BOARD OF PSYCHOLOGY
QUARTERLY BOARD MEETING
Tuesday, August 9, 2016 – 10:00 a.m.
Second Floor – Perimeter Center, Board Room 2

10:00 a.m. **Call to Order – Herb Stewart, PhD, Chairperson**

I. **Welcome and Introductions**
   A. Emergency evacuation instructions

II. **Adoption of Agenda**

III. **Approval of Minutes***
   A. Board meeting minutes of November 10, 2015
   B. Board Meeting minutes of February 23, 2016

IV. **Public Comment**

V. **Agency Director's Report: David E. Brown, D.C.**

VI. **Staff Reports**
   A. Executive Director's Report: Jaime Hoyle
   B. Deputy Executive Director's Report: Jennifer Lang
      a. Discipline Report
   C. Licensing Manager's Report: Deborah Harris
      a. Licensing Report
   D. Board Counsel Report: James Rutkowski
      a. Exemptions to Licensure

VII. **Committee Reports**
   A. Board of Health Professions Report: Herb Stewart, PhD
   B. Regulatory Committee Report: William Hathaway, PhD

VIII. **Unfinished Business**
   A. Psychological Assessment Guidance Document
   B. DMAS Workgroup Status

IX. **New Business**
   A. Regulatory/Legislative Report: Elaine Yeatts, Senior Policy Analyst*
      a. Petition for Rulemaking
      b. Board action on Public Participation Guidelines (PPG)
      c. Board action on Continuing Education Regulations
      d. Notice of Periodic Review
   B. Guidance Document 125-5.2: Behavioral Sciences Boards' Sanctioning Reference Point Instruction Manual*
   C. Adding Continuing Education provider for Certified Sex Offender Treatment Providers*
   D. Next Meeting

X. **Closed Session: Consideration of Consent Orders**

2:00 p.m. **Adjournment**

* Requires Board Action

Emergency Evacuation Instructions

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Board Room 2

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

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

Adoption of Agenda

Approval of Minutes

THE VIRGINIA BOARD OF PSYCHOLOGY
MINUTES
November 10, 2015

The Virginia Board of Psychology ("Board") meeting convened at 10:10 a.m. on November 10, 2015 at the Department of Health Professions, 9960 Mayland Drive, Richmond, Virginia. Herbert Stewart, Ph.D., Chair, called the meeting to order.

BOARD MEMBERS PRESENT: Giordana Altin de Popiolek, Psy.D.
William Hathaway, Ph.D.
Barbara Peery, Ph.D.
Herbert Stewart, Chair
Virginia Van de Water, Ed.D
James Werth, Ph.D., ABPP

BOARD MEMBERS ABSENT: Russell Leonard, Ph.D.
Thomas Ryan, Ph.D.

DHP STAFF PRESENT: David Brown, D.C., Director of DHP
Deborah Harris, Licensing Manager
Jaime Hoyle, Executive Director
Jennifer Lang, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst

BOARD COUNSEL: James Rutkowski, Assistant Attorney General

PUBLIC COMMENT:

Jennifer Morgan, Psy.D, VPA/VACP liaison, updated the Board about the Virginia Academy of Clinical Psychologists (VACP) Conversation Hour which will be held in April in Newport News and encouraged Board Members and Board staff to attend. The exact date of the meeting is still to be determined.

APPROVAL OF MINUTES:

Upon a motion, which was properly seconded, the meeting minutes from August 25, 2015 were approved as amended. The motion passed.

DIRECTOR'S REPORT:

Dr. Brown congratulated Jaime Hoyle on her new position as Executive Director of the Behavioral Sciences Boards. He also announced the Chief Deputy position has been filled by Lisa Hahn, and highlighted her credentials and background with the Commonwealth. Dr. Brown discussed the Workforce Data Reports and highlighted how they can be an effective tool to assist with career path decisions. He stated that the statistics the Healthcare Workforce Data Center utilizes can be a marketing tool for college academic advisors. Dr. Brown hopes that our workforce data reports and methodology can be replicated nationwide. Dr. Carter will present on

these efforts at an upcoming Council on Licensure, Enforcement and Regulation (CLEAR) conference. Dr. Stewart stated to Dr. Brown that the ASPPB has expressed much interest in these workforce reports.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle reported that she is happy to still be working in the Agency and to still have Dr. Brown as her boss. Ms. Hoyle welcomed Christy Evans as the new Discipline Specialist for the Behavioral Sciences Boards and informed the Board that she had added another staff member as a Licensing Specialist for the Board of Counseling. Also, she shared that the Boards are going green by scanning documents rather than microfilming and mailing, and having the new laptops for Board Members to use during the Board meetings seem to be working out well. We also will discuss how the HPMP process works at our next Board meeting. There still has not been any update on the appointment/reappointment of Board Members.

LEGISLATIVE/REGULATORY UPDATE:

Ms. Yeatts stated she did not have much to report other than on November 16, 2015 the revised Sex Offender Treatment Provider regulations are due to be posted and go into effect. The CE carryover is already in the most recent regulations that posted on October 21, 2015.

DISCIPLINE REPORT:

Ms. Lang reported that there were 19 cases received and 78 cases open. The Board has closed 8 cases. Ms. Lang stated she has set up IFC dates from now through April 2016. She will be contacting the Special Conference Committee Members for the various dates to serve on the panels. She also mentioned that the cases she sends to the committee for review are password protected and that they are receiving the passwords at this meeting.

LICENSING MANAGER'S REPORT:

Ms. Harris reported information on licensing activity, noting that the Board licensed sixty-six Clinical Psychologists, twenty-one School Psychologists Limited, and zero School Psychologists and Applied Psychologists. The Board certified three Certified Sex Offender Treatment Providers.

Ms. Harris reported the current licensure count consisting of 3,104 Clinical Psychologists, 406 School Psychologists Limited, 390 Sex Offender Treatment Providers, 99 School Psychologists, and 29 Applied Psychologists.

Ms. Harris also mentioned there are applications and licensees that are from out of state.

BOARD COUNSEL REPORT:

Mr. Rutkowski gave an update on the Attorney General Taskforce recommendations and indicated they will be forthcoming.

BOARD OF HEALTH PROFESSIONS REPORT

Dr. Van de Water had nothing to report as there was not a quorum at the last committee meeting.

REGULATORY/LEGISLATIVE COMMITTEE REPORT

Dr. Stewart reported on the Regulatory/Legislative Committee meeting held on June 16. He said that he appointed Dr. Hathaway as Chair of the Regulatory/Legislative Committee. Dr. Stewart stated that Kevin Doyle, the Chair of the Board of Counseling, attended in order to promote cross-Board discussion about the use of the title "psychological assessments" by non-psychologists. The Committee and Dr. Doyle agreed that there needed to be collaboration between all the Behavioral Sciences Boards in order to discuss and draft language on this issue. In additional, the Boards could collaborate on telehealth issues.

In other Committee matters, staff will reach out to DMAS to determine if they would be willing to present to representatives of the Regulatory/Legislative Committees of the Behavioral Sciences Boards to discuss concerns about titles responsibilities of non-licensed individuals.

SPECIAL CONFERENCE COMMITTEE REPORT

Dr. Stewart indicated that he appointed Dr. Ryan as Chair of the Special Conference Committee, and he accepted.

ASPPB CONFERENCE HIGHLIGHTS

Dr. Stewart stated that the Association of State and Provincial Psychology Boards (ASPPB) Conference was useful and provided high-quality information. Dr. Hathaway and Ms. Hoyle also attended. Dr. Stewart joined the data workforce taskforce committee. He said the conference included discussion of the issues associated with the development of the Psychology Interjurisdictional Compact (PSYPACT), which would make cross-jurisdictional practice easier.

NEW BUSINESS

SANCTION REFERENCE POINTS UPDATE

Neil Kauder, Visual Research, presented a new worksheet with a point system that is more compatible with the types of cases that are being adjudicated. This worksheet was voted on and approved for future use. He reported there will be a new manual adopted. He stated he will be available to give a training session to the Board members on how to use the new manual. They will use sample cases for the training session. He also stated his company would be glad to reach out to the graduate programs with a presentation to give them information about the Sanction Reference Points document.

AMENDMENTS TO THE REGULATIONS FOR RENEWAL FEE REDUCTION

Ms. Yeatts reported there is a surplus for the Board of Psychology that will allow a fee reduction for the next renewal period. The Board approved a one-time reduction of renewal fees.

APA & HOFFMAN REPORT DISCUSSION

Dr. Stewart facilitated discussion about an email the Board received from a licensee regarding the Hoffman Report and its implications for psychologists. The psychologist wanted the Board to adopt regulations requiring licensees to take specific types of Ethics continuing education courses. After a lengthy discussion, the Board decided to reply to the psychologist stating there is an Ethics requirement in the Regulations. Further, the Standards of Practice addresses harming clients. If a licensee was to harm a client, the Board would be able to take action against the licensee.

The email also asked why Board member contact information would not be disclosed to her. The Board suggested that staff put a paragraph on the Board's website explaining how information is conveyed to Board Members. Ms. Yeatts indicated that it is the policy of the agency not to give out Board Member contact information. She suggested that Ms. Hoyle discuss this issue with the other Board Executive Directors and determine the best way to explain on websites how staff relays information received from the public to Board Members.

APPLIED PSYCHOLOGISTS REQUIREMENTS DISCUSSION

Board Members discussed whether Applied Psychologist applicants should have to take the EPPP, given that the majority of the content of the exam focuses on clinical psychology. The issue was deferred to the Regulatory Committee meeting, with the suggestion that the Committee gather information from other Boards that have a specific Applied Psychologist or I/O license. The Regulatory Committee will determine whether to recommend a change in regulations regarding requirements for Applied Psychologists.

OLD BUSINESS

UNLICENSED PROVIDERS AND DMAS

Ms. Hoyle stated that DMAS is very interested in making their manual consistent with our regulations and those of the other Behavioral Science Boards and there were plans to meet as a group. Ms. Hoyle will reach out to DMAS, and ask if they would like to come present to the Psychology Board regarding topics such as job titles and responsibilities of unlicensed staff. We will contact them and invite them to be present during a joint meeting of all of the Behavioral Sciences Boards Regulatory Committees.

ADJOURNMENT

The Board meeting was adjourned at 1:30 p.m.

Herbert Stuart, Ph.D., Chair

Jaime Hoyle, Executive Director

THE VIRGINIA BOARD OF PSYCHOLOGY
MINUTES
February 23, 2016

The Virginia Board of Psychology ("Board") meeting convened at 10:11 a.m. on February 23, 2016 at the Department of Health Professions, 9960 Mayland Drive, Richmond, Virginia. Herbert Stewart, Ph.D., Chair, called the meeting to order.

BOARD MEMBERS PRESENT: Giordana Altin de Popiolek, Psy.D.
Deja Lee
Russell Leonard, Ph.D.
Barbara Peery, Ph.D.
Thomas Ryan, Ph.D.
Herbert Stewart, Ph.D., Chair
Susan Wallace, Ph.D.
James Werth, Jr., Ph.D., ABPP

BOARD MEMBERS ABSENT: William Hathaway, Ph.D.

DHP STAFF PRESENT: Elizabeth Carter, Director–Workforce Healthcare Data Center
Sarah Georgen, Licensing Manager
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

MISSION STATEMENT:

Dr. Stewart read the mission statement of the Department of Health Professions, which also is the mission statement of the Board.

WELCOME NEW BOARD MEMBERS:

Dr. Stewart welcomed Dr. Susan Wallace and Deja Lee as new members to the Board of Psychology.

ESTABLISHMENT OF A QUORUM:

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

EMERGENCY EGRESS:

Dr. Stewart announced the Emergency Egress procedures.

ADOPTIONS OF AGENDA:

The agenda was accepted as presented

PUBLIC COMMENT:

Jennifer Morgan, Psy.D, VPA/VACP liaison, updated the Board about the upcoming Clinical Psychology (VACP) Convention, which will be held April 20-22, 2016 in Newport News, VA and encouraged Board members and Board staff to attend.

Mi-Young Ryee, Ph.D. asked the Board to circulate information on the upcoming training provided by Children's National Healthy System on celiac disease and gluten-related conditions.

APPROVAL OF MINUTES:

Dr. Werth indicated that there were several grammatical errors in the November 10, 2015 minutes. After discussion, it was decided that the meeting minutes from November 10, 2015 meeting will be drafted again and will be considered for approval at the next Board meeting.

