

Board of Social Work
Thursday, May 11, 2017, 10:00 a.m.
9960 Mayland Drive, Suite 200, Board Room 2
Henrico, VA 23233

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

Roll Call

Emergency Egress Instructions

Adoption of Agenda

Summary Suspension Presentation – Julia Bennett, Assistant Attorney General

Public Comment on Agenda Items (5 Minutes per Speaker)

Approval of Minutes of February 3, 2017

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

Regulatory/Legislative Update – Elaine Yeatts, Senior Policy Analyst

- Report of the 2017 General Assembly Chart of Regulatory Actions

Chairman’s Report – Yvonne Haynes, L.C.S.W.

Executive Director’s Report – Jaime Hoyle

Deputy Executive Director’s Report – Jennifer Lang

Licensing Manager’s Report – Sarah Georgen

Committee Reports

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

Unfinished Business

New Business

- Approval of Legislative Proposal for Mid-Level Licensure
- United Methodist Family Services (UMFS) Topics of Discussion
- Elections

Next Meeting

Adjournment

PUBLIC COMMENT

Re: Comments on DRAFT LEGISLATION to Board of Social Work

March 16, 2017

On behalf of the **National Association of Social Workers -Virginia (NASWVA)**, thank you for the work you have done to further the practice of social work in the Commonwealth of Virginia. Today, NASWVA would specifically like to provide comment on the draft legislation that will be discussed at today's Regulatory Committee Meeting. As presented, the draft legislation, circulated by the Board of Social Work, would indeed achieve NASWVA's primary goal, to allow the Board to issue three levels of licensure and to register persons for supervision and therefore we are supportive of it.

NASWVA believes in and supports multi-level licensure and commends the work of this committee in implementing a multi-tiered approach to licensing. This would not only protect the public from harm, but also give our workforce the opportunity to be gainfully employed within the commonwealth, as employers, the Affordable Care Act (ACA), and agencies look to providers and workforce to carry out this vital work. In having these levels, Virginia will not lose workforce to other jurisdictions, and will enable its citizens to have professionals be accountable for such practice. Our citizens will have access to providers, and can be confident that adequate skills, knowledge, and abilities are possessed by our professionals.

NASWVA would also like to thank those present in the room that have been supportive of multi-level licensure. We strongly believe that finding common ground and consensus amongst stakeholders is integral to the passage of this legislation.

In closing, NASWVA is supportive of the draft legislation provided that subsequent regulations promulgated by the board utilize the Model Law to fully implement this important piece of legislation. On behalf of the NASWVA Board of Directors, we look forward to working with, supporting and moving forward this initiative. Thank you again for the opportunity to comment.

Respectfully Submitted,

Debra A Riggs, CAE

Executive Director, NASWVA

From: Joseph Lynch [mailto:lynchj@newmanavenue.com]
Sent: Monday, March 6, 2017 10:25 AM
To: Hoyle, Jaime (DHP) <Jaime.Hoyle@dhp.virginia.gov>
Cc: Sue Rowland <Sue@suerowlandconsulting.com>
Subject: Thanks for your efforts and some clarification questions

Jaime:

I appreciate all of your efforts at the March 3rd stakeholders meeting. Over the weekend I worked on my notes from the meeting and wanted to share them with you to see if my understanding sounds accurate to you.

I have attached:

- A table with the original 2016 VBSW proposed legislation text and the revised text (from my notes) from the March 3rd stakeholder meeting
- A table that takes the revised text and then next to each line my comments.

As I sorted through each line I was looking for two things.

1. Is there current code or regulation that already addresses this item
2. Is there new language that no current code or regulation addresses.

When I was done sorting I found only two items that contained new language that no current code or regulation addressed:

1. Baccalaureate social worker means a person who practices under the supervision of a master's social worker within an agency or institution and is engaged in a basic generalist practice to include casework management and supportive services and consultation and education. and
2. Master's social worker means a person who is employed by an agency or institution and is engaged in a non-clinical, generalist scope of practice of social work to include staff supervision and management.

Within these two definitions the new language “...*basic generalist practice*” and “...*non-clinical generalist scope of practice of social work to include staff supervision and management...*” would appear for the first time in the regulations.

My notes say that you commented that the proposed legislation was not directed toward regulating a group of social workers that the VBSW did not currently regulate. It seems that the

“...non-clinical generalist scope of practice of social work to include staff supervision and management...” represents a group of social workers that are not currently regulated by the VBSW. I could find not code or regulation that referred to "non-clinical" licensure and no language referring to "staff supervision and management." Can you clarify this to me?

My notes say that James commented that if you create a “new license” you need to change the code. It seems to me that other than the “non-clinical” group we are talking about persons already regulated by the VBSW as LSW’s. So we are not really creating a “new license” we are just revising the name of the LSW license to the LBSW and LMSW license. Can you clarify if my understanding is accurate on this point?

Thanks,

Joe

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Joseph G. Lynch LCSW

Phone (540) 421-4345

E-mail: lynchj@newmanavenue.com

**TEXT OF THE ORIGINAL 2016 VBSW PROPOSED LEGISLATION
AND
TEXT OF MARCH 3, 2017 MEETING WORDSMITHING
(From Joe's notes of meeting)**

TEXT OF THE 2016 VBSW PROPOSED LEGISLATION	TEXT OF MARCH 3, 2017 WORDSMITHING (from Joe's notes) <i>New language is bold and italicized</i>
§ 54.1-3700. Definitions As used in this chapter, unless the context requires a different meaning:	§ 54.1-3700. Definitions As used in this chapter, unless the context requires a different meaning:
Baccalaureate social worker means a person who practices under the supervision of a master's social worker within an agency or institution and is engaged in a basic generalist practice to include casework management and supportive services and consultation and education	Baccalaureate social worker means a person <i>engaged in the practice of social work</i> who practices under the supervision of a master's social worker <i>within an entity not exempt under 54.1-3701</i> and is engaged in a basic generalist practice to include casework management and supportive services and consultation and education.
Master's social worker means a person who is employed by an agency or institution and is engaged in a non-clinical, generalist scope of practice of social work to include staff supervision and management.	Master's social worker means a person who <i>is engaged in the practice of social work and</i> is employed- <i>within an entity not exempt under 54.1-3701</i> and is engaged in a non-clinical, generalist scope of practice of social work to include staff supervision and management.
§ 54.1-3705. Specific powers and duties of the Board In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties:	§ 54.1-3705. Specific powers and duties of the Board In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties:
5. To license baccalaureate social workers, master's social workers, and clinical social workers to practice consistent with the definitions specified in § 54.1-3700 and regulations promulgated by the Board.	5. To license baccalaureate social workers, master's social workers, and clinical social workers to practice consistent with the definitions specified in § 54.1-3700 and regulations promulgated by the Board.
6. To register persons for the supervised practice of social work as required for licensure as a clinical social worker.	6. To register persons for the supervised practice of social work as required for licensure as a clinical social worker.

TEXT OF MARCH 3, 2017 WORDSMITHING (from Joe's notes)	VSCSW COMMENTS
<p>§ 54.1-3700. Definitions As used in this chapter, unless the context requires a different meaning:</p> <p>1. Baccalaureate social worker means a person <i>engaged in the practice of social work</i></p> <p>2. who practices under the supervision of a master's social worker</p> <p>3. <i>within an entity not exempt under 54.1-3701</i></p> <p>4. and is engaged in a basic generalist practice to include casework management and supportive services and consultation and education.</p>	<p>§ 54.1-3700. Definitions As used in this chapter, unless the context requires a different meaning:</p> <p>All of the items in this section (except "non-clinical) are specifically permitted under current Statutes and Regulations as follows:</p> <p>1. All persons licensed under Chapter 37 of Title 54.1 of the Code of Virginia, Social Work are engaged in "The Practice of Social Work" as defined in § 54.1-3700.</p> <p>2. 18VAC140-20-60. Education and experience requirements for licensed social worker.</p> <p>D. Requirements for supervisors.</p> <p>1. The <i>supervisor</i> providing supervision <i>shall hold</i> an active, unrestricted license as a licensed social worker with a <i>master's degree</i>, or a licensed social worker with a bachelor's degree and at least three years of post-licensure social work experience or a licensed clinical social worker in the jurisdiction in which the social work services are being rendered. If this requirement places an undue burden on the applicant due to geography or disability, the board may consider individuals with comparable qualifications.</p> <p>3. § 54.1-3706. License required. In order to engage in the practice of social work, it shall be necessary to hold a license. And § 54.1-3701. Exemption from requirements of licensure.</p> <p>4. "Casework management and supportive services" and "Consultation and education" are included in the definition of "The Practice of Social Work" in § 54.1-3700.</p> <p>The term "generalist practice" is new language</p>
<p>1. Master's social worker means a person who <i>is engaged in the practice of social work</i></p>	<p>1. All persons licensed under Chapter 37 of Title 54.1 of the Code of Virginia, Social Work are engaged in "The Practice of Social Work" as defined in § 54.1-3700.</p>

<p>2. <i>and</i> is employed <i>within an entity not exempt under 54.1-3701</i> and</p> <p>3. is engaged in a non-clinical, generalist scope of practice of social work to include staff supervision and management.</p>	<p>2. § 54.1-3706. License required. In order to engage in the practice of social work, it shall be necessary to hold a license. . And § 54.1-3701. Exemption from requirements of licensure.</p> <p><i>This sentence is expressing a new type of license. For the first time the VBSW is expanding their regulatory authority from only regulating social workers who practice from a “clinical” focus to regulating social workers who practice from a “non-clinical” focus and introduces the new language “...non-clinical, generalist scope of practice of social work to include staff supervision and management...”</i></p>
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<p>§ 54.1-3705. Specific powers and duties of the Board</p> <p>In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties:</p>	<p>§ 54.1-3705. Specific powers and duties of the Board</p> <p>In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties:</p>
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<p>5. To license baccalaureate social workers, master’s social workers, and clinical social workers</p>	<p>Currently the VBSW licenses:</p> <table border="1"> <tr> <td data-bbox="667 630 1144 1052"> <p><i>baccalaureate social workers</i></p> </td> <td data-bbox="1144 630 2041 1052"> <p>18VAC140-20-51. Requirements for licensure by examination as a licensed social worker.</p> <p>18VAC140-20-60. Education and experience requirements for licensed social worker. A. Education. The applicant shall hold a <u>bachelor's degree</u> from an accredited school of social work. Graduates of foreign institutions must establish the equivalency of their education to this requirement through the Foreign Equivalency Determination Service of the Council on Social Work Education</p> </td> </tr> <tr> <td data-bbox="667 1052 1144 1523"> <p><i>master’s social workers</i></p> </td> <td data-bbox="1144 1052 2041 1523"> <p>18VAC140-20-51. Requirements for licensure by examination as a licensed social worker.</p> <p>18VAC140-20-60. Education and experience requirements for licensed social worker. A. Education. The applicant shall hold a bachelor's or a <u>master's degree</u> from an accredited school of social work. Graduates of foreign institutions must establish the equivalency of their education to this requirement through the Foreign Equivalency Determination Service of the Council on Social Work Education</p> </td> </tr> </table>	<p><i>baccalaureate social workers</i></p>	<p>18VAC140-20-51. Requirements for licensure by examination as a licensed social worker.</p> <p>18VAC140-20-60. Education and experience requirements for licensed social worker. A. Education. The applicant shall hold a <u>bachelor's degree</u> from an accredited school of social work. Graduates of foreign institutions must establish the equivalency of their education to this requirement through the Foreign Equivalency Determination Service of the Council on Social Work Education</p>	<p><i>master’s social workers</i></p>	<p>18VAC140-20-51. Requirements for licensure by examination as a licensed social worker.</p> <p>18VAC140-20-60. Education and experience requirements for licensed social worker. A. Education. The applicant shall hold a bachelor's or a <u>master's degree</u> from an accredited school of social work. Graduates of foreign institutions must establish the equivalency of their education to this requirement through the Foreign Equivalency Determination Service of the Council on Social Work Education</p>
<p><i>baccalaureate social workers</i></p>	<p>18VAC140-20-51. Requirements for licensure by examination as a licensed social worker.</p> <p>18VAC140-20-60. Education and experience requirements for licensed social worker. A. Education. The applicant shall hold a <u>bachelor's degree</u> from an accredited school of social work. Graduates of foreign institutions must establish the equivalency of their education to this requirement through the Foreign Equivalency Determination Service of the Council on Social Work Education</p>				
<p><i>master’s social workers</i></p>	<p>18VAC140-20-51. Requirements for licensure by examination as a licensed social worker.</p> <p>18VAC140-20-60. Education and experience requirements for licensed social worker. A. Education. The applicant shall hold a bachelor's or a <u>master's degree</u> from an accredited school of social work. Graduates of foreign institutions must establish the equivalency of their education to this requirement through the Foreign Equivalency Determination Service of the Council on Social Work Education</p>				

