69 | 23 | 15 | 22 | 54 | 22 | 17 | 9 | 51 | 24 | 28 | 17 |
| Pharmacy | 1143 | 1321 | 765 | 1024 | 1215 | 1428 | 1019 | 785 | 1132 | 1140 | 878 | 847 |
| Physical Therapy | 262 | 522 | 210 | 152 | 33 | 487 | 238 | 187 | 424 | 442 | 146 | 154 |
| Psychology | 70 | 77 | 75 | 64 | 91 | 108 | 91 | 65 | 63 | 90 | 80 | 93 |
| Social Work | 231 | 336 | 284 | 238 | 254 | 124 | 110 | 139 | 169 | 171 | 125 | 131 |
| Veterinary Medicine | 222 | 116 | 53 | 71 | 239 | 110 | 75 | 79 | 266 | 128 | 61 | 77 |
| AGENCY TOTAL | 10474 | 10862 | 6614 | 7372 | 10677 | 10103 | 6902 | 6996 | 10961 | 9582 | 6606 | 6646 |

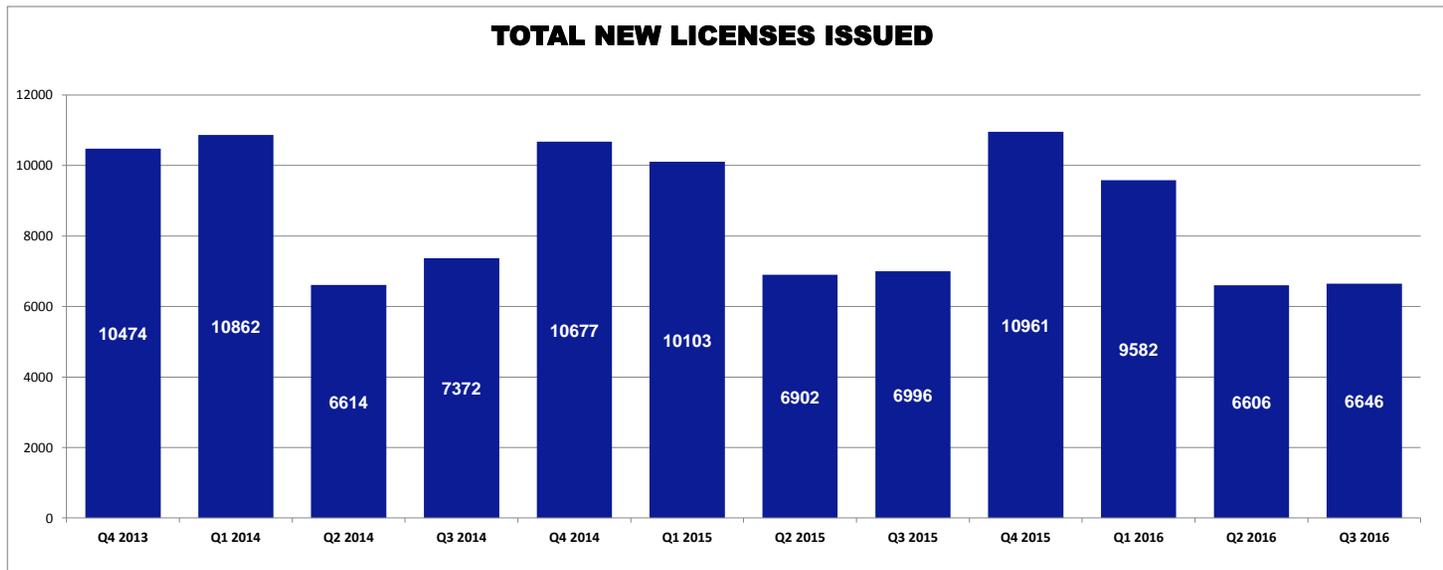
NEW LICENSES ISSUED BY QUARTER*

FISCAL YEAR 2016, QUARTER ENDING 03/31/2016

| Quarter Breakdown | |
|-------------------|-----------------------------|
| Quarter 1 | July 1st - September 30th |
| Quarter 2 | October 1st - December 31st |
| Quarter 3 | January 1st - March 31st |
| Quarter 4 | April 1st - June 30th |

*Shows the number of initial licenses granted for each licensing board by occupation.

| Board | Occupation | Q4 2013 | Q1 2014 | Q2 2014 | Q3 2014 | Q4 2014 | Q1 2015 | Q2 2015 | Q3 2015 | Q4 2015 | Q1 2016 | Q2 2016 | CURRENT Q3 2016 |
|----------------------------|----------------------------------|--------------|--------------|-------------|-------------|--------------|--------------|-------------|-------------|--------------|-------------|-------------|--------------------|
| Pharmacy | Robotic Pharmacy System | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Warehouser | 0 | 1 | 0 | 0 | 2 | 4 | 2 | 0 | 0 | 0 | 0 | 1 |
| | Wholesale Distributor | 1 | 1 | 2 | 2 | 2 | 0 | 0 | 2 | 0 | 1 | 4 | 1 |
| Total | | 1143 | 1321 | 765 | 1024 | 1215 | 1428 | 1019 | 785 | 1132 | 1140 | 878 | 847 |
| Physical Therapy | Direct Access Certification | 45 | 55 | 36 | 37 | 48 | 48 | 75 | 56 | 42 | 9 | 17 | 28 |
| | Physical Therapist | 147 | 319 | 140 | 91 | 218 | 294 | 131 | 102 | 274 | 320 | 76 | 98 |
| | Physical Therapist Assistant | 70 | 148 | 34 | 24 | 67 | 145 | 32 | 29 | 108 | 113 | 53 | 28 |
| Total | | 262 | 522 | 210 | 152 | 333 | 487 | 238 | 187 | 424 | 442 | 146 | 154 |
| Psychology | Applied Psychologist | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 |
| | Clinical Psychologist | 64 | 59 | 57 | 41 | 58 | 59 | 50 | 49 | 50 | 66 | 55 | 50 |
| | Continuing Education Provider | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | School Psychologist | 0 | 2 | 0 | 1 | 2 | 2 | 2 | 1 | 2 | 0 | 0 | 1 |
| | School Psychologist-Limited | 3 | 11 | 14 | 18 | 27 | 43 | 34 | 12 | 7 | 21 | 13 | 31 |
| | Sex Offender Treatment Provider | 3 | 5 | 4 | 4 | 4 | 4 | 5 | 3 | 3 | 3 | 11 | 10 |
| Total | | 70 | 77 | 75 | 64 | 91 | 108 | 91 | 65 | 63 | 90 | 80 | 93 |
| Social Work | Associate Social Worker | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Licensed Clinical Social Worker | 81 | 109 | 100 | 73 | 93 | 86 | 85 | 108 | 125 | 118 | 96 | 104 |
| | Licensed Social Worker | 21 | 27 | 30 | 44 | 35 | 38 | 25 | 31 | 44 | 53 | 29 | 27 |
| Total | | 231 | 336 | 284 | 238 | 254 | 124 | 110 | 139 | 169 | 171 | 125 | 131 |
| Veterinary Medicine | Equine Dental Technician | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Full Service Veterinary Facility | 4 | 7 | 3 | 3 | 132 | 3 | 2 | 9 | 8 | 3 | 4 | 5 |
| | Restricted Veterinary Facility | 7 | 8 | 6 | 9 | 5 | 5 | 8 | 9 | 8 | 9 | 8 | 13 |
| | Veterinarian | 146 | 72 | 28 | 47 | 3 | 65 | 35 | 36 | 148 | 74 | 24 | 39 |
| | Veterinary Technician | 65 | 28 | 16 | 12 | 98 | 36 | 30 | 25 | 102 | 42 | 25 | 20 |
| Total | | 222 | 116 | 53 | 71 | 239 | 110 | 75 | 79 | 266 | 128 | 61 | 77 |
| AGENCY TOTAL | | 10474 | 10862 | 6614 | 7372 | 10677 | 10103 | 6902 | 6996 | 10961 | 9582 | 6606 | 6646 |



NEW LICENSES ISSUED*

PAST FIVE FISCAL YEARS

| Quarter Breakdown | |
|-------------------|-----------------------------|
| Quarter 1 | July 1st - September 30th |
| Quarter 2 | October 1st - December 31st |
| Quarter 3 | January 1st - March 31st |
| Quarter 4 | April 1st - June 30th |

*Shows the number of initial licenses granted for each licensing board by occupation.

| Board | Occupation | FY11 | Change Between FY12 & FY11 | FY12 | Change Between FY13 & FY12 | FY13 | Change Between FY14 & FY13 | FY14 | Change Between FY15 & FY14 | FY15 |
|-------------------------|---|-------------|----------------------------------|-------------|-------------------------------------|-------------|-------------------------------------|-------------|-------------------------------------|-------------|
| Pharmacy | Pharmacy | 57 | 7.0% | 61 | -3.3% | 59 | -3.4% | 57 | 22.8% | 70 |
| | Pharmacy Intern | 567 | 1.4% | 575 | 17.0% | 673 | 1.8% | 685 | -2.2% | 670 |
| | Pharmacy Technician | 1936 | 2.1% | 1976 | 13.3% | 2238 | -3.0% | 2170 | -10.7% | 1938 |
| | Pharmacy Technician Training Program | 11 | 18.2% | 13 | -7.7% | 12 | 41.7% | 17 | -5.9% | 16 |
| | Physician Selling Controlled Substances | 126 | 54.0% | 194 | 0.0% | 194 | -19.1% | 157 | 4.5% | 164 |
| | Pilot Programs | 1 | -100.0% | 0 | - | 1 | 100.0% | 2 | - | 4 |
| | PSD Location | 48 | 0.0% | 48 | 6.3% | 51 | -39.2% | 31 | 3.2% | 32 |
| | Repackaging Training Program | 1 | -100.0% | 0 | - | 0 | - | 0 | - | 0 |
| | Restricted Manufacturer | 8 | -37.5% | 5 | -40.0% | 3 | -66.7% | 1 | - | 0 |
| | Robotic Pharmacy System | 0 | - | 0 | - | 0 | - | 0 | - | 0 |
| | Warehouse | 3 | 0.0% | 3 | -100.0% | 0 | - | 3 | - | 6 |
| Wholesale Distributor | 2 | 50.0% | 3 | 166.7% | 8 | -12.5% | 7 | -71.4% | 2 | |
| Total | | 3926 | 2.1% | 4009 | 8.2% | 4336 | -0.3% | 4322 | 0.9% | 4359 |
| Physical Therapy | Direct Access Certification | 137 | -7.3% | 127 | 11.0% | 141 | 24.8% | 176 | 25.6% | 221 |
| | Physical Therapist | 510 | -23.9% | 388 | 59.8% | 620 | 23.9% | 768 | 4.3% | 801 |
| | Physical Therapist Assistant | 187 | 21.4% | 227 | 24.2% | 282 | -3.2% | 273 | 15.0% | 314 |
| Total | | 834 | -11.0% | 742 | 40.6% | 1043 | 16.7% | 1217 | 9.8% | 1336 |
| Psychology | Applied Psychologist | 2 | 0.0% | 2 | 0.0% | 2 | - | 0 | - | 1 |
| | Clinical Psychologist | 167 | -3.6% | 161 | 34.8% | 217 | -0.9% | 215 | -3.3% | 208 |
| | Continuing Education Provider | 0 | - | 0 | - | 0 | - | 0 | - | 0 |
| | School Psychologist | 1 | 0.0% | 1 | 200.0% | 3 | 66.7% | 5 | 40.0% | 7 |
| | School Psychologist-Limited | 81 | -55.6% | 36 | 58.3% | 57 | 22.8% | 70 | 37.1% | 96 |
| | Sex Offender Treatment Provider | 34 | -50.0% | 17 | 0.0% | 17 | 0.0% | 17 | -11.8% | 15 |
| Total | | 285 | -23.9% | 217 | 36.4% | 296 | 3.7% | 307 | 6.5% | 327 |
| Social Work | Associate Social Worker | 0 | - | 0 | - | 0 | - | 0 | - | 0 |
| | Licensed Clinical Social Worker | 297 | -7.7% | 274 | 9.5% | 300 | 25.0% | 375 | 7.7% | 404 |
| | Licensed Social Worker | 57 | 52.6% | 87 | -17.2% | 72 | 88.9% | 136 | 1.5% | 138 |

NEW LICENSES ISSUED*

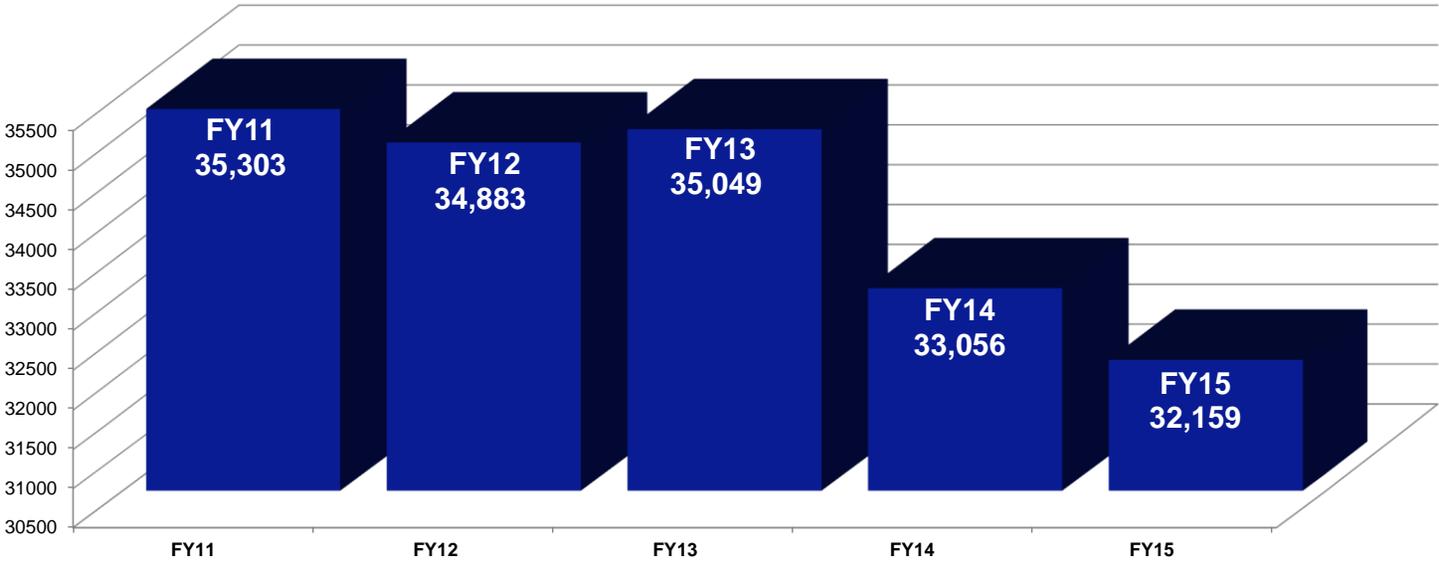
PAST FIVE FISCAL YEARS

| Quarter Breakdown | |
|-------------------|-----------------------------|
| Quarter 1 | July 1st - September 30th |
| Quarter 2 | October 1st - December 31st |
| Quarter 3 | January 1st - March 31st |
| Quarter 4 | April 1st - June 30th |

*Shows the number of initial licenses granted for each licensing board by occupation.

| Board | Occupation | FY11 | Change Between FY12 & FY11 | FY12 | Change Between FY13 & FY12 | FY13 | Change Between FY14 & FY13 | FY14 | Change Between FY15 & FY14 | FY15 |
|----------------------------|----------------------------------|--------------|----------------------------------|--------------|-------------------------------------|--------------|-------------------------------------|--------------|-------------------------------------|--------------|
| Social Work | Registered Social Worker | 0 | - | 0 | - | 0 | - | 0 | - | 0 |
| Total | | 354 | 17.2% | 361 | 84.1% | 372 | 44.5% | 511 | 6.1% | 542 |
| Veterinary Medicine | Equine Dental Technician | 2 | -50.0% | 1 | -100.0% | 0 | - | 2 | -50.0% | 1 |
| | Full Service Veterinary Facility | 16 | 37.5% | 22 | -36.4% | 14 | 21.4% | 17 | 29.4% | 22 |
| | Restricted Veterinary Facility | 32 | -21.9% | 25 | 12.0% | 28 | -7.1% | 26 | 15.4% | 30 |
| | Veterinarian | 255 | 15.7% | 295 | -1.0% | 292 | -4.5% | 279 | 1.8% | 284 |
| | Veterinary Technician | 113 | 60.2% | 181 | -22.7% | 140 | 10.0% | 154 | 25.3% | 193 |
| Total | | 418 | 25.4% | 524 | -9.5% | 474 | 0.8% | 478 | 10.9% | 530 |
| AGENCY TOTAL | | 32159 | 2.8% | 33056 | 6.0% | 35049 | 1.2% | 34883 | 1.2% | 35303 |

TOTAL NEW LICENSES ISSUED: Fiscal Year 2011 - 2015



APPLICANT SATISFACTION SURVEY RESULTS
APPROVAL RATE

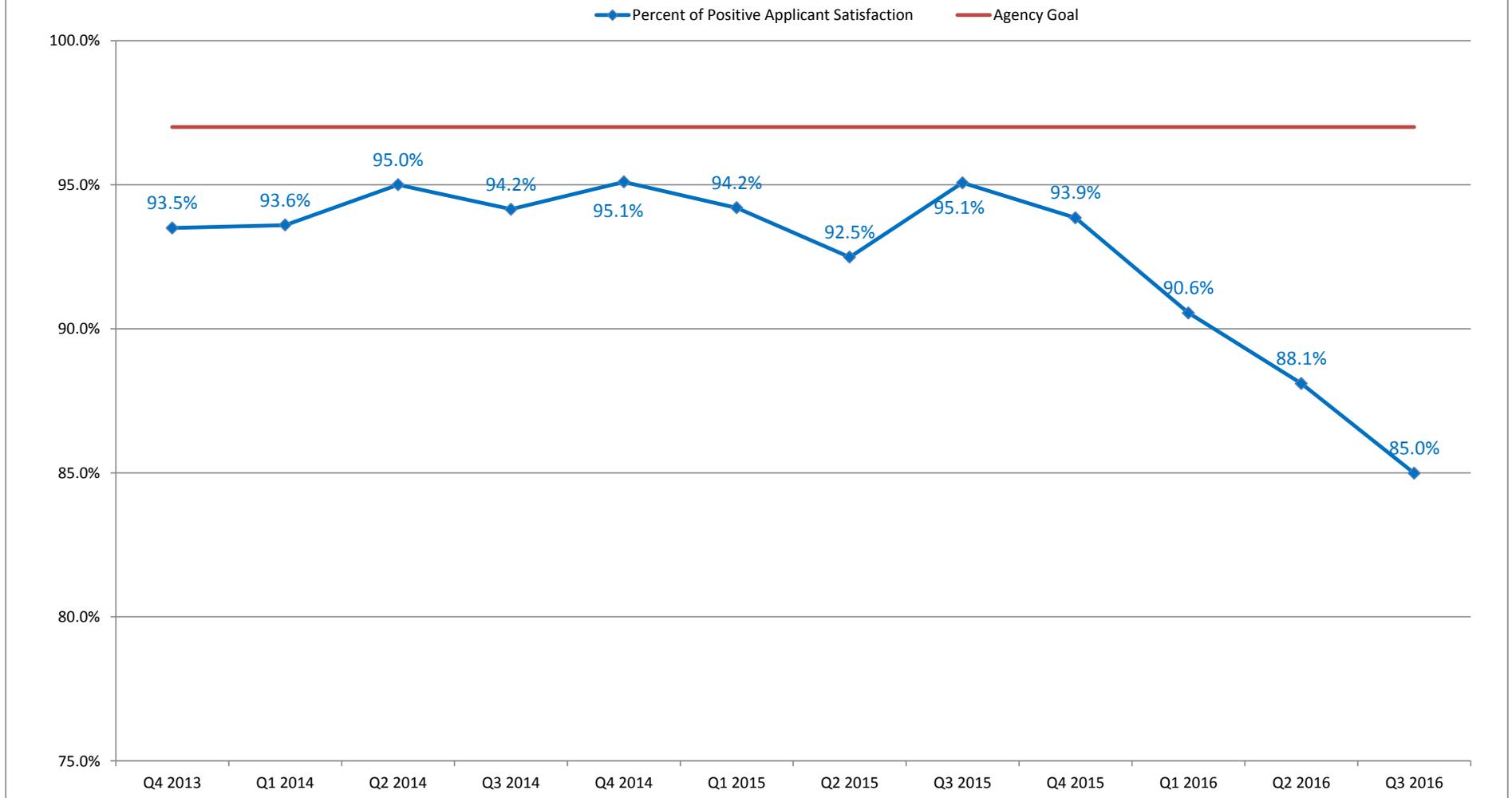
FISCAL YEAR 2016, QUARTER ENDING 03/31/2016

| Quarter Breakdown | |
|-------------------|-----------------------------|
| Quarter 1 | July 1st - September 30th |
| Quarter 2 | October 1st - December 31st |
| Quarter 3 | January 1st - March 31st |
| Quarter 4 | April 1st - June 30th |