DIRECTOR'S REPORT:

Dr. Brown was unable to attend the Board meeting as he was currently attending General Assembly Meetings. Ms. Yeatts indicated that the Department of Health Professions has recommended 15 of the 89 bills that directly affect the agency.

REGULATORY/LEGISLATIVE UPDATE:

Ms Yeatts provide a handout and reviewed a report of bills presented to the General Assembly for 2016.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle reported that the Behavioral Sciences Unit was currently short-staffed with Ms. Harris on extended leave. She introduced Ms. Georgen and Ms. Lenart, who are working with the Board until Ms. Harris' return. She stated that staff is working with her to improve and streamline the application process.

Ms. Hoyle informed the Board that the Association of State and Provincial Psychology Boards ("ASPPB") conference will be held in May 2016 in Alaska. Ms. Hoyle reported that she has submitted travel requests for Dr. Stewart, Dr. Ryan, and Dr. Werth to attend this conference.

DISCIPLINE REPORT:

Ms. Lang asked for volunteers for upcoming informal conferences to be held on April 26, 2016. Ms. Lang announced that she will be in contact with Board members for additional informal conference dates for May thru August. Ms. Lang reported there was an increase in the average days to close cases and a decrease in the number of cases closed within a year. She encouraged Board members to continue to review the cases they receive so that the matters can be resolved quickly and reiterated that Board staff cannot close cases without a Board member reviewing the case. Ms. Lang reported that the Board had 13 cases in investigation, 5 cases in compliance monitoring following a Board Order, one case was being prepared for an informal conference, and one possible summary suspension. Ms. Lang reported that there are 72 cases that need to be reviewed for probable cause. Dr. Ryan offered to stay after the Board meeting to review cases.

LICENSING MANAGER'S REPORT:

Ms. Georgen reported that as of the end of Quarter II for the 2016 Fiscal Year (October 1, 2015 – December 31, 2015), the Board of Psychology regulates 8,049 licensees, which included 3,167 Clinical Psychologists; 438 School Psychologists - Limited; 407 Sex Offender Treatment Providers; 99 School Psychologists; and 30 Applied Psychologists. An agency satisfaction survey is sent to applicants for feedback once licensed, and for the quarter ending December 31, 2015, the satisfaction rate for the Board of Psychology was 93.2% (80 new licenses were issued). To decrease the burden and to increase efficiency, Board Staff is working to restructure the applications for licensure by exam, licensure by endorsement, and registration of supervision. The process will eliminate unnecessary documentation that increases the processing time of applications.

REGULATORY/LEGISLATIVE REPORT

In Dr. Hathaway's absence, Dr. Stewart requested the Board members to schedule a Regulatory/Legislative Committee meeting for the near future and asked for there to be collaboration with the Board of Counseling regarding the term "psychological assessments." Dr. Stewart requested Dr. Ryan address the Board's concerns with the Virginia Board of Counseling. Ms. Hoyle stated that she would work as a liaison between the Boards on this issue.

Dr. Stewart also asked the Regulatory/Legislative Committee to review "telehealth" as it would apply to the Board and noted that the ASPPB had information on this subject for use by the Committee.

Dr. Stewart requested further that the Board members review the Standards of Practice of the Regulations Governing the Practice of Psychology to determine if additions or changes would be needed.

Dr. Stewart appointed Dr. Wallace as a new member to the Regulatory/Legislative Committee.

Ms. Yeatts reported that for the upcoming 2016 renewal period, a one-time fee reduction of

renewal fees would occur. Ms. Yeatts reminded the Board that renewals paid from April 30, 2016 to June 30, 2016 will be reduced from $140.00 to $84.00 for Clinical, Applied, and School Psychologists; $70.00 to $42.00 for School Psychologists Limited; and $75.00 to $45.00 for Sex Offender Treatment Providers. She reminded the Board that any renewals paid after June 30, 2016 would be considered late and the renewal fee would revert back to the normal renewal fee. Dr. Stewart requested that Board staff create an email to be sent to all current and inactive licensees alerting them to this one time change, as well as posting this information on the Board of Psychology homepage.

NEW BUSINESS

Virginia Academy of Clinical Psychologists ("VACP") Letter

Bruce Keeney, Sr., Executive Director and Legislative Counsel for the Virginia Academy of Clinical Psychologists (VACP) submitted a letter to bring to the Board's attention VACP's concerns about representations made by the Virginia Academy of School Psychologists (VASP) that their programs for continuing education credit may count for continuing education credit for clinical psychologists. VACP was concerned that some of the programs were not directly related to the scope of practice for clinical psychologists. After discussion, the Board agreed to take no official action but will have staff inform licensees that they need to be aware of what constitutes an appropriate continuing education course for their particular license. Ms. Yeatts suggested that this point be added to the email blast regarding the reduction of 2016 renewal fees.

Private Practice Closure Documentation

Karen Waters, Ph.D. contacted the Board regarding clarification about records retention following closure of a practice or death of a psychologist. The Board discussed the concern and determined that the Code of Virginia § 54.1-2405 addressed records retention with respect to relocation of a practice. Dr. Werth suggested that the Regulatory/Legislative Committee review this issue to determine if language should be added to the Regulations to address records retention as it relates to closing a practice in the event of a death.

DMAS Presentation

Brian Campbell, Senior Policy Analyst, Behavioral Health Integrated Care & Behavioral Services from DMAS presented to the Board on the Magellan Behavioral Service Administrator Contract, the Governor's Access Plan and Community Mental Health Rehabilitative Services changes. He described some current and pending projects for which they would like input from the Board, including having stakeholders help DMAS better define what services are allowed by licensed versus unlicensed staff members. Ms. Hoyle stated that she will work DMAS to get a plan of action regarding a workforce team.

Virginia's Licensed Clinical Psychologist Workforce: 2015

Dr. Elizabeth Carter presented the Healthcare Workforce Data Center report, which was

developed from responses to the 2015 online renewal. The report provided baseline information on the working population of Licensed Clinical Psychologist (LCP), including Profession Reports, Virginia CareForce Snapshots, Regional CareForce Snapshots, Student Choice, and Virginia Health Workforce Briefs.

NEXT BOARD MEETING:

The Board is scheduled to meet again on May 16, 2016.

ADJOURNMENT

The Board meeting was adjourned at 1:31 p.m.

_____
Herbert Stuart, Ph.D., Chair

_____
Jaime Hoyle, Executive Director

Executive Director's Report

Virginia Department of Health Professions
Cash Balance
As of June 30, 2016

	108- Psychology
Board Cash Balance as of June 30, 2015	$ 822,877
YTD FY16 Revenue	428,923
Less: YTD FY16 Direct and In-Direct Expenditures	367,864
Board Cash Balance as June 30, 2016	883,936

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	July	August	September
4002400	Fee Revenue			
4002401	Application Fee	5,055.00	5,585.00	9,015.00
4002406	License & Renewal Fee	52,700.00	1,890.00	2,865.00
4002407	Dup. License Certificate Fee	20.00	-	65.00
4002408	Board Endorsement - In	-	-	-
4002409	Board Endorsement - Out	325.00	200.00	250.00
4002421	Monetary Penalty & Late Fees	2,250.00	450.00	620.00
4002430	Board Changes Fee	-	-	-
4002432	Misc. Fee (Bad Check Fee)	-	-	-
	Total Fee Revenue	60,350.00	8,125.00	12,815.00
4003000	Sales of Prop. & Commodities			
4003020	Misc. Sales-Dishonored Payments	-	-	-
	Total Sales of Prop. & Commodities	-	-	-
	Total Revenue	60,350.00	8,125.00	12,815.00
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	744.57	534.64	589.32
5011120	Fed Old-Age Ins- Sal St Emp	516.31	374.83	363.68
5011140	Group Insurance	71.85	47.90	49.32
5011150	Medical/Hospitalization Ins.	807.50	543.00	543.00
5011160	Retiree Medical/Hospitalizatn	63.42	42.28	43.52
5011170	Long term Disability Ins	39.87	26.58	27.36
	Total Employee Benefits	2,243.52	1,569.23	1,616.20
5011200	Salaries			
5011230	Salaries, Classified	6,340.71	4,289.26	4,351.38
5011250	Salaries, Overtime	504.38	663.40	455.57
	Total Salaries	6,845.09	4,952.66	4,806.95
5011380	Deferred Compnstn Match Pmts	60.00	40.00	40.00
	Total Special Payments	60.00	40.00	40.00
5011500	Disability Benefits			
5011530	Short-trm Disability Benefits	-	-	-
	Total Disability Benefits	-	-	-
5011600	Terminatn Personal Svce Costs			
5011620	Salaries, Annual Leave Balanc	-	-	-
5011660	Defined Contribution Match - Hy	-	-	-
	Total Terminatn Personal Svce Costs	-	-	-
	Total Personal Services	9,148.61	6,561.89	6,463.15
5012000	Contractual Svs			
5012100	Communication Services			
5012110	Express Services	-	-	-
5012140	Postal Services	2,452.38	1,384.93	306.82
5012150	Printing Services	-	-	21.22
5012160	Telecommunications Svcs (VITA)	24.85	29.19	29.44
	Total Communication Services	2,477.23	1,414.12	357.48
5012200	Employee Development Services			
5012210	Organization Memberships	-	-	-
5012240	Employee Trainng/Workshop/Conf	-	-	-

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	July	August	September
5012680	Skilled Services	1,463.16	1,290.66	1,478.16
	Total Support Services	1,463.16	1,396.62	1,633.72
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	767.06	-	699.79
5012830	Travel, Public Carriers	-	-	-
5012850	Travel, Subsistence & Lodging	282.12	(282.12)	94.04
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	51.00
	Total Transportation Services	1,049.18	(282.12)	844.83
	Total Contractual Svs	4,989.57	7,019.23	2,911.03
5013000	Supplies And Materials			
5013100	Administrative Supplies			
5013120	Office Supplies	-	63.56	34.18
	Total Administrative Supplies	-	63.56	34.18
5013600	Residential Supplies			
5013620	Food and Dietary Supplies	-	26.71	-
5013630	Food Service Supplies	-	-	-
	Total Residential Supplies	-	26.71	-
5013700	Specific Use Supplies			
5013730	Computer Operating Supplies	-	-	1.49
	Total Specific Use Supplies	-	-	1.49
	Total Supplies And Materials	-	90.27	35.67
5014000	Transfer Payments			
5014100	Awards, Contrib., and Claims			
5014130	Premiums	-	-	-
	Total Awards, Contrib., and Claims	-	-	-
	Total Transfer Payments	-	-	-
5015000	Continuous Charges			
5015100	Insurance-Fixed Assets			
5015160	Property Insurance	-	-	-
	Total Insurance-Fixed Assets	-	-	-
5015300	Operating Lease Payments			
5015340	Equipment Rentals	-	44.08	44.08
5015350	Building Rentals	-	1.89	-
5015390	Building Rentals - Non State	254.23	298.57	252.56
	Total Operating Lease Payments	254.23	344.54	296.64
5015500	Insurance-Operations			
5015510	General Liability Insurance	-	-	-
5015540	Surety Bonds	-	-	-
	Total Insurance-Operations	-	-	-
	Total Continuous Charges	254.23	344.54	296.64
5022000	Equipment			
5022170	Other Computer Equipment	-	-	-
5022180	Computer Software Purchases	-	-	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	July	August	September
30800	Attorney General	-	-	2,594.74
30900	Board of Health Professions	673.53	278.77	439.85
31100	Maintenance and Repairs	-	-	-
31300	Emp. Recognition Program	-	16.43	-
31400	Conference Center	6.85	17.72	(10.62)
31500	Pgm Devlpmnt & Implmentn	417.88	321.05	361.05
	Total Allocated Expenditures	17,182.84	10,735.96	17,355.98
	Net Revenue in Excess (Shortfall) of Expenditures	$ 28,774.75	$ (16,626.89)	$ (14,247.47)