<p>to practice consistent with the definitions specified in § 54.1-3700 and regulations promulgated by the Board.</p>	<p><i>clinical social workers</i></p>	<p>18VAC140-20-40. Requirements for licensure by examination as a clinical social worker.</p>
<p>6. To register persons for the supervised practice of social work as required for licensure as a clinical social worker.</p>	<p>§ 54.1-3706. License required. In order to engage in the practice of social work, it shall be necessary to hold a license. *Any person licensed by the VBSW must follow the regulations of the VBSW.</p> <p>18VAC140-20-50. Experience requirements for a licensed clinical social worker.</p> <p>1. Registration. An individual who proposes to obtain supervised post-master's degree experience in Virginia shall, prior to the onset of such supervision:</p> <ol style="list-style-type: none"> a. Register on a form provided by the board and completed by the supervisor and the supervised individual; and b. Pay the registration of supervision fee set forth in 18VAC140-20-30. <p>§ 54.1-2400. General powers and duties of health regulatory boards. The general powers and duties of health regulatory boards shall be:</p> <ol style="list-style-type: none"> 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. 	



Virginia Society for Clinical Social Work
10106-C Palace Way
Henrico, Virginia 23238

May 1, 2017

To:

Secretary of Health and Human Resources
William A. Hazel Jr.
P.O. Box 1475
Richmond, VA 23218
PUBLIC COMMENT

By: Joseph G. Lynch LCSW

Definition of “clinical social work services” to include “psychosocial interventions.”

On the Virginia Regulatory Town Hall website there is a section titled “*General legal principles*” (provided by the Office of the Attorney General). This section includes a subsection “*How to make a regulation enforceable*” Some of the highlights are:

- *First and foremost, a regulation must be supported by statutory authority. Express authority is preferred, but implied authority is sufficient provided it can be fairly implied from the language used in the basic law or it is necessary to enable the agency to exercise the powers that are expressly granted.*
- *A properly promulgated and adopted regulation is entitled to a presumption of validity in a judicial proceeding. See § 2.2-4027 of the Code of Virginia. That is the goal.*
- *Relate the regulation clearly to its statutory authority. The regulation must be understandable to:*
 - (1) *The regulated community*
 - (2) *Lawyers who may end up challenging or defending it, and*
 - (3) *A court which may hear that challenge.*

<https://townhall.virginia.gov/um/legalbasis.cfm>

In Chapter 37 of Title 54.1 of the Code of Virginia, Social Work, § 54.1-3700 Definitions: Practice of Social Work the term “*psychosocial treatment*” appears (See below).

*"Practice of social work" means rendering or offering to render to individuals, families, groups, organizations, governmental units, or the general public service which is guided by special knowledge of social resources, social systems, human capabilities, and the part conscious and unconscious motivation play in determining behavior. Any person regularly employed by a licensed hospital or nursing home who offers or renders such services in connection with his employment in accordance with patient care policies or plans for social services adopted pursuant to applicable regulations when such services do not include group, marital or family therapy, **psychosocial treatment** or other measures to modify human behavior involving child abuse, newborn intensive care, emotional disorders or similar issues, shall not be deemed to be engaged in the "practice of social work." Subject to the foregoing, the disciplined application of social work values, principles and methods includes, but is not restricted to, casework management and supportive services, casework, group work, planning and community organization, administration, consultation and education, and research.*

This sentence with “*psychosocial treatment*” is delineating that the “*Practice of Social Work*” includes “*psychosocial treatment*.” In the NORIA published by the VBSW the term “psychosocial interventions” is proposed as the language to be added to the definition of “Clinical Social Work Services.” The VSCSW has made public comments to the VBSW asking them to change the proposed language to “***psychosocial treatment***” instead of “*psychosocial interventions*” based on the General legal principles that are provided by the Office of the Attorney General on the Virginia Regulatory Town Hall website. We see this change as justified in that it is:

- *More clearly supported by express statutory authority.*
- *More clearly meets the goal of a presumption of validity in a judicial proceeding.*
- *More clearly relates the regulation to its statutory authority.*
- *More clearly makes the regulation understandable to:*
 - (1) *The regulated community*
 - (2) *Lawyers who may end up challenging or defending it, and*
 - (3) *A court which may hear that challenge.*
- *A more defensible position for the VBSW.*
- *Less confusion to the public by using language that is precisely consistent with the language of the current Code of Virginia instead of introducing a new term that is similar to the term in the Code of Virginia but not precisely the same term.*

The VSCSW views this as an opportunity for the VBSW to develop strong regulatory language as it makes changes in the definition of “Clinical Social Work Services.”

APPROVAL OF
MINUTES
FEBRUARY 3, 2017

**THE VIRGINIA BOARD OF SOCIAL WORK
MINUTES
Friday, February 3, 2017**

The Virginia Board of Social Work ("Board") meeting convened at 10:14 a.m. on Friday, February 3, 2017 at the Department of Health Professions, 9960 Mayland Drive, Richmond, Virginia. Yvonne Haynes, Board Chair, called the meeting to order.

BOARD MEMBERS PRESENT: Canek Aguirre
Angelia Allen
Jamie Clancey, L.C.S.W.
Maria Eugenia del Villar, L.C.S.W.
Yvonne Haynes, L.C.S.W.
Dolores Paulson, L.C.S.W., Ph.D.
Gloria Manns, L.C.S.W.
John Salay, L.C.S.W.
Joseph Walsh, L.C.S.W., Ph.D.

DHP STAFF PRESENT: David Brown, D.C., DHP Director
Sarah Georgen, Licensing Manager
Jaime Hoyle, Executive Director
Jennifer Lang, Deputy Executive Director
Elaine Yeatts, Sr. Policy Analyst

BOARD COUNSEL: Carrie Mitchell

CALL TO ORDER:

Ms. Haynes called the meeting to order.

ESTABLISHMENT OF A QUORUM:

Ms. Haynes requested a roll call. Ms. Georgen announced that eight members of the Board were present; therefore, a quorum was established.

MISSION STATEMENT:

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

EMERGENCY EGRESS:

Ms. Haynes announced the Emergency Egress Procedures.

WELCOME OF NEW BOARD MEMBERS

Ms. Haynes welcomed Mr. Aguirre to the Board.

ADOPTION OF AGENDA:

Upon a motion by Ms. Clancey which was properly seconded, the agenda was accepted as amended. The motion passed.

PUBLIC COMMENT ON AGENDA ITEMS:

Mr. Lynch provided written public comment.

APPROVAL OF MINUTES OF JULY 1, 2016:

Upon a motion by Dr. Walsh which was properly seconded, the meeting minutes from October 14, 2016 were approved as written.

DIRECTOR'S REPORT

Dr. Brown welcomed the new Board members. He provided feedback noting that the Board Member Training held in October 2016 was successful. The training included topics on the Freedom of Information Act (FOIA), investigative procedures and experiences, the agency and its responsibilities, and the legislative/regulatory process.

Dr. Brown provided an account of the General Assembly that was in session and reminded the Board that Governor McAuliffe issued a news release regarding Virginia's opioid abuse crisis and announced that guidelines were being developed to help with the front end of the abuse.

REGULATORY/LEGISLATIVE UPDATE

Upon a motion by Dr. Walsh which was properly seconded, the board accepted the adoption of the recommended final regulations and regulatory review changes. The motion passed.

Upon a motion by Dr. Walsh which was properly seconded, the board accepted the adoption of the proposed regulations to include psychosocial interventions in the definition of "clinical social work services" and to revise the requirements for reactivation and reinstatement as outlined in attachment #A. The motion passed.

Ms. Hoyle announced that the fast-track regulations adopted by the Board will be effective March 9, 2017.

CHAIRMAN'S REPORT

Ms. Haynes provided an overview of the Association of Social Work Boards (ASWB) 2016 annual meeting of the delegate assembly.

EXECUTIVE DIRECTOR'S REPORT

Ms. Hoyle provided a report on staffing. She noted that since the last meeting the Board of Social Work hired a temporary employee to assist with board responsibilities.

Ms. Hoyle stated that she was pleased to attend the ASWB 2016 annual meeting of the delegate assembly with Ms. Haynes and stated that it was important for Virginia to attend the meeting to ensure a voice for Virginia is represented.

Ms. Hoyle reported that the financial report distributed in the agenda packet shows a deficit of funds for the Board, however, noted that the upcoming renewal fee change effective with the 2017 renewal period will help with the deficit amount.

DEPUTY EXECUTIVE DIRECTORS REPORT

Ms. Lang provided an overview of the disciplinary process.

Ms. Lang noted that the quarterly reporting statistics from the last quarter were included in the agenda packet, but also reported the statistics of Quarter 2 were released shortly before the meeting. Ms. Lang noted that the Board closed 17 cases last quarter, but 70 cases remain open, with 12 new cases in investigation.

Ms. Lang reported that the Special Conference Committee heard cases on October 28, 2016.

LICENSING MANAGER'S REPORT

Ms. Georgen reported that the 2017 Quarter 1 statistics were included in the agenda packet, but also reported the statistics of Quarter 2 were released shortly before the meeting. Ms. Georgen noted that the Board regulated 9,144 licensees.

Ms. Georgen reported that the agency satisfaction survey reported a 100% satisfaction rate for the last quarter.

Ms. Georgen announced that the ASWB was offering their New Board Member Training for 2017 and that interested board members that have not participated in the past were welcome to join the ASWB for their training. Ms. Georgen noted that travel expenses for the ASWB meetings are fully funded by the ASWB, but must be approved by the Secretary of Health and Human services due to state travel requirements.

Ms. Georgen also noted that the Board was going green beginning with the 2018 renewal period. She announced that paper renewal notices will no longer be mailed by the Board. She noted that email notices will be sent to all licensees at least 45 days prior to the renewal deadline and reminded all licensees to ensure that their email and mailing addresses were up-to-date with the Board.

COMMITTEE REPORTS

Regulatory/Legislative Committee Report

Dr. Walsh reported that the Committee met the day before the Board meeting and discussed the NOIRA regarding “clinical social work services,” reinstatement and reactivation requirements and scope of practice for mid-level licensure.