*Applicant Satisfaction Surveys are sent to all initial applicants. The survey includes six categories for which applicants rate their satisfaction on a scale from one to four, one and two being degrees of satisfaction, three and four being degrees of dissatisfaction. This report calculates the percentage of total responses falling into the approval range. An "n/a" is used if no response was received for that board during the specified timeframe.

| Board | | | | | | | | | | | | CURRENT |
|-------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | Q4 2013 | Q1 2014 | Q2 2014 | Q3 2014 | Q4 2014 | Q1 2015 | Q2 2015 | Q3 2015 | Q4 2015 | Q1 2016 | Q2 2016 | Q3 2016 |
| Audiology/Speech Pathology | 100.0% | 94.8% | 85.7% | 100.0% | 100.0% | 89.6% | 83.3% | 100.0% | 86.7% | 76.7% | 100.0% | N/A |
| Counseling | 76.3% | 80.1% | 83.2% | 87.7% | 92.8% | 83.3% | 91.1% | 83.9% | 80.8% | 79.6% | 83.3% | 100.0% |
| Dentistry | 94.7% | 90.9% | 95.9% | 92.3% | 88.9% | 86.3% | 91.7% | 100.0% | 93.3% | 96.4% | 83.3% | N/A |
| Funeral Directing | 100.0% | 100.0% | 100.0% | 88.9% | 100.0% | N/A | 100.0% | 100.0% | 97.0% | 88.9% | 100.0% | N/A |
| Long Term Care Administrator | N/A | 100.0% | 100.0% | 88.9% | 100.0% | 100.0% | 100.0% | 100.0% | 96.3% | 100.0% | 100.0% | N/A |
| Medicine | 87.5% | 91.1% | 91.8% | 92.2% | 95.0% | 92.2% | 81.2% | 84.8% | 89.6% | 80.8% | 80.6% | 89.2% |
| Nurse Aide | 99.1% | 97.2% | 99.7% | 96.5% | 100.0% | 95.6% | 97.3% | 88.9% | 98.9% | 100.0% | 98.2% | 100.0% |
| Nursing | 96.5% | 94.3% | 96.4% | 94.5% | 94.5% | 95.6% | 94.9% | 98.1% | 97.2% | 92.4% | 86.7% | 82.5% |
| Optometry | 100.0% | 100.0% | 100.0% | N/A | N/A | 100.0% | 100.0% | N/A | 66.7% | 100.0% | N/A | N/A |
| Pharmacy | 97.3% | 97.7% | 98.1% | 97.6% | 99.1% | 98.8% | 98.3% | 100.0% | 99.5% | 96.3% | 98.9% | N/A |
| Physical Therapy | 98.6% | 96.9% | 98.7% | 100.0% | 90.5% | 94.3% | 97.3% | 100.0% | 100.0% | 96.9% | 89.7% | N/A |
| Psychology | 99.1% | 88.6% | 92.6% | 88.9% | 96.0% | 89.6% | 76.8% | 90.0% | 84.9% | 83.3% | 93.2% | 100.0% |
| Social Work | 94.9% | 86.6% | 90.7% | 95.8% | 88.5% | 92.0% | 92.0% | 90.7% | 92.6% | 90.7% | 94.4% | N/A |
| Veterinary Medicine | 93.3% | 97.4% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | N/A | 91.7% | 100.0% | N/A | N/A |
| AGENCY | 93.5% | 93.6% | 95.0% | 94.2% | 95.1% | 94.2% | 92.5% | 95.1% | 93.9% | 90.6% | 88.1% | 85.0% |

Percent of Positive Applicant Satisfaction



APPLICANT SATISFACTION SURVEY RESULTS
APPROVAL RATE*

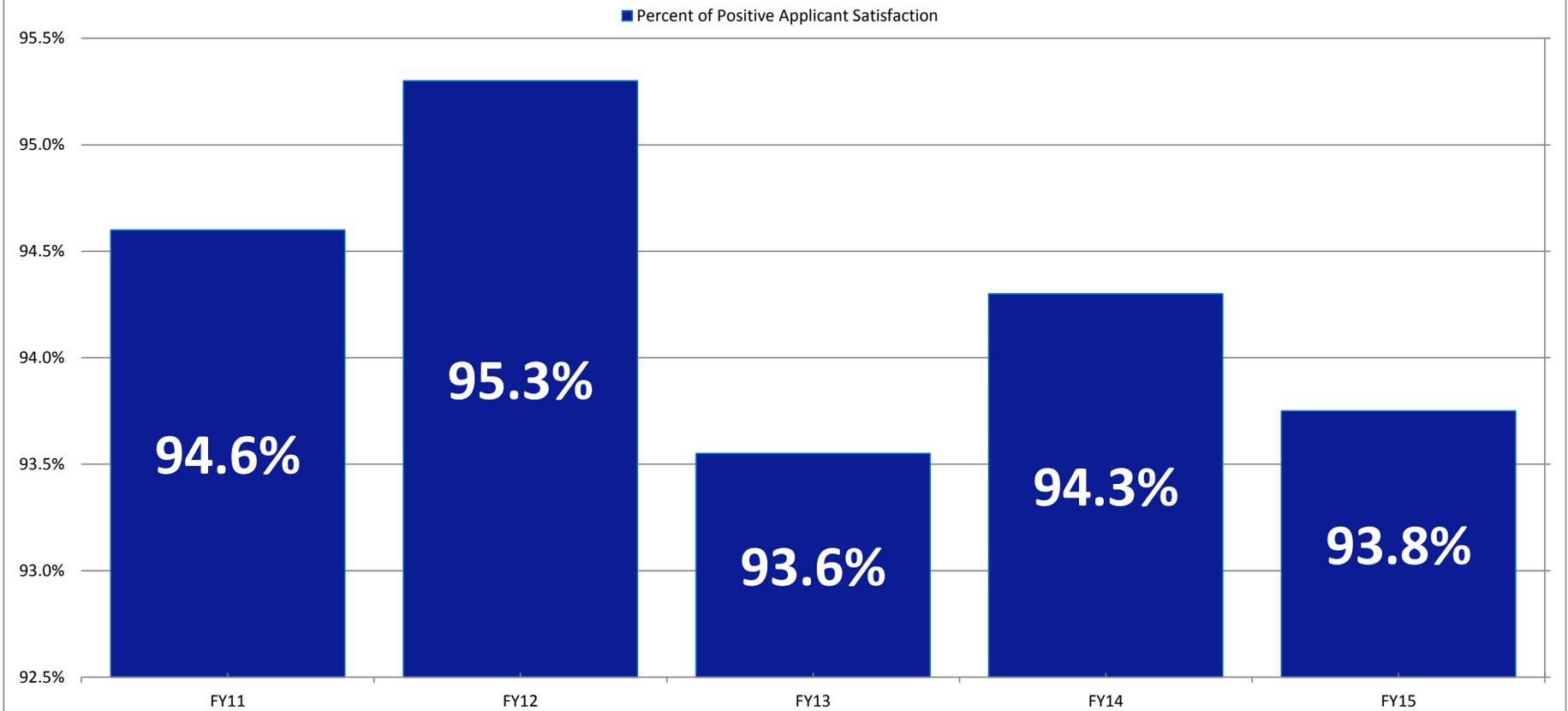
LAST FIVE FISCAL YEARS

| Quarter Breakdown | |
|-------------------|-----------------------------|
| Quarter 1 | July 1st - September 30th |
| Quarter 2 | October 1st - December 31st |
| Quarter 3 | January 1st - March 31st |
| Quarter 4 | April 1st - June 30th |

*Applicant Satisfaction Surveys are sent to all initial applicants. The survey includes six categories for which applicants rate their satisfaction on a scale from one to four, one and two being degrees of satisfaction, three and four being degrees of dissatisfaction. This report calculates the percentage of total responses falling into the approval range. "N/A" indicates that no response was received for that board during the specified timeframe.

| Board | FY11 | Change Between FY12 & FY11 | FY12 | Change Between FY13 & FY12 | FY13 | Change Between FY14 & FY13 | FY14 | Change Between FY15 & FY14 | FY15 |
|------------------------------|--------------|----------------------------------|--------------|----------------------------------|--------------|----------------------------------|--------------|----------------------------------|--------------|
| Audiology/Speech Pathology | 91.8% | -1.4% | 90.5% | 9.1% | 98.7% | -4.8% | 94.0% | -7.6% | 86.9% |
| Counseling | 75.7% | -1.8% | 74.3% | -2.4% | 72.5% | 17.1% | 84.9% | -1.1% | 83.9% |
| Dentistry | 95.7% | -2.9% | 92.9% | 2.0% | 94.8% | -3.2% | 91.8% | 0.3% | 92.1% |
| Funeral Directing | 95.2% | 5.0% | 100.0% | 0.0% | 100.0% | -3.0% | 97.0% | 1.4% | 98.3% |
| Long Term Care Administrator | N/A | 100.0% | 96.3% | -100.0% | n/a | 100.0% | 98.5% | -0.5% | 98.0% |
| Medicine | 94.1% | 2.6% | 96.5% | -6.4% | 90.3% | 1.9% | 92.0% | -3.3% | 89.0% |
| Nurse Aide | 97.5% | 0.4% | 97.9% | -0.1% | 97.8% | 0.5% | 98.3% | -1.0% | 97.3% |
| Nursing | 94.8% | 1.6% | 96.3% | -1.1% | 95.2% | -0.3% | 94.9% | 1.2% | 96.0% |
| Optometry | 100.0% | 0.0% | 100.0% | -7.1% | 92.9% | 7.6% | 100.0% | -8.3% | 91.7% |
| Pharmacy | 97.7% | -0.9% | 96.8% | 1.1% | 97.9% | 0.1% | 98.0% | 1.0% | 98.9% |
| Physical Therapy | 95.3% | 2.4% | 97.6% | -0.8% | 96.8% | 0.4% | 97.2% | -0.9% | 96.3% |
| Psychology | 88.1% | -4.0% | 84.6% | 7.9% | 91.3% | 0.2% | 91.5% | -8.3% | 83.9% |
| Social Work | 90.6% | -5.6% | 85.5% | 3.2% | 88.2% | 1.0% | 89.1% | 3.1% | 91.9% |
| Veterinary Medicine | 97.7% | -0.1% | 97.6% | -1.8% | 95.8% | 3.7% | 99.3% | -4.0% | 95.4% |
| Agency Total | 94.6% | 0.7% | 95.3% | -1.8% | 93.6% | 0.8% | 94.3% | -0.6% | 93.8% |

Percent of Positive Applicant Satisfaction



Committee Reports

**THE VIRGINIA BOARD OF SOCIAL WORK
REGULATORY COMMITTEE MEETING MINUTES
Friday, April 29, 2016**

The Regulatory Committee of the Virginia Board of Social Work ("Board") convened at 11:04 a.m. on Friday, April 29, 2016, at the Department of Health Professions, 9960 Mayland Drive, Richmond, Virginia. Bernadette Winters, Chair called the meeting to order.

BOARD MEMBERS PRESENT: Jaime Clancy, L.C.S.W.
Maria Eugenia del Villar, L.C.S.W.
Yvonne Haynes, L.C.S.W.
Dolores Paulson, L.C.S.W., Ph.D.
John Salay, L.C.S.W.
Joseph Walsh, L.C.S.W., Ph.D.
Bernadette Winters, L.C.S.W., Ph.D.

BOARD MEMBERS ABSENT: Kristi Wooten
Angelia Allen

STAFF PRESENT: Sarah Georgen, Licensing Manager
Jaime Hoyle, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Licensing Specialist
Elaine Yeatts, Senior Policy Analyst

ESTABLISHMENT OF A QUORUM:

With seven members of the Committee present, a quorum was established.

MISSION STATEMENT:

Dr. Winters read the mission statement of the Department of Health Professions, which was also the mission statement of the Board.

EMERGENCY EGRESS:

Dr. Winters announced the Emergency Egress Procedures.

ADOPTION OF AGENDA:

The agenda was accepted as written.

PUBLIC COMMENT:

Joseph Lynch of the Virginia Society of Clinical Social Work provided written public comment.

Katie Hellebush on behalf of Debra Riggs, Executive Director of the National Association of Social Workers, Virginia Chapter provided written public comment.

APPROVAL OF MINUTES:

Dr. Walsh motioned that the minutes from the February 26, 2016 subcommittee and regulatory committee meeting be approved as written. The motion was seconded and carried.

UNFINISHED BUSINESS:

The Committee discussed the scope of practice regarding the practice of a Baccalaureate Social Worker (“BSW”) and determined that it means “the application of social work theory, knowledge, methods, ethics and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations and communities. Baccalaureate Social Work is basic generalist practice that includes assessment, planning, intervention, evaluation, case management, information and referral, education, advocacy, community organization, and the development, implementation, and administration of policies, programs and activities.”

The Committee discussed the scope of practice regarding the practice of Licensed Master Social Workers (“LMSW”); however the Committee Chair requested that each committee member review the materials provided at the meeting and conduct their own research on the practice of social work at a master’s level for further discussion at the next meeting.

The topics of Psychosocial Interventions and Reinstatement/Reactivation were tabled to a later date.

NEW BUSINESS:

There was not new business.

NEXT MEETING:

Dr. Winters scheduled the next Regulatory Committee meeting for Friday, July 1, 2016 from 11:00 a.m. to 1:00 p.m.

ACTION ITEMS:

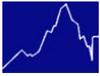
- Determine scope of practice for LMSW
- Psychosocial Interventions
- Reinstatement/Reactivation requirements

ADJOURNMENT:

There being no further business to come before the Committee, the meeting was adjourned at 2:00 p.m.

Bernadette Winters, Chair

Jaime Hoyle, Executive Director



May 5, 2016

10:00 a.m. - Board Room 2

9960 Mayland Dr, Henrico, VA 23233

Full Board Meeting & Retreat

In Attendance

- Barbara Allison-Bryan, MD, Board of Medicine
- Robert J. Catron, Citizen Member
- Helene D. Clayton-Jeter, OD, Board of Optometry
- Kevin Doyle, Ed.D., LPC, LSATP, Board of Counseling
- James D. Watkins, DDS, Board of Dentistry
- Allen R. Jones, Jr., DPT, PT
- Robert H. Logan, III, Ph.D., Citizen Member
- Martha S. Perry, MS, Citizen Member
- Laura P. Verdun, MA, CCC-SLP, Board of Audiology & Speech-Language
- J. Paul Welch, II, Board of Funeral Directors and Embalmers
- James Wells, RPH, Citizen Member
- Jacquelyn M. Tyler, RN, Citizen Member
- Trula E. Minton, MS, RN, Board of Nursing

Absent

- Ryan Logan, Board of Pharmacy
- Yvonne Haynes, LCSW, Board of Social Work
- Mark Johnson, DVM

DHP Staff

- David E. Brown, D.C., Director DHP
- Lisa R. Hahn, MPA, Chief Deputy Director DHP
- Elizabeth A. Carter, Ph.D., Executive Director BHP
- Elaine Yeatts, Senior Policy Analyst DHP
- Yetty Shobo, Ph.D., Deputy Executive Director BHP
- Sandy Reen, Executive Director Board of Dentistry
- Leslie Knachel, Executive Director Boards of Optometry, Audiology and Speech-Language Pathology, Veterinary Medicine
- Diane Powers, Director of Communications DHP
- Matt Treacy, Communications Associate DHP

Attorney General Rep

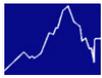
Charis Mitchell

Emergency Egress

Dr. Carter

Observers

Bruce Keen signed-in; two others did not.



Call to Order

Acting Chair Mr. Catron **Time** 10:00 a.m.
Quorum Established

Public Comment

Comment item: Bruce Keeney commented in favor of BHP's review of examining Chiropractors' competence to conduct physical examination of commercial driver's licensure and learner's permit applicants. He offered to provide Dr. Carter and the board extensive documentation and will welcome working with BHP.

Approval of Minutes

Presenter Mr. Catron

Discussion

The February 11, 2016 10:00 a.m. Full Board meeting minutes were approved and properly seconded. All members in favor, none opposed.

Directors Report

Presenter Dr. Brown

Discussion

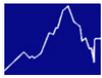
Dr. Brown discussed emerging issues in DHP's arena including a meeting by state taskforce involved in heroin and drug abuse prevention. Also, he noted that CDC is reviewing guidelines on opioid prescription for pain management. He shared that new legislation will mandate pharmacists and other dispensers to report prescribed opioids within 24 hours. Further, physicians who prescribe opioids for more than 14 days must check PMP. Investigations can be made for outliers. Board of Pharmacy and Board of Medicine are currently reviewing criteria to use to identify outliers. Other plans include education and awareness efforts. One will result in a website (VAways.com) to be launched July 1, 2016. This resource website will result from collaboration among several state agencies within the Health and Human Resources secretariat, including DHP. The Board of Medicine is providing funding for this project.

Legislative and Regulatory Report

Presenter Ms. Yeatts

Discussion

Ms. Yeatts presented two documents; one including a list of emergency regulations, emergency regulatory actions, regulatory actions by APA, and non-regulatory actions related to DHP from the 2016



General Assembly and the other document included Board by Board status on regulatory actions from past legislative sessions. One exempt regulatory action under the purview of BHP was HB574 which had to do with changes in specifications of who can be considered as a dietician or nutritionist.

Communications Report

Presenter Ms. Powers and Mr. Treacy

Key to fulfilling DHP's mission is providing information to the public. Increasingly, this includes leveraging digital capabilities and developing media relations. The team presented information on new digital promotion and projects including a video highlighting the DHP Healthcare Workforce Data Center. The team is eager to work with BHP's Education Committee on recommendations for additional products.

Executive Directors Report

Presenter Dr. Carter

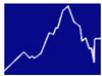
Agency Performance

Dr. Carter reviewed the agencies performance measures in relation to clearance rate, age of pending caseload and time to disposition. Dr. Carter noted that an internal staff committee had been formed to explore potential causes for a recent drop in meeting the time to disposition 90 day goal. An update will be provided at the next Board meeting.

Healthcare Workforce Data Center

Dr. Carter presented an overview of the Department's Healthcare Workforce Data Center. She discussed current and future projects including survey going out to Funeral Service Providers and formal membership in the Virginia Longitudinal Data System. Future projects include updating Virginia Careforce data on Tumblr site. Board members raised the need to consider ways to gather data on interns and apprenticeships formally, frequency of profession surveys, and other health professional groups to consider surveying. Dr. Carter indicated that DHP resources leverage existing licensure application and renewal processes to establish and maintain a standard census of licensed healthcare practitioners. Broader pipeline issues are addressed through the Virginia Health Workforce Development Authority in conjunction with Area Health Education Centers.

Dr. Carter noted that healthcare workforce research still remains in its infancy. There are few studies, and they are ad hoc, with inconsistent methodologies making it difficult to compare over time even within the same profession. The U.S. Health and Human Services Health Resources Services Administration (HRSA) advocates for a standard minimum data set collection approach and has funded some efforts by national-level profession-specific organizations. Problems with relatively low response rates and lack focus on the workforce in individual states and regions within states. DHP will be presenting at the September 2016 annual meeting of the Council on Licensure and Regulation on HWDC's approach and the need for states' licensing boards to consider replicating the minimum data set approach adopted in Virginia in order to improve response rates and make possible a standard census of healthcare workforce that could provide a key reference for the individual states and enable direct comparisons across states.



Sanction Reference Article

An article titled "Implementing a Sanctioning Reference System for the Virginia Board of Nursing" written by Dr. Carter and Neal Kauder has been submitted and published by the *Journal of Nursing Regulation*.

Telehealth Review

Dr. Carter discussed the comments received from the Directors of the Board of Pharmacy and the Board of Optometry, Audiology, Speech and Language Pathology, and Veterinary Medicine, on the Telehealth report submitted by Andrew Feagans and Andrea Peeks. Members discussed how to present the report on the agency's website. Dr. Jones made a motion to include a cover letter that provides a framing overview of the report, its purpose, and source and directs readers to an addendum containing comments from Executive Directors of the various boards. The motion was properly seconded by Dr. Watkins. All members were in favor, none opposed.

2016 Workplan

Dr. Carter presented the 2016 workplan.

Chiropractic Commercial Truck Driver Physicals Review

Presenter Dr. Carter

Dr. Carter presented plans for the review and asked for at least two more Board members to join the Regulatory Research Committee.

Board Reports

Presenter Mr. Catron

No reports were offered at this time.