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	October	November	December
4002400	Fee Revenue			
4002401	Application Fee	9,090.00	4,815.00	4,205.00
4002406	License & Renewal Fee	1,235.00	500.00	1,815.00
4002407	Dup. License Certificate Fee	45.00	-	20.00
4002408	Board Endorsement - In	-	-	-
4002409	Board Endorsement - Out	150.00	275.00	175.00
4002421	Monetary Penalty & Late Fees	200.00	175.00	450.00
4002430	Board Changes Fee	-	-	-
4002432	Misc. Fee (Bad Check Fee)	-	-	-
	Total Fee Revenue	10,720.00	5,765.00	6,665.00
4003000	Sales of Prop. & Commodities			
4003020	Misc. Sales-Dishonored Payments	-	-	-
	Total Sales of Prop. & Commodities	-	-	-
	Total Revenue	10,720.00	5,765.00	6,665.00
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	589.32	589.32	589.32
5011120	Fed Old-Age Ins- Sal St Emp	361.38	351.13	337.68
5011140	Group Insurance	49.32	49.32	49.32
5011150	Medical/Hospitalization Ins.	543.00	543.00	543.00
5011160	Retiree Medical/Hospitalizatn	43.52	43.52	43.52
5011170	Long term Disability Ins	27.36	27.36	27.36
	Total Employee Benefits	1,613.90	1,603.65	1,590.20
5011200	Salaries			
5011230	Salaries, Classified	4,351.38	4,247.82	4,144.26
5011250	Salaries, Overtime	425.45	395.33	322.76
	Total Salaries	4,776.83	4,643.15	4,467.02
5011380	Deferred Compnstn Match Pmts	40.00	40.00	40.00
	Total Special Payments	40.00	40.00	40.00
5011500	Disability Benefits			
5011530	Short-trm Disability Benefits	-	-	-
	Total Disability Benefits	-	-	-
5011600	Terminatn Personal Svce Costs			
5011620	Salaries, Annual Leave Balanc	-	-	-
5011660	Defined Contribution Match - Hy	-	-	-
	Total Terminatn Personal Svce Costs	-	-	-
	Total Personal Services	6,430.73	6,286.80	6,097.22
5012000	Contractual Svs			
5012100	Communication Services			
5012110	Express Services	-	-	3.64
5012140	Postal Services	33.04	208.47	164.87
5012150	Printing Services	-	-	28.84
5012160	Telecommunications Svcs (VITA)	24.01	26.96	35.02
	Total Communication Services	57.05	235.43	232.37
5012200	Employee Development Services			
5012210	Organization Memberships	-	2,750.00	-
5012240	Employee Trainng/Workshop/Conf	-	315.00	-

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	October	November	December
5012680	Skilled Services	1,515.66	1,478.16	1,119.82
	Total Support Services	1,705.14	1,568.16	1,306.52
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	812.49	-	731.98
5012830	Travel, Public Carriers	1,621.40	-	-
5012850	Travel, Subsistence & Lodging	282.12	-	188.08
5012880	Trvl, Meal Reimb- Not Rprtble	161.25	-	118.50
	Total Transportation Services	2,877.26	-	1,038.56
	Total Contractual Svs	4,759.73	5,668.60	2,637.45
5013000	Supplies And Materials			
5013100	Administrative Supplies			
5013120	Office Supplies	51.09	7.15	22.60
	Total Administrative Supplies	51.09	7.15	22.60
5013600	Residential Supplies			
5013620	Food and Dietary Supplies	-	-	-
5013630	Food Service Supplies	4.81	-	-
	Total Residential Supplies	4.81	-	-
5013700	Specific Use Supplies			
5013730	Computer Operating Supplies	-	-	-
	Total Specific Use Supplies	-	-	-
	Total Supplies And Materials	55.90	7.15	22.60
5014000	Transfer Payments			
5014100	Awards, Contrib., and Claims			
5014130	Premiums	-	-	-
	Total Awards, Contrib., and Claims	-	-	-
	Total Transfer Payments	-	-	-
5015000	Continuous Charges			
5015100	Insurance-Fixed Assets			
5015160	Property Insurance	-	-	-
	Total Insurance-Fixed Assets	-	-	-
5015300	Operating Lease Payments			
5015340	Equipment Rentals	44.09	45.08	44.08
5015350	Building Rentals	-	2.43	-
5015390	Building Rentals - Non State	252.56	287.67	252.56
	Total Operating Lease Payments	296.65	335.18	296.64
5015500	Insurance-Operations			
5015510	General Liability Insurance	-	-	-
5015540	Surety Bonds	-	-	-
	Total Insurance-Operations	-	-	-
	Total Continuous Charges	296.65	335.18	296.64
5022000	Equipment			
5022170	Other Computer Equipment	-	-	-
5022180	Computer Software Purchases	-	-	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	October	November	December
30800	Attorney General	2,979.36	-	-
30900	Board of Health Professions	669.06	348.95	801.48
31100	Maintenance and Repairs	-	-	61.08
31300	Emp. Recognition Program	2.42	7.55	49.16
31400	Conference Center	3.35	9.78	9.81
31500	Pgm Devlpmnt & Implmentn	394.02	459.84	458.76
	Total Allocated Expenditures	25,665.43	21,491.45	65,443.23
	Net Revenue in Excess (Shortfall) of Expenditures	$ (26,488.44)	$ (28,024.18)	$ (67,832.14)

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	January	February	March
4002400	Fee Revenue			
4002401	Application Fee	4,600.00	5,490.00	8,595.00
4002406	License & Renewal Fee	1,170.00	570.00	785.00
4002407	Dup. License Certificate Fee	10.00	55.00	55.00
4002408	Board Endorsement - In	-	-	-
4002409	Board Endorsement - Out	235.00	150.00	400.00
4002421	Monetary Penalty & Late Fees	275.00	200.00	25.00
4002430	Board Changes Fee	-	-	-
4002432	Misc. Fee (Bad Check Fee)	-	-	-
	Total Fee Revenue	6,290.00	6,465.00	9,860.00
4003000	Sales of Prop. & Commodities			
4003020	Misc. Sales-Dishonored Payments	-	-	-
	Total Sales of Prop. & Commodities	-	-	-
	Total Revenue	6,290.00	6,465.00	9,860.00
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	589.32	589.32	589.32
5011120	Fed Old-Age Ins- Sal St Emp	312.98	312.99	312.97
5011140	Group Insurance	49.32	49.32	49.32
5011150	Medical/Hospitalization Ins.	543.00	543.00	543.00
5011160	Retiree Medical/Hospitalizatn	43.52	43.52	43.52
5011170	Long term Disability Ins	27.36	27.36	27.36
	Total Employee Benefits	1,565.50	1,565.51	1,565.49
5011200	Salaries			
5011230	Salaries, Classified	4,144.26	1,397.12	2,072.13
5011250	Salaries, Overtime	-	-	-
	Total Salaries	4,144.26	1,397.12	2,072.13
5011380	Deferred Compnstn Match Pmts	40.00	40.00	40.00
	Total Special Payments	40.00	40.00	40.00
5011500	Disability Benefits			
5011530	Short-trm Disability Benefits	-	2,747.14	2,072.13
	Total Disability Benefits	-	2,747.14	2,072.13
5011600	Terminatn Personal Svce Costs			
5011620	Salaries, Annual Leave Balanc	-	-	-
5011660	Defined Contribution Match - Hy	-	-	-
	Total Terminatn Personal Svce Costs	-	-	-
	Total Personal Services	5,749.76	5,749.77	5,749.75
5012000	Contractual Svs			
5012100	Communication Services			
5012110	Express Services	-	-	-
5012140	Postal Services	9.98	105.03	129.26
5012150	Printing Services	-	-	54.74
5012160	Telecommunications Svcs (VITA)	24.67	24.67	30.63
	Total Communication Services	34.65	129.70	214.63
5012200	Employee Development Services			
5012210	Organization Memberships	-	-	-
5012240	Employee Trainng/Workshop/Conf	-	-	-

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	January	February	March
5012680	Skilled Services	553.14	703.14	778.14
	Total Support Services	553.30	814.54	1,415.51
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	-	-	777.06
5012830	Travel, Public Carriers	-	-	-
5012850	Travel, Subsistence & Lodging	-	-	899.12
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	207.00
	Total Transportation Services	-	-	1,883.18
	Total Contractual Svs	715.25	1,018.18	3,592.16
5013000	Supplies And Materials			
5013100	Administrative Supplies			
5013120	Office Supplies	62.11	29.73	54.16
	Total Administrative Supplies	62.11	29.73	54.16
5013600	Residential Supplies			
5013620	Food and Dietary Supplies	-	-	-
5013630	Food Service Supplies	-	-	-
	Total Residential Supplies	-	-	-
5013700	Specific Use Supplies			
5013730	Computer Operating Supplies	-	1.55	-
	Total Specific Use Supplies	-	1.55	-
	Total Supplies And Materials	62.11	31.28	54.16
5014000	Transfer Payments			
5014100	Awards, Contrib., and Claims			
5014130	Premiums	-	-	-
	Total Awards, Contrib., and Claims	-	-	-
	Total Transfer Payments	-	-	-
5015000	Continuous Charges			
5015100	Insurance-Fixed Assets			
5015160	Property Insurance	-	-	-
	Total Insurance-Fixed Assets	-	-	-
5015300	Operating Lease Payments			
5015340	Equipment Rentals	44.08	44.08	44.08
5015350	Building Rentals	-	2.43	-
5015390	Building Rentals - Non State	252.56	252.56	282.97
	Total Operating Lease Payments	296.64	299.07	327.05
5015500	Insurance-Operations			
5015510	General Liability Insurance	-	-	-
5015540	Surety Bonds	-	-	-
	Total Insurance-Operations	-	-	-
	Total Continuous Charges	296.64	299.07	327.05
5022000	Equipment			
5022170	Other Computer Equipment	-	-	-
5022180	Computer Software Purchases	-	-	-

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	January	February	March
30800	Attorney General	3,267.88	-	-
30900	Board of Health Professions	577.33	426.14	491.21
31100	Maintenance and Repairs	-	-	-
31300	Emp. Recognition Program	19.14	-	6.21
31400	Conference Center	16.54	10.57	19.17
31500	Pgm Devlpmnt & Implmentn	511.54	427.40	492.71
	Total Allocated Expenditures	(17,603.45)	23,183.10	27,321.40
	Net Revenue in Excess (Shortfall) of Expenditures	$ 17,069.69	$ (23,816.40)	$ (27,184.52)

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	April	May	June
4002400	Fee Revenue			
4002401	Application Fee	5,350.00	3,355.00	6,480.00
4002406	License & Renewal Fee	545.00	128,804.00	143,575.00
4002407	Dup. License Certificate Fee	30.00	45.00	50.00
4002408	Board Endorsement - In	-	-	12,459.00
4002409	Board Endorsement - Out	200.00	400.00	375.00
4002421	Monetary Penalty & Late Fees	-	125.00	75.00
4002430	Board Changes Fee	-	-	-
4002432	Misc. Fee (Bad Check Fee)	-	-	-
	Total Fee Revenue	6,125.00	132,729.00	163,014.00
4003000	Sales of Prop. & Commodities			
4003020	Misc. Sales-Dishonored Payments	-	-	-
	Total Sales of Prop. & Commodities	-	-	-
	Total Revenue	6,125.00	132,729.00	163,014.00
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	589.32	589.32	294.66
5011120	Fed Old-Age Ins- Sal St Emp	312.98	312.99	157.75
5011140	Group Insurance	49.32	49.32	24.66
5011150	Medical/Hospitalization Ins.	543.00	543.00	271.50
5011160	Retiree Medical/Hospitalizatn	43.52	43.52	21.76
5011170	Long term Disability Ins	27.36	27.36	13.68
	Total Employee Benefits	1,565.50	1,565.51	784.01
5011200	Salaries			
5011230	Salaries, Classified	2,908.52	3,522.62	1,761.31
5011250	Salaries, Overtime	-	-	-
	Total Salaries	2,908.52	3,522.62	1,761.31
5011380	Deferred Compnstn Match Pmts	40.00	40.00	20.00
	Total Special Payments	40.00	40.00	20.00
5011500	Disability Benefits			
5011530	Short-trm Disability Benefits	1,235.74	621.64	310.82
	Total Disability Benefits	1,235.74	621.64	310.82
5011600	Terminatn Personal Svce Costs			
5011620	Salaries, Annual Leave Balanc	-	-	-
5011660	Defined Contribution Match - Hy	-	-	-
	Total Terminatn Personal Svce Costs	-	-	-
	Total Personal Services	5,749.76	5,749.77	2,876.14
5012000	Contractual Svs			
5012100	Communication Services			
5012110	Express Services	-	-	-
5012140	Postal Services	117.12	122.23	18.46
5012150	Printing Services	-	-	-
5012160	Telecommunications Svcs (VITA)	38.39	30.07	25.49
	Total Communication Services	155.51	152.30	43.95
5012200	Employee Development Services			
5012210	Organization Memberships	-	-	-
5012240	Employee Trainng/Workshop/Conf	-	-	-