Dr. Walsh reported positive movement for mid-level licensure and noted that there was full public support to move forward with mid-level licensure as a regulatory approach instead of by legislative means. Ms. Yeatts noted that she would follow-up with the Attorney General’s office.

Dr. Walsh announced that the next scheduled regulatory committee meeting would take place on March 30, 2017.

Credentials Committee Report

Mr. Salay noted that there was nothing to report.

Special Conference Committee Report

Ms. Haynes noted that there was nothing to report.

Board of Health Professions Report

Ms. Haynes reported that her report and draft meeting minutes of the Board of Health Professions was included in the agenda packet.

UNFINISHED BUSINESS:

None.

NEW BUSINESS:

The Board discussed the CSWE Candidacy Status and upon a recommendation by Ms. Mitchell, the Attorney General’s Office must determine if this can be accepted. She asked that staff follow up with James Rutkowski, the Board’s counsel.

Ms. Lang provided an overview of the recommended by-laws revisions. Following several changes and recommendations by the Board, Ms. Lang agreed to provide the Board with the suggested revisions prior to the next board meeting.

NEXT MEETING:

Ms. Haynes announced that the next regularly scheduled full Board meeting would occur on May 12, 2017 at 10:00 a.m.

ADJOURNMENT:

The meeting was adjourned at 12:03 p.m.

Yvonne Haynes, LCSW, Chair

Jaime Hoyle, Executive Director

DRAFT

REGULATORY/ LEGISLATIVE UPDATE

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
(As of April 21, 2017)**

Board Board of Social Work

Chapter		Action / Stage Information
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>Definition of clinical social work services and supervision of applicant for reinstatement/reactivatn</u> [Action 4688] Proposed - <i>DPB Review in progress</i>
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>Regulatory review changes</u> [Action 4475] Final - <i>At Governor's Office for 21 days</i>

EXECUTIVE DIRECTOR'S REPORT

Virginia Department of Health Professions
Cash Balance
As of March 31, 2017

	<u>110- Social Work</u>
Board Cash Balance as of June 30, 2016	\$ 110,903
YTD FY17 Revenue	133,235
Less: YTD FY17 Direct and In-Direct Expenditures	<u>334,200</u>
Board Cash Balance as March 31, 2017	<u><u>(90,061)</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending March 31, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	123,575.00	62,000.00	(61,575.00)	199.31%
4002406	License & Renewal Fee	2,120.00	555,305.00	553,185.00	0.38%
4002407	Dup. License Certificate Fee	795.00	555.00	(240.00)	143.24%
4002409	Board Endorsement - Out	5,625.00	1,100.00	(4,525.00)	511.36%
4002421	Monetary Penalty & Late Fees	985.00	750.00	(235.00)	131.33%
4002432	Misc. Fee (Bad Check Fee)	35.00	35.00	-	100.00%
	Total Fee Revenue	133,135.00	619,745.00	486,610.00	21.48%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	100.00	-	(100.00)	0.00%
	Total Sales of Prop. & Commodities	100.00	-	(100.00)	0.00%
	Total Revenue	133,235.00	619,745.00	486,510.00	21.50%
5011110	Employer Retirement Contrib.				
5011120	Fed Old-Age Ins- Sal St Emp	3,216.62	4,244.00	1,027.38	75.79%
5011140	Group Insurance	489.92	622.00	132.08	78.77%
5011150	Medical/Hospitalization Ins.	271.50	-	(271.50)	0.00%
5011160	Retiree Medical/Hospitalizatn	440.89	561.00	120.11	78.59%
5011170	Long term Disability Ins	247.95	314.00	66.05	78.96%
	Total Employee Benefits	9,750.52	12,145.00	2,394.48	80.28%
5011200	Salaries				
5011230	Salaries, Classified	37,775.03	47,466.00	9,690.97	79.58%
5011250	Salaries, Overtime	4,305.99	8,000.00	3,694.01	53.82%
	Total Salaries	42,081.02	55,466.00	13,384.98	75.87%
5011300	Special Payments				
5011380	Deferred Compnstn Match Pmts	-	480.00	480.00	0.00%
	Total Special Payments	-	480.00	480.00	0.00%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	51,831.54	68,091.00	16,259.46	76.12%
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	8.90	537.00	528.10	1.66%
5012140	Postal Services	1,624.61	4,411.00	2,786.39	36.83%
5012150	Printing Services	-	67.00	67.00	0.00%
5012160	Telecommunications Svcs (VITA)	352.47	550.00	197.53	64.09%
5012190	Inbound Freight Services	16.93	-	(16.93)	0.00%
	Total Communication Services	2,002.91	5,565.00	3,562.09	35.99%
5012200	Employee Development Services				
5012210	Organization Memberships	1,500.00	1,500.00	-	100.00%
5012250	Employee Tuition Reimbursement	1,800.00	-	(1,800.00)	0.00%
	Total Employee Development Services	3,300.00	1,500.00	(1,800.00)	220.00%
5012400	Mgmt and Informational Svcs				
5012420	Fiscal Services	34.09	5,500.00	5,465.91	0.62%
5012440	Management Services	54.26	212.00	157.74	25.59%
5012460	Public Infrmtl & Relatn Svcs	437.00	-	(437.00)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending March 31, 2017

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Mgmnt and Informational Svcs	525.35	5,712.00	5,186.65	9.20%
5012600	Support Services				
5012630	Clerical Services	23,513.47	66,208.00	42,694.53	35.51%
5012640	Food & Dietary Services	575.16	480.00	(95.16)	119.83%
5012660	Manual Labor Services	49.03	2,188.00	2,138.97	2.24%
5012670	Production Services	393.58	2,405.00	2,011.42	16.37%
5012680	Skilled Services	7,225.29	24,297.00	17,071.71	29.74%
	Total Support Services	31,756.53	95,578.00	63,821.47	33.23%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	2,533.81	2,809.00	275.19	90.20%
5012850	Travel, Subsistence & Lodging	103.10	1,607.00	1,503.90	6.42%
5012880	Trvl, Meal Reimb- Not Rprtbl	126.75	917.00	790.25	13.82%
	Total Transportation Services	2,763.66	5,333.00	2,569.34	51.82%
	Total Contractual Svcs	40,348.45	113,688.00	73,339.55	35.49%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	752.80	276.00	(476.80)	272.75%
5013130	Stationery and Forms	14.42	41.00	26.58	35.17%
	Total Administrative Supplies	767.22	317.00	(450.22)	242.03%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	2.02	-	(2.02)	0.00%
	Total Repair and Maint. Supplies	2.02	-	(2.02)	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	21.00	21.00	0.00%
5013630	Food Service Supplies	-	82.00	82.00	0.00%
	Total Residential Supplies	-	103.00	103.00	0.00%
	Total Supplies And Materials	769.24	420.00	(349.24)	183.15%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	130.00	-	(130.00)	0.00%
	Total Awards, Contrib., and Claims	130.00	-	(130.00)	0.00%
	Total Transfer Payments	130.00	-	(130.00)	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	26.00	26.00	0.00%
	Total Insurance-Fixed Assets	-	26.00	26.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	400.06	540.00	139.94	74.09%
5015350	Building Rentals	4.86	-	(4.86)	0.00%
5015390	Building Rentals - Non State	8,003.20	10,264.00	2,260.80	77.97%
	Total Operating Lease Payments	8,408.12	10,804.00	2,395.88	77.82%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	97.00	97.00	0.00%
5015540	Surety Bonds	-	6.00	6.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending March 31, 2017

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over) Budget	
	Total Insurance-Operations	-	103.00	103.00	0.00%
	Total Continuous Charges	8,408.12	10,933.00	2,524.88	76.91%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	43.00	43.00	0.00%
	Total Educational & Cultural Equip	-	43.00	43.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	21.00	21.00	0.00%
5022620	Office Furniture	52.60	-	(52.60)	0.00%
	Total Office Equipment	52.60	21.00	(31.60)	250.48%
	Total Equipment	52.60	64.00	11.40	82.19%
	Total Expenditures	101,539.95	193,196.00	91,656.05	52.56%
	Allocated Expenditures				
20100	Behavioral Science Exec	43,244.11	79,597.60	36,353.49	54.33%
30100	Data Center	53,958.24	56,980.07	3,021.83	94.70%
30200	Human Resources	4,651.16	15,572.66	10,921.50	29.87%
30300	Finance	26,075.56	31,688.98	5,613.42	82.29%
30400	Director's Office	13,825.20	18,638.43	4,813.23	74.18%
30500	Enforcement	63,720.96	122,979.72	59,258.76	51.81%
30600	Administrative Proceedings	11,729.29	22,305.75	10,576.46	52.58%
30700	Impaired Practitioners	603.11	823.86	220.75	73.21%
30800	Attorney General	706.13	929.24	223.11	75.99%
30900	Board of Health Professions	6,386.80	12,289.92	5,903.12	51.97%
31100	Maintenance and Repairs	-	417.32	417.32	0.00%
31300	Emp. Recognition Program	160.82	199.29	38.47	80.70%
31400	Conference Center	226.59	219.42	(7.17)	103.27%
31500	Pgm Devlpmnt & Implmentn	7,371.95	9,509.39	2,137.44	77.52%
	Total Allocated Expenditures	232,659.91	372,151.65	139,491.74	62.52%
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (200,964.86)	\$ 54,397.35	\$ 255,362.21	369.44%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending March 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March	Total
4002400	Fee Revenue										
4002401	Application Fee	14,470.00	16,045.00	13,160.00	12,270.00	11,915.00	12,260.00	14,390.00	13,590.00	15,475.00	123,575.00
4002406	License & Renewal Fee	110.00	500.00	375.00	180.00	250.00	125.00	150.00	60.00	370.00	2,120.00
4002407	Dup. License Certificate Fee	15.00	185.00	70.00	85.00	135.00	45.00	75.00	70.00	115.00	795.00
4002409	Board Endorsement - Out	800.00	675.00	525.00	375.00	450.00	375.00	775.00	985.00	865.00	5,625.00
4002421	Monetary Penalty & Late Fees	10.00	40.00	30.00	10.00	410.00	10.00	10.00	55.00	410.00	985.00
4002432	Misc. Fee (Bad Check Fee)	-	-	-	-	35.00	-	-	-	-	35.00
	Total Fee Revenue	15,405.00	17,445.00	14,160.00	12,920.00	13,195.00	12,815.00	15,400.00	14,760.00	17,035.00	133,135.00
4003000	Sales of Prop. & Commodities										
4003020	Misc. Sales-Dishonored Payments	-	-	-	-	100.00	-	-	-	-	100.00
	Total Sales of Prop. & Commodities	-	-	-	-	100.00	-	-	-	-	100.00
	Total Revenue	15,405.00	17,445.00	14,160.00	12,920.00	13,295.00	12,815.00	15,400.00	14,760.00	17,035.00	133,235.00
5011000	Personal Services										
5011100	Employee Benefits										
5011110	Employer Retirement Contrib.	814.84	533.60	533.60	533.60	533.60	533.60	533.60	533.60	533.60	5,083.64
5011120	Fed Old-Age Ins- Sal St Emp	474.92	353.95	361.00	378.81	348.71	330.37	308.80	334.31	327.75	3,216.62
5011140	Group Insurance	75.36	51.82	51.82	51.82	51.82	51.82	51.82	51.82	51.82	489.92
5011150	Medical/Hospitalization Ins.	271.50	-	-	-	-	-	-	-	-	271.50
5011160	Retiree Medical/Hospitalizatn	67.45	46.68	46.68	46.68	46.68	46.68	46.68	46.68	46.68	440.89
5011170	Long term Disability Ins	39.15	26.10	26.10	26.10	26.10	26.10	26.10	26.10	26.10	247.95
	Total Employee Benefits	1,743.22	1,012.15	1,019.20	1,037.01	1,006.91	988.57	965.00	992.51	985.95	9,750.52
5011200	Salaries										
5011230	Salaries, Classified	6,131.03	3,955.50	3,955.50	3,955.50	3,955.50	3,955.50	3,955.50	3,955.50	3,955.50	37,775.03
5011250	Salaries, Overtime	140.34	667.47	759.88	992.64	599.01	359.40	51.34	410.74	325.17	4,305.99
	Total Salaries	6,271.37	4,622.97	4,715.38	4,948.14	4,554.51	4,314.90	4,006.84	4,366.24	4,280.67	42,081.02
	Total Personal Services	8,014.59	5,635.12	5,734.58	5,985.15	5,561.42	5,303.47	4,971.84	5,358.75	5,266.62	51,831.54
5012000	Contractual Svcs										
5012100	Communication Services										
5012110	Express Services	-	-	-	-	-	8.90	-	-	-	8.90
5012140	Postal Services	313.86	46.07	152.16	412.80	44.48	159.76	146.54	171.29	177.65	1,624.81
5012160	Telecommunications Svcs (VITA)	37.11	35.51	31.77	-	36.71	34.17	94.96	50.92	31.32	352.47
5012190	Inbound Freight Services	-	-	-	-	-	16.67	-	0.26	-	16.93
	Total Communication Services	350.97	81.58	183.93	412.80	81.19	219.50	241.50	222.47	208.97	2,002.91
5012200	Employee Development Services										
5012210	Organization Memberships	-	-	-	-	-	-	-	1,500.00	-	1,500.00
5012250	Employee Tuition Reimbursement	-	600.00	-	1,200.00	-	-	-	-	-	1,800.00
	Total Employee Development Services	-	600.00	-	1,200.00	-	-	-	1,500.00	-	3,300.00
5012400	Mgmt and Informational Svcs										
5012420	Fiscal Services	10.22	7.32	-	5.00	2.58	-	7.53	-	1.44	34.09
5012440	Management Services	-	28.92	-	16.35	-	5.67	-	3.32	-	54.26
5012460	Public Infrmtl & Relatn Svcs	231.00	201.00	-	-	-	3.00	-	2.00	-	437.00
	Total Mgmt and Informational Svcs	241.22	237.24	-	21.35	2.58	8.67	7.53	5.32	1.44	525.35
5012600	Support Services										
5012630	Clerical Services	3,936.00	3,720.75	3,936.00	-	-	2,033.85	-	6,880.62	3,206.25	23,513.47
5012640	Food & Dietary Services	-	220.78	55.75	-	-	-	-	201.53	97.10	575.16
5012660	Manual Labor Services	9.02	-	-	-	21.46	18.55	-	-	-	49.03
5012670	Production Services	79.40	-	-	-	151.00	111.50	-	43.48	8.20	393.58
5012680	Skilled Services	798.98	983.36	737.52	737.52	737.52	685.96	737.52	737.52	1,069.39	7,225.29
	Total Support Services	4,823.40	4,824.89	4,729.27	737.52	909.98	2,849.86	737.52	7,863.15	4,380.94	31,756.53
5012800	Transportation Services										
5012820	Travel, Personal Vehicle	529.74	152.28	57.07	261.90	584.82	-	-	797.13	150.87	2,533.81
5012850	Travel, Subsistence & Lodging	-	-	-	-	-	-	-	103.10	-	103.10
5012880	Trvl, Meal Reimb- Not Rprtbl	-	-	-	-	-	-	-	126.75	-	126.75
	Total Transportation Services	529.74	152.28	57.07	261.90	584.82	-	-	1,026.98	150.87	2,763.66
	Total Contractual Svcs	5,945.33	5,895.99	4,970.27	2,633.57	1,576.57	3,078.03	986.55	10,417.82	4,742.22	40,348.45