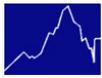
New Business

Presenter Mr. Catron

There was no new business to discuss.

Adjourned

Adjourned 11:40 a.m.



Retreat

Presenter Dr. Carter

The main purpose of the afternoon session was to do administrative “housekeeping” for BHP relating to regulations, guidance documents, and bylaws and to provide recommendations for topic area focus going forward.

Chapter 90 of the 2016 Acts of the Assembly, HB574, will amend §54.1-2731 of the *Code of Virginia* regarding Dietitian and Nutritionist title protection to preclude the need for Board of Health Professions regulations. By acclamation, the Board recommended rescinding these existing “Regulations Governing Standards for Dietitians and Nutritionists” (§18VAC75-30-10) once the new law becomes effective July 1, 2016.

Dr. Carter discussed the Board’s existing Guidance Documents and By-Laws and requested feedback on any need for amendment. The members agreed to review and discuss suggestions at the next meeting.

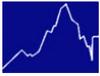
Mr. Catron reported the need to fill certain committee seats. Dr. Clayton-Jeter volunteered to be the Chair of the Education Committee and Dr. Allison Bryan agreed to be a member. Dr Jones volunteered to chair the Enforcement Committee with Dr. Watkins, Mr. Wells, Dr. Doyle, Ms. Minton, and Ms. Verdun joining as members. Ms. Perry, Ms. Tyler, and Mr. Welch volunteered to be on the Regulatory Research Committee. Absent members are requested to contact Mr. Catron to indicate which committee they would like to join. An issue of concern is the potential impact of member turnover on the Committees. When asked whether committees could meet electronically, Board Counsel Ms. Mitchell office reminded that such meetings are possible but must ensure public accessibility from all locations.

Regarding future focus, the Board recommended updates to board member orientation and onboarding to incorporate Education Committee recommendations. Also recommended was that the respective boards communicate the importance of the HWDC survey data they provide.

It is understood that the current online HWDC surveys are incorporated into the licensure renewal process and cannot retain previous responses. Results are downloaded with each renewal and maintained separately. However, in to help reduce the burden of completing the full survey each time, it was recommended that technical options be explored that will allow the option for update rather than total completion each time.

The Board also recommended the Virginia Health Workforce Development Authority be consulted regarding a means to measure Virginia’s pipeline of future healthcare providers.

The Board encouraged reporting on telehealth-related activities by each board as well as sharing insights about emerging team approaches in primary care.



Adjourned

1:40pm.

Acting Chair

Robert Catron

Signature: _____

Date: ____/____/____

**Board Executive
Director**

Elizabeth A. Carter, Ph.D.

Signature: _____

Date: ____/____/____

Sanction Reference Points
(SRP)
Guidance Document

Sanctioning Reference Points Instruction Manual

Behavioral Sciences Boards

Adopted December 2008
Revised January 2016

Board of Counseling
Guidance Document 115-1.5
Board of Psychology
Guidance Document 125-5.2
Board of Social Work
Guidance Document 140-8

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COMMONWEALTH of VIRGINIA

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January 2016

Dear Interested Parties:

In the spring of 2001, the Virginia Department of Health Professions approved a workplan to study sanctioning in disciplinary cases for Virginia's 13 health regulatory boards. The purpose of the study was to "...provide an empirical, systematic analysis of board sanctions for offenses and, based on this analysis, to derive reference points for board members..." The purposes and goals of the study were consistent with state statutes which specify that the Board of Health Professions (BHP) periodically review the investigatory and disciplinary processes to ensure the protection of the public and the fair and equitable treatment of health professionals.

After interviewing Board of Counseling, Psychology and Social Work members and staff, a committee of board members, staff, and research consultants assembled a research agenda involving the most exhaustive statistical study of sanctioned Behavioral Health professionals ever conducted in the United States. The analysis included collecting over 100 factors on all Behavioral Sciences' sanctioned cases in Virginia over a four year period. These factors measured case seriousness, respondent characteristics, and prior disciplinary history. After identifying the factors that were consistently associated with sanctioning, it was decided that the results provided a solid foundation for the creation of sanctioning reference points. Using both the data and collective input from the three boards, analysts developed a usable set of sanction worksheets as a way to implement the reference system.

More recently, BHP recommended that the SRPs be evaluated to determine if the program had met the objectives set forth in 2001. The outcomes related to the Boards of Counseling, Psychology and Social Work resulted in several changes to the Sanctioning Reference Points worksheet. This manual is the product of those adopted changes.

Sincerely yours,

Handwritten signature of David E. Brown, D.C.

David E. Brown, D.C.
Director
Virginia Department of Health Professions

Cordially,

Handwritten signature of Elizabeth A. Carter, Ph.D.

Elizabeth A. Carter, Ph.D.
Executive Director
Virginia Board of Health Professions

Table of Contents

General Information

| | |
|---|---|
| Overview | 4 |
| Background | 4 |
| Goals | 4 |
| Combining the Three Boards for Study | 5 |
| Methodology | 5 |
| Qualitative Analysis | 5 |
| Quantitative Analysis | 5 |
| Wide Sanctioning Ranges | 5 |
| Voluntary Nature | 6 |
| Worksheets Not Used in Certain Cases | 6 |
| Continuing Education Violations and Board Policies on Actions | 6 |
| Case Selection When Multiple Cases Exist | 7 |
| Sanctioning Reference Points Case Type Table | 7 |
| Completing the Coversheet and Worksheet | 8 |
| Scoring Factor Instructions | 8 |
| Using Sanctioning Thresholds to Determine a Specific Sanction | 8 |
| Sanctioning Reference Points Threshold Table | 8 |

Sanctioning Reference Points Forms

| | |
|---|----|
| Sanctioning Reference Points Coversheet | 10 |
| Sanctioning Reference Points Worksheet | 11 |
| Sanctioning Reference Points Worksheet Instructions | 12 |

GENERAL INFORMATION

Overview

The Virginia Board of Health Professions has spent the last 10 years studying sanctioning in disciplinary cases. The study has examined all of the Department of Health Professions' (DHP) 13 health regulatory Boards. Focusing on the Boards of Counseling, Psychology and Social Work (Behavioral Sciences Boards), this manual contains background on the project, the goals and purposes of the Sanctioning Reference Points (SRP) system, a revised offense-based worksheet and sanctioning recommendations used to help Board members determine how similarly situated respondents have been treated in the past.

This SRP system is based on a specific sample of cases, and thus only applies to those persons sanctioned by the Behavioral Sciences Boards. Moreover, the worksheets and sanctioning recommendations have not been tested or validated on any other groups of persons. Therefore, they should not be used to sanction respondents coming before other health regulatory boards, other states, or other disciplinary bodies.

The SRP system is comprised of a single worksheet which scores a variety of offense and respondent factors identified using statistical analysis and built upon the Department's effort to maintain standards of practice over time. The factors were isolated and tested in order to determine their influence on sanctioning outcomes. Sanctioning thresholds found on the worksheet recommend a range of sanctions from which the boards may select in a particular case.

In addition to this instruction booklet, a coversheet and worksheet are available to record the case category, recommended sanction, imposed sanction, and any reasons for departure (if applicable). The completed coversheets and worksheets will be evaluated as part of an on-going effort to monitor and refine the SRPs. These instructions and the use of the SRP system fall within current Department of Health Professions and Behavioral Sciences Boards' policies and procedures.

Furthermore, all sanctioning recommendations are those currently available to and used by the Boards and are specified within existing Virginia statutes. If an SRP worksheet recommendation is more or less severe than a Virginia statute or DHP regulation, the existing laws or policy supersedes the worksheet recommendation.

Background

In 2010, the Board of Health Professions (BHP) recommended that the SRPs be evaluated to determine if the program had met the objectives set forth in 2001. The purpose of this study was to evaluate the SRP system against its own unique set of objectives. The SRPs were designed to aid board members, staff and the public in a variety of ways. This Effectiveness Study sought to examine whether or not the SRPs were successful, and if not, which areas required improvement. The study resulted in changes to the manual for the Behavioral Sciences Boards. This manual is the result of those adopted changes.

Goals

The Board of Health Professions and the Behavioral Sciences Boards cited the following purposes and goals for establishing SRPs:

- Making sanctioning decisions more predictable
- Providing an education tool for new Board members
- Adding an empirical element to a process/system that is inherently subjective
- Providing a resource for the boards and those involved in proceedings
- Neutralizing sanctioning inconsistencies
- Validating Board member or staff recall of past cases
- Reducing the influence of undesirable factors—e.g., Board member ID, overall Board makeup, race or ethnic origin, etc.
- Helping predict future caseloads and need for probation services and terms

Combining the Three Boards for Study

Unlike other health regulatory boards that were analyzed as part of the SRP project, this study examined three Boards simultaneously. This approach offered several advantages. First, combining the three Boards allowed enough cases to be collected and analyzed. Any one of these Boards alone does not process enough disciplinary cases to allow for a valid data analysis. Second, the combined approach allowed Boards that handle similar cases to be grouped together, allowing for more efficient data collection and analysis resulting in resource savings. Lastly, this process allowed the board's members to understand and learn from cultural similarities and differences with regard to sanctioning across boards, something that rarely occurs.

Methodology

The fundamental question when developing a sanctioning reference system is deciding whether the supporting analysis should be grounded in historical data (a descriptive approach) or whether it should be developed normatively (a prescriptive approach). A normative approach reflects what policymakers feel sanction recommendations should be, as opposed to what they have been. SRPs can also be developed using historical data analysis with normative adjustments. This approach combines information from past practice with policy adjustments, in order to achieve a more balanced outcome.

The SRP manual adopted in 2008 was based on a descriptive approach with a limited number of normative adjustments. The Effectiveness Study was conducted in a similar manner, drawing from historical data to inform worksheet modification.

Qualitative Analysis

Researchers conducted in-depth personal interviews with members of each of the three boards as well as Board staff. Researchers also had informal conversations with representatives from the Attorney General's office and the Executive Director of the Board of Health Professions. The interview results were used to build consensus regarding the purpose and utility of SRPs and to further guide the Effectiveness Study's analysis. Additionally, interviews helped ensure the factors considered when sanctioning continued to be included during the quantitative phase of the study. Previous scoring factors were examined for their continued relevance and sanctioning influence.

Quantitative Analysis

In 2008, researchers collected detailed information on all BON disciplinary cases ending in a violation between January 2004 and March 2008; approximately 57 sanctioning "events." Over 100 different factors were collected on each case to describe the case attributes Board members identified as potentially impacting sanction decisions. Researchers used data available through the DHP case management system combined with primary data collected from hard copy files. The hard copy files contained investigative reports, Board notices, Board orders, and all other documentation made available to Board members when deciding a case sanction.

A comprehensive database was created to analyze the factors that were identified as potentially influencing sanctioning decisions. Using statistical analysis to construct a "historical portrait" of past sanctioning decisions, the significant factors along with their relative weights were derived. Those factors and weights were formulated into a sanctioning worksheet, which became the SRPs. The current worksheet represents a revised analysis using similar analytical methods to update the worksheet factors and scores to represent the most current practice.

Offense factors such as financial or material gain and case severity (priority level) were examined, as well as prior history factors such as past substance abuse, and previous Board orders. Some factors were deemed inappropriate for use in a structured sanctioning reference system. Although many factors, both "legal" and "extra-legal," can help explain sanction variation, only those "legal" factors the Boards felt should consistently play a role in a sanction decision were included on the final worksheet. By using this method, the hope is to achieve more neutrality in sanctioning by making sure the same set of "legal" factors are considered in every case.

Wide Sanctioning Ranges

The SRPs consider and weigh the circumstances of an offense and the relevant characteristics of the respondent, providing the Boards with a sanctioning model that encompasses roughly 80% of historical practice. This means that approximately 20% of past cases receive sanctions either higher or lower than what the reference points indicate, recognizing that aggravating and mitigating factors play a legitimate role in sanctioning. The wide sanctioning ranges allow the Board to customize on a particular sanction within the broader SRP recommended range.

Voluntary Nature

The SRP system should be viewed as a decision-aid to be used by the Boards of Counseling, Psychology and Social Work. Sanctioning within the SRP ranges is "totally voluntary," meaning that the system is viewed strictly as a tool and the Boards may choose any sanction outside the recommendation. The Boards maintains complete discretion in determining the sanction handed down. However, a structured sanctioning system is of little value if the Boards are not provided with the appropriate coversheet and worksheet in every case eligible for scoring. A coversheet and worksheet should be completed in cases resolved by Informal Conference or Pre-Hearing Consent Order. This includes cases resolved at an informal conference by conference committees or by prehearing consent order offers delegated to and authorized by board staff. The coversheet and worksheets will be used only after a violation has been determined.

Worksheets Not Used in Certain Cases

The SRPs will not be applied in any of the following circumstances:

- Formal Hearings — SRPs will not be used in cases that reach a Formal Hearing level.
- Mandatory suspensions – Virginia law requires that under certain circumstances (conviction of a felony, declaration of legal incompetence or incapacitation, license revocation in another jurisdiction) the licensee must be suspended. The sanction is defined by law and is therefore excluded from the SRPs system.

- Compliance/Reinstatements – The SRPs should be applied to new cases only.
- Action by Another Board – When a case which has already been adjudicated by a Board from another state appears before the Virginia Behavioral Sciences Boards, the Boards often attempt to mirror the sanction handed down by the other Board. The Behavioral Sciences Boards usually require that all conditions set by the other Board are completed or complied with in Virginia. The SRPs do not apply as the case has already been heard and adjudicated by another Board.
- Certain Instances of Continuing Education (CE) Deficiency – The Sanctioning Reference Points system does not apply to certain cases that have already been assigned pre-determined actions as set by the health regulatory board. Each Behavioral Science Board has its own Guidance Document pertaining to sanctioning at various levels of CE deficiency. The degree of deficiency and their respective actions are listed below:

Continuing Education Violations and Board Policies on Actions

| | | |
|-------------|--|--|
| Psychology | Short due to unacceptable hours Short 1 - 7 hours Short 8 - 14 hours Did not respond to audit request False attestation of CE completion | Confidential Consent Agreement; 30 day make up Confidential Consent Agreement; 30 day make up Consent Order; \$300 penalty; 30 day make up Informal Fact-Finding Conference Informal Fact-Finding Conference |
| Counseling | Short due to unacceptable hours Short 1 - 10 hours Short 11 - 15 hours Short 16 - 20 hours Did not respond to audit request | Confidential Consent Agreement; 30 day make up Confidential Consent Agreement; 30 day make up Consent Order; Monetary penalty of \$300; 30 day make up Consent Order; Monetary penalty of \$500; 30 day make up Informal Fact-Finding Conference |
| Social Work | Short due to unacceptable hours Short 1-9 hours Short 10-14 hours Short 15 or more hours Did not respond to audit request | Confidential Consent Agreement: 30 day make up Confidential Consent Agreement: 30 day make up Consent Order: \$500, 30 day make up Informal Conference Informal Conference |

NOTE: In all cases the licensee will be audited during the following renewal cycle.

Case Selection When Multiple Cases Exist

When multiple cases have been combined into one “event” (one order) for disposition by the Board, only one coversheet and worksheet should be completed and it should encompass the entire event. If a case (or set of cases) has more than one offense type, one case type is selected for scoring according to the offense group which appears highest on the following table and receives the highest point value. For example, a respondent found in violation for a confidentiality breach and an inappropriate relationship would receive twenty points, since Inappropriate Relationship is above Standard of Care on the list and receives more points. If an offense type is not listed, find the most analogous offense type and use the assigned amount point value.

Sanctioning Reference Points Case Type Table

| Case Type Group | Included Case Categories | Applicable Points |
|------------------------------|--|-------------------|
| Inability to Safely Practice | <ul style="list-style-type: none"> • Impairment/Incapacitation: Impairment due to use of alcohol, illegal substances, or prescription drugs or incapacitation due to mental, physical or medical conditions • Criminal Activity: Felony or misdemeanor arrest, charges pending, or conviction | 30 |
| Inappropriate Relationship | <ul style="list-style-type: none"> • Dual, sexual or other boundary issue. Includes inappropriate touching and written or oral communications | 20 |
| Continuing Education | <ul style="list-style-type: none"> • Failure to obtain or document CE requirements | 20 |
| Standard of Care | <ul style="list-style-type: none"> • Standard of Care – Diagnosis/Treatment: Instances in which the diagnosis/treatment was improper, delayed, or unsatisfactory. Also includes failure to diagnose/treat & other diagnosis/treatment issues. • Standard of Care – Consent Related • Abuse/Abandonment/Neglect: Any sexual assault, mistreatment of a patient, inappropriate termination of provider/patient relationship, leaving a patient unattended in a health-care environment, failure to do what a reasonable person would do in a similar situation • Confidentiality Breach: disclosing unauthorized client information without permission or necessity | 10 |
| Business Practice Issues | <ul style="list-style-type: none"> • Unlicensed Activity: Practicing a profession or occupation without holding a valid license as required by statute or regulation to include: practicing on a revoked, suspended, lapsed, non-existent or expired license, as well as aiding and abetting the practice of unlicensed activity • Business Practice Issues: Advertising, default on guaranteed student loan, solicitation, records, inspections, audits, self-referral of patients, required report not filed, or disclosure • Fraud: Performing unwarranted/unjust services or the falsification/alteration of patient records, improper patient billing, fee splitting, and falsification of licensing/renewal documents | 5 |

Completing the Coversheet and Worksheet

Ultimately, it is the responsibility of the individual Boards to complete the SRP coversheet and worksheet in all applicable cases. The information relied upon to complete a coversheet and worksheet is derived from the case packet provided to the boards and the respondent. It is also possible that information discovered at the time of the informal conference may impact worksheet scoring. The SRP coversheet and worksheet, once completed, are confidential under the Code of Virginia. Additionally, manual, including blank coversheets and worksheets, can be found on the Department of Health Professions web site: www.dhp.virginia.gov (paper copy also available on request).

Scoring Factor Instructions

To ensure accurate scoring, instructions are provided for scoring each factor on the SRP worksheet. When scoring a worksheet, the numeric values assigned to a factor on the worksheet cannot be adjusted. The scores can only be applied as 'yes or no' with

all or none of the points applied. In instances where a scoring factor is difficult to interpret, the Board members have final say in how a case is scored.

Using Sanctioning Thresholds to Determine a Specific Sanction

The Behavioral Sciences worksheet has four thresholds with increasing point values and respectively increasing sanction severities. The table here shows the historically used sanctions for each threshold. The column to the left, Worksheet Score, contains the threshold scores located at the bottom of the worksheet. The column to the right, Available Sanctions, shows the specific sanction types that each threshold level covers. After considering the sanction recommendation, the Boards should fashion a more detailed sanction(s) based on the individual case circumstances.

Sanctioning Reference Points Threshold Table

| Worksheet Score | Available Sanction |
|-----------------|--|
| 0-19 | No Sanction Reprimand |
| 20-69 | Corrective Action: Monetary Penalty Stayed suspension Probation Additional CE to obtain Board approved practice supervisor Participation in therapy Shall not supervise Quarterly self-reports Psychological evaluation Graduate level research paper(s) |
| 70-104 | Corrective Action: Monetary Penalty Stayed suspension Probation Additional CE to obtain Board approved practice supervisor Participation in therapy Shall not supervise Quarterly self-reports Psychological evaluation Graduate level research paper(s) Recommend Formal Hearing Suspension Revocation Accept surrender |
| 105 or more | Recommend Formal Hearing Suspension Revocation Accept surrender |

**Sanctioning Reference Points
Coversheet, Worksheet
and Instructions**



SRP Coversheet for the Behavioral Sciences Boards

- Choose a Case Type.
- Select the appropriate Boundary Issue and Patient Harm scores.
- Complete the Offense and Prior History section.
- Determine the Recommended Sanction Range using the Total Worksheet Score.
- Complete this coversheet.