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	April	May	June
5012680	Skilled Services	721.89	646.89	778.14
	Total Support Services	891.69	1,714.96	1,118.99
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	-	710.64	633.96
5012830	Travel, Public Carriers	-	779.01	-
5012850	Travel, Subsistence & Lodging	-	201.68	237.93
5012880	Trvl, Meal Reimb- Not Rprtble	-	96.25	143.25
	Total Transportation Services	-	1,787.58	1,015.14
	Total Contractual Svs	1,047.20	3,704.66	2,420.43
5013000	Supplies And Materials			
5013100	Administrative Supplies			
5013120	Office Supplies	-	46.04	109.65
	Total Administrative Supplies	-	46.04	109.65
5013600	Residential Supplies			
5013620	Food and Dietary Supplies	-	-	-
5013630	Food Service Supplies	-	-	-
	Total Residential Supplies	-	-	-
5013700	Specific Use Supplies			
5013730	Computer Operating Supplies	-	-	-
	Total Specific Use Supplies	-	-	-
	Total Supplies And Materials	-	46.04	109.65
5014000	Transfer Payments			
5014100	Awards, Contrib., and Claims			
5014130	Premiums	-	-	-
	Total Awards, Contrib., and Claims	-	-	-
	Total Transfer Payments	-	-	-
5015000	Continuous Charges			
5015100	Insurance-Fixed Assets			
5015160	Property Insurance	-	-	21.22
	Total Insurance-Fixed Assets	-	-	21.22
5015300	Operating Lease Payments			
5015340	Equipment Rentals	-	45.08	89.16
5015350	Building Rentals	-	2.43	-
5015390	Building Rentals - Non State	258.89	290.03	258.89
	Total Operating Lease Payments	258.89	337.54	348.05
5015500	Insurance-Operations			
5015510	General Liability Insurance	-	-	76.17
5015540	Surety Bonds	-	-	4.49
	Total Insurance-Operations	-	-	80.66
	Total Continuous Charges	258.89	337.54	449.93
5022000	Equipment			
5022170	Other Computer Equipment	-	-	-
5022180	Computer Software Purchases	-	-	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	April	May	June
30800	Attorney General	3,844.93	-	-
30900	Board of Health Professions	446.84	472.43	429.83
31100	Maintenance and Repairs	-	-	-
31300	Emp. Recognition Program	-	10.22	82.31
31400	Conference Center	(6.24)	9.51	24.38
31500	Pgm Devlpmnt & Implmentn	432.04	549.86	340.37
	Total Allocated Expenditures	25,825.35	26,235.37	7,623.08
	Net Revenue in Excess (Shortfall) of Expenditures	$ (26,756.20)	$ 96,655.62	$ 149,534.77

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	Total
4002400	Fee Revenue	
4002401	Application Fee	71,635.00
4002406	License & Renewal Fee	336,454.00
4002407	Dup. License Certificate Fee	395.00
4002408	Board Endorsement - In	12,459.00
4002409	Board Endorsement - Out	3,135.00
4002421	Monetary Penalty & Late Fees	4,845.00
4002430	Board Changes Fee	-
4002432	Misc. Fee (Bad Check Fee)	-
	Total Fee Revenue	428,923.00
4003000	Sales of Prop. & Commodities	
4003020	Misc. Sales-Dishonored Payments	-
	Total Sales of Prop. & Commodities	-
	Total Revenue	428,923.00
5011000	Personal Services	
5011100	Employee Benefits	
5011110	Employer Retirement Contrib.	6,877.75
5011120	Fed Old-Age Ins- Sal St Emp	4,027.67
5011140	Group Insurance	588.29
5011150	Medical/Hospitalization Ins.	6,509.00
5011160	Retiree Medical/Hospitalizatn	519.14
5011170	Long term Disability Ins	326.37
	Total Employee Benefits	18,848.22
5011200	Salaries	
5011230	Salaries, Classified	43,530.77
5011250	Salaries, Overtime	2,766.89
	Total Salaries	46,297.66
5011380	Deferred Compnstn Match Pmts	480.00
	Total Special Payments	480.00
5011500	Disability Benefits	
5011530	Short-trm Disability Benefits	6,987.47
	Total Disability Benefits	6,987.47
5011600	Terminatn Personal Svce Costs	
5011620	Salaries, Annual Leave Balanc	-
5011660	Defined Contribution Match - Hy	-
	Total Terminatn Personal Svce Costs	-
	Total Personal Services	72,613.35
5012000	Contractual Svs	-
5012100	Communication Services	-
5012110	Express Services	3.64
5012140	Postal Services	5,052.59
5012150	Printing Services	104.80
5012160	Telecommunications Svcs (VITA)	343.39
	Total Communication Services	5,504.42
5012200	Employee Development Services	
5012210	Organization Memberships	2,750.00
5012240	Employee Trainng/Workshop/Conf	315.00

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	Total
5012680	Skilled Services	12,526.96
	Total Support Services	15,582.31
5012800	Transportation Services	
5012820	Travel, Personal Vehicle	5,132.98
5012830	Travel, Public Carriers	2,400.41
5012850	Travel, Subsistence & Lodging	1,902.97
5012880	Trvl, Meal Reimb- Not Rprtble	777.25
	Total Transportation Services	10,213.61
	Total Contractual Svs	40,483.49
5013000	Supplies And Materials	
5013100	Administrative Supplies	-
5013120	Office Supplies	480.27
	Total Administrative Supplies	480.27
5013600	Residential Supplies	
5013620	Food and Dietary Supplies	26.71
5013630	Food Service Supplies	4.81
	Total Residential Supplies	31.52
5013700	Specific Use Supplies	
5013730	Computer Operating Supplies	3.04
	Total Specific Use Supplies	3.04
	Total Supplies And Materials	514.83
5014000	Transfer Payments	
5014100	Awards, Contrib., and Claims	
5014130	Premiums	-
	Total Awards, Contrib., and Claims	-
	Total Transfer Payments	-
5015000	Continuous Charges	
5015100	Insurance-Fixed Assets	-
5015160	Property Insurance	21.22
	Total Insurance-Fixed Assets	21.22
5015300	Operating Lease Payments	
5015340	Equipment Rentals	487.89
5015350	Building Rentals	9.18
5015390	Building Rentals - Non State	3,194.05
	Total Operating Lease Payments	3,691.12
5015500	Insurance-Operations	
5015510	General Liability Insurance	76.17
5015540	Surety Bonds	4.49
	Total Insurance-Operations	80.66
	Total Continuous Charges	3,793.00
5022000	Equipment	
5022170	Other Computer Equipment	-
5022180	Computer Software Purchases	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	Total
30800	Attorney General	12,686.92
30900	Board of Health Professions	6,055.42
31100	Maintenance and Repairs	61.08
31300	Emp. Recognition Program	193.45
31400	Conference Center	110.82
31500	Pgm Devlpmnt & Implmentn	5,166.52
	Total Allocated Expenditures	250,459.73
	Net Revenue in Excess (Shortfall) of Expenditures	61,058.60

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	71,635.00	63,225.00	(8,410.00)	113.30%
4002406	License & Renewal Fee	336,454.00	441,455.00	105,001.00	76.21%
4002407	Dup. License Certificate Fee	395.00	270.00	(125.00)	146.30%
4002408	Board Endorsement - In	12,459.00	-	(12,459.00)	0.00%
4002409	Board Endorsement - Out	3,135.00	2,415.00	(720.00)	129.81%
4002421	Monetary Penalty & Late Fees	4,845.00	7,650.00	2,805.00	63.33%
	Total Fee Revenue	428,923.00	515,015.00	86,092.00	83.28%
	Total Revenue	428,923.00	515,015.00	86,092.00	83.28%
5011110	Employer Retirement Contrib.	6,877.75	7,038.00	160.25	97.72%
5011120	Fed Old-Age Ins- Sal St Emp	4,027.67	4,275.00	247.33	94.21%
5011140	Group Insurance	588.29	589.00	0.71	99.88%
5011150	Medical/Hospitalization Ins.	6,509.00	6,519.00	10.00	99.85%
5011160	Retiree Medical/Hospitalizatn	519.14	520.00	0.86	99.83%
5011170	Long term Disability Ins	326.37	327.00	0.63	99.81%
	Total Employee Benefits	18,848.22	19,268.00	419.78	97.82%
5011200	Salaries				
5011230	Salaries, Classified	43,530.77	49,488.00	5,957.23	87.96%
5011250	Salaries, Overtime	2,766.89	6,200.00	3,433.11	44.63%
	Total Salaries	46,297.66	55,688.00	9,390.34	83.14%
5011300	Special Payments				
5011380	Deferred Compnstn Match Pmts	480.00	480.00	-	100.00%
	Total Special Payments	480.00	480.00	-	100.00%
5011530	Short-trm Disability Benefits	6,987.47	-	(6,987.47)	0.00%
	Total Disability Benefits	6,987.47	-	(6,987.47)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	72,613.35	75,436.00	2,822.65	96.26%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	3.64	172.00	168.36	2.12%
5012140	Postal Services	5,052.59	4,560.00	(492.59)	110.80%
5012150	Printing Services	104.80	82.00	(22.80)	127.80%
5012160	Telecommunications Svcs (VITA)	343.39	425.00	81.61	80.80%
	Total Communication Services	5,504.42	5,239.00	(265.42)	105.07%
5012200	Employee Development Services				
5012210	Organization Memberships	2,750.00	5,500.00	2,750.00	50.00%
5012240	Employee Trainng/Workshop/Conf	315.00	-	(315.00)	0.00%
5012270	Emp Trning- Trns, Ldgng & Meals	748.28	-	(748.28)	0.00%
	Total Employee Development Services	3,813.28	5,500.00	1,686.72	69.33%
5012300	Health Services				
5012360	X-ray and Laboratory Services	57.93	-	(57.93)	0.00%
	Total Health Services	57.93	-	(57.93)	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	4,572.92	8,270.00	3,697.08	55.30%
5012440	Management Services	50.89	330.00	279.11	15.42%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012460	Public Infrmtnl & Relatn Svcs	681.00	-	(681.00)	0.00%
5012470	Legal Services	-	250.00	250.00	0.00%
	Total Mgmnt and Informational Svcs	5,304.81	8,850.00	3,545.19	59.94%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	7.13	-	(7.13)	0.00%
	Total Repair and Maintenance Svcs	7.13	-	(7.13)	0.00%
5012600	Support Services				
5012640	Food & Dietary Services	649.14	432.00	(217.14)	150.26%
5012660	Manual Labor Services	340.70	427.00	86.30	79.79%
5012670	Production Services	2,065.51	935.00	(1,130.51)	220.91%
5012680	Skilled Services	12,526.96	13,815.00	1,288.04	90.68%
	Total Support Services	15,582.31	15,609.00	26.69	99.83%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	5,132.98	2,822.00	(2,310.98)	181.89%
5012830	Travel, Public Carriers	2,400.41	-	(2,400.41)	0.00%
5012850	Travel, Subsistence & Lodging	1,902.97	101.00	(1,801.97)	1884.13%
5012880	Trvl, Meal Reimb- Not Rprtble	777.25	139.00	(638.25)	559.17%
	Total Transportation Services	10,213.61	3,062.00	(7,151.61)	333.56%
	Total Contractual Svs	40,483.49	38,260.00	(2,223.49)	105.81%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	480.27	348.00	(132.27)	138.01%
5013130	Stationery and Forms	-	1,554.00	1,554.00	0.00%
	Total Administrative Supplies	480.27	1,902.00	1,421.73	25.25%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	-	2.00	2.00	0.00%
	Total Repair and Maint. Supplies	-	2.00	2.00	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	26.71	26.00	(0.71)	102.73%
5013630	Food Service Supplies	4.81	100.00	95.19	4.81%
	Total Residential Supplies	31.52	126.00	94.48	25.02%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	3.04	10.00	6.96	30.40%
	Total Specific Use Supplies	3.04	10.00	6.96	30.40%
	Total Supplies And Materials	514.83	2,040.00	1,525.17	25.24%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	21.22	32.00	10.78	66.31%
	Total Insurance-Fixed Assets	21.22	32.00	10.78	66.31%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	487.89	540.00	52.11	90.35%
5015350	Building Rentals	9.18	-	(9.18)	0.00%
5015390	Building Rentals - Non State	3,194.05	3,071.00	(123.05)	104.01%
	Total Operating Lease Payments	3,691.12	3,611.00	(80.12)	102.22%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5015500	Insurance-Operations				
5015510	General Liability Insurance	76.17	120.00	43.83	63.48%
5015540	Surety Bonds	4.49	8.00	3.51	56.13%
	Total Insurance-Operations	80.66	128.00	47.34	63.02%
	Total Continuous Charges	3,793.00	3,771.00	(22.00)	100.58%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	52.00	52.00	0.00%
	Total Educational & Cultural Equip	-	52.00	52.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	70.00	70.00	0.00%
	Total Office Equipment	-	70.00	70.00	0.00%
	Total Equipment	-	122.00	122.00	0.00%
	Total Expenditures	117,404.67	119,629.00	2,224.33	98.14%
	Allocated Expenditures				
20100	Behavioral Science Exec	56,737.99	119,973.00	63,235.01	47.29%
30100	Data Center	48,332.11	69,542.29	21,210.17	69.50%
30200	Human Resources	5,732.41	3,350.75	(2,381.67)	171.08%
30300	Finance	18,604.69	17,667.66	(937.03)	105.30%
30400	Director's Office	10,838.67	10,255.01	(583.66)	105.69%
30500	Enforcement	66,861.04	79,767.47	12,906.43	83.82%
30600	Administrative Proceedings	18,325.26	15,034.29	(3,290.97)	121.89%
30700	Impaired Practitioners	753.35	844.57	91.22	89.20%
30800	Attorney General	12,686.92	12,686.91	(0.01)	100.00%
30900	Board of Health Professions	6,055.42	5,679.18	(376.24)	106.62%
31100	Maintenance and Repairs	61.08	315.52	254.44	19.36%
31300	Emp. Recognition Program	193.45	135.07	(58.37)	143.22%
31400	Conference Center	110.82	165.90	55.08	66.80%
31500	Pgm Devlpmnt & Implmentn	5,166.52	5,999.76	833.24	86.11%
	Total Allocated Expenditures	250,459.73	341,417.39	90,957.66	73.36%
	Net Revenue in Excess (Shortfall) of Expenditures	$ 61,058.60	$ 53,968.61	$ (7,089.99)	113.14%