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending March 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March	Total
5013000	Supplies And Materials										
5013100	Administrative Supplies										-
5013120	Office Supplies	16.13	20.94	61.06	-	-	437.64	-	208.15	8.88	752.80
5013130	Stationery and Forms	-	-	-	-	-	14.42	-	-	-	14.42
	Total Administrative Supplies	16.13	20.94	61.06	-	-	452.06	-	208.15	8.88	767.22
5013500	Repair and Maint. Supplies										
5013520	Custodial Repair & Maint Matrl	-	-	-	-	-	-	-	-	2.02	2.02
	Total Repair and Maint. Supplies	-	-	-	-	-	-	-	-	2.02	2.02
	Total Supplies And Materials	16.13	20.94	61.06	-	-	452.06	-	208.15	10.90	769.24
5014000	Transfer Payments										
5014100	Awards, Contrib., and Claims										
5014130	Premiums	-	-	-	-	-	130.00	-	-	-	130.00
	Total Awards, Contrib., and Claims	-	-	-	-	-	130.00	-	-	-	130.00
	Total Transfer Payments	-	-	-	-	-	130.00	-	-	-	130.00
5015000	Continuous Charges										
5015300	Operating Lease Payments										
5015340	Equipment Rentals	45.18	44.08	44.09	-	-	89.27	-	133.36	44.08	400.06
5015350	Building Rentals	-	1.62	-	-	1.62	-	-	1.62	-	4.86
5015390	Building Rentals - Non State	849.48	979.87	849.48	849.48	963.95	851.28	849.48	960.70	849.48	8,003.20
	Total Operating Lease Payments	894.66	1,025.57	893.57	849.48	965.57	940.55	849.48	1,095.68	893.56	8,408.12
	Total Continuous Charges	894.66	1,025.57	893.57	849.48	965.57	940.55	849.48	1,095.68	893.56	8,408.12
5022000	Equipment										
5022620	Office Furniture	-	-	-	-	-	52.60	-	-	-	52.60
	Total Office Equipment	-	-	-	-	-	52.60	-	-	-	52.60
	Total Equipment	-	-	-	-	-	52.60	-	-	-	52.60
	Total Expenditures	14,870.71	12,877.82	11,659.48	9,468.20	8,105.56	9,956.71	6,807.87	17,080.50	10,913.30	101,539.95
	Net Revenue in Excess (Shortfall) of Expenditures Before Allocated Expenditures	\$ 534.28	\$ 4,767.38	\$ 2,500.52	\$ 3,451.80	\$ 5,189.44	\$ 2,858.29	\$ 8,592.13	\$ (2,320.50)	\$ 6,121.70	31,695.05
	Allocated Expenditures										
20100	Behavioral Science Exec	6,965.70	4,530.01	4,395.71	4,237.76	4,390.10	4,701.11	4,245.56	4,676.00	5,202.17	43,244.11
30100	Data Center	5,845.09	8,366.78	3,470.10	8,506.93	2,313.87	5,596.51	7,282.53	7,039.69	5,536.73	53,958.24
30200	Human Resources	31.83	590.47	34.86	33.55	33.59	3,819.50	28.27	47.92	31.15	4,651.16
30300	Finance	5,596.58	3,387.25	2,019.42	5,500.10	5,652.34	(427.74)	4,654.39	(2,428.56)	2,221.77	26,075.56
30400	Director's Office	1,997.40	1,436.60	1,457.12	1,410.29	1,583.47	1,440.50	1,431.86	1,598.81	1,469.16	13,825.20
30500	Enforcement	10,147.80	7,008.42	6,460.16	6,331.26	6,272.50	6,098.88	5,611.91	7,675.55	8,114.48	63,720.96
30600	Administrative Proceedings	529.88	764.18	1,396.23	5,074.50	686.08	-	-	709.40	2,569.02	11,729.29
30700	Impaired Practitioners	90.34	58.75	57.71	57.70	58.02	61.50	57.01	83.78	78.31	603.11
30800	Attorney General	-	-	235.38	235.38	-	-	235.38	-	-	706.13
30900	Board of Health Professions	853.08	715.44	619.28	600.97	771.92	807.27	576.80	664.55	777.59	6,386.80
31300	Emp. Recognition Program	29.76	105.90	-	-	-	16.92	-	5.40	2.84	160.82
31400	Conference Center	20.88	19.35	113.94	(11.92)	6.92	18.43	8.85	34.37	13.76	226.59
31500	Pgm Devlpmt & Implment	981.15	678.05	716.02	653.26	644.40	1,214.02	731.39	1,040.71	712.85	7,371.85
	Total Allocated Expenditures	32,989.48	27,661.19	20,975.94	32,828.77	22,415.10	23,348.91	24,763.93	21,147.64	28,729.94	232,659.91
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (32,455.19)	\$ (22,893.81)	\$ (18,475.42)	\$ (29,177.97)	\$ (17,225.66)	\$ (20,488.62)	\$ (16,171.80)	\$ (23,468.14)	\$ (20,606.24)	\$ (200,964.88)

DEPUTY
EXECUTIVE
DIRECTOR'S
REPORT

CASES RECEIVED, OPEN, & CLOSED REPORT SUMMARY BY BOARD

FISCAL YEAR 2017, QUARTER ENDING 03/31/2017

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

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.

COUNSELING	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Number of Cases Received	32	29	20	19	23	24	21	32	26	27	17	40
Number of Cases Open	59	73	80	87	94	91	108	117	116	98	69	58
Number of Cases Closed	31	15	14	12	21	31	11	25	27	44	43	60

PSYCHOLOGY	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Number of Cases Received	19	23	16	19	8	19	18	19	14	18	26	13
Number of Cases Open	33	44	61	65	64	78	84	74	68	76	87	49
Number of Cases Closed	13	15	4	16	13	8	12	32	20	9	17	52

SOCIAL WORK	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Number of Cases Received	50	24	25	11	15	22	31	19	15	19	12	28
Number of Cases Open	71	73	80	82	96	95	126	120	127	78	70	54
Number of Cases Closed	36	23	18	13	9	27	8	27	8	62	17	46

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

FISCAL YEAR 2017, QUARTER ENDING 03/31/2017

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

*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	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Counseling	170.4	204.6	238.2	315.6	252.2	284.1	193.5	415.6	323.7	375.5	292.8	247.9
Psychology	176.5	210.0	129.0	171.1	181.1	216.0	287.0	437.0	287.3	380.0	291.7	357.7
Social Work	171.2	183.9	314.4	198.9	202.9	199.4	132.5	342.0	226.0	469.7	407.6	366.2
Agency Totals	170.1	178.3	187.6	207.2	186.7	200.1	190.8	201.6	188.5	202.7	207.7	222.8



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

FISCAL YEAR 2017, QUARTER ENDING 09/30/2016

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

*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.