Case Number(s):

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Respondent Name: _____

License Number: _____

Board:
 Counseling
 Psychology
 Social Work

Case Type:
 Inability to Safely Practice
 Inappropriate Relationship
 Continuing Education
 Standard of Care
 Business Practice Issues

Sanctioning Recommendation:
 No Sanction/Reprimand
 Corrective Action
 Corrective Action to Recommend Formal or Accept Surrender
 Recommend Formal or Accept Surrender

Imposed Sanction(s):
 No Sanction
 Reprimand
 Monetary Penalty: \$_____ enter amount
 Probation: _____ duration in months
 Stayed Suspension: _____ duration in months
 Recommend Formal
 Accept Surrender
 Revocation
 Suspension
 Other sanction: _____
 Terms: _____

Was imposed sanction a departure from the recommendation? No Yes, give reason below

Reasons for Departure from Sanction Grid Result (if applicable): _____

Worksheet Preparer's Name: _____

Date Worksheet Completed: _____

SRP Worksheet for the Behavioral Sciences Boards

| | | | |
|--|---------------|--------------|---------------------------------|
| Case Type (score only one) | Points | Score | |
| Inability to Safely Practice | 30 | _____ | } Score Only One |
| Inappropriate Relationship | 20 | _____ | |
| Continuing Education | 20 | _____ | |
| Standard of Care | 10 | _____ | |
| Business Practice Issues | 5 | _____ | |
| Boundary Issue Part of Case (if yes, score only one) | | | |
| Intimate Relations/Dating | 40 | _____ | } Score Only One, if Applicable |
| Inappropriate Communications | 20 | _____ | |
| Social/Business | 10 | _____ | |
| Patient Harm (if yes, score only one) | | | |
| Patient harmed with impaired functioning | 20 | _____ | } Score Only One, if Applicable |
| Patient harmed without impaired functioning | 10 | _____ | |
| Offense and Prior Record Factors (score all that apply) | | | |
| Respondent impaired during incident | 40 | _____ | } Score All That |
| Financial or material gain by the respondent | 30 | _____ | |
| Multiple patients involved | 30 | _____ | |
| One or more prior violations | 20 | _____ | |
| Any past problems | 20 | _____ | |
| Concurrent action against respondent | 10 | _____ | |

Total Worksheet Score (add all scores)

| SCORE | Sanctioning Recommendations |
|-------------|---|
| 0-19 | No Sanction/Reprimand |
| 20-69 | Corrective Action |
| 70-104 | Corrective Action to Recommend Formal or Accept Surrender |
| 105 or more | Recommend Formal or Accept Surrender |

Respondent Name: _____

Date: _____



SRP Worksheet Instructions for the Behavioral Sciences Boards

Case Type

Step 1: (score only one)

Enter the point value that corresponds to the case type. If a case has multiple aspects, enter the point value for the one most serious case type that is highest on the list. (See page 7 for an expanded list.)

| | |
|------------------------------|----|
| Inability to Safely Practice | 30 |
| Inappropriate Relationship | 20 |
| Continuing Education | 20 |
| Standard of Care | 10 |
| Business Practice Issues | 5 |

Boundary Issues

Step 2: (if yes, score only one)

If a boundary violation occurred in this case, regardless of case type scoring, indicate that nature of the violation.

Enter “40” if the respondent has engaged in a sexual or dating relationship with a client.

Enter “20” if the respondent participated in inappropriate communications with a client. Examples of inappropriate communications include, but are not limited to: telephone calls, answering machine messages, emails, letters and text messages.

Enter “10” if the respondent engaged in a business or social relationship with a client. Examples of a business relationship include, but are not limited to hiring a client for: child care, home or car repair, investment services, etc. Examples of social relationships include, but are not limited to: participating in social engagements or parties with clients.

Patient Harm

Step 3: (if yes, score only one)

Enter “20” if there was harm to the client which resulted in impaired functioning. Impaired functioning is indicated when the client or client’s subsequent provider reports symptoms of PTSD, suicidal feelings, or difficulty functioning due to the incident.

Enter “10” if there was harm to the client which did not result in impaired functioning. In cases involving Inappropriate Relationships, harm is always present therefore a minimum of “without impaired functioning” must be checked.

Offense Factors Score

Step 4: (score all that apply)

Enter “40” if the respondent was impaired at the time of the offense due to substance abuse (alcohol or drugs) or mental incapacitation.

Enter “30” if there was financial or material gain by the respondent.

Enter “30” if the case involves more than one patient.

Enter “20” if the respondent has any prior violations handed down by the Virginia Board of Counseling, Psychology or Social Work.

Enter “20” if the respondent has had any past difficulties in the following areas: drugs, alcohol, mental capacity, or boundaries issues. Scored here would be: prior convictions for DUI/DWI, inpatient/outpatient treatment, and bona fide mental health care for a condition affecting his/her abilities to function safely or properly.

Enter “10” if there was a concurrent action against the respondent related to this case. Concurrent actions include civil and criminal actions as well as any action taken by an employer such as termination or probation.

Step 5: Total Worksheet Score

Add all individual scores for a total worksheet score.

Step 6: Determining the Sanctioning Recommendations

Locate the Total Worksheet Score in the correct threshold range on the left side of the Sanctioning Recommendation Points table; to the right of the point thresholds are the recommended sanctions.

Step 7: Completing the Coversheet

Complete the coversheet including the SRP sanction result, the imposed sanction, and the reasons for departure if applicable.

Mid-level Licensure

Agenda Item: Board discussion of Midlevel licensure

Staff Note:

Comments received from 3 members of the Regulatory Committee were incorporated into a draft regulatory/legislative scheme for multi-level licensure

A midlevel license will require a legislative proposal.

Board action:

The Board may continue to gather information and study the issue

Or

The Board may decide to proceed with a legislative proposal authorizing the establishment of a master's level license.

DRAFT

Licensing Structure in Social Work in Virginia

LICENSED BACHELOR OF SOCIAL WORK

Licensure as a BSW (or LBSW) requires passage of the bachelor's level examination. Baccalaureate social work is Basic Generalist Practice that means the application of social work theory, knowledge, methods and ethics to practice **while under supervision**:

- Case management
- Supportive services
- Information and referral
- Consultation
- Advocacy
- Community organization

LICENSED MASTER OF SOCIAL WORK

Licensure as MSW (or LMSW) requires passage of the master's level examination. Master Social Work has advanced practice skills and specialized knowledge that means the application of social work theory, knowledge, methods and ethics at an advanced level for:

- Case management
- Crisis intervention and management
- Discharge planning and referrals
- Service coordination
- Development of solution focused interventions
- Policy analysis
- Development of community- based service models, programs, etc.
- Multi-disciplinary team participation
- Inter-agency collaborations
- Development of comprehensive community needs assessments
- Advocacy and liaison activities
- Patient/client education
- Research and education activities
- Program development and management
- Group facilitation
- Development of service plans
- Budgetary management and administration
- Development and implementation of service related policies/protocols
- Recovery oriented /wellness/disease management psychoeducational interventions/activities
- **Staff supervision and management**

A Licensed Master of Social Work with a clinical course of study **may register** to provide clinical social work services under the supervision of a Licensed Clinical Social Worker for a period of not more than four years

REGISTRATION FOR SUPERVISION IN CLINICAL SOCIAL WORK

A person registered for supervised practice in clinical social work:

- Has earned a Master or Doctoral Degree in Clinical Social Work course of study; and
- Is gaining the supervised experience necessary to become a licensed clinical social worker.

A social worker registered for supervision in clinical social work may engage in clinical social work practice under the supervision of a Licensed Clinical Social Worker who has met the requirements necessary to supervise in Virginia. A person registered for supervised clinical practice may also hold a LMSW and practice concurrently under that license.

Licensure as a Licensed Clinical Social Worker requires passage of the clinical examination.

SCOPE OF PRACTICE FOR LMSW

(Submitted by Yvonne Haynes)

Application of specialized knowledge and demonstration of advanced practice skills in the areas of:

- Development of bio-psychosocial assessments and outcome measures
- Case management
- Familiarity with promising practices and evidence based treatment approaches
- Familiarity with various methods to measure service/treatment efficacy and the use of differential treatment approaches
- Crisis/risk assessments, crisis intervention and management
- Discharge planning and referrals
- Service coordination
- Development of solution focused interventions
- Policy analysis
- Development of community- based service models, programs, etc.
- Multi-disciplinary team participation
- Inter-agency collaborations
- Development of comprehensive community needs assessments
- Advocacy and liaison activities
- Patient/client education
- Research and education activities
- Staff supervision and management
- Program development and management
- Group facilitation
- Development of service plans
- Budgetary management and administration
- Development and implementation of service related policies/protocols
- Recovery oriented /wellness/disease management psychoeducational interventions/activities

SCOPE OF PRACTICE

(Submitted by Dolores Paulson)

There are only 3 jurisdictions, Illinois, Indiana, and Virginia that combine BSW and MSW into one license, LSW. (Consultation with CSWA)

In Virginia, in September '15, there were 583 LSWs. While the degree distinction is not tracked, the staff's impression is that most LSWs are MSWs. All LSW applicants are tested at the BSW level indicating that the MSW is being under tested.

Having both degrees under the same licensure leads to confusion for the public. Scopes of practice are different for Master and the Bachelor of Social Work.

The following is an effort to define the scopes of practice for BSW and the MSW degrees. I have deliberately spaced out the following material this way so it is easier to see and work with add and subtract from the different elements of practice.

LICENSED BACHELOR OF SOCIAL WORK

Baccalaureate social work is Basic Generalist Practice that means the application of social work theory, knowledge, methods and ethics to:

- case management
- supportive services
- information and referral
- while under supervision
and/or
- consultation
- advocacy
- community organization
- while under supervision

LICENSED MASTER OF SOCIAL WORK

Master Social Work has advanced practice skills and specialized knowledge that means the application of social work theory, knowledge, methods and ethics at an advanced level while under supervision to:

- case management
- supportive services
- consultation
- treatment planning
- information and referral
- while under supervision
and/or
- advocacy
- community organization

- development of policies, programs, and activities
- implementation of policies, programs, and activities
- administration of policies, programs, and activities

A Licensed Master of Social Work with a clinical course of study may engage in clinical social work practice under the supervision of a Licensed Clinical Social Worker for a period of not more than _____ years

Following what I think Elaine was suggesting but I have not fully developed thinking it is already in place under a different title:

SOCIAL WORKER REGISTERED FOR SUPERVISION IN CLINICAL SOCIAL WORK

A candidate for licensed clinical social work:

- has earned a Master or Doctoral Degree in Clinical Social Work course of study
- is gaining the supervision and the supervised experience necessary to become a licensed clinical social worker.
- A social worker registered for supervision in clinical social work may engage in clinical social work practice under the supervision of a Licensed Clinical Social Worker who has met the requirements necessary to supervise in Virginia

LMSW SCOPE OF PRACTICE
(Submitted by Jamie Clancey)

By email with Dwight Hymans from the ASWB:

The discussion at the last regulatory committee meeting involved concerns shared about the practice of macro level social work by someone licensed with an LCSW. The educators on the committee stated that current MSW programs allow for students to choose a macro track (focused on macro SW and less on clinical) or a clinical track (clinical heavy). However, the clinical exam does not seem to decipher between those two tracks, meaning someone from either track could take the clinical exam and become licensed even though one might not have the clinical education needed to actually practice if they chose the macro track in school. The questions are several:

1) Do you believe that someone who chooses a macro track can take the clinical exam and practice competently in a clinical setting?

Answer: Our model law calls for a masters degree in social work as the educational requirement for a clinical license. It also calls for two years of CLINICAL experience under supervision. Regarding our clinical exam, it is designed to measure minimum competency to practice in a clinical setting. The bottom line to us is that if they pass the exam they have the minimum competencies needed to practice in a clinical setting. Our exam policy outlines the basic requirements for someone to sit for each exam. In the case of our clinical exam it states; "This examination has been developed for use as a licensure requirement by Member Boards that issue, to MSWs with two or more years of experience in clinical settings, licenses for the practice of Clinical Social Work. The practice of Clinical Social Work requires the application of specialized clinical knowledge and advanced clinical skills." As you can see we expect someone sitting for the clinical exam to have a masters degree in social work and two or more years of clinical experience. If an individual meets these expectations ASWB believes they are qualified to take the clinical exam. And, if the individual passes the clinical exam, we would stand behind the results which indicate that the individual has the minimum level of competency to practice clinical social work.

2) Does it make sense to require the clinical track as a pre-requisite to the clinical exam? Or to require additional courses if someone has a macro track MSW who decides to do supervision and ultimately sit for the LCSW?

Answer: If you go back to our model law, it states a masters degree in social work. If boards are going to suggest that certain courses must be taken to qualify for a clinical license, I think they risk overstepping their authority unless their law specifically gives them authority to require specific courses. I know the VA board was doing that previously which, I believe led to the new law requiring the board to accept an MSW degree. From the perspective of regulation, the additional supervised clinical experience and passing the clinical exam would be the way to determine minimum competence to practice in this area. Degree programs differ greatly in content and quality. But that is under the purview of the CSWE accreditation process, not regulation.

3) What are your thoughts on scope of practice for masters level macro track SWs and clinical track SWs?

Answer: I'm not sure of your specific question. Scope of practice is outlined in the model law. And you

may recall that it outlines three categories of license: bachelors, masters and clinical. Each has a scope of practice along with minimum qualifications for the license. We do not have a macro category of license in the model law. And keep in mind that the model law is reviewed each year by members appointed to a committee by our President and approved by the board of directors. The committee is made up of state/provincial board members who suggest changes to the model law as needed. Any recommended changes are brought to our Delegate Assembly and approved by the assembly before it becomes part of the model law. They take great care to make sure the model law reflects what is intended to be the model framework for regulating our profession.

Healthcare Workforce Data Center Presentation

Virginia's Licensed Clinical Social Worker Workforce: 2015

Healthcare Workforce Data Center

February 2016

Virginia Department of Health Professions
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5,023 Licensed Clinical Social Workers voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Social Work express our sincerest appreciation for your ongoing cooperation.

Thank You!

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Contents

| | |
|--|-----------|
| Results in Brief | 2 |
| Survey Response Rates | 3 |
| The Workforce | 4 |
| Demographics | 5 |
| Background | 6 |
| Education | 8 |
| Specialties | 9 |
| Current Employment Situation | 10 |
| Employment Quality | 11 |
| 2015 Labor Market | 12 |
| Work Site Distribution | 13 |
| Establishment Type | 14 |
| Time Allocation | 16 |
| Patients | 17 |
| Retirement & Future Plans | 19 |
| Full-Time Equivalency Units | 21 |
| Maps | 22 |
| Council on Virginia’s Future Regions | 22 |
| Area Health Education Center Regions | 23 |
| Workforce Investment Areas | 24 |
| Health Services Areas | 25 |
| Planning Districts..... | 26 |
| Appendices | 27 |
| Appendix A: Weights | 27 |

The Licensed Clinical Social Worker Workforce: At a Glance:

The Workforce

| | |
|-----------------------|-------|
| Licensees: | 6,251 |
| Virginia's Workforce: | 5,264 |
| FTEs: | 4,449 |

Background

| | |
|---------------------|-----|
| Rural Childhood: | 23% |
| HS Degree in VA: | 42% |
| Prof. Degree in VA: | 53% |

Current Employment

| | |
|-----------------------|-----|
| Employed in Prof.: | 89% |
| Hold 1 Full-time Job: | 56% |
| Satisfied?: | 96% |

Survey Response Rate

| | |
|-------------------------|-----|
| All Licensees: | 80% |
| Renewing Practitioners: | 90% |

Education

| | |
|------------|-----|
| Masters: | 96% |
| Doctorate: | 4% |

Job Turnover

| | |
|----------------------|-----|
| Switched Jobs: | 7% |
| Employed over 2 yrs: | 72% |

Demographics

| | |
|------------------|-----|
| Female: | 85% |
| Diversity Index: | 28% |
| Median Age: | 54 |

Finances

| | |
|----------------------|-------------|
| Median Income: | \$60k-\$70k |
| Health Benefits: | 64% |
| Under 40 w/ Ed debt: | 70% |

Time Allocation

| | |
|--------------------|---------|
| Patient Care: | 70%-79% |
| Administration: | 10%-19% |
| Patient Care Role: | 63% |

Source: Va. Healthcare Workforce Data Center

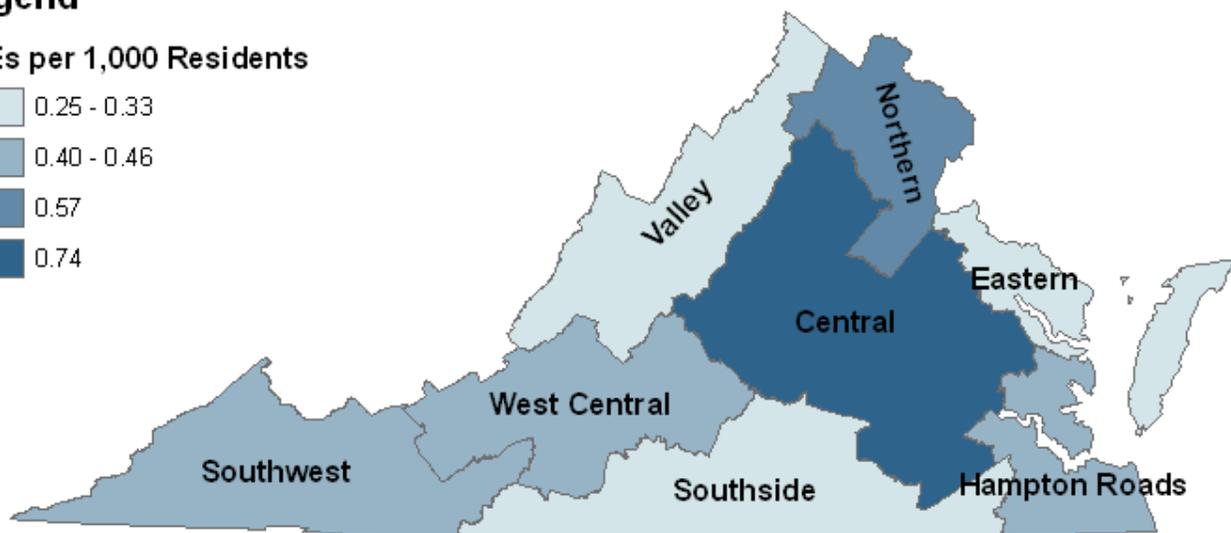
Full Time Equivalency Units per 1,000 Residents by Council on Virginia's Future Region

Source: Va Healthcare Workforce Data Center

Legend

FTEs per 1,000 Residents

| | |
|---|-------------|
|  | 0.25 - 0.33 |
|  | 0.40 - 0.46 |
|  | 0.57 |
|  | 0.74 |



Annual Estimates of the Resident Population: July 1, 2014
Source: U.S. Census Bureau, Population Division



5,023 Licensed Clinical Social Workers (LCSWs) voluntarily took part in the 2015 Licensed Clinical Social Worker Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place in June on odd-numbered years for LCSWs. These survey respondents represent 80% of the 6,251 LCSWs who are licensed in the state and 90% of renewing practitioners.

The HWDC estimates that 5,264 LCSWs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an LCSW at some point in the future. Between July 2014 and June 2015, Virginia's LCSW workforce provided 4,449 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

85% of all LCSWs are female, including 92% of those LCSWs who are under the age of 40. In a random encounter between two LCSWs, there is a 28% chance that they would be of different races or ethnicities, a measure known as the diversity index. For those LCSWs who are under the age of 40, this value increased to 36%. However, this is still less diverse than Virginia's population, which has a diversity index of 55%.

Nearly one-quarter of all LCSWs grew up in a rural area of Virginia, but only 14% of these professionals currently work in non-Metro areas of the state. Overall, just 6% of Virginia's LCSWs work in rural areas of the state. With respect to education, 42% of all LCSWs graduated from high school in Virginia, while 53% received their initial professional degree in the state.

Nearly all LCSWs have a Master's degree as their highest professional degree, while most of the remaining LCSWs have gone on to earn a doctoral degree. 55% of all LCSWs have a primary specialty in mental health, while another 9% specialize in issues related to children. 30% of all LCSWs currently carry educational debt, including 70% of those under the age of 40. The median debt burden for those LCSWs with educational debt is between \$40,000 and \$50,000.

89% of LCSWs are currently employed in the profession. 56% currently hold one full-time position, while another 20% hold multiple positions. 72% of all LCSWs have been at their primary work location for more than two years, while 7% of the workforce has switched jobs in the past 12 months. In addition, 2% of LCSWs have been underemployed at some point in the past year, while 1% have experienced involuntary unemployment.

The median annual income for LCSWs is between \$60,000 and \$70,000. In addition, 63% of all LCSWs receive at least one employer-sponsored benefit, including 78% of those who work as a wage or salaried employee. 96% of LCSWs indicate they are satisfied with their current employment situation, including 69% who indicate they are "very satisfied".

Nearly 40% of all LCSWs work in Northern Virginia, while another 26% work in Central Virginia. Two-thirds of all LCSWs work in the private sector, including 46% who work at a for-profit institution. Approximately 30% of all LCSWs work in either a solo or group private practice at their primary work location, while another 14% work at an outpatient mental health facility.

A typical LCSW spends approximately three-quarters of her time treating patients. In addition, 63% also serve a patient care role, meaning that at least 60% of their time is spent in patient care activities. Meanwhile, approximately two-thirds of the patients seen by the typical LCSW are adults, and 55% of LCSWs serve an adult patient care role, meaning that at least 60% of their patients were adults.