Deputy Executive Director's Report

Virginia Department of Health Professions

CASES RECEIVED, OPEN, & CLOSED REPORT SUMMARY BY BOARD

FISCAL YEAR 2016, QUARTER ENDING 06/30/2016

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	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	CURRENT Q4 2016
Optometry												
Number of Cases Received	5	4	8	9	11	14	10	10	6	5	8	8
Number of Cases Open	14	15	20	21	17	27	21	28	27	20	23	25
Number of Cases Closed	8	4	3	8	17	4	19	6	7	13	5	8
Pharmacy												
Number of Cases Received	194	142	224	133	133	143	132	148	126	141	122	115
Number of Cases Open	332	310	360	274	320	345	312	326	363	355	366	377
Number of Cases Closed	146	161	178	210	88	123	164	128	94	144	110	95
Physical Therapy												
Number of Cases Received	9	8	12	8	14	7	10	3	14	17	9	6
Number of Cases Open	26	23	22	23	19	19	24	17	28	27	28	20
Number of Cases Closed	12	10	8	6	11	8	5	8	4	17	7	9
Psychology												
Number of Cases Received	21	24	10	19	23	16	19	8	19	18	19	14
Number of Cases Open	34	41	28	33	44	61	65	64	78	84	74	68
Number of Cases Closed	23	16	26	13	15	4	16	13	8	12	32	20

Virginia Department of Health Professions

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

FISCAL YEAR 2016, QUARTER ENDING 06/30/2016

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.**

	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	CURRENT Q4 2016
Audiology/Speech Pathology	47.2	0.0	53.0	77.5	92.0	66.7	179.0	82.1	134.9	N/A	215.2	152.8
Counseling	254.2	225.4	225.8	170.4	204.6	238.2	315.6	252.2	284.1	193.5	415.6	323.7
Dentistry	286.0	325.1	298.1	394.1	307.5	259.4	222.8	350.3	272.5	292.7	248.3	303.1
Funeral Directing	180.4	164.2	185.7	175.5	175.9	99.4	205.8	140.4	181.3	190.7	134.3	240.6
Long Term Care Administrator	120.7	195.0	291.1	143.8	184.8	154.7	179.7	260.5	247.6	145.4	218.5	232.3
Medicine	225.0	135.9	167.5	151.7	170.8	165.4	219.3	147.3	177.1	181.1	161.6	157.5
Nurse Aide	164.9	167.1	146.6	121.1	116.4	147.2	172.6	145.5	169.6	121.8	154.7	122.9
Nursing	190.1	179.8	184.0	182.9	173.2	214.3	188.1	231.2	191.1	196.3	217.6	193.6
Optometry	163.5	220.5	229.5	289.4	205.5	184.3	122.1	197.2	294.0	154.2	231.0	194.4
Pharmacy	158.7	142.4	130.5	148.4	139.7	102.1	247.3	121.9	200.2	102.6	110.8	122.3
Physical Therapy	99.8	127.0	125.8	123.0	176.4	137.9	120.8	280.5	190.0	117.1	145.3	242.9
Psychology	155.1	177.5	149.5	176.5	210.0	129.0	171.1	181.1	216.0	287.0	437.0	287.3
Social Work	176.0	138.9	216.9	171.2	183.9	314.4	198.9	202.9	199.4	132.5	342.0	226.0
Veterinary Medicine	243.9	243.9	187.2	118.2	214.5	318.2	269.9	158.9	295.7	331.7	332.4	407.3
AGENCY	**199.8**	**179.9**	**175.9**	**170.1**	**178.3**	**187.6**	**207.2**	**186.7**	**200.1**	**190.8**	**201.6**	**188.5**

Virginia Department of Health Professions

AVERAGE TIME TO CLOSE A CASE (IN DAYS) PER FISCAL YEAR

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

**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.*

Board	FY12	Change Between FY13 & FY12	FY13	Change Between FY14 & FY13	FY14	Change Between FY15 & FY14	FY15	Change Between FY16 & FY15	FY16
Audiology/Speech Pathology	113.4	-31.4%	77.8	-23.1%	59.85	65.4%	99	67.4%	165.75
Counseling	183.7	130.0%	422.6	-49.1%	215.2	20.0%	258.3	22.0%	315.01
Dentistry	213.7	31.1%	280.2	13.5%	317.9	-11.0%	282.92	-1.4%	278.91
Funeral Directing	166.1	6.9%	177.5	0.3%	178	-16.7%	148.27	28.2%	190.1
Long Term Care Administrator	164.6	41.6%	233.1	-24.6%	175.79	7.2%	188.47	12.7%	212.4
Medicine	119.9	7.8%	129.2	21.2%	156.58	9.2%	171.01	-0.9%	169.54
Nurse Aide	174.4	-13.8%	150.3	35.5%	203.71	-29.6%	143.41	0.5%	144.16
Nursing	184.6	-10.8%	164.7	8.4%	178.51	8.7%	194.02	3.4%	200.56
Optometry	138.2	-10.1%	124.2	80.1%	223.64	-23.7%	170.73	19.6%	204.15
Pharmacy	158.9	-3.0%	154.2	-11.4%	136.662	19.0%	162.63	-20.7%	128.97
Physical Therapy	235	-24.6%	177.2	-16.9%	147.2	22.0%	179.65	-5.9%	169.05
Psychology	228.7	30.4%	298.3	-46.9%	158.265	15.4%	182.65	89.0%	345.23
Social Work	129.6	113.3%	276.5	-37.8%	171.975	33.4%	229.43	11.0%	254.68
Veterinary Medicine	153.6	7.7%	165.4	5.7%	174.829	31.6%	230.03	48.4%	341.38
AGENCY	159.4	5.5%	168.2	7.9%	181.483	3.0%	186.84	4.5%	195.33

Virginia Department of Health Professions

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

FISCAL YEAR 2016, QUARTER ENDING 06/30/2016

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.*

	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	CURRENT Q4 2016
Audiology/Speech Pathology	N/A	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	N/A	100.0%	100.0%
Counseling	80.0%	80.0%	89.5%	96.8%	86.7%	78.6%	75.0%	76.2%	64.3%	72.7%	36.0%	55.6%
Dentistry	73.0%	64.0%	72.9%	52.7%	67.5%	81.2%	83.7%	53.6%	74.0%	69.8%	80.0%	64.0%
Funeral Directing	93.3%	82.4%	95.8%	86.7%	90.9%	100.0%	87.5%	100.0%	88.2%	88.2%	100.0%	81.0%
Long Term Care Administrator	100.0%	75.0%	71.4%	100.0%	84.6%	92.9%	90.9%	84.6%	77.8%	88.9%	80.8%	85.7%
Medicine	79.6%	95.9%	91.6%	92.7%	90.4%	89.9%	87.1%	94.3%	87.8%	87.9%	89.7%	91.2%
Nurse Aide	94.3%	95.7%	96.7%	96.2%	97.9%	96.2%	96.6%	93.0%	91.1%	97.1%	95.9%	92.6%
Nursing	90.8%	91.8%	92.3%	90.1%	94.1%	86.5%	92.4%	87.2%	87.3%	86.2%	84.2%	87.2%
Optometry	100.0%	75.0%	66.7%	75.0%	82.4%	75.0%	100.0%	66.7%	85.7%	100.0%	80.0%	85.7%
Pharmacy	91.1%	90.1%	92.7%	132.9%	95.5%	95.1%	76.7%	62.2%	82.8%	95.4%	93.1%	95.2%
Physical Therapy	100.0%	90.0%	100.0%	100.0%	90.9%	87.5%	100.0%	75.0%	75.0%	100.0%	100.0%	77.8%
Psychology	90.5%	94.1%	92.3%	100.0%	93.3%	100.0%	87.5%	100.0%	75.0%	50.0%	37.5%	50.0%
Social Work	93.8%	100.0%	85.7%	91.7%	95.7%	72.2%	92.3%	77.8%	65.5%	87.5%	46.2%	75.0%
Veterinary Medicine	85.7%	94.7%	96.7%	100.0%	93.5%	66.7%	71.1%	92.7%	65.3%	63.5%	69.1%	54.8%
AGENCY TOTAL	86.9%	89.6%	91.4%	97.4%	90.9%	88.6%	87.9%	88.3%	84.4%	85.8%	84.8%	85.6%

Virginia Department of Health Professions

PERCENTAGE OF CASES CLOSED WITHIN 365 CALENDAR DAYS

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

*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. In comparing two time periods, if the change is positive there was a higher percent of cases closed in under a year in the first period than in the previous period.