BOARD	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017
Counseling	96.8%	86.7%	78.6%	75.0%	76.2%	64.3%	72.7%	36.0%	55.6%	45.5%	78.6%	84.7%
Psychology	100.0%	93.3%	100.0%	87.5%	100.0%	75.0%	50.0%	37.5%	50.0%	44.4%	50.0%	44.2%
Social Work	91.7%	95.7%	72.2%	92.3%	77.8%	65.5%	87.5%	46.2%	75.0%	30.7%	62.5%	41.3%
Agency Totals	97.4%	90.9%	88.6%	87.9%	88.3%	84.4%	85.8%	84.8%	85.6%	82.0%	85.1%	81.7%

LICENSING MANAGER'S REPORT



COUNT OF CURRENT LICENSES BOARD SUMMARY AND LAST FIVE FISCAL YEARS

FISCAL YEAR 2017, QUARTER ENDING 09/30/2016

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

	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Total Count – Social Work	6350	6481	6590	6741	6306	6544	6690	6828	7057	8900	9144	9340
Associate Social Worker	1	1	1	1	0	1	1	1	1	1	1	1
Licensed Clinical Social Worker	5814	5903	5986	6104	5781	5948	6060	6170	6358	6458	6558	6684
Licensed Social Worker	518	560	586	619	525	583	617	645	686	739	778	816
Registered Social Worker	17	17	17	17	0	12	12	12	12	12	12	12
Registration of Supervision										1690	1795	1827

Occupation	FY12	Change Between FY13 & FY12	FY13	Change Between FY14 & FY13	FY14	Change Between FY15 & FY14	FY15	Change Between FY16 & FY15	FY16
Associate Social Worker	2	50.0%	3	-66.7%	1	-	0	-	1
Licensed Clinical Social Worker	5233	5.4%	5515	5.4%	5814	-0.6%	5781	10.0%	6358
Licensed Social Worker	393	19.3%	469	10.4%	518	1.4%	525	30.7%	686
Registered Social Worker	21	0.0%	21	-19.0%	17	-	0	-	12



NEW LICENSES ISSUED BOARD SUMMARY AND LAST FIVE FISCAL YEARS

FISCAL YEAR 2017, QUARTER ENDING 09/30/2016

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

	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Total Count – Social Work	254	124	110	139	169	171	125	131	207	277	353	352
Associate Social Worker	0	0	0	0	0	0	0	0	0	0	0	0
Licensed Clinical Social Worker	93	86	85	108	125	118	96	104	167	95	97	122
Licensed Social Worker	35	38	25	31	44	53	29	27	40	52	39	38
Registered Social Worker	0	0	0	0	0	0	0	0	0	0	1	0
Registration of Supervision	-	-	-	-	-	-	-	-	-	130	216	192

Occupation	FY12	Change Between FY13 & FY12	FY13	Change Between FY14 & FY13	FY14	Change Between FY15 & FY14	FY15	Change Between FY16 & FY15	FY16
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
Registered Social Worker	0	-	0	-	0	-	0	-	0



APPLICANT SATISFACTION SURVEY RESULTS APPROVAL RATE AND LAST FIVE FISCAL YEARS

FISCAL YEAR 2017, QUARTER ENDING 09/30/2016

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

	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Social Work	88.5%	92.0%	92.0%	90.7%	92.6%	90.7%	94.4%	N/A	100.0%	97.2%	100%	91.2%

	FY12	Change Between FY13 & FY12	FY13	Change Between FY14 & FY13	FY14	Change Between FY15 & FY14	FY15	Change Between FY16 & FY15	FY16
Social Work	85.5%	3.2%	88.2%	1.0%	89.1%	3.1%	91.9%	2.8%	94.4%

Number of Responses	11	Satisfaction Percentage	91.2%
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1. The instructions for applying for a license were clear and easy to understand.	2. My application was processed promptly by the Department of Health Professions.	3. The forms were easy to complete.	4. My inquiry was promptly answered.	5. I was provided courteous service.	6. I was provided accurate information.	7. What one thing could we do to improve the Department of Health Profession's service to you?	8. Comments	9. My experience with the DHP examination vendor was satisfactory.	10. Comments on Examination Services
Disagree	Agree	Agree				The process involves multiple parties, if the dept of health professions website could provide explicit, step by step instructions and "what to expect" it would be helpful and reassuring.		Agree	
Strongly Agree	Strongly Agree	Strongly Agree							n/a
Strongly Agree	Disagree	Strongly Agree	Strongly Agree	Disagree	Agree	Improvement of service was provided through legislation that was passed in 2013. This allowed my masters degree from an accredited school of social work to be recognized for registration of supervision. It would be helpful in the future for the Department of Health Professions to work with social workers to resolve matters such as this in a collaborative and solution oriented fashion.	My experience prior to Sept 2013 was extremely difficult and resulted in a very lengthy delay in getting registered for supervision. Contact with the office at that time was not of a courteous nature. During my supervision period and application for examination period, service was improved with respect to supportive and courteous communication.	Strongly Agree	PearsonVue in Vienna VA was a testing site I would use in the future. It was easy to access, a positive environment and easy to navigate.
Strongly Agree	Strongly Agree	Strongly Agree						Strongly Agree	
Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	This process was easier and more fluid than I anticipated, particularly, as I was applying from out-of-state. The prompt correspondence and assistance by staff was outstanding. Thank you!		
Agree	Agree	Agree	Agree	Agree	Agree			Agree	

Agree	Strongly Disagree	Agree	Strongly Disagree	Agree	Strongly Agree	The size of the staff needs to be increased. When I called the answering machine stated, "we are severely understaffed... please do not leave a message, we will not return your call." While I understand that internet log-in is preferred and it saves time to not communicate directly with applicants, this is not high quality customer service. Sometimes an applicant just needs a quick question answered and an automated system only does not meet the needs fully.	Agree	
Agree	Agree	Agree	Strongly Agree	Agree	Agree		Agree	
Agree	Strongly Agree	Agree	Strongly Agree	Strongly Agree	Strongly Agree	The online instructions were confusing.	I can't say enough how everyone was professional and friendly and returned calls within a day. The individuals I spoke to made the process easy and they were gracious with my questions and efficient with helping to resolve my issue. Thanks so much	Strongly Agree
Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Nothing. Compared to others, Virginia was a breeze.	Thank you for making the process fairly painless.	I did not take an examination.
Agree	Strongly Agree	Agree	Strongly Agree	Strongly Agree	Strongly Agree	Unsure		Agree

COMMITTEE REPORTS

**THE VIRGINIA BOARD OF SOCIAL WORK
REGULATORY COMMITTEE MEETING MINUTES
Thursday, February 2, 2017**

The Regulatory Committee of the Virginia Board of Social Work ("Board") convened at 1:05 p.m. on Thursday, February 2, 2017, at the Department of Health Professions, 9960 Mayland Drive, Richmond, Virginia. Joseph Walsh, Chair, called the meeting to order.

BOARD MEMBERS PRESENT: Maria Eugenia del Villar, L.C.S.W.
Gloria Manns, L.C.S.W.
John Salay, L.C.S.W.
Joseph Walsh, L.C.S.W., Ph.D.

BOARD MEMBERS ABSENT: Dolores Paulson, L.C.S.W., Ph.D.

STAFF PRESENT: Christy Evans, Discipline Case Specialist
Sarah Georgen, Licensing Manager
Jaime Hoyle, Executive Director
Jennifer Lang, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst

CALL TO ORDER:

Dr. Walsh called the meeting to order.

ESTABLISHMENT OF A QUORUM:

Ms. Georgen announced that five members of the Committee were present; therefore, a quorum was established.

MISSION STATEMENT:

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

EMERGENCY EGRESS:

Dr. Walsh announced the Emergency Egress Procedures.

ADOPTION OF AGENDA:

Upon a motion by Mr. Salay which was properly seconded, the agenda was accepted as written. The motion passed.

PUBLIC COMMENT:

Melissa Turner, LCSW (Inactive) provided a statement to the Committee regarding the requirements to reactive a license. She noted the difficulties with meeting the requirements and requested that the board review the regulations to ease the burden of licensees to reinstate or reactive their license.

Frances Goddard, LCSW provided public comment in support of mid-level licensure and recommended that the board achieve changing the requirements through the regulatory, rather than through the

legislative process. She noted that the Virginia Society for Clinical Social Work was open to all three levels of licensure.

Joseph Lynch, LCSW provided written public comment.

Debra Riggs with the National Association of Social Workers, Virginia Chapter noted support of mid-level and stressed the importance of splitting the license to ensure that the Bachelors and Masters examinations were utilized.

APPROVAL OF MINUTES:

Upon a motion by Ms. del Villar which was properly seconded, the meeting minutes from April 29, 2016 were approved as written.

UNFINISHED BUSINESS:

The Committee discussed the proposed NOIRA regarding “clinical social work services.” Upon a motion by Ms. Manns which was properly seconded, the Committee accepted the definition of “clinical social work services” to add “psychosocial interventions” to the definition. The motion passed.

The Committee discussed the current regulations for reactivation and reinstatement (see attachment #A). Upon a motion by Mr. Salay which was properly seconded, the Committee accepted the amendments to the Regulations. The motion passed.

Following discussion with the Committee, Ms. Hoyle agreed to work with Board counsel to determine if the Board can separate, through its regulatory authority, the LSW license between BSW and MSW.

NEW BUSINESS:

There was no new business.

NEXT MEETING:

Dr. Walsh scheduled the next Regulatory Committee meeting for March 30, 2017 at 1:00 p.m.

ACTION ITEMS:

- Draft language to outline the Board’s intent to adopt the NOIRA for mid-level licensure.

ADJOURNMENT:

There being no further business to come before the Committee, the meeting was adjourned at 2:47 p.m.

Joseph Walsh, Chair

Jaime Hoyle, Executive Director

**Proposed Regulations as Recommended by the Regulatory Committee
Board of Social Work**

18VAC140-20-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-3700 of the Code of Virginia:

Board

Casework

Casework management and supportive services

Clinical social worker

Practice of social work

Social worker

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

"Accredited school of social work" means a school of social work accredited by the Council on Social Work Education.

"Active practice" means post-licensure practice at the level of licensure for which an applicant is seeking licensure in Virginia and shall include at least 360 hours of practice in a 12-month period.

"Ancillary services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Clinical course of study" means graduate course work that includes specialized advanced courses in human behavior and the social environment, social justice and policy, psychopathology and diversity issues; research; clinical practice with individuals, families, and groups; and a clinical practicum that focuses on diagnostic, prevention and treatment services.

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

"Exempt practice" is that which meets the conditions of exemption from the requirements of licensure as defined in § 54.1-3701 of the Code of Virginia.

"Face-to-face supervision" means the physical presence of the individuals involved in the supervisory relationship during either individual or group supervision or the use of technology that provides real-time, visual contact among the individuals involved.

"Nonexempt practice" is that which does not meet the conditions of exemption from the requirements of licensure as defined in § 54.1-3701 of the Code of Virginia.

"Supervisee" means an individual who has submitted a supervisory contract and has received board approval to provide clinical services in social work under supervision.

"Supervision" means a professional relationship between a supervisor and supervisee in which the supervisor directs, monitors and evaluates the supervisee's social work practice while promoting development of the supervisee's knowledge, skills and abilities to provide social work services in an ethical and competent manner.

18VAC140-20-110. Late Renewal; Reinstatement; Reactivation.

A. A social worker or clinical social worker whose license has expired may renew that license within one year after its expiration date by:

1. Providing evidence of having met all applicable continuing education requirements.
2. Paying the penalty for late renewal and the renewal fee as prescribed in 18VAC140-20-30.

B. A social worker or clinical social worker who fails to renew the license after one year and who wishes to resume practice shall:

1. Apply for reinstatement;
2. Pay the reinstatement fee, which shall consist of the application processing fee and the penalty fee for late renewal, as prescribed in 18VAC140-20-30.
3. Provide documentation of having completed all applicable continued competency hours equal to the number of years the license has lapsed, not to exceed four years;
4. Documentation of any other health or mental health licensure or certification in good standing, if applicable; and
5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

C. In addition to requirements set forth in subsection B, an applicant for reinstatement whose license has been expired for ten or more years shall also provide evidence of competency to practice by documenting:

1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;
2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or
3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding an application in Virginia. The supervised experience shall include a minimum of 60 hours of face-to-face direct client contact and nine hours of face-to-face supervision.