24% of all LCSWs expect to retire by the age of 65. 32% of the current workforce expects to retire in the next ten years, while half the current workforce expects to retire by 2035. Over the next two years, only 3% of LCSWs plan on leaving the state, while just 1% plan on leaving the profession entirely. Meanwhile, 13% of LCSWs plan on increasing patient care activities, and 10% plan on pursuing additional educational opportunities.

A Closer Look:

| Licensees | | |
|-------------------------------|-------|------|
| License Status | # | % |
| Renewing Practitioners | 5,443 | 87% |
| New Licensees | 404 | 6% |
| Non-Renewals | 404 | 6% |
| All Licensees | 6,251 | 100% |

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 90% of renewing LCSWs submitted a survey. These represent 80% of LCSWs who held a license at some point during the survey time period.

| Response Rates | | | |
|-------------------------------|-----------------|------------|---------------|
| Statistic | Non Respondents | Respondent | Response Rate |
| By Age | | | |
| Under 35 | 118 | 280 | 70% |
| 35 to 39 | 123 | 497 | 80% |
| 40 to 44 | 116 | 582 | 83% |
| 45 to 49 | 128 | 673 | 84% |
| 50 to 54 | 93 | 608 | 87% |
| 55 to 59 | 116 | 644 | 85% |
| 60 to 64 | 142 | 666 | 82% |
| 65 and Over | 392 | 1,073 | 73% |
| Total | 1,228 | 5,023 | 80% |
| New Licenses | | | |
| Issued Since July 2014 | 257 | 147 | 36% |
| Metro Status | | | |
| Non-Metro | 69 | 230 | 77% |
| Metro | 853 | 4,078 | 83% |
| Not in Virginia | 307 | 715 | 70% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LCSWs

| | |
|--------------|-------|
| Number: | 6,251 |
| New: | 6% |
| Not Renewed: | 6% |

Response Rates

| | |
|-------------------------|-----|
| All Licensees: | 80% |
| Renewing Practitioners: | 90% |

Source: Va. Healthcare Workforce Data Center

Response Rates

| | |
|-------------------------------------|-------|
| Completed Surveys | 5,023 |
| Response Rate, all licensees | 80% |
| Response Rate, Renewals | 90% |

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted in June 2015.
- 2. Target Population:** All LCSWs who held a Virginia license at some point between July 2014 and June 2015.
- 3. Survey Population:** The survey was available to LCSWs who renewed their licenses online. It was not available to those who did not renew, including LCSWs newly licensed in 2015.

At a Glance:

Workforce

Virginia's LCSW Workforce: 5,264
 FTEs: 4,449

Utilization Ratios

Licensees in VA Workforce: 84%
 Licensees per FTE: 1.40
 Workers per FTE: 1.18

Source: Va. Healthcare Workforce Data Center

| Virginia's LCSW Workforce | | |
|---------------------------------|-------|------|
| Status | # | % |
| Worked in Virginia in Past Year | 5,055 | 96% |
| Looking for Work in Virginia | 209 | 4% |
| Virginia's Workforce | 5,264 | 100% |
| Total FTEs | 4,449 | |
| Licensees | 6,251 | |

Source: Va. Healthcare Workforce Data Center

Definitions

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

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit:

www.dhp.virginia.gov/hwdc



Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Age & Gender | | | | | | |
|--------------|------------|------------|--------------|------------|--------------|----------------|
| Age | Male | | Female | | Total | |
| | # | % Male | # | % Female | # | % in Age Group |
| Under 35 | 28 | 8% | 317 | 92% | 345 | 7% |
| 35 to 39 | 36 | 7% | 457 | 93% | 492 | 10% |
| 40 to 44 | 55 | 11% | 473 | 90% | 529 | 11% |
| 45 to 49 | 77 | 12% | 547 | 88% | 625 | 13% |
| 50 to 54 | 75 | 14% | 463 | 86% | 538 | 11% |
| 55 to 59 | 92 | 16% | 497 | 84% | 588 | 12% |
| 60 to 64 | 124 | 21% | 477 | 79% | 601 | 13% |
| 65 + | 244 | 23% | 834 | 77% | 1,079 | 22% |
| Total | 731 | 15% | 4,066 | 85% | 4,796 | 100% |

Source: Va. Healthcare Workforce Data Center

| Race & Ethnicity | | | | | |
|--------------------|-------------|--------------|-------------|----------------|-------------|
| Race/ Ethnicity | Virginia* | LCSWs | | LCSWs under 40 | |
| | % | # | % | # | % |
| White | 63% | 4,086 | 84% | 662 | 79% |
| Black | 19% | 491 | 10% | 116 | 14% |
| Asian | 6% | 66 | 1% | 18 | 2% |
| Other Race | 0% | 19 | 0% | 2 | 0% |
| Two or more races | 2% | 76 | 2% | 22 | 3% |
| Hispanic | 9% | 129 | 3% | 22 | 3% |
| Total | 100% | 4,867 | 100% | 842 | 100% |

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2014.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 85%
% Under 40 Female: 92%

Age

Median Age: 54
% Under 40: 17%
% 55+: 47%

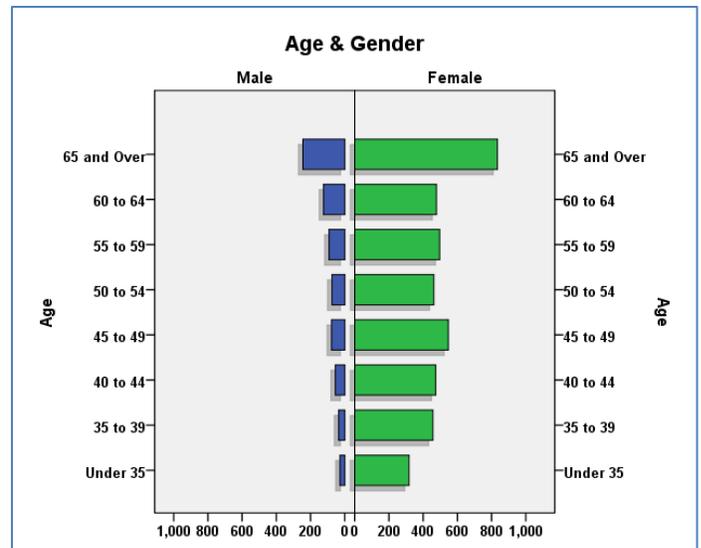
Diversity

Diversity Index: 28%
Under 40 Div. Index: 36%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LCSWs, there is a 28% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index).

17% of all LCSWs are under the age of 40, and 92% of these professionals are female. In addition, the diversity index among LCSWs who are under the age of 40 is 36%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 16%
 Rural Childhood: 23%

Virginia Background

HS in Virginia: 42%
 Prof. Ed. in VA: 53%
 HS or Prof. Ed. in VA: 61%

Location Choice

% Rural to Non-Metro: 14%
 % Urban/Suburban to Non-Metro: 3%

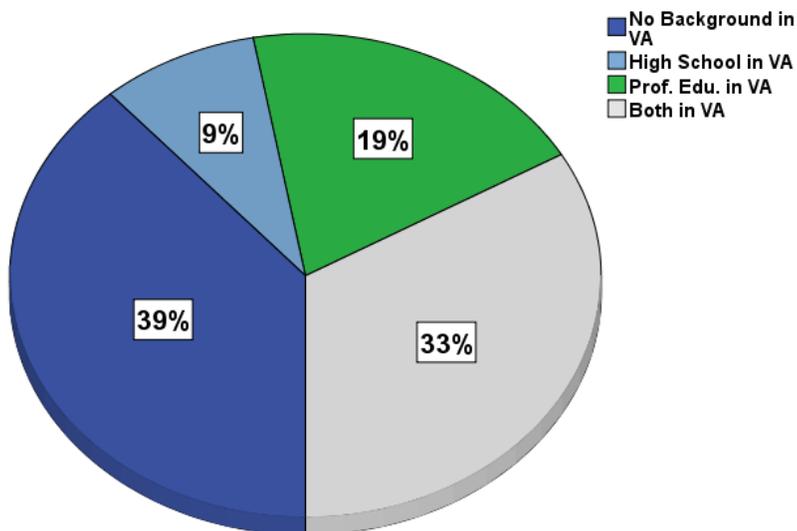
Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Primary Location: USDA Rural Urban Continuum | | Rural Status of Childhood Location | | |
|---|------------------------------------|---------------------------------------|------------|------------|
| Code | Description | Rural | Suburban | Urban |
| Metro Counties | | | | |
| 1 | Metro, 1 million+ | 17% | 65% | 18% |
| 2 | Metro, 250,000 to 1 million | 43% | 45% | 11% |
| 3 | Metro, 250,000 or less | 32% | 56% | 13% |
| Non-Metro Counties | | | | |
| 4 | Urban pop 20,000+, Metro adj | 56% | 29% | 15% |
| 6 | Urban pop, 2,500-19,999, Metro adj | 49% | 40% | 10% |
| 7 | Urban pop, 2,500-19,999, nonadj | 75% | 17% | 7% |
| 8 | Rural, Metro adj | 29% | 61% | 11% |
| 9 | Rural, nonadj | 46% | 50% | 5% |
| Overall | | 23% | 61% | 16% |

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

23% of LCSWs grew up in self-described rural areas, and 14% of these professionals currently work in non-Metro counties. Overall, just 6% of all LCSWs in the state currently work in non-Metro counties.

Top Ten States for Licensed Clinical Social Worker Recruitment

| Rank | All LCSWs | | | |
|------|---------------------|-------|-------------------|-------|
| | High School | # | Init. Prof Degree | # |
| 1 | Virginia | 2,038 | Virginia | 2,557 |
| 2 | New York | 430 | Washington, D.C. | 425 |
| 3 | Maryland | 271 | New York | 265 |
| 4 | Pennsylvania | 250 | Maryland | 230 |
| 5 | New Jersey | 193 | Massachusetts | 134 |
| 6 | North Carolina | 131 | Pennsylvania | 126 |
| 7 | Ohio | 115 | Michigan | 120 |
| 8 | Outside U.S./Canada | 111 | Illinois | 96 |
| 9 | Michigan | 108 | North Carolina | 85 |
| 10 | Illinois | 97 | Florida | 71 |

Source: Va. Healthcare Workforce Data Center

42% of licensed LCSWs received their high school degree in Virginia, and 53% received their initial professional degree in the state.

| Rank | Licensed in the Past 5 Years | | | |
|------|------------------------------|-----|-------------------|-----|
| | High School | # | Init. Prof Degree | # |
| 1 | Virginia | 525 | Virginia | 618 |
| 2 | New York | 92 | New York | 85 |
| 3 | Maryland | 66 | Washington, D.C. | 65 |
| 4 | New Jersey | 52 | Maryland | 44 |
| 5 | Pennsylvania | 47 | Pennsylvania | 37 |
| 6 | North Carolina | 43 | Illinois | 29 |
| 7 | Outside U.S./Canada | 34 | Florida | 29 |
| 8 | Michigan | 29 | North Carolina | 29 |
| 9 | Florida | 23 | Michigan | 26 |
| 10 | California | 21 | Massachusetts | 24 |

Source: Va. Healthcare Workforce Data Center

Among LCSWs who received their initial license in the past five years, 44% received their high school degree in Virginia, while 52% received their initial professional degree in the state.

16% of Virginia's licensees did not participate in the state's LCSW workforce during the past year. 80% of these professionals worked at some point in the past year, including 69% who worked in a behavioral sciences-related job.

At a Glance:

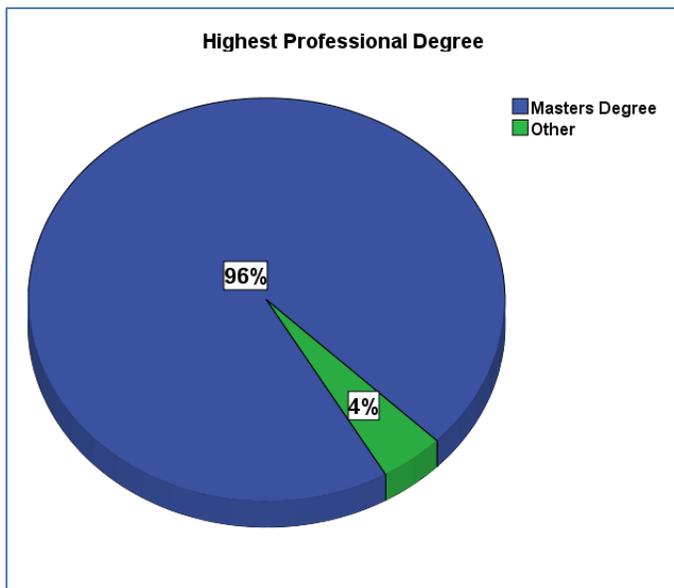
Not in VA Workforce

| | |
|----------------------|-----|
| Total: | 987 |
| % of Licensees: | 16% |
| Federal/Military: | 24% |
| Va. Border State/DC: | 23% |

A Closer Look:

| Highest Degree | | |
|----------------------|--------------|-------------|
| Degree | # | % |
| Bachelor's Degree | 5 | 0% |
| Master's Degree | 4,547 | 96% |
| Doctor of Psychology | 28 | 1% |
| Other Doctorate | 174 | 4% |
| Total | 4,754 | 100% |

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

30% of LCSWs carry educational debt, including 70% of those under the age of 40. The median debt burden among LCSWs with educational debt is between \$40,000 and \$50,000.

At a Glance:

Education
 Master's Degree: 96%
 Doctorate: 4%

Educational Debt
 Carry debt: 30%
 Under age 40 w/ debt: 70%
 Median debt: \$40k-\$50k

Source: Va. Healthcare Workforce Data Center

| Educational Debt | | | | |
|----------------------------|--------------|-------------|----------------|-------------|
| Amount Carried | All LCSWs | | LCSWs under 40 | |
| | # | % | # | % |
| None | 2,962 | 70% | 223 | 30% |
| Less than \$10,000 | 168 | 4% | 54 | 7% |
| \$10,000-\$19,999 | 168 | 4% | 70 | 9% |
| \$20,000-\$29,999 | 174 | 4% | 76 | 10% |
| \$30,000-\$39,999 | 167 | 4% | 66 | 9% |
| \$40,000-\$49,999 | 152 | 4% | 73 | 10% |
| \$50,000-\$59,999 | 93 | 2% | 42 | 6% |
| \$60,000-\$69,999 | 83 | 2% | 36 | 5% |
| \$70,000-\$79,999 | 42 | 1% | 22 | 3% |
| \$80,000-\$89,999 | 63 | 1% | 31 | 4% |
| \$90,000-\$99,999 | 34 | 1% | 7 | 1% |
| \$100,000-\$109,999 | 46 | 1% | 13 | 2% |
| \$110,000-\$119,999 | 18 | 0% | 8 | 1% |
| \$120,000-\$129,999 | 12 | 0% | 2 | 0% |
| \$130,000-\$139,999 | 5 | 0% | 3 | 0% |
| \$140,000-\$149,999 | 9 | 0% | 6 | 1% |
| \$150,000 or More | 35 | 1% | 9 | 1% |
| Total | 4,231 | 100% | 741 | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

| | |
|-----------------|-----|
| Mental Health: | 55% |
| Child: | 9% |
| Health/Medical: | 6% |

Secondary Specialty

| | |
|----------------|-----|
| Mental Health: | 13% |
| Family: | 11% |
| Child: | 11% |

More than half of all LCSWs have a primary specialty in mental health. Another 9% have a primary specialty in children, while 6% have a health/medical specialty.

A Closer Look:

| Specialty | Specialties | | | |
|---|-------------|------|-----------|------|
| | Primary | | Secondary | |
| | # | % | # | % |
| Mental Health | 2,623 | 55% | 554 | 13% |
| Child | 407 | 9% | 464 | 11% |
| Health/Medical | 271 | 6% | 210 | 5% |
| Family | 255 | 5% | 554 | 13% |
| Behavioral Disorders | 233 | 5% | 429 | 10% |
| General Practice (Non-Specialty) | 225 | 5% | 581 | 14% |
| Substance Abuse | 145 | 3% | 411 | 10% |
| School/Educational | 144 | 3% | 153 | 4% |
| Gerontologic | 111 | 2% | 108 | 3% |
| Marriage | 54 | 1% | 210 | 5% |
| Social | 31 | 1% | 27 | 1% |
| Sex Offender Treatment | 26 | 1% | 41 | 1% |
| Forensic | 14 | 0% | 42 | 1% |
| Vocational/Work Environment | 11 | 0% | 25 | 1% |
| Public Health | 6 | 0% | 18 | 0% |
| Industrial-Organizational | 5 | 0% | 19 | 0% |
| Neurology/Neuropsychology | 2 | 0% | 8 | 0% |
| Rehabilitation | 1 | 0% | 23 | 1% |
| Experimental or Research | 0 | 0% | 15 | 0% |
| Other Specialty Area | 171 | 4% | 263 | 6% |
| Total | 4,734 | 100% | 4,157 | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 89%
Involuntarily Unemployed: 0%

Positions Held

1 Full-time: 56%
2 or More Positions: 20%

Weekly Hours:

40 to 49: 48%
60 or more: 3%
Less than 30: 19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Current Work Status | | |
|---|--------------|-------------|
| Status | # | % |
| Employed, capacity unknown | 5 | 0% |
| Employed in a behavioral sciences-related capacity | 4,307 | 89% |
| Employed, NOT in a behavioral sciences-related capacity | 210 | 4% |
| Not working, reason unknown | 0 | 0% |
| Involuntarily unemployed | 14 | 0% |
| Voluntarily unemployed | 171 | 4% |
| Retired | 117 | 2% |
| Total | 4,824 | 100% |

Source: Va. Healthcare Workforce Data Center

89% of LCSWs are currently employed in their profession. 56% of LCSWs hold one full-time job, and nearly half work between 40 and 49 hours per week.

| Current Weekly Hours | | |
|----------------------|--------------|-------------|
| Hours | # | % |
| 0 hours | 302 | 6% |
| 1 to 9 hours | 148 | 3% |
| 10 to 19 hours | 319 | 7% |
| 20 to 29 hours | 454 | 10% |
| 30 to 39 hours | 616 | 13% |
| 40 to 49 hours | 2,269 | 48% |
| 50 to 59 hours | 479 | 10% |
| 60 to 69 hours | 129 | 3% |
| 70 to 79 hours | 21 | 0% |
| 80 or more hours | 6 | 0% |
| Total | 4,743 | 100% |

Source: Va. Healthcare Workforce Data Center

| Current Positions | | |
|---|--------------|-------------|
| Positions | # | % |
| No Positions | 302 | 6% |
| One Part-Time Position | 838 | 18% |
| Two Part-Time Positions | 239 | 5% |
| One Full-Time Position | 2,637 | 56% |
| One Full-Time Position & One Part-Time Position | 656 | 14% |
| Two Full-Time Positions | 5 | 0% |
| More than Two Positions | 73 | 2% |
| Total | 4,750 | 100% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Income | | |
|---------------------|--------------|-------------|
| Hourly Wage | # | % |
| Volunteer Work Only | 56 | 2% |
| Less than \$20,000 | 283 | 8% |
| \$20,000-\$29,999 | 203 | 5% |
| \$30,000-\$39,999 | 243 | 7% |
| \$40,000-\$49,999 | 443 | 12% |
| \$50,000-\$59,999 | 563 | 15% |
| \$60,000-\$69,999 | 702 | 19% |
| \$70,000-\$79,999 | 507 | 14% |
| \$80,000-\$89,999 | 300 | 8% |
| \$90,000-\$99,999 | 185 | 5% |
| \$100,000-\$109,999 | 107 | 3% |
| \$110,000 or More | 171 | 5% |
| Total | 3,764 | 100% |

Source: Va. Healthcare Workforce Data Center

| Job Satisfaction | | |
|-----------------------|--------------|-------------|
| Level | # | % |
| Very Satisfied | 3,199 | 69% |
| Somewhat Satisfied | 1,220 | 26% |
| Somewhat Dissatisfied | 139 | 3% |
| Very Dissatisfied | 65 | 1% |
| Total | 4,623 | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$60k-\$70k

Benefits
(Salary & Wage Employees only)
Health Insurance: 64%
Retirement: 61%

Satisfaction
Satisfied: 96%
Very Satisfied: 69%

Source: Va. Healthcare Workforce Data Center

The typical LCSW earned between \$60,000 and \$70,000 per year. Among LCSWs who received either a wage or salary as compensation at their primary work location, 64% received health insurance and 61% also had access to some form of a retirement plan.

| Employer-Sponsored Benefits | | | |
|-------------------------------------|--------------|------------|----------------------------|
| Benefit | # | % | % of Wage/Salary Employees |
| Paid Vacation | 2,450 | 57% | 72% |
| Paid Sick Leave | 2,376 | 55% | 70% |
| Health Insurance | 2,221 | 52% | 64% |
| Retirement | 2,089 | 49% | 61% |
| Dental Insurance | 2,067 | 48% | 61% |
| Group Life Insurance | 1,773 | 41% | 53% |
| Signing/Retention Bonus | 101 | 2% | 3% |
| Receive At Least One Benefit | 2,719 | 63% | 78% |

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Employment Instability in Past Year | | |
|---|--------------|------------|
| In the past year did you . . . ? | # | % |
| Experience Involuntary Unemployment? | 50 | 1% |
| Experience Voluntary Unemployment? | 270 | 5% |
| Work Part-time or temporary positions, but would have preferred a full-time/permanent position? | 99 | 2% |
| Work two or more positions at the same time? | 1,168 | 22% |
| Switch employers or practices? | 366 | 7% |
| Experienced at least one | 1,704 | 32% |

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia’s LCSWs experienced involuntary unemployment at some point during the past year. By comparison, Virginia’s average monthly unemployment rate was 4.9% during the past 12 months.¹

| Location Tenure | | | | |
|---|--------------|-------------|--------------|-------------|
| Tenure | Primary | | Secondary | |
| | # | % | # | % |
| Not Currently Working at this Location | 87 | 2% | 68 | 5% |
| Less than 6 Months | 196 | 4% | 131 | 11% |
| 6 Months to 1 Year | 316 | 7% | 160 | 13% |
| 1 to 2 Years | 652 | 15% | 212 | 17% |
| 3 to 5 Years | 906 | 20% | 244 | 20% |
| 6 to 10 Years | 833 | 19% | 180 | 14% |
| More than 10 Years | 1,503 | 33% | 248 | 20% |
| Subtotal | 4,493 | 100% | 1,243 | 100% |
| Did not have location | 224 | | 3,909 | |
| Item Missing | 548 | | 112 | |
| Total | 5,264 | | 5,264 | |

Source: Va. Healthcare Workforce Data Center

61% of LCSWs are salaried employees, while 17% receive income from their own business/practice.