Board	FY12	Change Between FY13 & FY 12	FY13	Change Between FY14 & FY 13	FY14	Change Between FY15 & FY 14	FY15	Change Between FY16 & FY 15	FY16
Audiology/Speech Pathology	94.4%	2.1%	96.4%	3.7%	100.0%	-3.2%	96.8%	3.3%	100.0%
Counseling	72.2%	12.5%	81.2%	7.9%	87.6%	-12.6%	76.6%	-25.8%	56.8%
Dentistry	92.4%	-6.4%	86.5%	-24.7%	65.1%	11.1%	72.4%	0.0%	72.4%
Funeral Directing	86.0%	0.3%	86.3%	5.3%	90.8%	5.4%	95.7%	-6.0%	90.0%
Long Term Care	91.8%	-3.4%	88.7%	-0.1%	88.6%	1.6%	90.0%	-6.4%	84.2%
Medicine	92.6%	-0.6%	92.1%	-0.4%	91.7%	-1.0%	90.8%	-1.7%	89.3%
Nurse Aide	91.7%	0.2%	91.9%	4.6%	96.1%	-0.1%	96.0%	-2.2%	94.0%
Nursing	91.5%	0.3%	91.8%	0.6%	92.3%	-2.2%	90.3%	-4.7%	86.1%
Optometry	100.0%	-8.2%	91.8%	-9.2%	83.3%	4.0%	86.7%	4.9%	90.9%
Pharmacy	92.6%	-1.2%	91.5%	0.5%	92.0%	-4.3%	88.0%	4.4%	91.9%
Physical Therapy	95.8%	-8.0%	88.1%	8.2%	95.4%	-5.6%	90.0%	3.4%	93.0%
Psychology	81.1%	17.4%	95.2%	-1.6%	93.7%	0.1%	93.8%	-49.5%	47.3%
Social Work	87.9%	2.4%	90.0%	3.0%	92.7%	-8.3%	85.0%	-28.4%	60.9%
Veterinary Medicine	94.0%	-3.4%	90.8%	4.8%	95.2%	5.1%	100.0%	-37.6%	62.4%
AGENCY	91.7%	-0.5%	91.3%	-0.4%	90.9%	-1.6%	89.5%	-4.8%	85.2%

Licensing Manager's Report

Virginia Department of Health Professions

NEW LICENSES ISSUED
BOARD SUMMARY
FISCAL YEAR 2016, QUARTER ENDING 06/30/2016

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*

	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	CURRENT Q4 2016
Audiology/Speech Pathology	164	63	68	138	276	200	235	169	167	42	71	150
Counseling	496	304	240	253	148	125	91	174	94	200	123	175
Dentistry	350	131	134	348	251	130	152	335	302	190	138	364
Funeral Directing	43	51	40	51	45	29	51	54	45	35	41	37
Long Term Care Administrator	80	72	73	88	93	79	80	96	77	74	61	85
Medicine	1631	910	1113	2171	1411	993	1045	2588	1768	1139	1184	2406
Nurse Aide	1614	1495	1258	2216	1756	1565	1227	2224	1716	1327	1099	2016
Nursing	4089	2186	2875	3226	3844	2231	2851	3216	3418	2281	2610	2842
Optometry	23	15	22	54	22	17	9	51	24	28	17	34
Pharmacy	1321	765	1024	1215	1428	1019	785	1132	1140	878	847	1135
Physical Therapy	522	210	152	33	487	238	187	424	442	146	154	444
Psychology	77	75	64	91	108	91	65	63	90	80	93	95
Social Work	336	284	238	254	124	110	139	169	171	125	131	207
Veterinary Medicine	116	53	71	239	110	75	79	266	128	61	77	246
AGENCY TOTAL	10862	6614	7372	10677	10103	6902	6996	10961	9582	6606	6646	10236

Virginia Department of Health Professions

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	FY12	Change Between FY13 & FY12	FY13	Change Between FY14 & FY13	FY14	Change Between FY15 & FY14	FY15	Change Between FY16 & FY15	FY16
Pharmacy	Pharmacy	61	-3.3%	59	-3.4%	57	22.8%	70	-10.0%	63
	Pharmacy Intern	575	17.0%	673	1.8%	685	-2.2%	670	-4.8%	638
	Pharmacy Technician	1976	13.3%	2238	-3.0%	2170	-10.7%	1938	-3.5%	1871
	Pharmacy Technician Training Program	13	-7.7%	12	41.7%	17	-5.9%	16	18.8%	19
	Physician Selling Controlled Substances	194	0.0%	194	-19.1%	157	4.5%	164	-33.5%	109
	Pilot Programs	0	-	1	100.0%	2	-	4	125.0%	9
	PSD Location	48	6.3%	51	-39.2%	31	3.2%	32	-28.1%	23
	Repackaging Training Program	0	-	0	-	0	-	0	--	0
	Restricted Manufacturer	5	-40.0%	3	-66.7%	1	-	0	--	0
	Robotic Pharmacy System	0	-	0	-	0	-	0	--	0
	Warehouser	3	-100.0%	0	-	3	-	6	-66.7%	2
	Wholesale Distributor	3	166.7%	8	-12.5%	7	-71.4%	2	200.0%	6
Total		*4009*	*8.2%*	*4336*	*-0.3%*	*4322*	*0.9%*	*4359*	*-8.4%*	*3995*
Physical Therapy	Direct Access Certification	127	11.0%	141	24.8%	176	25.6%	221	-65.6%	76
	Physical Therapist	388	59.8%	620	23.9%	768	4.3%	801	2.1%	818
	Physical Therapist Assistant	227	24.2%	282	-3.2%	273	15.0%	314	-7.0%	292
Total		*742*	*40.6%*	*1043*	*16.7%*	*1217*	*9.8%*	*1336*	*-11.2%*	*1186*
Psychology	Applied Psychologist	2	0.0%	2	-	0	-	1	0.0%	1
	Clinical Psychologist	161	34.8%	217	-0.9%	215	-3.3%	208	9.6%	228
	Continuing Education Provider	0	-	0	-	0	-	0	--	0
	School Psychologist	1	200.0%	3	66.7%	5	40.0%	7	-85.7%	1
	School Psychologist-Limited	36	58.3%	57	22.8%	70	37.1%	96	3.1%	99
	Sex Offender Treatment Provider	17	0.0%	17	0.0%	17	-11.8%	15	86.7%	28
Total		*217*	*36.4%*	*296*	*3.7%*	*307*	*6.5%*	*327*	*9.2%*	*357*
Social Work	Associate Social Worker	0	-	0	-	0	-	0	--	0
	Licensed Clinical Social Worker	274	9.5%	300	25.0%	375	7.7%	404	20.0%	485
	Licensed Social Worker	87	-17.2%	72	88.9%	136	1.5%	138	8.0%	149

Board Counsel's Report

§ 54.1-3601. Exemption from requirements of licensure.

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

1. Persons who render services that are like or similar to those falling within the scope of the classifications or categories in this chapter, so long as the recipients or beneficiaries of such services are not subject to any charge or fee, or any financial requirement, actual or implied, and the person rendering such service is not held out, by himself or otherwise, as a licensed practitioner or a provider of clinical or school psychology services.

2. The activities or services of a student pursuing a course of study in psychology in an institution accredited by an accrediting agency recognized by the Board or under the supervision of a practitioner licensed or certified under this chapter, if such activities or services constitute a part of his course of study and are adequately supervised.

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

4. Persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or any agency established or funded, in whole or part, by any such governmental entity or of a private, nonprofit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization, except that any such person who renders psychological services, as defined in this chapter, shall be (i) supervised by a licensed psychologist or clinical psychologist; (ii) licensed by the Department of Education as a school psychologist; or (iii) employed by a school for students with disabilities which is certified by the Board of Education. Any person who, in addition to the above enumerated employment, engages in an independent private practice shall not be exempt from the licensure requirements.

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

6. Any psychologist holding a license or certificate in another state, the District of Columbia, or a United States territory or foreign jurisdiction consulting with licensed psychologists in this Commonwealth.

7. Any psychologist holding a license or certificate in another state, the District of Columbia, or a United States territory or foreign jurisdiction when in Virginia temporarily and such psychologist has been issued a temporary license by the Board to participate in continuing education programs or rendering psychological services without compensation to any patient of any clinic which is organized in whole or in part for the delivery of health care services without charge as provided in § 54.1-106.

8. The performance of the duties of any commissioned or contract clinical psychologist in active service in the army, navy, coast guard, marine corps, air force, or public health service of the United States while such individual is so commissioned or serving.

9. Any person performing services in the lawful conduct of his particular profession or business under state law.

10. Any person duly licensed as a psychologist in another state or the District of Columbia who testifies as a treating psychologist or who is employed as an expert for the purpose of possibly testifying as an expert witness.

(1976, c. 608, § 54-944; 1986, c. 581; 1988, c. 765; 1996, cc. 937, 980; 2000, c. 462.)

New Business

Agenda Item: Petition for rulemaking

Staff Note:

The Board received a petition for rulemaking from Dr. John Wieriman to require standardized pre and post testing on clients.

Included in your package:

A copy of the petition

A copy of request for comment

A copy of comments on the petition

Board action:

The Board can decide to take no regulatory action (should explain why petition is rejected; OR

The Board can decide to initiate rulemaking with a Notice of Intended Regulatory Action

COMMONWEALTH OF VIRGINIA
Board of Psychology

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4697 (Tel)
(804) 527-4435 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

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

Petitioner's full name (Last, First, Middle Initial, Suffix,)		
Wieriman, John A.		
Street Address	**Area Code and Telephone Number**	
1121 Shirley Dr.	(504) 345-2922	
City	**State**	**Zip Code**
Metairie	LA	70001
Email Address (optional)	**Fax (optional)**	
Jalex1717@outlook.com		

Respond to the following questions:

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

   This would be a new regulation for maintaining certification as a counselor.

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

   1. All certified counselors should be required to do standardized pre and post testing on clients when possible.
   2. All clients seen by certified counselors should be given the opportunity to go on-line at the termination of counseling and anonymously describe and evaluate the counseling sessions attended.

   Feedback on the counseling process and the results of counseling is the best way to improve services over time.

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

   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

Signature: John A. Wieriman Ph.D. **Date:** 2-29-16

February 10, 2016

Department of Health Professions

9960 Mayland Dr. Suite 300

Henrico VA 23233

Dear Members of the Board:

Virginia has some of the strictest standards for licensing counseling psychologists. However, I believe they are not strict enough. Although Virginia psychologists are well trained, they can only get better with feedback from clients and family members. I am proposing the following conditions for licensing:

(1) All licensed counselors are to do pre and post testing using a standardized instrument.
(2) The preferred instrument is the current Diagnostic and Statistical Manual of Mental Disorders (DSM-5) that has symptom measures that consists of 23 questions in 13 diagnostic categories. If a client scores high on a diagnostic category such as depression, he or she is asked additional questions in that category (8 questions for depression).
(3) Answers to these symptom checklists would go to a centralized database as well as to the counselor.
(4) Pre-testing would be within the first three sessions of counseling. Post-testing would occur upon discharge and six months after treatment.
(5) Also upon discharge the client/patient would fill out a standardized form that goes directly to the state regarding his or her perception of the treatment process and the skills of the counselor. This form would to be devised by a committee.
(6) Procedures would be taken so that clients/patients in the database are not identifiable.
(7) Each counselor would receive a yearly summary of these results.

Obviously, the above checklists cannot be done on every client/patient for a variety of reasons that a counselor could indicate on an exception form.

Rationale

I previously worked at a psychiatric hospital. We sent out a symptom list to a significant other (e.g., spouse, relative, employer, or friend) of the patient. This list was sent out for every admission, when possible, and again at one month and six months after discharge. Note: At the time, this hospital was one of only 7 multi-service hospitals nationwide to be fully accredited.

Without this feedback we would never had known that, on average, patients who left against medical advice did as well as those discharged properly. In addition, patients ranked our

services upon discharge. Without this data we would not have known that women find medications to be more helpful than men.

- Motels often ask for feedback after a stay of two or more days. Shouldn't psychologists ask for written feedback after six months of therapy? Standardized feedback to the state of Virginia would provide a tremendous amount of information for improving services. I believe if Virginia leads the way, other states will follow.

Sincerely,

John Wieriman, Ph.D.

1121 Shirley Dr.

Metairie, LA 70001

Jalex1717@outlook.com

Counselor Evaluation by the Client

(An Example: To be done anonymously on-line)

Name of your Counselor: _____ Today's Date: M __ D __ Y __

Approximate number of weeks you were in counseling: _____

Your Sex: M __ F __ Your Age Range: Below 20 __ 20-29 __ 30-39 __ 40-59 __ Over 60 __

First Time in Counseling? Y __ N __

Answer the following questions according to this guide:

1 = Never, 2 = Seldom, 3 = Sometimes, 4 = Often, 5 = Always

1. Did your counselor make you feel comfortable? __
2. Was your counselor a good listener? __
3. Was your counselor judgmental? __
4. Did your counselor give advice? __
5. Did your counselor assign homework? __
6. Did your counselor help you set goals? __
7. Did your counselor ask to speak with someone who knows you? Y __ N __
8. Did your counselor work with you on developing exit criteria (i.e., what needs to happen that will make you ready for discharge?) Y __ N __
9. Did your counselor do any kind of testing? Y __ N __
10. Did your counselor chart or make you keep track of any specific behaviors? Y __ N __
11. Did your counselor refer you to any other source of assistance? Y __ N __

Answer the following questions according to this guide:

1 = not at all, 2 = very little, 3 = somewhat, 4 = very much, 5 = extremely

12. How knowledgeable would you rate your counselor? __
13. How helpful would you rate your counselor? __

Comments: _____

_____

Request for Comment on Petition for Rulemaking

Promulgating Board: **Board of Psychology**

Regulatory Coordinator: Elaine J. Yeatts
(804)367-4688
elaine.yeatts@dhp.virginia.gov

Agency Contact: Jaime Hoyle
Executive Director
jaime.hoyle@dhp.virginia.gov

Contact Address: Department of Health Professions
9960 Mayland Drive
Henrico, VA 23233

Chapter Affected:

18 vac 125 - 20: Regulations Governing the Practice of Psychology

Statutory Authority: State: Chapter 36 of Title 54.1

Date Petition Received 03/10/2016

Petitioner Dr. John Wieriman

Petitioner's Request

To require psychologists to perform standardized pre and post testing on clients and offer evaluation of counseling sessions at their termination.