D. A social worker or clinical social worker wishing to reactivate an inactive license shall:

1. Submit the difference between the renewal fee for active licensure minus any fee already paid and the fee for inactive licensure renewal;
2. Document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years.

E. In addition to requirements set forth in subsection C, an applicant for reactivation who has been inactive for four ten or more years shall also provide evidence of competency to practice by documenting:

1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;
2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or
3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding a reactivation request in Virginia. The supervised experience shall include a minimum of 60 hours of face-to-face direct client contact and nine hours of face-to-face supervision.

**THE VIRGINIA BOARD OF SOCIAL WORK
STAKEHOLDER MEETING MINUTES
Friday, March 3, 2017**

The stakeholder meeting of the Virginia Board of Social Work ("Board") meeting convened at 10:07 a.m. on Friday, March 3, 2017 at the Department of Health Professions, 9960 Mayland Drive, Richmond, Virginia. Jaime Hoyle, Executive Director, called the meeting to order.

BOARD MEMBERS PRESENT: Joseph Walsh, L.C.S.W., Ph.D.

DHP STAFF PRESENT: Sarah Georgen, Licensing Manager
Jaime Hoyle, Executive Director
Elaine Yeatts, Sr. Policy Analyst

BOARD COUNSEL: James Rutkowski

OTHERS PRESENT: Kelly Fitzgerald, NASW-VA
Joseph Lynch, Virginia Society for Clinical Social Work
Debra Riggs, NASW-VA

CALL TO ORDER:

Ms. Hoyle called the meeting to order and stated that the purpose of the meeting was to create consensus between Social Work stakeholders regarding mid-level licensure.

MID-LEVEL LICENSURE DISCUSSION:

Ms. Hoyle stated that, following discussion with Board Counsel, moving forward with mid-level licensure would require a legislative process through the General Assembly and could not be completed only through the Regulations Governing the Practice of Social Work.

Ms. Yeatts provided draft legislation for the stakeholders to consider. The participants reviewed the draft language and, after discussion, proposed amendments (see attachment #A) to the draft language for the Regulatory Committee to consider.

ADJOURNMENT:

The meeting was adjourned at 11:30 a.m.

Jaime Hoyle, Executive Director

VIRGINIA BOARD OF SOCIAL WORK
SPECIAL CONFERENCE COMMITTEE

March 10, 2017

MINUTES

CALL TO ORDER: A Special Conference Committee ("Committee") of the Board of Social Work ("Board") convened on March 10, 2017 at 10:11 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Training Room 2.

MEMBERS PRESENT: John Salay, LCSW, Chairperson
Dolores Paulson, Ph.D., LCSW

STAFF PRESENT: Jennifer Lang, Deputy Executive Director
Emily Tatum, Adjudication Specialist

RESPONDENT: Michael Crosby, Ph.D., LCSW
License No.: 0904-003687
Case No.: 157639 and 170169
Witness(es): Martin Pool, LCSW
Tag Tuck

DISCUSSION: Dr. Crosby appeared before the Committee, in person, in accordance with the Notice of the Board dated December 13, 2016. He was not represented by legal counsel.

The Committee fully discussed the allegations in the Notice with Dr. Crosby.

CLOSED MEETING: Upon a motion by Dr. Paulson, and duly seconded by Mr. Salay, the Committee voted to convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Michael Crosby, Ph.D., LCSW. Additionally, she moved that Jennifer Lang and Emily Tatum attend the closed meeting because their presence would aid the Committee in its deliberations.

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

DECISION: Upon a motion by Dr. Paulson, and duly seconded by Mr. Salay, the Committee made certain findings of facts and conclusions of law and voted to place certain terms and conditions on Dr. Crosby's license to practice clinical social work. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 11:38 a.m.

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



John Salay, LCSW, Chairperson

3-10-17

Date



Jennifer Lang, Deputy Executive Director
Virginia Board of Social Work

3/10/17

Date

Board of Health Professions Full Board Meeting

February 23, 2017
10:00 a.m. - Board Room 4
9960 Mayland Dr, Henrico, VA
23233

In Attendance

Robert J. Catron, Citizen Member
Helene D. Clayton-Jeter, OD, Board of Optometry
Marvin Figueroa, Citizen Member
Yvonne Haynes, LCSW, Board of Social Work
Allen R. Jones, Jr., DPT, PT
Derrick Kendall, NHA, Board of Long-Term Care Administrators
Ryan Logan, Board of Pharmacy
Martha S. Perry, MS, Citizen Member
Herb Stewart, PhD, Board of Psychology
Laura P. Verdun, MA, CCC-SLP, Board of Audiology & Speech-Language Pathology
James D. Watkins, DDS, Board of Dentistry
James Wells, RPH, Citizen Member
Junius Williams, Jr, MA, Board of Funeral Directors and Embalmers

Absent

Barbara Allison-Bryan, MD, Board of Medicine
Kevin Doyle, Ed.D., LPC, LSATP, Board of Counseling
Mark Johnson, DVM, Board of Veterinary Medicine
Trula E. Minton, MS, RN, Board of Nursing
Jacquelyn M. Tyler, RN, Citizen Member

DHP Staff

David E. Brown, D.C., Director DHP
Elizabeth A. Carter, Ph.D., Executive Director BHP
Kathy Siddall, Business Planning & Research Director DHP
Elaine Yeatts, Senior Policy Analyst DHP
Ralph Orr, Program Manager, Prescription Monitoring Program
Jaime Hoyle, Executive Director, Boards of Counseling, Psychology & Social Work DHP
Diane Powers, Communications Director DHP
Matt Treacy, Communications Associate DHP
Laura L. Jackson, Operations Manager BHP

Presenters

Neal Kauder and Kim Small, VisualResearch, Inc.

Observers Sara Heisler, VHHA

Call to Order

Acting Chair Mr. Catron **Time** 10:03 a.m.

Quorum Established

Public Comment

Comment None provided

Approval of Minutes

Presenter Mr. Catron

Discussion

The August 18, 2016 Full Board meeting minutes were approved with two amendments: remove "Acting" from Mr. Catron's signature line on page 5; and change Ms. Russell to Ms. Hahn on page 4 under Board of Physical Therapy. All members in favor, none opposed.

Directors Report

Presenter Dr. Brown

Discussion

Dr. Brown provided an update on the agency's General Assembly activity to date. DHP has only two bills this session and they are very technical in nature: **HB 1541 (BON; powers and duties)** - authorizing the Board to deny or withdraw approval from *training* programs for failure to meet prescribed standards and **SB 922 (DPOR and DHP; licensure, certification, registration, and permitting)** - making it clear that health regulatory boards have authority to take action on permits also. Also discussed were **SB1020** - Peer recovery specialists and qualified mental health professionals; registration, and VDHS needle exchange bill HB 2317 - relating to harm reduction programs; public health emergency; dispensing and distributing needles and syringes.

Legislative and Regulatory Report

Presenter Ms. Yeatts

Discussion

Ms. Yeatts advised the Board of updates to the laws and regulations that affect DHP currently in the General Assembly. HB1566 concerning active supervision of regulatory boards includes evaluation of the need for regulation of professions. The measure does not refer, specifically, to the Board's long-standing statutory authority to evaluate and advise on the need for regulation or deregulation of health professions. However, if funds are appropriated in the 2017 state budget, it would require additional review by a new analyst position within the legislative branch.

Executive Directors Report

Presenter Dr. Carter

Agency Performance

Dr. Carter reviewed the agencies performance measures in relation to clearance rate, age of pending caseload and time to disposition. Kathy Siddall, Director of Business Planning and Research provided an overview for the Board of the agency's strategic plan goals and objectives for 2017-2018.

Board Budget

Dr. Carter stated that the Board is working under budget.

Healthcare Workforce Data Center

Dr. Carter provided an update on the Data Center. Handouts included: Series 1 Brief: State & National Employment; Series 2 Brief: Regional and Sectoral Employment and Series 3 Brief: Income and Compensation. A new addition to the Center is the Healthcare Occupational Roadmap. It is a digital tool designed to aid school counselors on entry level healthcare careers.

Communications

Dr. Carter discussed the Prescription Monitoring Program's (PMP) new Education Toolkit. Mr. Orr elaborated on its purpose and functionality. Mr. Orr also noted that the PMP has received a \$3.1 million grant from PurduePharma to help integrate use of its data in doctors' and pharmacists' regular work flow.

Also discussed was the press release from the Governor's office announcing VaAware, a new website funded by the Board of Medicine and developed by DHP staff that provides resources for prevention, treatment and recovery from opioid addiction. VaAware is a collaboration among four Virginia agencies, the Department of Health, Department of Behavioral Health and Developmental Services, Department of Criminal Justice Services, and Department of Health Professions.

VLDS

Dr. Carter provided information regarding DHP's involvement with the Virginia Longitudinal Data System. An Interagency Data Sharing agreement has been signed and DHPs workforce survey data has been added. The data is double de-identified making it very secure. Researchers interested in accessing DHPs workforce data may do so by submitting a request to VLDS.

Stakeholder Group to Determine Demand

Dr. Carter asked the board members for participants in a stakeholder planning group to aid in determining how the Board may proceed with identifying healthcare workforce demand in Virginia. Dr. Stewart, Dr. Clayton-Jeter, and Mr. Figueroa agreed to assist.

Certified Anesthesiologist Assistant Study

Dr. Carter reviewed the proposed workplan and asked the Board to move forward with the study.

Motion

A motion was made to approve the workplan and move forward with the study. The motion was properly seconded by Ms. Verdun. All members were in favor, none opposed.

Sanction Reference Points (SRP) & Disciplinary Caseload Overview

Presenter Mr. Kauder

Mr. Kauder with VisualResearch provided a PowerPoint presentation to educate new board members on the purpose of SRPs, its guiding principles, and how it was developed and to provide a status report on the program for all.

Lunch Break

Presenter Mr. Catron

Mr. Catron announced a lunch break at 12:12 p.m. The meeting reconvened at 12:41 p.m.

Interstate Compacts, Portability, and Telehealth in the Behavioral Sciences Boards

Presenter Ms. Hoyle

Ms. Hoyle provided a PowerPoint presentation on how the Behavioral Sciences Boards are utilizing interstate compacts, portability, and telehealth.

Board Reports

Presenter Mr. Catron

Board of Pharmacy

Mr. Logan reported that the Board of Pharmacy has developed a workgroup to review USP Chapter 800 - Hazardous Drugs—Handling in Healthcare Settings.

Board of Physical Therapy

Dr. Jones reported that the Licensure Compact Committee members decided against recommending pursuit of the Compact during the 2018 legislative session to the full board. He also stated that the Board of Pharmacy held a public hearing to receive comment on the proposed regulations regarding the practice of Dry Needling.

Board of Social Work

Ms. Haynes stated that the Board of Social Work has amended two regulations: 1) Psychosocial interventions in the definition of “clinical social work services” and, 2) revise the requirements for reactivation and reinstatement.

Board of Psychology

Dr. Stewart stated that The Board of Psychology is moving forward with collaboration in the Psychology Interjurisdictional Compact (PSYPACT). He also stated that the Board is reviewing credentialing and performing a regulations review match up.

Elections: Board Chair

Presenter Mr. Catron

Chair Nominations: Helene Clayton-Jeter, OD

With no other nominations made for position of Board Chair, Dr. Clayton-Jeter was unanimously elected Chair. All members in favor, none opposed.