At a Glance:

Unemployment Experience
 Involuntarily Unemployed: 1%
 Underemployed: 2%

Turnover & Tenure
 Switched Jobs: 7%
 New Location: 18%
 Over 2 years: 72%
 Over 2 yrs, 2nd location: 54%

Employment Type
 Salary/Commission: 61%
 Business/Practice Income: 17%

Source: Va. Healthcare Workforce Data Center

72% of LCSWs have worked at their primary location for more than two years, while 7% have switched jobs during the past 12 months.

| Employment Type | | |
|----------------------------------|-------|------|
| Primary Work Site | # | % |
| Salary/ Commission | 2,235 | 61% |
| Business/ Practice Income | 617 | 17% |
| Hourly Wage | 561 | 15% |
| By Contract | 228 | 6% |
| Unpaid | 38 | 1% |
| Subtotal | 3,679 | 100% |
| Did not have location | 224 | |
| Item Missing | 1,361 | |

Source: Va. Healthcare Workforce Data Center

¹ As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 4.5% in April 2015 to 5.5% in August 2014.

At a Glance:

Concentration

| | |
|----------------|-----|
| Top Region: | 39% |
| Top 3 Regions: | 82% |
| Lowest Region: | 1% |

Locations

| | |
|------------------------|-----|
| 2 or more (Past Year): | 29% |
| 2 or more (Now*): | 25% |

Source: Va. Healthcare Workforce Data Center

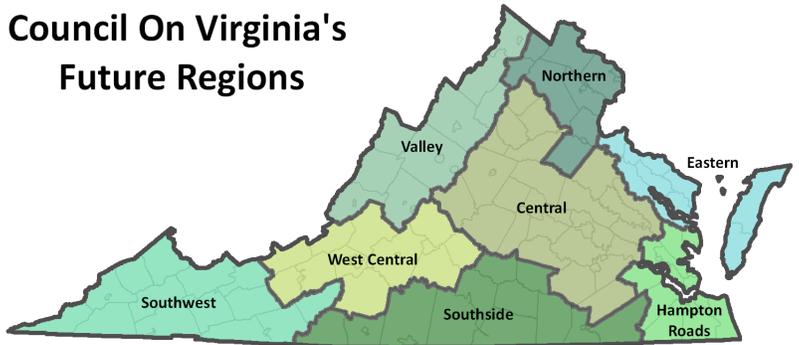
39% of LCSWs work in Northern Virginia, the most of any region in the state. In addition, another 26% of LCSWs work in Central Virginia.

A Closer Look:

| Regional Distribution of Work Locations | | | | |
|---|------------------|-------------|--------------------|-------------|
| COVF Region | Primary Location | | Secondary Location | |
| | # | % | # | % |
| Central | 1,186 | 26% | 328 | 25% |
| Eastern | 40 | 1% | 15 | 1% |
| Hampton Roads | 742 | 16% | 249 | 19% |
| Northern | 1,756 | 39% | 437 | 33% |
| Southside | 86 | 2% | 33 | 3% |
| Southwest | 155 | 3% | 49 | 4% |
| Valley | 151 | 3% | 38 | 3% |
| West Central | 332 | 7% | 90 | 7% |
| Virginia Border State/DC | 32 | 1% | 37 | 3% |
| Other US State | 17 | 0% | 41 | 3% |
| Outside of the US | 3 | 0% | 1 | 0% |
| Total | 4,500 | 100% | 1,318 | 100% |
| Item Missing | 541 | | 36 | |

Source: Va. Healthcare Workforce Data Center

Council On Virginia's Future Regions



Source: Va. Healthcare Workforce Data Center

25% of all LCSWs currently have multiple work locations, while 29% have had multiple work locations over the course of the past year.

| Locations | Number of Work Locations | | | |
|--------------|-----------------------------|-------------|---------------------|-------------|
| | Work Locations in Past Year | | Work Locations Now* | |
| | # | % | # | % |
| 0 | 209 | 4% | 287 | 6% |
| 1 | 3,154 | 67% | 3,238 | 69% |
| 2 | 719 | 15% | 666 | 14% |
| 3 | 531 | 11% | 460 | 10% |
| 4 | 51 | 1% | 34 | 1% |
| 5 | 12 | 0% | 8 | 0% |
| 6 or More | 36 | 1% | 20 | 0% |
| Total | 4,713 | 100% | 4,713 | 100% |

*At the time of survey completion, June 2015.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Sector | Location Sector | | | |
|---------------------------------|------------------|-------------|--------------------|-------------|
| | Primary Location | | Secondary Location | |
| | # | % | # | % |
| For-Profit | 1,955 | 46% | 757 | 64% |
| Non-Profit | 883 | 21% | 251 | 21% |
| State/Local Government | 1,038 | 24% | 133 | 11% |
| Veterans Administration | 169 | 4% | 11 | 1% |
| U.S. Military | 194 | 5% | 24 | 2% |
| Other Federal Government | 52 | 1% | 6 | 1% |
| Total | 4,291 | 100% | 1,182 | 100% |
| Did not have location | 224 | | 3909 | |
| Item Missing | 750 | | 173 | |

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

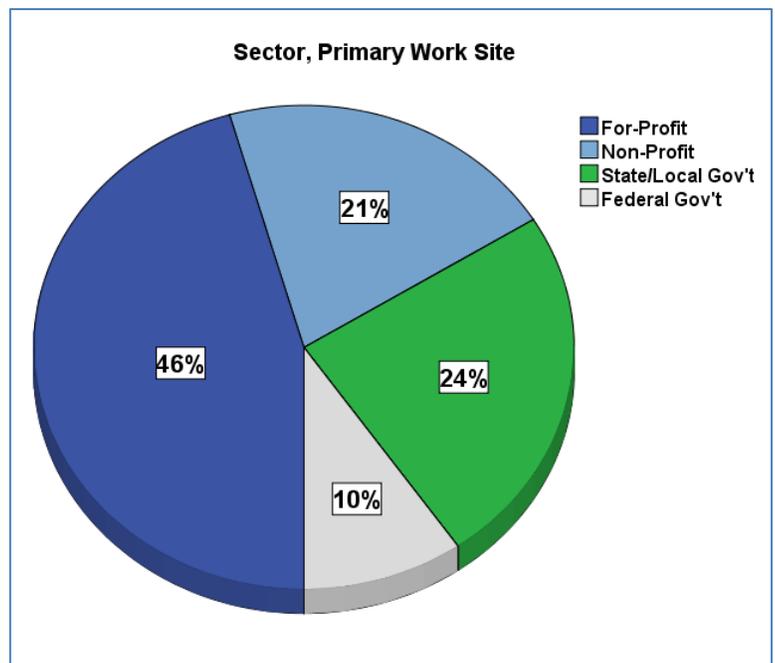
| | |
|-------------|-----|
| For Profit: | 46% |
| Federal: | 10% |

Top Establishments

| | |
|--------------------------|-----|
| Private Practice, Solo: | 16% |
| Mental Health Facility: | 14% |
| Private Practice, Group: | 12% |

Source: Va. Healthcare Workforce Data Center

Two-thirds of LCSWs work in the private sector, including 46% who work at for-profit establishments. Meanwhile, 24% of LCSWs work for state or local governments, and 10% work for the federal government.

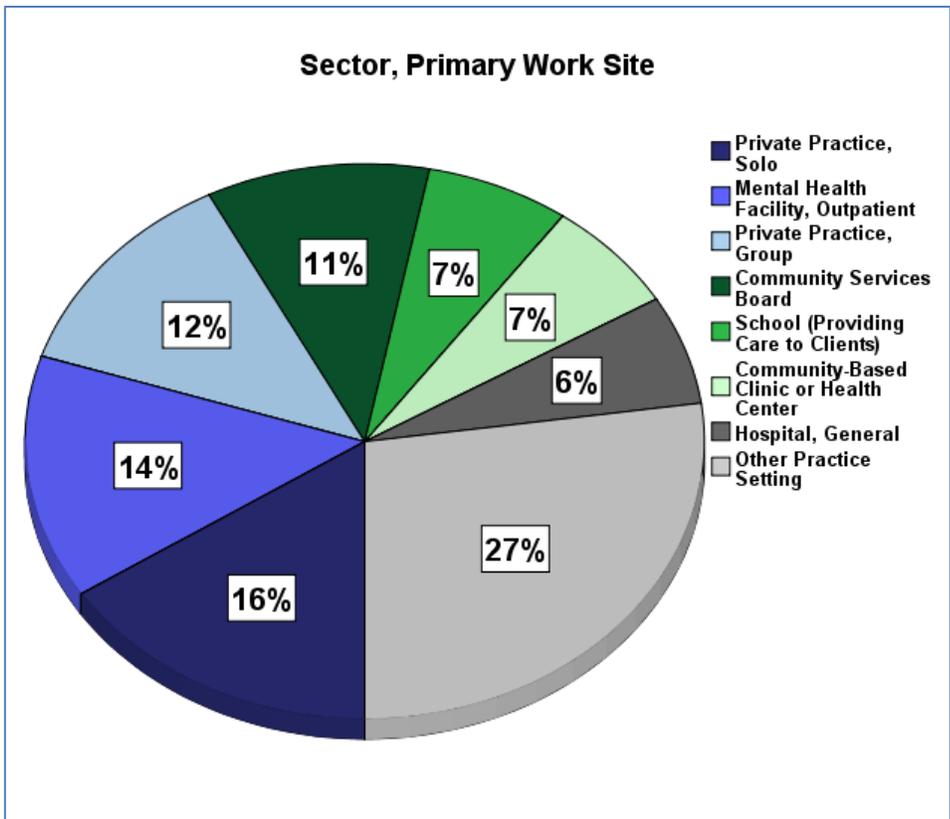


Source: Va. Healthcare Workforce Data Center

| Establishment Type | Location Type | | | |
|---|------------------|-------------|--------------------|-------------|
| | Primary Location | | Secondary Location | |
| | # | % | # | % |
| Private Practice, Solo | 645 | 16% | 232 | 20% |
| Mental Health Facility, Outpatient | 582 | 14% | 139 | 12% |
| Private Practice, Group | 509 | 12% | 212 | 19% |
| Community Services Board | 436 | 11% | 66 | 6% |
| School (Providing Care to Clients) | 281 | 7% | 28 | 2% |
| Community-Based Clinic or Health Center | 266 | 7% | 77 | 7% |
| Hospital, General | 260 | 6% | 44 | 4% |
| Hospital, Psychiatric | 143 | 3% | 43 | 4% |
| Academic Institution (Teaching Health Professions Students) | 87 | 2% | 54 | 5% |
| Administrative or Regulatory | 84 | 2% | 9 | 1% |
| Residential Mental Health/Substance Abuse Facility | 82 | 2% | 8 | 1% |
| Other practice setting | 719 | 18% | 233 | 20% |
| Total | 4,094 | 100% | 1,145 | 100% |
| Did Not Have a Location | 224 | | 3909 | |

28% of all LCSWs work at either a solo or group private practice, while another 14% work at an outpatient mental health facility.

Source: Va. Healthcare Workforce Data Center



Among those LCSWs who also have a secondary work location, 39% work at either a solo or group private practice, while 12% work at an outpatient mental health facility.

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

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

Roles

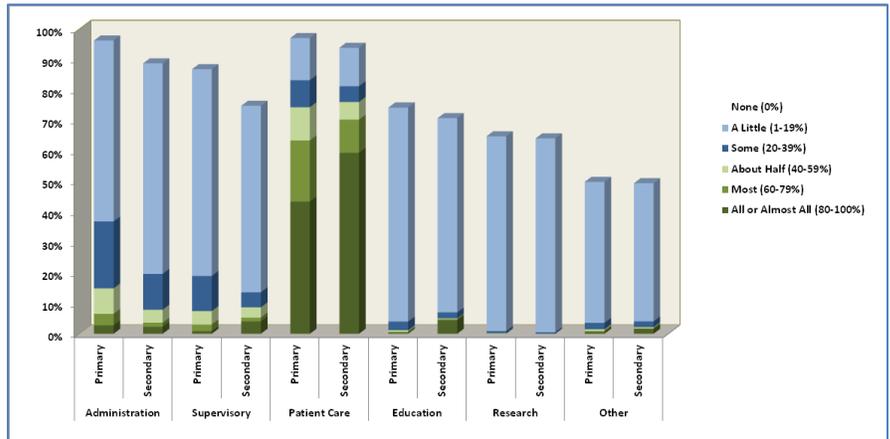
Patient Care: 63%
Administrative: 7%
Supervisory: 3%

Patient Care LCSWs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



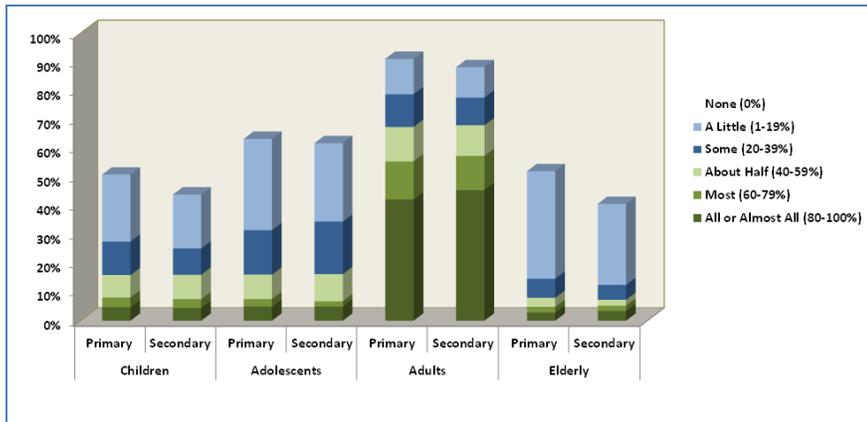
Source: Va. Healthcare Workforce Data Center

63% of all LCSWs fill a patient care role, defined as spending 60% or more of their time on patient care activities. Another 7% of LCSWs fill an administrative role, while 3% fill a supervisory role.

| Time Allocation | | | | | | | | | | | | | |
|------------------------------------|------------|-----------|-------------|-----------|--------------|-----------|------------|-----------|------------|-----------|------------|-----------|--|
| Time Spent | Admin. | | Supervisory | | Patient Care | | Education | | Research | | Other | | |
| | Prim. Site | Sec. Site | Prim. Site | Sec. Site | Prim. Site | Sec. Site | Prim. Site | Sec. Site | Prim. Site | Sec. Site | Prim. Site | Sec. Site | |
| All or Almost All (80-100%) | 3% | 2% | 1% | 4% | 43% | 59% | 0% | 4% | 0% | 0% | 1% | 2% | |
| Most (60-79%) | 4% | 1% | 2% | 1% | 20% | 11% | 0% | 0% | 0% | 0% | 0% | 0% | |
| About Half (40-59%) | 8% | 4% | 4% | 3% | 11% | 6% | 0% | 0% | 0% | 0% | 1% | 0% | |
| Some (20-39%) | 22% | 12% | 12% | 5% | 9% | 5% | 3% | 2% | 1% | 0% | 2% | 2% | |
| A Little (1-19%) | 59% | 69% | 68% | 61% | 14% | 13% | 70% | 64% | 64% | 64% | 46% | 45% | |
| None (0%) | 4% | 11% | 13% | 25% | 3% | 6% | 26% | 29% | 35% | 36% | 50% | 51% | |

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

**At a Glance:
(Primary Locations)**

Typical Patient Allocation

Children: 1%-9%
 Adolescents: 1%-9%
 Adults: 60%-69%
 Elderly: 1%-9%

Roles

Children: 8%
 Adolescents: 8%
 Adults: 55%
 Elderly: 5%

Source: Va. Healthcare Workforce Data Center

Approximately two-thirds of all patients seen by a typical LCSW at her primary work location are adults. In addition, 55% of LCSWs serve an adult patient care role, meaning that at least 60% of their patients are adults.

| Patient Allocation | | | | | | | | |
|------------------------------------|------------|-----------|-------------|-----------|------------|-----------|------------|-----------|
| Time Spent | Children | | Adolescents | | Adults | | Elderly | |
| | Prim. Site | Sec. Site | Prim. Site | Sec. Site | Prim. Site | Sec. Site | Prim. Site | Sec. Site |
| All or Almost All (80-100%) | 5% | 4% | 5% | 5% | 42% | 45% | 3% | 3% |
| Most (60-79%) | 3% | 3% | 3% | 2% | 13% | 12% | 2% | 2% |
| About Half (40-59%) | 8% | 9% | 8% | 9% | 12% | 11% | 3% | 2% |
| Some (20-39%) | 12% | 9% | 15% | 18% | 11% | 10% | 7% | 5% |
| A Little (1-19%) | 23% | 19% | 32% | 27% | 12% | 11% | 37% | 28% |
| None (0%) | 49% | 56% | 37% | 38% | 9% | 12% | 48% | 59% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Patients Per Week

Primary Location: 1-24

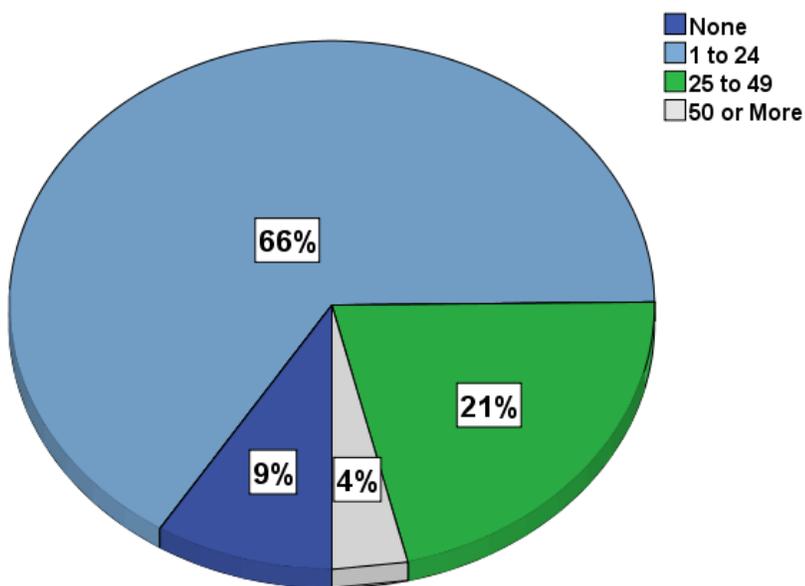
Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

| # of Patients | Patients Per Week | | | |
|-------------------|-------------------|------|--------------------|------|
| | Primary Location | | Secondary Location | |
| | # | % | # | % |
| None | 375 | 9% | 130 | 12% |
| 1 to 24 | 2,759 | 66% | 884 | 79% |
| 25 to 49 | 896 | 21% | 89 | 8% |
| 50 to 74 | 100 | 2% | 15 | 1% |
| 75 or More | 58 | 1% | 8 | 1% |
| Total | 4,189 | 100% | 1,126 | 100% |

Source: Va. Healthcare Workforce Data Center

Patients Per Week, Primary Work Site



Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

| Retirement Expectations | | | | |
|----------------------------------|--------------|-------------|---------------|-------------|
| Expected Retirement Age | All LCSWs | | LCSWs over 50 | |
| | # | % | # | % |
| Under age 50 | 27 | 1% | - | - |
| 50 to 54 | 70 | 2% | 8 | 0% |
| 55 to 59 | 221 | 5% | 66 | 3% |
| 60 to 64 | 641 | 16% | 261 | 11% |
| 65 to 69 | 1,408 | 35% | 791 | 33% |
| 70 to 74 | 878 | 22% | 640 | 27% |
| 75 to 79 | 297 | 7% | 241 | 10% |
| 80 or over | 115 | 3% | 89 | 4% |
| I do not intend to retire | 391 | 10% | 277 | 12% |
| Total | 4,047 | 100% | 2,373 | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LCSWs

Under 65: 24%

Under 60: 8%

LCSWs 50 and over

Under 65: 14%

Under 60: 3%

Time until Retirement

Within 2 years: 9%

Within 10 years: 32%

Half the workforce: by 2035

Source: Va. Healthcare Workforce Data Center

Although 24% of LCSWs expect to retire by the age of 65, this percentage falls to 14% for those LCSWs who are already at least 50 years old. Meanwhile, 42% of all LCSWs expect to work until at least age 70, including 10% who do not plan on retiring at all.