Agency Plan

In accordance with Virginia law, the petition has been filed with the Register of Regulations for publication on April 4, 2016 with a request for comment to be received until May 2, 2016. The petition will also be posted for comment on the Virginia Regulatory Townhall at www.townhall.virginia.gov. At the next meeting after the comment period, which is scheduled for May 4, 2016, the Board will consider the petition and any comment received to decide whether or not to initiate the rule-making process.

Publication Date 04/04/2016 *(comment period will also begin on this date)*

Comment End Date 05/02/2016

Town Hall Meeting Response

To: elaine.yeatts@dhp.virginia.gov

April 27, 2016

Regarding the proposal for Requirements for psychological practice

We disagree with the proposed regulation. There is no valid reason for the Board to mandate testing in the pre-post therapy setting. Beyond there being no valid reason, how would the Board monitor such testing? Would it be part of the yearly license process, would copies of the pre-post testing be required to be submitted along the lines of CEU documentation and how would confidentiality be maintained? Documentation would require excessive storage as well as HIPPA issues. It appears there may be a vested interest in using standardized testing as there are few well standardized scales available. An additional concern is the imposition of a financial burden in requiring unneeded testing. Overall, the requirement for such testing is needless and burdensome.

Richard S. Luck, Ed.D., License #: 1482

Stephen P. Saxby, Ph.D., LCP License #: 1142

Patricia B. Bruner Ph.D., License #: 1046

Leslie E. Montgomery Ph.D., License #: 730

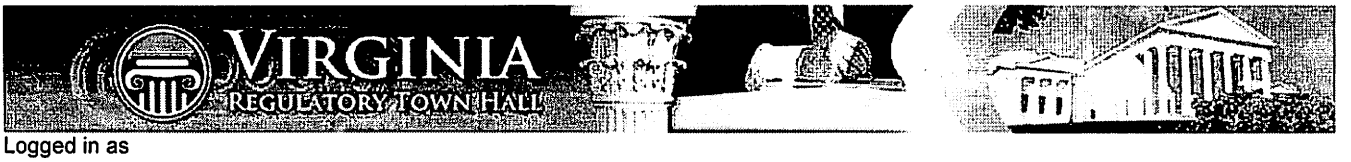
Linda M. Dougherty, Ph.D., License #: 0220

William Carne, Ph.D., License # 1043

Alan D Entin, PhD. License # 0606

Eric J. Dritt, PhD License # 1589

Virginia.gov Agencies | Governor



Logged in as
Elaine J. Yeatts

Department of Health Professions

Board of Psychology

Chapter Regulations Governing the Practice of Psychology [18 VAC 125 - 20]

All good comments for this forum Show Only Flagged

Back to List of Comments

Commenter: Donald William Vierimaa * 4/8/16 11:15 am

Petition on counseling by Dr. John Wieriman

Comment on the petition from Dr. John Wieriman I would not know how to select a counselor. I have heard that often clinical social workers are better at counseling than psychologists or psychiatrists. There appears to be many approaches to counseling. There should be some means of evaluating the outcomes of various treatment plans. I think the suggestion that family, friends, and co-workers evaluate a person's improvement or lack thereof as worthwhile. There are ratings for just about every service. There should be ratings for counseling. I receive emails and purchase receipts asking me for feedback on stores and services. Most businesses encourage feedback by offering the possibility of winning a prize if feedback is provided. I should think Virginia should find feedback valuable in improving mental health services.

Commenter: Carole Augustine * 4/15/16 8:38 am

Comment on the petition from Dr. John Wieriman

Feedback is fundamental to every position or job role. It is only with feedback that people are able to development and grow in areas where there are identified gaps/deficiencies. I think we should have a formal feedback or evaluation route for medical professionals that lay people can draw upon when considering the selection of a health care provider. As such, I support this suggestion.

Commenter: Bruce Keeney, Exec Director Virginia Academy of Clinical Psychologists * 4/30/16 12:01 am

Opposition to Ill Advised and Potentially Detrimental Suggested Rule Making

Comments are on behalf of the Va Academy of Clinical Psychologists which strongly opposes this petition. The petition appears to be addressing professional counselors rather than clinical psychologists, the latter which are licensed and clinically trained to diagnosis and treat both moderate and severe mental disorders and disease. The petition's suggestions are often contrary to standard of care, in that approaches to diagnosis and treatment are often on a case by case basis, including consideration of symptoms presented by the patient, medical history, etc. Recognizing the vast number of diagnoses and of varied severity, it is contrary to quality of care standards to demand all patients be forced to undergo standardized tests (if such occur for

that condition) and bear the cost of such when unnecessary. As to reports, Virginia is perhaps different from other states in that copies of health care records are available to the patient (with some exceptions set in Code.) Likewise, a government mandate on providing often unnecessary testing or reports will either increase the cost to patients or reduce the time available for patient care. In short, the petitioner's request should be denied in that it fails to recognize the services and higher level of care rendered by clinical psychologists as compared to counselors, and that clinical psychologists are evaluting, diagnosing and treating serious mental illness and disease. The petitioner's suggestrions are not appropriate for diagnosis and treatment of these types of illness. The suggestion is contrary to sound, recognized standard of care, has the real potential to jeopardize a doctor-patient therapeutic relationship, and will result in unjustified increases in costs for care. For these reasons, the Virginia Academy of Clinical Psycyhologists strongly opposes the petition and urges its denial.

Commenter: Jennifer Morgan * 4/30/16 5:55 am

Opposition to Suggested Petition for Rule Making

I have recently returned from a meeting of my state association leadership where this petition was discussed. While quality care and patient satisfaction are vital, the general consensus was a lack of support for this petition.

Commenter: Michael Chiglinsky * 4/30/16 7:21 am

Opposition to Suggested Rule Making

I am opposed to this rule-making petition on several grounds; First,many of the issues of expressed concern are already covered by record-keeping requirements involving intake and discharge summaries; Second, formal testing is an added expense for families who are already struggling to afford copayments, coinsurance, and deductible payments; Third, such evaluations as proposed must be cleared by insurance carriers prior to being initiated, often slowing the providers' ability to deliver services due to the authorization process necessary for approval.

Commenter: Stephanie Eppinger * 4/30/16 7:48 am

Opposition to petition

I oppose this petition for a variety of reasons. Firstly, it is targeting "counselors" not psychologists so is an inappropriate petition for the Board of Psychology. Secondly, the idea of initiating "pre and post testing" on all clients is impractical. Clients seek psychological services for a myriad of reasons, some of which are ameanable to testing and some not. Thirdly, the cost of conducting pre and post testing is not defined by the petition and could place an undue burden on either clients and/or the treating psychologist.

Commenter: Leah Farrell-Carnahan * 4/30/16 7:52 am

Do not support

I have recently returned from a meeting of my state association leadership where this petition was discussed. While quality care and patient satisfaction are vital, the general consensus was a lack

of support for this petition. Psychologists routinely assess outcomes using pre-post assessment but valid and reliable measures must be used.

Commenter: Angela Torres * 4/30/16 10:27 am

Do not support

As a clinical psychologist, I am opposed to this. Individual psychologists should retain autonomy in their practice.

Commenter: Cathleen A Rea, Ph.D., Clinical Psychologist in Private Practice * 4/30/16 12:44 pm

Comment on Petition to Require Pre-Post assessment of patients in treatment

I appreciate the invitation to comment on this petition. I respect the goal of providing quality patient care, but I am NOT IN FAVOR of this mechanism. Logistically, it places an undue burden on practitioners for an effort that is unreimbursed and requires considerable staff and practitioner managment/accountability. As a concept, the outcome of such a subjective self-report is far from evidence-based. In fact, in the complex arena in which we work (patients across the spectrum of complexity of mental health/behavioral health/physical health concerns), subjective patient report is often not the best measure of outcome. Indeed, one learned perspective is that, if our patients leave the office happy, we may not have done the work justice (that is, sometimes the hard truths are hard to hear, and sometimes careful confrontation is what spurs people to movement--even if reactive and just to spite us!).

Our field is increasingly embracing evidence-based practice, and it is within that model of training, continuing education, and treatment that we bring quality to bear in our work within our profession of Clinical Psychology.

Respectfully submitted,

Cathleen A. Rea, Ph.D.

Commenter: David Hopkinson, Ph.D. * 4/30/16 2:21 pm

opposition to pre-post assessments

On the presumption that the proposed bill would mark as "quality care" only those assessments which resulted in a a measurably "positive" improvement on some dimension, what would we learn from data collected on: chronic and relapsing conditions; elder or end-of-life supportive care; emergency or critical interventions to self-destructive and suicidal patients who succumb in spite of efforts; declining courses of illness which are attenuated or slowed down by treatments; and so on? Medical necessity for care is not defined by retroactively by "outcome."

Commenter: Robin S. Haight * 4/30/16 3:46 pm

Oppose Suggested Rule

Clinical psychologists, according to standards of care, conduct assessments during intake and at periodic intervals throughout treatment. Formal testing will create an added, and unnecessary, burden on consumers, and can increase their out-of-pocket expense for quality mental health care.

I do not support this petition.

Commenter: John A. Mason, Psy.D. * 4/30/16 4:07 pm

Opposition to proposed regulatory change

As a clinical psychologist with a strong commitment to serving the public and protection of public interest, I appreciate the opportunity to comment on this proposed change in the regulations for psychologists. There is no standard of practice for subjecting patients to pre- and post-treatment assessment, nor is one needed. The current practice of diagnostic interviewing is a well established, empirically supported, and validated means of assessing for the need of treatment and the presenting problems of patients entering care. Formal assessment is usually reserved for more complex and complicated cases where the additional cost is warranted by the additional information obtained. Subjecting patients to needless and costly assessment is an undue burden, a barrier to care, and would do nothing to improve the quality of care already available from duly licensed clinical psychologists.

Commenter: Alison Mascalo, Ph.D., Clinical Psychologist in Private Practice * 4/30/16 4:35 pm

Opposition to Petition for Pre/post testing of individuals seeking psychotherapy

I am opposed to the suggestion in this petition. It does not seem to recognize that Clinical Psychologists are licensed to practice independently. Certainly I support quality assurance for Clinical Psychologists as for any other professions, but several more proven methods already exist, such as acquiring and maintaining licensure, a responsibilty of the clinician to follow ethical and evidence based practices, and grievance procedures available to the consumer. Pre-post measures are not always the most meaningful. As others have commented, any such standard measure would not take into account the diversity of clinical issues and patients' needs. As a Clinical Psychologist I welcome patients' feedback about the therapy relationship and my direction of psychotherapy throughout the treatment process. When treatment goals have been reached, termination review sessions offer another opportunity for individuals to assess their progress and satisfaction with treatment. Finally, I agree with others' comments on the unnecessary financial burden and interruption of the therapeutic process with such a requirement.

Commenter: Gregory L Robinson, Ph.D. * 4/30/16 6:11 pm

Standardized Testing is not always necessary

I am a licensed clinical psychologist who uses standardized testing almost every day in my practice at a large hospital based clinic so I value this practice very much. I think standardized testing is extremely helpful in formulating diagnostic impressions for complex cases but I do not believe it is required for every single patient and certainly not for therapy patients. Standardized testing is required to help make some diagnoses such as Specific Learning Disability and Intellectual Disability for example. Interestingly, one of the tests I use to diagnose Autistic Spectrum Disorder, the Autism Diagnostic Observation Schedule, Second Edition, is considered the gold standard for diagnosing Autistic Spectrum Disorder and it doesn't even use standardized scores. It uses an algorithm and cut off scores. It is an extremely useful test and is very well respected. However, it is just a tool that adds to the essential clinical interview and information gathering about symptoms from multiple sources such as schools.