Vice Chair Nominations: Allen R. Jones, Jr., DPT, PT

With no other nominations made for position of Vice Chair, Dr. Jones, Jr., was unanimously elected Vice Chair. All members in favor, none opposed.

New Business

Presenter Mr. Catron

There was no new business to discuss.

Adjourned

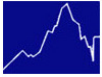
Adjourned 1:16 p.m.

Chair Robert Catron

Signature: _____ Date: ____/____/____

Board Executive Director Elizabeth A. Carter, Ph.D.

Signature: _____ Date: ____/____/____



Board of Health Professions Regulatory Research Committee Meeting

April 3, 2017
10:00 a.m. - Board Room 2
9960 Mayland Dr, Henrico, VA
23233

- In Attendance** Yvonne Haynes, LCSW, Board of Social Work
James Wells, RPH, Citizen Member
- Absent** Barbara Allison-Bryan, MD, Board of Medicine
Martha S. Perry, MS, Citizen Member
Jacquelyn M. Tyler, RN, Citizen Member
- DHP Staff** Elizabeth A. Carter, Ph.D., Executive Director BHP
Yetty Shobo, Ph.D., Deputy Executive Director
Laura L. Jackson, Operations Manager BHP
Jay Douglas, Executive Director Board of Nursing
- Observers** W. Scott Johnson, Medical Society of Virginia
- Speakers** Katie Payne, Virginia Society of Anesthesiologists
Ralston King, Medical Society of Virginia
- Emergency Egress** Dr. Carter

Call to Order

Chair Mr. Wells **Time** 10:06 a.m.
Quorum No Quorum

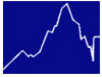
Public Comment

Comment Katie Payne, Virginia Society of Anesthesiologists

Discussion

Ms. Payne is with the Virginia Society of Anesthesiologists and stated that she is available to assist with information the board may need to complete the study.

Mr. King stated that he is with the Medical Society of Virginia and is currently working with the Virginia Society of Anesthesiologists.



Review of Certified Anesthesiologist Assistants

Presenter Dr. Carter

Review of Research to Date

Dr. Carter reviewed the meeting packet and provided a handout referencing the Virginia LMI occupational profile on Anesthesiologists and HRSA and FutureDocs.

Chairman Wells stated that this study will apply seven criteria for evaluating the need for regulation of this profession. The scope of practice determined by the 18 regulating states reflects that the Certified Anesthesiologist Assistants (CAA) perform activities under supervision of an Anesthesiologist. He indicated that it will be important to consider the existing practice restrictions among the 18 states, ranking from the most to least restrictive.

Ms. Haynes stated that the Committee will need insight into relevant disciplinary issues in Virginia and the role that oversight by anesthesiologists may entail.

Adjourned

Adjourned 10:49 a.m.

Chair James Wells, RPh.

Signature: _____ Date: ____/____/____

Board Executive Director Elizabeth A. Carter, Ph.D.

Signature: _____ Date: ____/____/____

UNFINISHED BUSINESS

NEW BUSINESS

Board of Social Work

2018 Session of the General Assembly

Draft Legislation

A BILL to amend the *Code of Virginia* by amending sections §§ 54.1-3700 and 54.1-3705, by adding authority for the Board of Social Work to license baccalaureate social workers and master's social workers, and to register persons obtaining supervised experience for licensure as a clinical social worker.

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3700 and 54.1-3705 of the *Code of Virginia* be amended and reenacted as follows:

§ 54.1-3700. Definitions.

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

"Administration" means the process of attaining the objectives of an organization through a system of coordinated and cooperative efforts to make social service programs effective instruments for the amelioration of social conditions and for the solution of social problems.

Baccalaureate social worker means a person, engaged in the practice of social work, who practices under the supervision of a master's social worker within an entity not otherwise exempted by provisions of § 54.1-3701 and who is engaged in a basic generalist practice to include casework management and supportive services and consultation and education.

"Board" means the Board of Social Work.

"Casework" means both direct treatment, with an individual or several individuals, and intervention in the situation on the client's behalf with the objectives of meeting the client's needs, helping the client deal with the problem with which he is confronted, strengthening the client's capacity to function productively, lessening his distress, and enhancing his opportunities and capacities for fulfillment.

"Casework management and supportive services" means assessment of presenting problems and perceived needs, referral services, policy interpretation, data gathering, planning, advocacy, and coordination of services.

"Clinical social worker" means a social worker who, by education and experience, is professionally qualified at the autonomous practice level to provide direct diagnostic, preventive and treatment services where functioning is threatened or affected by social and psychological stress or health impairment.

“Consultation and education” means program consultation in social work to agencies, organizations, or community groups; academic programs and other training such as staff development activities, seminars, and workshops using social work principles and theories of social work education.

“Group work” means helping people, in the realization of their potential for social functioning, through group experiences in which the members are involved with common concerns and in which there is agreement about the group’s purpose, function, and structure.

Master’s social worker means a person, engaged in the practice of social work, who is employed by an entity not otherwise exempted by provisions of § 54.1-3701 and who is engaged in a non-clinical, generalist scope of practice of social work to include staff supervision and management.

"Planning and community organization" means helping organizations and communities analyze social problems and human needs; planning to assist organizations and communities in organizing for general community development; and improving social conditions through the application of social planning, resource development, advocacy, and social policy formulation.

"Practice of social work" means rendering or offering to render to individuals, families, groups, organizations, governmental units, or the general public service which is guided by special knowledge of social resources, social systems, human capabilities, and the part conscious and unconscious motivation play in determining behavior. Any person regularly employed by a licensed hospital or nursing home who offers or renders such services in connection with his employment in accordance with patient care policies or plans for social services adopted pursuant to applicable regulations when such services do not include group, marital or family therapy, psychosocial treatment or other measures to modify human behavior involving child abuse, newborn intensive care, emotional disorders or similar issues, shall not be deemed to be engaged in the "practice of social work." Subject to the foregoing, the disciplined application of social work values, principles and methods includes, but is not restricted to, casework management and supportive services, casework, group work, planning and community organization, administration, consultation and education, and research.

"Research" means the application of systematic procedures for the purpose of developing, modifying, and expanding knowledge of social work practice which can be communicated and verified.

"Social worker" means a person trained to provide service and action to effect changes in human behavior, emotional responses, and the social conditions by the application of the values, principles, methods, and procedures of the profession of social work.

§ 54.1-3705. Specific powers and duties of the Board.

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

1. To cooperate with and maintain a close liaison with other professional boards and the community to ensure that regulatory systems stay abreast of community and professional needs.
2. To conduct inspections to ensure that licensees conduct their practices in a competent manner and in conformance with the relevant regulations.
3. To designate specialties within the profession.
4. Expired.
5. To license baccalaureate social workers, master's social workers, and clinical social workers to practice consistent with the definitions specified in § 54.1-3700 and regulations promulgated by the Board.
6. To register persons for the supervised practice of social work as required for licensure as a clinical social worker.

DRAFT

Issues to take to Board for further discussion

1. Child Placing License 18VACAC140-20-50 D. 4. Supervisees shall not supervise the provision of clinical social work services provided by another person.

(http://www.dss.virginia.gov/files/division/licensing/lcpa/intro_page/code_regulations/regulations/final_cpa_manual_071713.pdf)

Issue/Concern:

Regulations state in Child Placing License that supervisees shall not supervise clinical work of another person. The interpretation currently by some providers is that employment supervision is fine, but not any clinical supervision. For example case management, ancillary, office work can be supervised by the supervisee but the clinical aspect might have to be done elsewhere

Question for the Board:

Is this interpretation in line with the expectations of the Board as it relates to supervision of supervisees in VA?

2. Currently, many providers take interns (a lot from VCU) for clinical internships. The school relies on this for their field placements and historically a person with an MSW has been able to supervise this student for their clinical practicum.

Issue/Concern:

B. The requirement for a clinical practicum in a clinical course of study shall be a minimum of 600 hours, which shall be integrated with clinical course of study coursework and supervised by a person who is a licensed clinical social worker or who holds a master's or doctor's degree in social work and has a minimum of three years of experience in clinical social work services after earning the graduate degree. An applicant who has otherwise met the requirements for a clinical course of study but who did not have a minimum of 600 hours in a supervised field placement/practicum in clinical social work services may meet the requirement by obtaining an equivalent number of hours of supervised practice in clinical social work services in addition to the experience required in [18VAC140-20-50](#). (Regulations page 6 VA Board of Social Work)

The concern is whether supervisees who meet the Master's qualifications above are still able to supervise an intern/student for practicum given their status of *Supervisee in Social Work*.

Questions for the Board:

Can a supervisee supervise the intern/student toward their practicum given their status as a supervisee in social work?

What would the liability/responsibility be for the supervisor of that supervisee who is now supervising an intern/student for their practicum?

Commonwealth of Virginia



REGULATIONS
GOVERNING THE PRACTICE OF SOCIAL
WORK

VIRGINIA BOARD OF SOCIAL WORK

Title of Regulations: 18 VAC 140-20-10 et seq.

Statutory Authority: §§ 54.1-2400 and Chapter 37 of Title 54.1
of the *Code of Virginia*

Revised Date: March 9, 2017

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Part I. General Provisions.

18VAC140-20-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-3700 of the Code of Virginia:

Board

Casework

Casework management and supportive services

Clinical social worker

Practice of social work

Social worker

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

"Accredited school of social work" means a school of social work accredited by the Council on Social Work Education.

"Active practice" means post-licensure practice at the level of licensure for which an applicant is seeking licensure in Virginia and shall include at least 360 hours of practice in a 12-month period.

"Ancillary services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Clinical course of study" means graduate course work that includes specialized advanced courses in human behavior and the social environment, social justice and policy, psychopathology and diversity issues; research; clinical practice with individuals, families, and groups; and a clinical practicum that focuses on diagnostic, prevention and treatment services.

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

"Exempt practice" is that which meets the conditions of exemption from the requirements of licensure as defined in § 54.1-3701 of the Code of Virginia.

"Face-to-face supervision" means the physical presence of the individuals involved in the supervisory relationship during either individual or group supervision or the use of technology that provides real-time, visual contact among the individuals involved.

"Nonexempt practice" is that which does not meet the conditions of exemption from the requirements of licensure as defined in § 54.1-3701 of the Code of Virginia.

"Supervisee" means an individual who has submitted a supervisory contract and has received board approval to provide clinical services in social work under supervision.

"Supervision" means a professional relationship between a supervisor and supervisee in which the supervisor directs, monitors and evaluates the supervisee's social work practice while promoting development of the supervisee's knowledge, skills and abilities to provide social work services in an ethical and competent manner.

18VAC140-20-20. [Repealed]

18VAC140-20-30. Fees.

A. The board has established fees for the following:

1. Registration of supervision	\$50
2. Addition to or change in registration of supervision	\$25
3. Application processing	
a. Licensed clinical social worker	\$165
b. Licensed social worker	\$115
4. Annual license renewal	
a. Registered social worker	\$25
b. Associate social worker	\$25
c. Licensed social worker	\$65
d. Licensed clinical social worker	\$90
5. Penalty for late renewal	
a. Registered social worker	\$10
b. Associate social worker	\$10
c. Licensed social worker	\$20
d. Licensed clinical social worker	\$30
6. Verification of license to another jurisdiction	\$25
7. Additional or replacement licenses	\$15
8. Additional or replacement wall certificates	\$25
9. Returned check	\$35
10. Reinstatement following disciplinary action	\$500

B. Fees shall be paid by check or money order made payable to the Treasurer of Virginia and forwarded to the board. All fees are nonrefundable.