Within the next two years, only 3% of Virginia’s LCSWs plan on leaving the state and another 1% plan on leaving the profession entirely. Meanwhile, 13% plan on increasing patient care hours, and 10% expect to pursue additional educational opportunities.

Future Plans

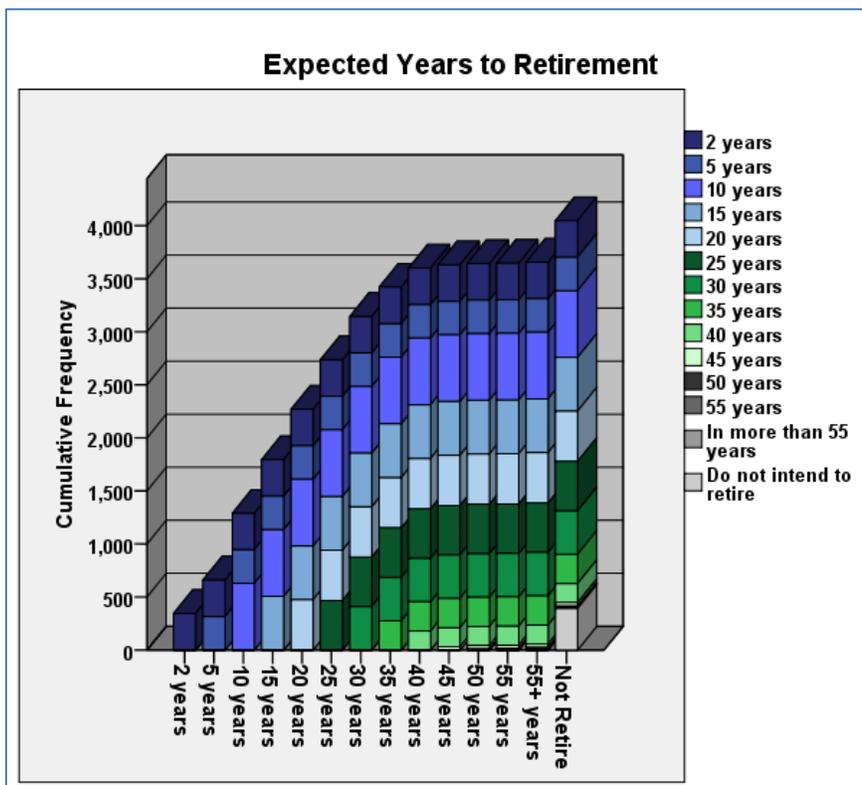
| 2 Year Plans: | # | % |
|---------------------------------------|-----|-----|
| Decrease Participation | | |
| Leave Profession | 69 | 1% |
| Leave Virginia | 142 | 3% |
| Decrease Patient Care Hours | 426 | 8% |
| Decrease Teaching Hours | 28 | 1% |
| Increase Participation | | |
| Increase Patient Care Hours | 674 | 13% |
| Increase Teaching Hours | 320 | 6% |
| Pursue Additional Education | 537 | 10% |
| Return to Virginia’s Workforce | 81 | 2% |

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LCSWs. 9% of LCSWs expect to retire in the next two years, while nearly one-third plan on retiring in the next ten years. More than half of the current LCSW workforce expects to retire by 2035.

| Time to Retirement | | | |
|----------------------------|--------------|-------------|--------------|
| Expect to retire within... | # | % | Cumulative % |
| 2 years | 344 | 9% | 9% |
| 5 years | 316 | 8% | 16% |
| 10 years | 629 | 16% | 32% |
| 15 years | 506 | 13% | 44% |
| 20 years | 474 | 12% | 56% |
| 25 years | 467 | 12% | 68% |
| 30 years | 409 | 10% | 78% |
| 35 years | 276 | 7% | 85% |
| 40 years | 179 | 4% | 89% |
| 45 years | 31 | 1% | 90% |
| 50 years | 12 | 0% | 90% |
| 55 years | 3 | 0% | 90% |
| In more than 55 years | 10 | 0% | 90% |
| Do not intend to retire | 391 | 10% | 100% |
| Total | 4,047 | 100% | |

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach over 10% of the current workforce every five years by 2025. Retirements will peak at 16% of the current workforce around the same time period before declining to under 10% of the current workforce again around 2050.

At a Glance:

FTEs

Total: 4,449
 FTEs/1,000 Residents: 0.534
 Average: 0.88

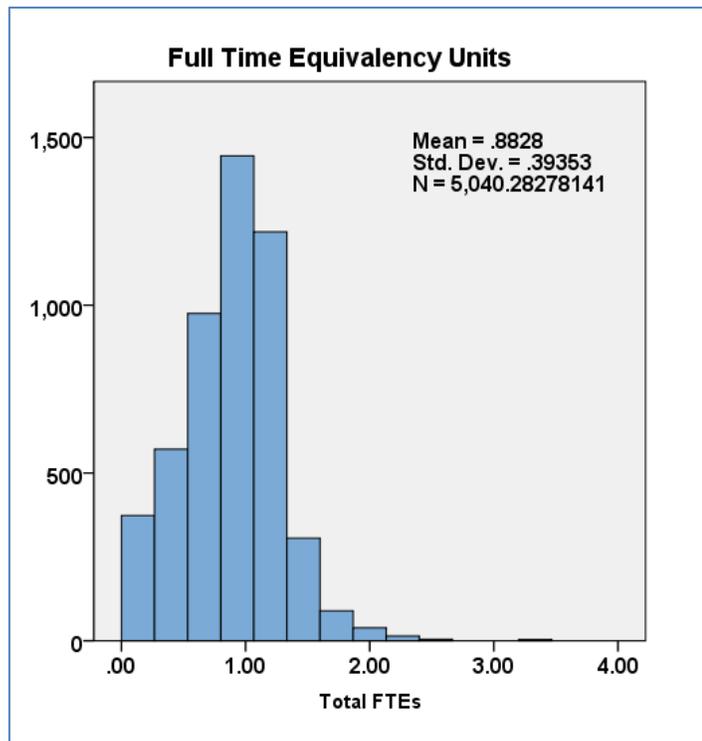
Age & Gender Effect

Age, Partial Eta²: Small
 Gender, Partial Eta²: Small

Partial Eta² Explained:
 Partial Eta² is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

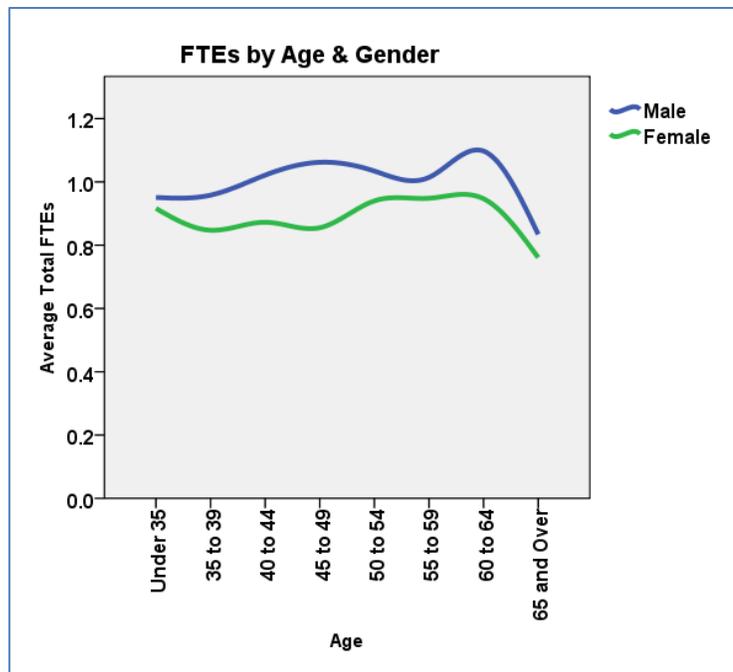


Source: Va. Healthcare Workforce Data Center

The typical (median) LCSW provided 0.93 FTEs, or approximately 37 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists.²

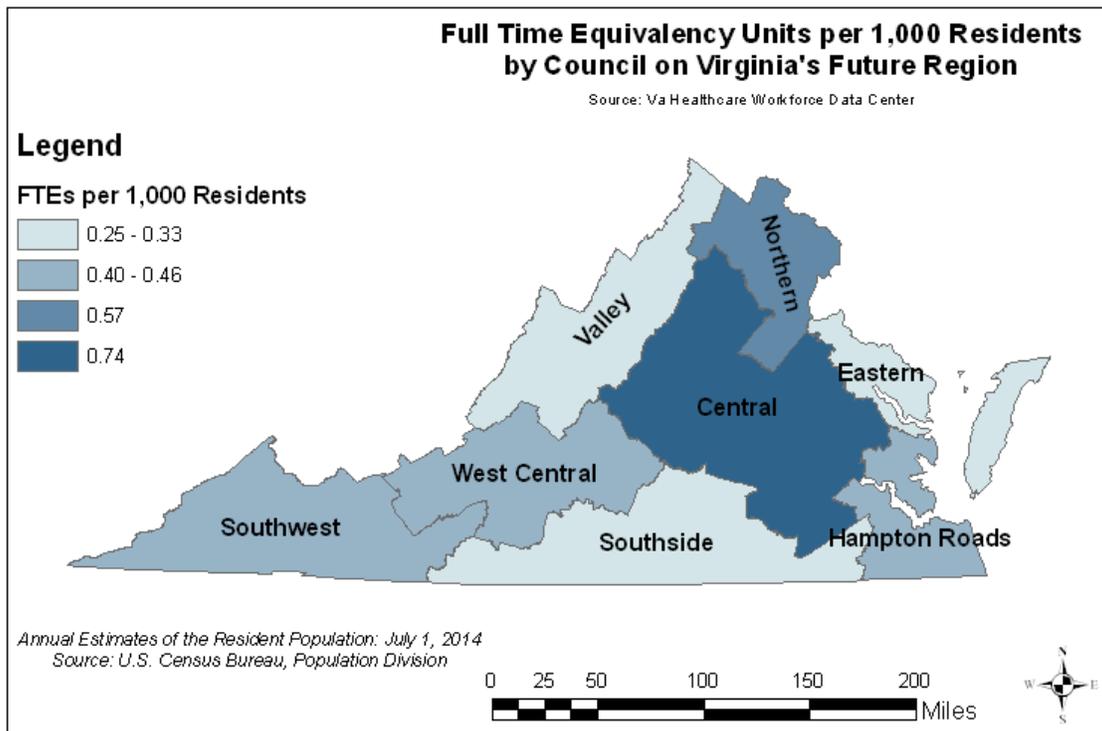
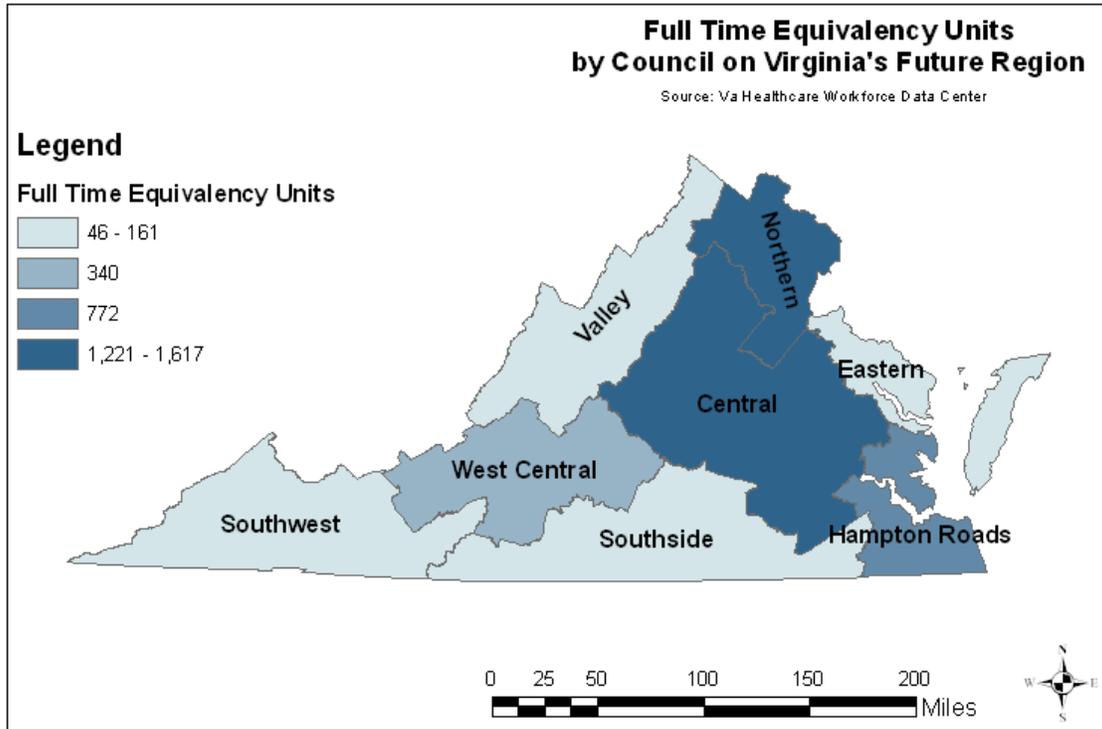
| Full-Time Equivalency Units | | |
|-----------------------------|---------|--------|
| Age | Average | Median |
| Age | | |
| Under 35 | 0.91 | 0.99 |
| 35 to 39 | 0.84 | 0.95 |
| 40 to 44 | 0.86 | 0.92 |
| 45 to 49 | 0.88 | 0.92 |
| 50 to 54 | 0.94 | 1.01 |
| 55 to 59 | 0.95 | 0.99 |
| 60 to 64 | 0.99 | 1.05 |
| 65 and Over | 0.77 | 0.74 |
| Gender | | |
| Male | 0.97 | 1.03 |
| Female | 0.88 | 0.95 |

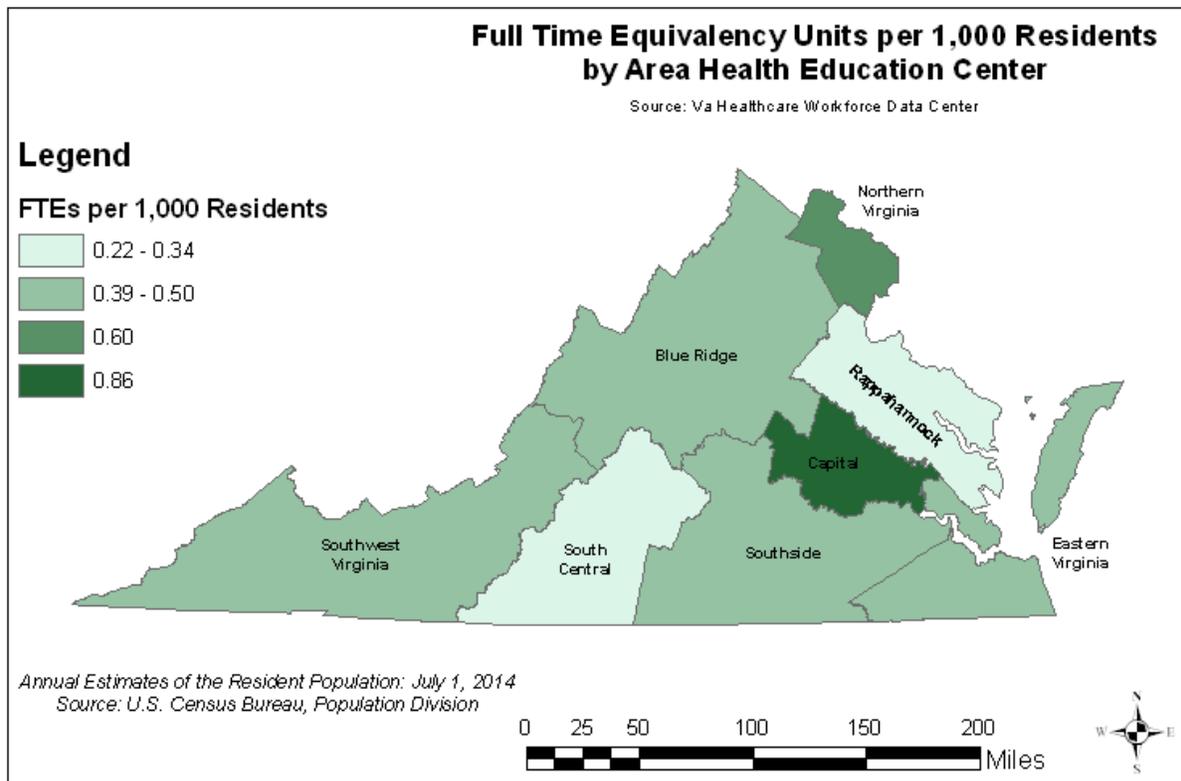
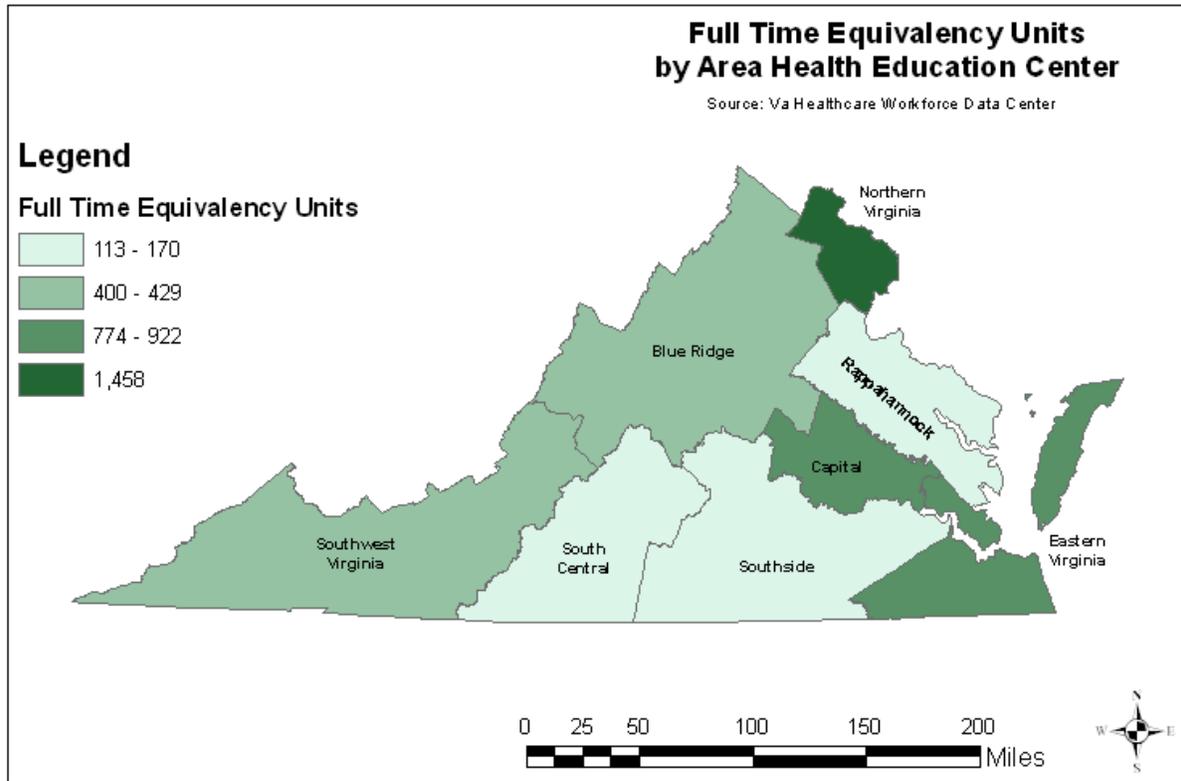
Source: Va. Healthcare Workforce Data Center