People see licensed clinical psychologists for a myriad of presenting problems that often don't

require standardized testing. In therapy, psychologists typically conduct assessments of patients' psychological functioning through diagnostic interviewing which is one of our most powerful tools. We work with patients to develop treatment goals which are clearly defined and easily measured without the need for standardized testing. I also agree with several of the other comments made that insurance companies often require preathorization for testing and I think there would be many denials if testing was requested for every single therapy patient. It is not the current standard of practice for psychologists to conduct standardized testing for every single patient so I request that this petition be denied.

Respectfully,

Gregory L. Robinson, PhD.

Commenter: Alexis Zornitta * 4/30/16 7:21 pm

Comment on Petition

I respect the opinions offered here and agree that quality care should be a top priority. However, implementation of the suggestions noted in this petition would likely serve as a barrier to treatment and recovery. Therefore, I do not support this petition.

Commenter: Louis A. Perrott, Ph.D * 5/1/16 10:39 am

I am a Licensed Clinical Psychologist in Virginia. I am strongly opposed to this Petition. It is n

Commenter: Lori Dudley * 5/1/16 3:27 pm

Standardized testing important but not always necessary

As an LCP, I find standardized testing useful and important but not always necessary. To make standardized testing a must for every case seems to be an abuse of resources. I believe standardized testing should be determined on a case by case basis and not mandated.

Respectfully, Lori Dudley, PhD, LCP

Commenter: Naomi S. Goldblum, PhD, Clinical Psychologist in private practice * 5/1/16 8:13 pm

I am writing in strong opposition to the proposed legislation

As many individuals responding to this proposed change have noted, while testing is useful, its not routinely indicated in many situations. When standardized testing is warranted, is is almost always administered in a process that includes a battery of tests and one or more hours of clinical

interviews. I cannot imagine a administering any one standardized test as a pre and post measure that could have utility across the range of concerns that bring individuals to see a psychologist. There is strong evidence suppporting the utility of careful clinical interviewing and testing when needed to clarify certain diagnostic concerns. I see this proposal as overly simplistic, expensive, and disruptive to the work of clinical psychologists.

Commenter: Jennifer B. Beard, PhD * 5/2/16 9:54 am

Opposition

There is no standard of practice for subjecting patients to pre- and post-treatment assessment, nor is one needed. The current practice of diagnostic interviewing is a well established, empirically supported, and validated means of assessing for the need of treatment and the presenting problems of patients entering care. Formal assessment is usually reserved for more complex and complicated cases where the additional cost is warranted by the additional information obtained. Subjecting patients to needless and costly assessment is an undue burden, a barrier to care, and would do nothing to improve the quality of care already available from duly licensed clinical psychologists.

Commenter: Kristen A. Hudacek * 5/2/16 10:23 am

Opposition

The petitioner fails to define "standardized pre and post testing". I have no idea what the petitioner is referring to, as testing is at the discretion of the licensee, and based on the needs/clinical questions that arise in the inital assessment process, or as needed thereafter. In fact, in many cases it may actually contraindicated to conduct testing and to create a law/rule to ensure this is being done could place undue burden and costs onto the public. I strongly oppose.

Commenter: Amy Heard-Davison, HD Psychology Associates * 5/2/16 2:14 pm

Opposition

While assessment of clinical symptoms and feedback on treatment response are important components of effective therapy, it is my opinion that this petition would not be an effective way to ensure that they are implemented. Two specific concerns are:

1-There is no single measure that would effectively assess symptoms for all patients and diagnoses.

2-Patients are entitled to refuse any aspect of treatment, including completing assessment measures. This could potentially create a conflict between the patients' wishes and a mandate to assess pre-and post-treatment.

For these and other reasons, I believe this petition should be denied.

Commenter: Peter L. Sheras, PhD, ABPP,, Licensed Clinical Psychologist * 5/2/16 2:20 pm

Wieriman Petition regarding evaluation of counseling/Reject this petition

I am a practcing Clinical Psychologist and trainer in the Commonwealth for more than 40 years. I train clinicians and work in University settings and independent practice. This petition lacks any

clear thought or eye toward implementation. Evalution of outcomes is certainly important, but Clinical Psychologsts are involved in much more than counseling (e.g. psychological assessment, psychotherapy, health consultations, diagnosis, etc.) and evaluating their success is complicated and involves the need for many special safeguards of confidentiality and practical definitions of success. Positive outcomes are not always measurable in the short term and may involved the interaction of many dfferent interventions and professionals. Simply asking people often how they are doing does not take into account response biases, cultural and ethnic differences, psychological processes and life experiences. Accountability for practitioners is important but what is proposed here is too simplistic and not well informed by scientific method or even good practice. Please reject this petition! Most informed and well trained psycholgists would not support this petition."

Commenter: Carolyn jackson Sahni, VACP * 5/2/16 3:38 pm

Regarding routine standardized testing

I am in strong opposition to this proposal. The decision to test or not to test should be a decision made by the professional on a case by case basis.

Thank you,

cjsahni

Commenter: Fredrick P Frieden Ph.D. * 5/2/16 10:37 pm

Opposed to proposed rule

As others have said very well, I am opposed to the proposal.

* Nonregistered public user

Yeatts, Elaine J. (DHP)

From: Howard Bierenbaum <hbierenbaum@gmail.com>
Sent: Saturday, April 30, 2016 8:02 PM
To: Yeatts, Elaine J. (DHP)
Subject: Petition.

Pre and post measures are a fine idea for assessing the effectiveness of an intervention. Requiring that all practitioners use pre and post measures for all clients is a terrible idea. The decision to assess does and should remain with the provider. To require such an intervention is an unnecessary and undesirable intrusion into clinical care.

Howard Bierenbaum, Ph. D.

Sent from my iPhone

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 18VAC125-11-50.

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 4681 - none

BOARD OF PSYCHOLOGY

Conformity to Code

Part III

Public Participation Procedures

18VAC125-11-50. 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 reproposed 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.

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 36 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 defer action to the November, 2016 meeting.**

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 36. Psychology

§ 54.1-3606.1. Continuing education.

A. The Board shall promulgate regulations governing continuing education requirements for psychologists licensed by the Board. Such regulations shall require the completion of the equivalent of 14 hours annually in Board-approved continuing education courses for any license renewal or reinstatement after the effective date.

B. The Board shall include in its regulations governing continuing education requirements for licensees a provision allowing a licensee who completes continuing education hours in excess of the hours required by subsection A to carry up to seven hours of continuing education credit forward to meet the requirements of subsection A for the next annual renewal cycle.

C. The Board shall approve criteria for continuing education courses that are directly related to the respective license and scope of practice of school psychology, applied psychology and clinical psychology. Approved continuing education courses for clinical psychologists shall emphasize, but not be limited to, the diagnosis, treatment and care of patients with moderate and severe mental disorders. Any licensed hospital, accredited institution of higher education, or national, state or local health, medical, psychological or mental health association or organization may submit applications to the Board for approval as a provider of continuing education courses satisfying the requirements of the Board's regulations. Approved course providers may be required to register continuing education courses with the Board pursuant to Board regulations. Only courses meeting criteria approved by the Board and offered by a Board-approved provider of continuing education courses may be designated by the Board as qualifying for continuing education course credit.

D. All course providers shall furnish written certification to licensed psychologists attending and completing respective courses, indicating the satisfactory completion of an approved continuing education course. Each course provider shall retain records of all persons attending and those persons satisfactorily completing such continuing education courses for a period of four years following each course. Applicants for renewal or reinstatement of licenses issued pursuant to this article shall retain for a period of four years the written certification issued by any course provider. The Board may require course providers or licensees to submit copies of such records or certification, as it deems necessary to ensure compliance with continuing education requirements.

E. The Board shall have the authority to grant exemptions or waivers or to reduce the number of continuing education hours required in cases of certified illness or undue hardship.

2000, c. 83; 2015, c. 359.

18VAC125-20-121. Continuing Education Course Requirements for Renewal of an Active License.

A. Licensees shall be required to have completed a minimum of 14 hours of board-approved continuing education courses each year for annual licensure renewal. A minimum of 1.5 of these hours shall be in courses that emphasize the ethics, laws, and regulations governing the profession of psychology, including the standards of practice set out in 18VAC125-20-150. A licensee who completes continuing education hours in excess of the 14 hours may carry up to seven hours of continuing education credit forward to meet the requirements for the next annual renewal cycle.

B. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the practice of psychology and is provided by a board-approved provider that meets the criteria specified in 18VAC125-20-122.

1. At least six of the required hours shall be earned in face-to-face or real-time interactive educational experiences. Real-time interactive shall include a course in which the learner has the opportunity to interact with the presenter and participants during the time of the presentation.

2. The board may approve up to four hours per renewal cycle for specific educational experiences to include:

a. Preparation for and presentation of a continuing education program, seminar, workshop or course offered by an approved provider and directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the presentation is given, and may not be credited toward the face-to-face requirement.

b. Publication of an article or book in a recognized publication directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the writing is published, and may not be credited toward the face-to-face requirement.

3. The board may approve up to two hours per renewal cycle for membership on a state licensing board in psychology.

C. Courses must be directly related to the scope of practice in the category of licensure held. Continuing education courses for clinical psychologists shall emphasize, but not be limited to, the diagnosis, treatment and care of patients with moderate and severe mental disorders.

D. 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.

E. The board may grant an exemption for all or part of the continuing education requirements for one renewal cycle due to circumstances determined by the board to be beyond the control of the licensee.

F. Up to two continuing education hours required for renewal may be satisfied through delivery of psychological services, without compensation, to low-income individuals receiving mental 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.

Notice of Periodic Review

Board of Psychology

Pursuant to Executive Order 14 (2010) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, the Board of Counseling is conducting a periodic review and small business impact review of:

18VAC125-20	Regulations Governing the Practice of Psychology
18VAC125-15	Regulations Governing Delegation to an Agency Subordinate

The review of this regulation will be guided by the principles in Executive Order 17 (2014). http://dpb.virginia.gov/regs/EO17.pdf

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

The comment period begins September 5, 2016 and ends on October 5, 2016.

Comments may be submitted online to the Virginia Regulatory Town Hall at: http://www.townhall.virginia.gov/L/Forums.cfm.
Comments may also be sent to Elaine J. Yeatts, Agency Regulatory Coordinator, Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233 or faxed to (804) 527-4434 or emailed to elaine.yeatts@dhp.virginia.gov.

Following the close of the public comment period, a report of the periodic review will be posted on the Town Hall and published in the Virginia Register of Regulations.

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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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,

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

Cordially,

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

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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	• 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	• Dual, sexual or other boundary issue. Includes inappropriate touching and written or oral communications	20
Continuing Education	• Failure to obtain or document CE requirements	20
Standard of Care	• 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	• 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): | | | | | | | | | | | | | | | | | | |

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: _____

Confidential pursuant to § 54.1-2400.2 of the Code of Virginia

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 the 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 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.

Adding Continuing Education provider for Certified Sex Offender Treatment Providers *

18VAC125-30-80. Annual renewal of certificate.

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

B. Along with the renewal application, the certified sex offender treatment provider shall:

1. Submit the renewal fee prescribed in 18VAC125-30-20; and
2. Attest to having obtained six hours of continuing education in topics related to the provision of sex offender treatment within the renewal period. Continuing education shall be offered by a sponsor or provider approved by the Virginia Board of Social Work, Psychology, Counseling, Nursing, or Medicine or by the Association for the Treatment of Sexual Abusers or one of its state chapters. Hours of continuing education used to satisfy the renewal requirements for another license may be used to satisfy the six-hour requirement for sex offender treatment provider certification, provided it was related to the provision of sex offender treatment.

C. Certificate holders shall notify the board in writing of a change of address of record or of the public address, if different from the address of record, within 60 days. Failure to receive a renewal notice and application form or forms shall not excuse the certified sex offender treatment provider from the renewal requirement.

NEXT MEETING IS

Tuesday,

November 1, 2016

Board Room 2

CLOSED SESSION FOR

CONSIDERATON

OF CONSENT ORDERS