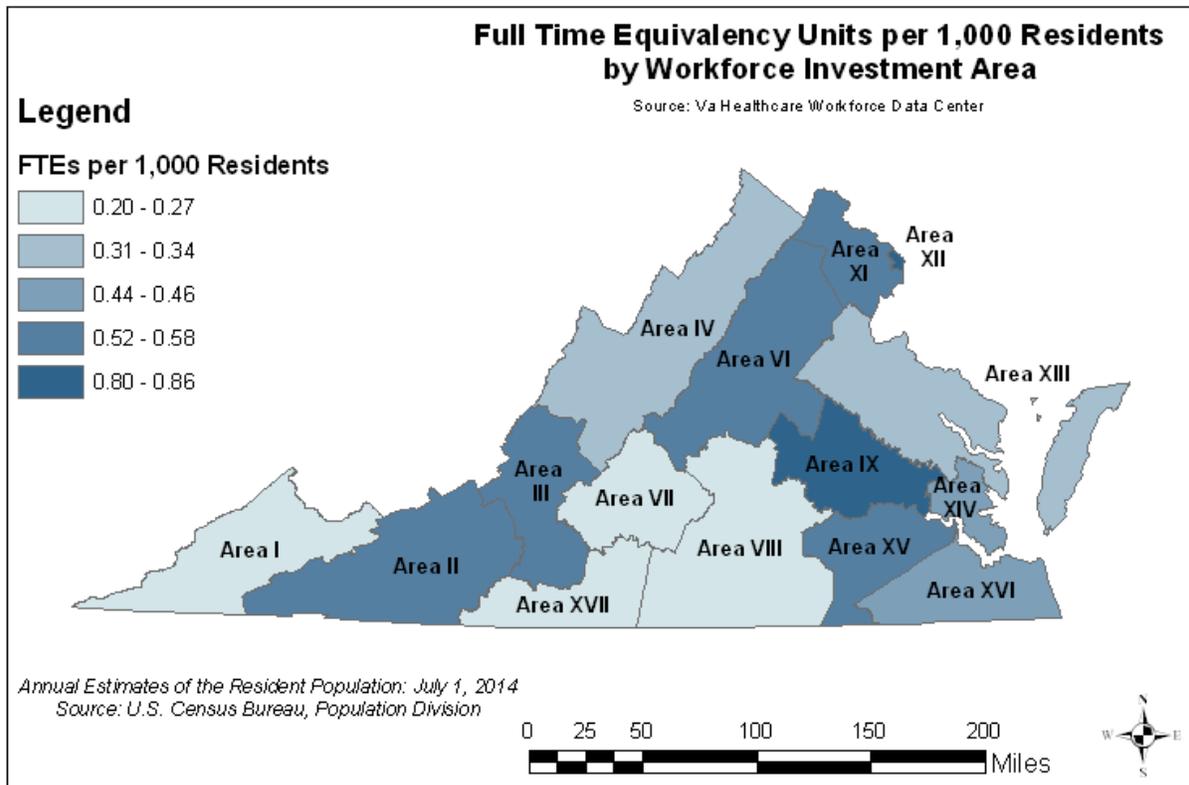
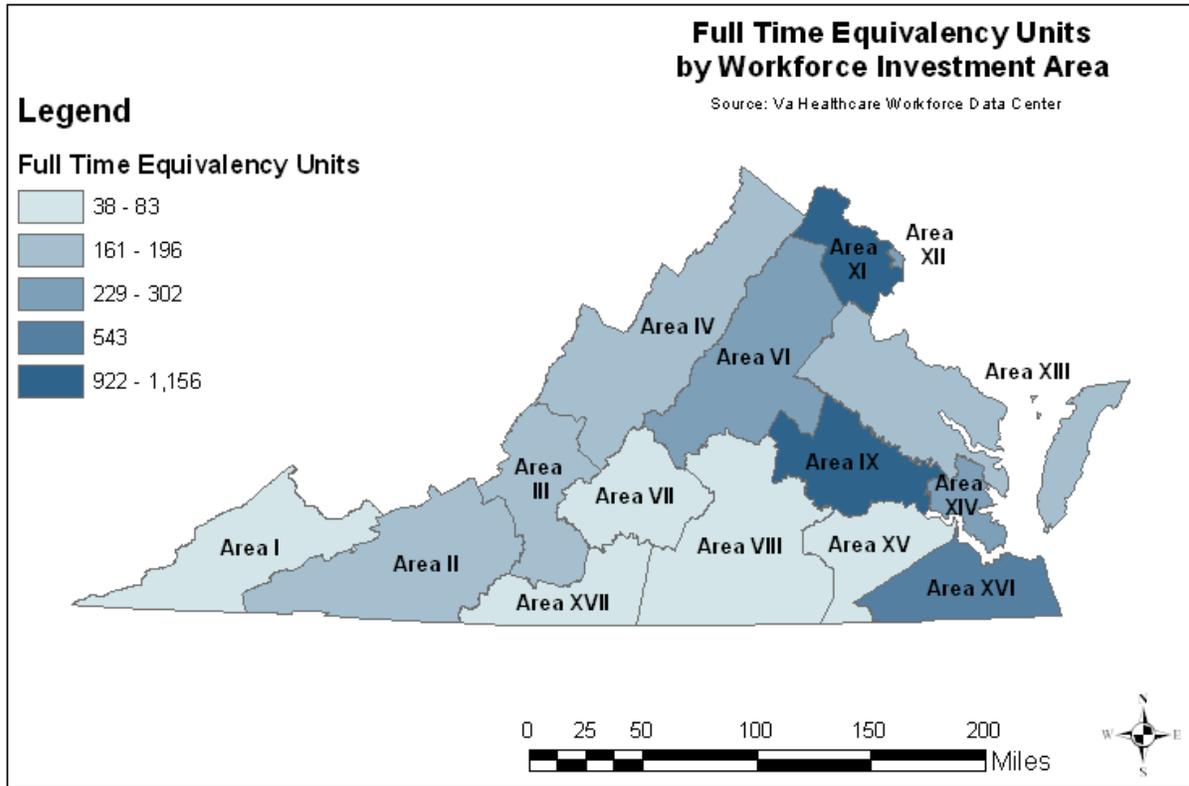


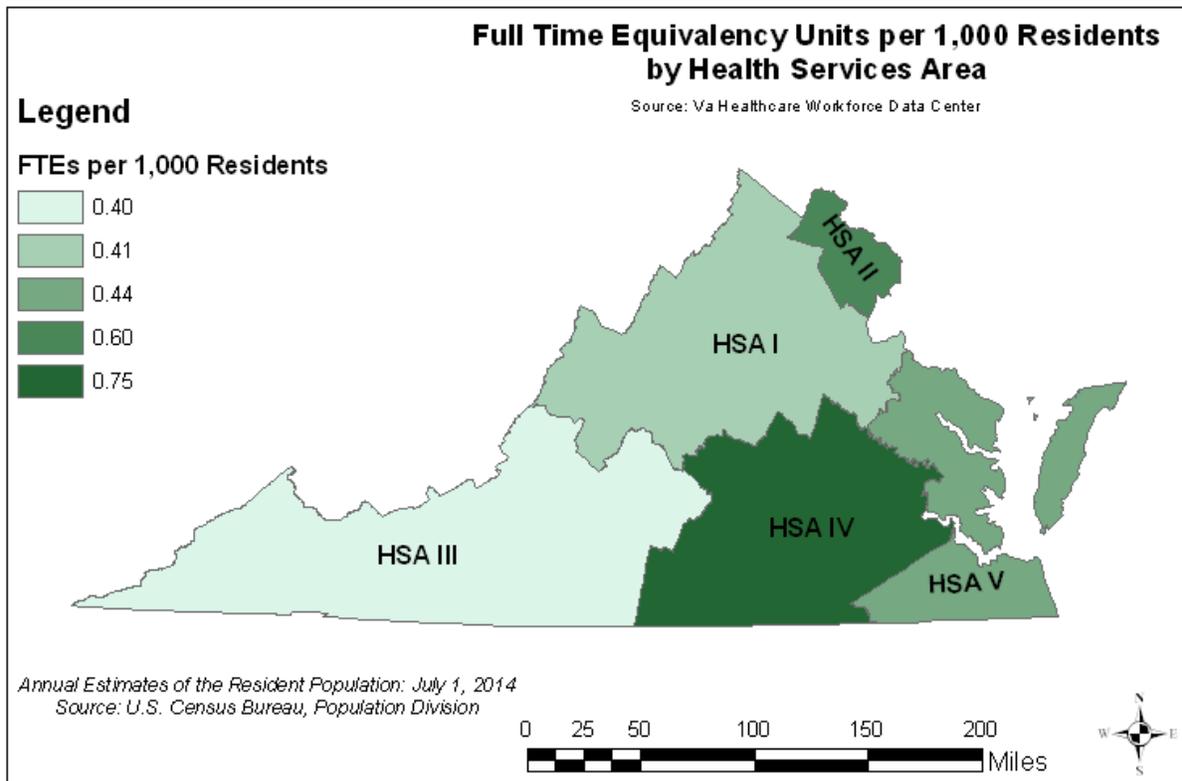
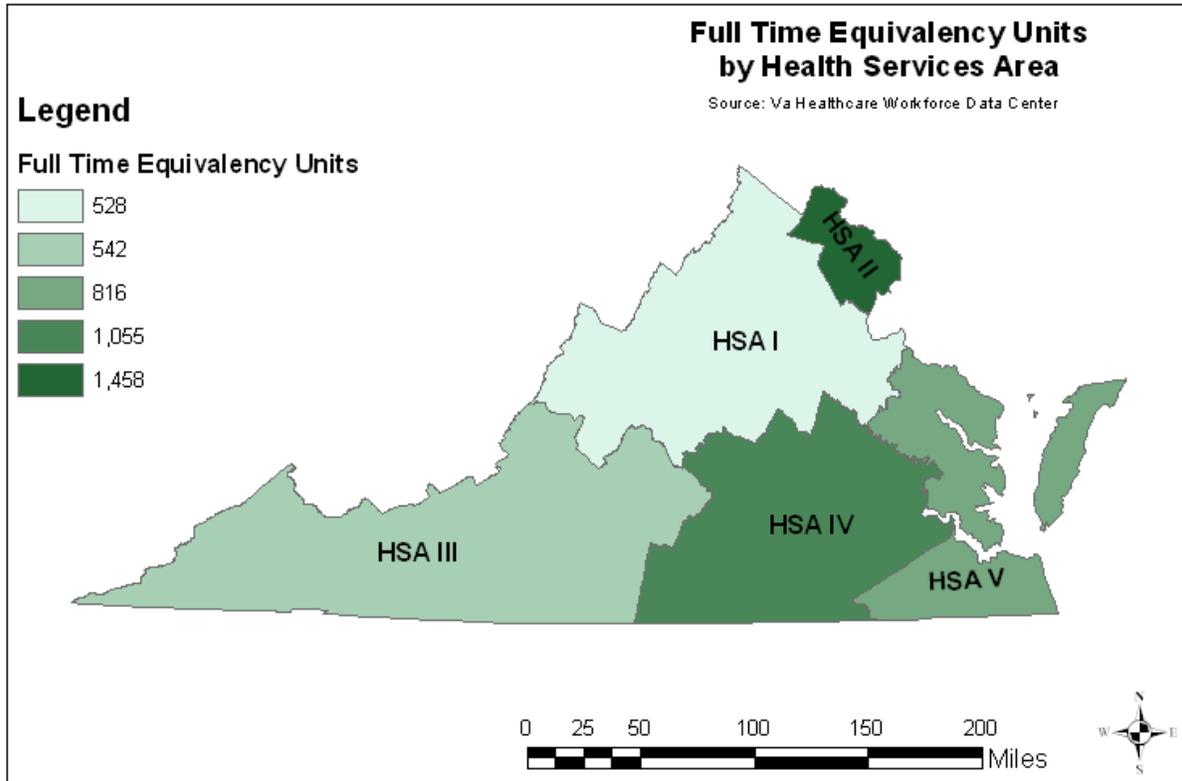
Source: Va. Healthcare Workforce Data Center

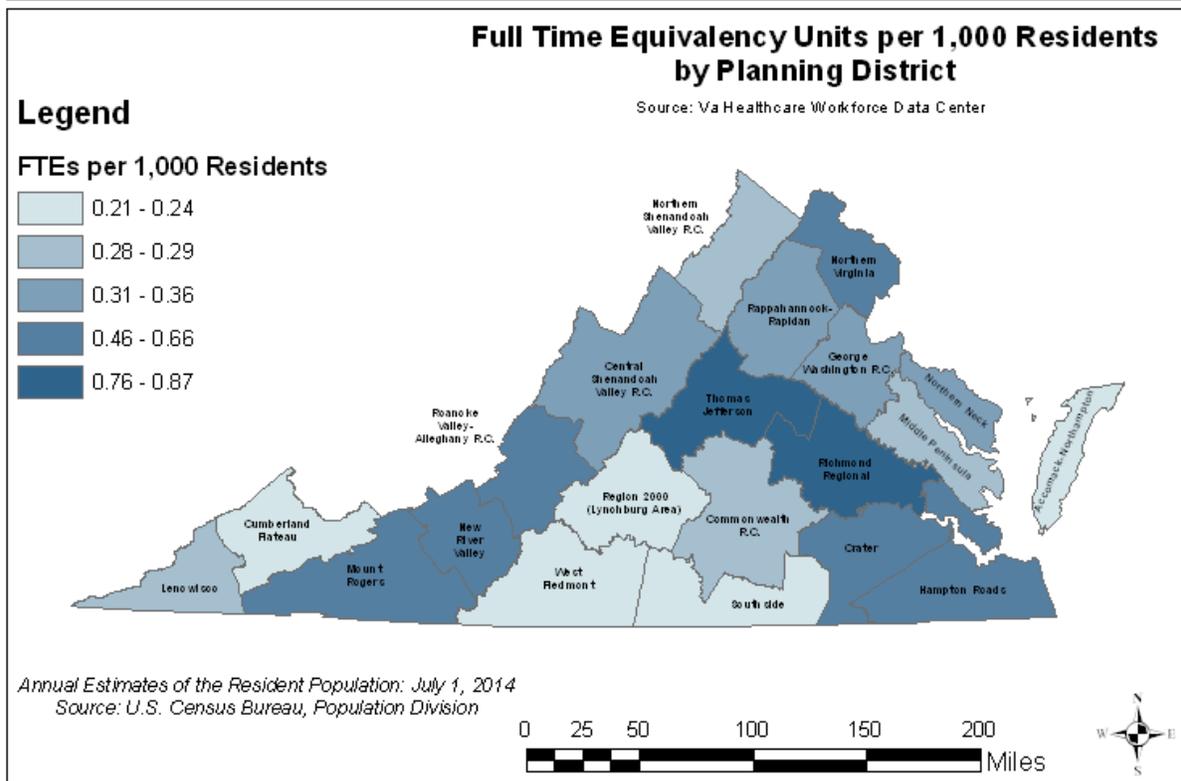
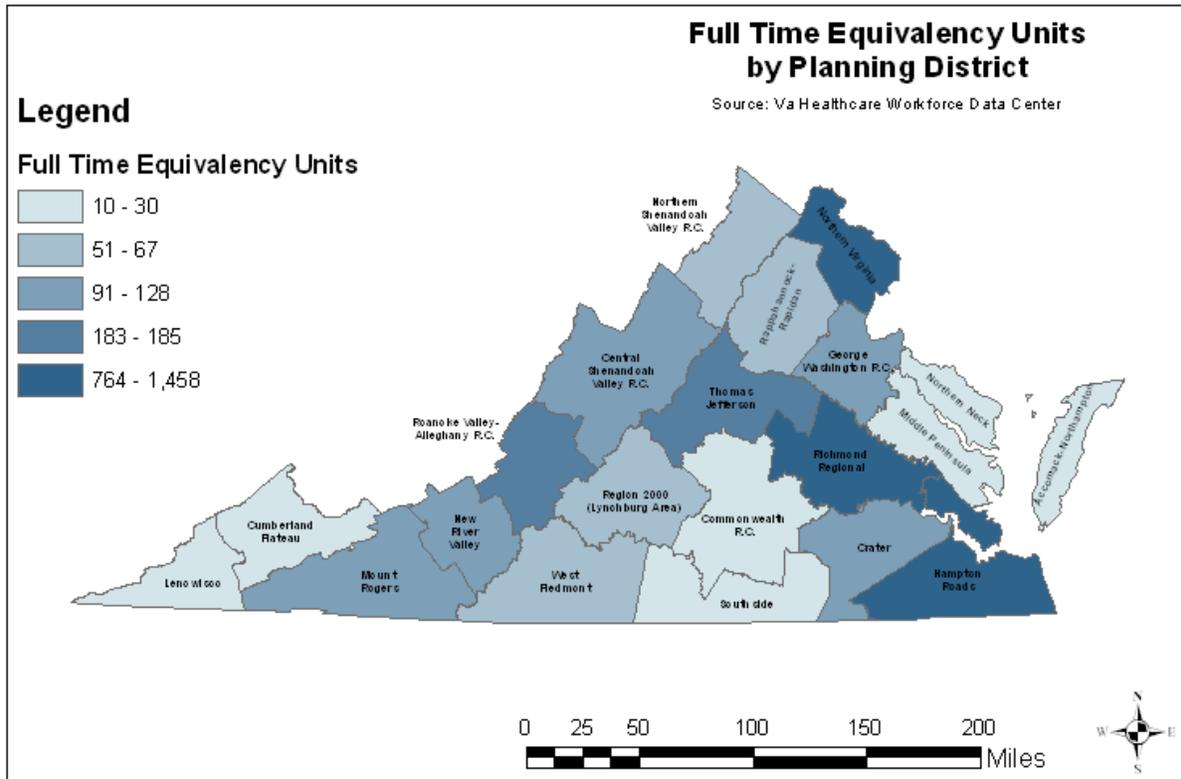
² Due to assumption violations in Mixed between-within ANOVA (Levene's Test is significant)











Appendix A: Weights

| Rural Status | Location Weight | | | Total Weight | |
|------------------------------------|-----------------|--------|----------|--------------|---------|
| | # | Rate | Weight | Min | Max |
| Metro, 1 million+ | 4,115 | 82.84% | 1.207099 | 1.11815 | 1.37852 |
| Metro, 250,000 to 1 million | 332 | 85.24% | 1.173145 | 1.0867 | 1.33974 |
| Metro, 250,000 or less | 484 | 79.75% | 1.253886 | 1.16149 | 1.43195 |
| Urban pop 20,000+, Metro adj | 30 | 83.33% | 1.2 | 1.11158 | 1.37041 |
| Urban pop 20,000+, nonadj | 0 | NA | NA | NA | NA |
| Urban pop, 2,500-19,999, Metro adj | 98 | 73.47% | 1.361111 | 1.26082 | 1.5544 |
| Urban pop, 2,500-19,999, nonadj | 87 | 86.21% | 1.16 | 1.07453 | 1.32473 |
| Rural, Metro adj | 60 | 73.33% | 1.363636 | 1.26316 | 1.55728 |
| Rural, nonadj | 24 | 58.33% | 1.714286 | 1.58797 | 1.95773 |
| Virginia border state/DC | 616 | 71.75% | 1.393665 | 1.29097 | 1.59158 |
| Other US State | 406 | 67.24% | 1.487179 | 1.3776 | 1.69837 |

| Age | Age Weight | | | Total Weight | |
|-------------|------------|--------|----------|--------------|---------|
| | # | Rate | Weight | Min | Max |
| Under 35 | 398 | 70.35% | 1.421429 | 1.32473 | 1.95773 |
| 35 to 39 | 620 | 80.16% | 1.247485 | 1.16262 | 1.49054 |
| 40 to 44 | 698 | 83.38% | 1.199313 | 1.11772 | 1.65181 |
| 45 to 49 | 801 | 84.02% | 1.190193 | 1.10923 | 1.63925 |
| 50 to 54 | 701 | 86.73% | 1.152961 | 1.07453 | 1.58797 |
| 55 to 59 | 760 | 84.74% | 1.180124 | 1.09984 | 1.62538 |
| 60 to 64 | 808 | 82.43% | 1.213213 | 1.13068 | 1.67095 |
| 65 and Over | 1,465 | 73.24% | 1.365331 | 1.27245 | 1.88047 |

See the Methods section on the HWDC website for details on HWDC Methods:

www.dhp.virginia.gov/hwdc/

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

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

Overall Response Rate: 0.803423