C. Examination fees shall be paid directly to the examination service according to its requirements.

18VAC140-20-35. Sex offender treatment provider certification.

Anyone licensed by the board who is seeking certification as a sex offender treatment provider shall obtain certification under the Board of Psychology and adhere to the board's Regulations Governing the Certification of Sex Offender Treatment Providers, 18VAC125-30-10 et seq.

18VAC140-20-37. Licensure; general.

Licensed social workers may practice in exempt practice settings under appropriate supervision. Only licensed clinical social workers may practice at the autonomous level.

Part II. Requirements for Licensure.

18VAC140-20-40. Requirements for licensure by examination as a clinical social worker.

Every applicant for examination for licensure as a licensed clinical social worker shall:

1. Meet the education requirements prescribed in 18VAC140-20-49 and experience requirements prescribed in 18VAC140-20-50.

2. Submit a completed application to the board office to include:

a. Documentation, on the appropriate forms, of the successful completion of the supervised experience requirements of 18VAC140-20-50 along with documentation of the supervisor's out-of-state license where applicable. Applicants whose former supervisor is deceased, or whose whereabouts is unknown, shall submit to the board a notarized affidavit from the present chief executive officer of the agency, corporation or partnership in which the applicant was supervised. The affidavit shall specify dates of employment, job responsibilities, supervisor's name and last known address, and the total number of hours spent by the applicant with the supervisor in face-to-face supervision;

b. The application fee prescribed in 18VAC140-20-30;

c. Official transcript or documentation submitted from the appropriate institutions of higher education that verifies successful completion of educational requirements set forth in 18VAC140-20-49;

d. Documentation of any other health or mental health licensure or certification, if applicable; and

e. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

3. Provide evidence of passage of the examination prescribed in 18VAC140-20-70.

18VAC140-20-45. Requirements for licensure by endorsement.

A. Every applicant for licensure by endorsement shall submit in one package:

1. A completed application and the application fee prescribed in 18VAC140-20-30.
2. Documentation of active social work licensure in good standing obtained by standards required for licensure in another jurisdiction as verified by the out-of-state licensing agency. Licensure in the other jurisdiction shall be of a comparable type as the licensure that the applicant is seeking in Virginia.
3. Verification of a passing score on a board-approved national exam at the level for which the applicant is seeking licensure in Virginia.
4. Documentation of any other health or mental health licensure or certification, if applicable.
5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).
6. Verification of:
 - a. Active practice at the level for which the applicant is seeking licensure in another United States jurisdiction for 24 out of the past 60 months;
 - b. Active practice in an exempt setting at the level for which the applicant is seeking licensure for 24 out of the past 60 months; or
 - c. Evidence of supervised experience requirements substantially equivalent to those outlined in 18VAC140-20-50 A 2 and A 3 and 18VAC140-20-60 C 2 and C 3.
7. Certification that the applicant is not the respondent in any pending or unresolved board action in another jurisdiction or in a malpractice claim.

B. If an applicant for licensure by endorsement has not passed a board-approved national examination at the level for which the applicant is seeking licensure in Virginia, the board may approve the applicant to sit for such examination.

18VAC140-20-49. Educational requirements for a licensed clinical social worker.

A. The applicant for licensure as a clinical social worker shall document successful completion of one of the following: (i) a master's degree in social work with a clinical course of study from a program accredited by the Council on Social Work Education, (ii) a master's degree in social work with a nonclinical concentration from a program accredited by the Council on Social Work Education together with successful completion of the educational requirements for a clinical course of study through a graduate program accredited by the Council on Social Work Education, or (iii) a program of education and training in social work at an educational institution outside the United States recognized by the Council on Social Work Education.

B. The requirement for a clinical practicum in a clinical course of study shall be a minimum of 600 hours, which shall be integrated with clinical course of study coursework and supervised by a person who is a licensed clinical social worker or who holds a master's or doctor's degree in social work and has a minimum of three years of experience in clinical social work services after earning

the graduate degree. An applicant who has otherwise met the requirements for a clinical course of study but who did not have a minimum of 600 hours in a supervised field placement/practicum in clinical social work services may meet the requirement by obtaining an equivalent number of hours of supervised practice in clinical social work services in addition to the experience required in 18VAC140-20-50.

18VAC140-20-50. Experience requirements for a licensed clinical social worker.

A. Supervised experience. Supervised post-master's degree experience without prior written board approval will not be accepted toward licensure, except supervision obtained in another United States jurisdiction may be accepted if it met the requirements of that jurisdiction.

1. Registration. An individual who proposes to obtain supervised post-master's degree experience in Virginia shall, prior to the onset of such supervision:

a. Register on a form provided by the board and completed by the supervisor and the supervised individual; and

b. Pay the registration of supervision fee set forth in 18VAC140-20-30.

2. Hours. The applicant shall have completed a minimum of 3,000 hours of supervised post-master's degree experience in the delivery of clinical social work services and in ancillary services that support such delivery. A minimum of one hour and a maximum of four hours of face-to-face supervision shall be provided per 40 hours of work experience for a total of at least 100 hours. No more than 50 of the 100 hours may be obtained in group supervision, nor shall there be more than six persons being supervised in a group unless approved in advance by the board. The board may consider alternatives to face-to-face supervision if the applicant can demonstrate an undue burden due to hardship, disability or geography.

a. Supervised experience shall be acquired in no less than two nor more than four consecutive years.

b. Supervisees shall obtain throughout their hours of supervision a minimum of 1,380 hours of supervised experience in face-to-face client contact in the delivery of clinical social work services. The remaining hours may be spent in ancillary services supporting the delivery of clinical social work services.

3. An individual who does not complete the supervision requirement after four consecutive years of supervised experience may request an extension of up to 12 months. The request for an extension shall include evidence that demonstrates extenuating circumstances that prevented completion of the supervised experience within four consecutive years.

B. Requirements for supervisors.

1. The supervisor shall hold an active, unrestricted license as a licensed clinical social worker in the jurisdiction in which the clinical services are being rendered with at least two years of post-licensure clinical social work experience. The board may consider supervisors with commensurate qualifications if the applicant can demonstrate an undue burden due to geography or disability or if supervision was obtained in another United States jurisdiction.

2. The supervisor shall have received professional training in supervision, consisting of a three credit-hour graduate course in supervision or at least 14 hours of continuing education offered by a provider approved under 18VAC140-20-105. The graduate course or hours of continuing education in supervision shall be obtained by a supervisor within five years immediately preceding registration of supervision.

3. The supervisor shall not provide supervision for a family member or provide supervision for anyone with whom he has a dual relationship.

4. The board may consider supervisors from jurisdictions outside of Virginia who provided clinical social work supervision if they have commensurate qualifications but were either (i) not licensed because their jurisdiction did not require licensure or (ii) were not designated as clinical social workers because the jurisdiction did not require such designation.

C. Responsibilities of supervisors. The supervisor shall:

1. Be responsible for the social work activities of the supervisee as set forth in this subsection once the supervisory arrangement is accepted;

2. Review and approve the diagnostic assessment and treatment plan of a representative sample of the clients assigned to the applicant during the course of supervision. The sample should be representative of the variables of gender, age, diagnosis, length of treatment and treatment method within the client population seen by the applicant. It is the applicant's responsibility to assure the representativeness of the sample that is presented to the supervisor;

3. Provide supervision only for those social work activities for which the supervisor has determined the applicant is competent to provide to clients;

4. Provide supervision only for those activities for which the supervisor is qualified by education, training and experience;

5. Evaluate the supervisee's knowledge and document minimal competencies in the areas of an identified theory base, application of a differential diagnosis, establishing and monitoring a treatment plan, development and appropriate use of the professional relationship, assessing the client for risk of imminent danger, understanding the requirements of law for reporting any harm or risk of harm to self or others, and implementing a professional and ethical relationship with clients;

6. Be available to the applicant on a regularly scheduled basis for supervision;

7. Maintain documentation, for five years post-supervision, of which clients were the subject of supervision; and

8. Ensure that the board is notified of any change in supervision or if supervision has ended or been terminated by the supervisor.

D. Responsibilities of supervisees.

1. Supervisees may not directly bill for services rendered or in any way represent themselves as independent, autonomous practitioners, or licensed clinical social workers.
2. During the supervised experience, supervisees shall use their names and the initials of their degree, and the title "Supervisee in Social Work" in all written communications.
3. Clients shall be informed in writing of the supervisee's status and the supervisor's name, professional address, and phone number.
4. Supervisees shall not supervise the provision of clinical social work services provided by another person.

18VAC140-20-51. Requirements for licensure by examination as a licensed social worker.

A. In order to be approved to sit for the board-approved examination for a licensed social worker, an applicant shall:

1. Meet the education requirements prescribed in 18VAC140-20-60 A.
2. Submit a completed application to the board office to include:
 - a. The application fee prescribed in 18VAC140-20-30; and
 - b. Official transcript or transcripts submitted from the appropriate institutions of higher education.

B. In order to be licensed by examination as a licensed social worker, an applicant shall:

1. Meet the education and experience requirements prescribed in 18VAC140-20-60; and
2. Submit, in addition to the application requirements of subsection A of this section, the following:
 - a. Documentation, on the appropriate forms, of the successful completion of the supervised experience requirements of 18VAC140-20-60 along with documentation of the supervisor's out-of-state license where applicable. An applicant whose former supervisor is deceased, or whose whereabouts is unknown, shall submit to the board a notarized affidavit from the present chief executive officer of the agency, corporation or partnership in which the applicant was supervised. The affidavit shall specify dates of employment, job responsibilities, supervisor's name and last known address, and the total number of hours spent by the applicant with the supervisor in face-to-face supervision;
 - b. Verification of a passing score on the board-approved national examination;
 - c. Documentation of any other health or mental health licensure or certification, if applicable; and
 - d. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).
3. Provide evidence of passage of the examination prescribed in 18VAC140-20-70.

18VAC140-20-60. Education and experience requirements for a licensed social worker.

A. Education. The applicant shall hold a bachelor's or a master's degree from an accredited school of social work. Graduates of foreign institutions must establish the equivalency of their education to this requirement through the Foreign Equivalency Determination Service of the Council on Social Work Education.

B. Master's degree applicant. An applicant who holds a master's degree may apply for licensure as a licensed social worker without documentation of supervised experience.

C. Supervised experience requirement. Supervised experience without prior written board approval will not be accepted toward licensure, except supervision obtained in another United States jurisdiction may be accepted if it met the requirements of that jurisdiction.

1. Registration. Prior to the onset of supervision, an individual who proposes to obtain supervised experience in Virginia shall:

a. Register on a form provided by the board and completed by the supervisor and the supervised individual; and

b. Pay the registration of supervision fee set forth in 18VAC140-20-30.

2. Hours. Bachelor's degree applicants shall have completed a minimum of 3,000 hours of supervised post-bachelor's degree experience in casework management and supportive services under supervision satisfactory to the board. A minimum of one hour and a maximum of four hours of face-to-face supervision shall be provided per 40 hours of work experience for a total of at least 100 hours.

3. Supervised experience shall be acquired in no less than two nor more than four consecutive years from the beginning of the supervised experience. An individual who does not complete the supervision requirement after four consecutive years of supervised experience may request an extension of up to 12 months. The request for an extension shall include evidence that demonstrates extenuating circumstances that prevented completion of the supervised experience within four consecutive years.

D. Requirements for supervisors.

1. The supervisor providing supervision shall hold an active, unrestricted license as a licensed social worker with a master's degree, or a licensed social worker with a bachelor's degree and at least three years of post-licensure social work experience or a licensed clinical social worker in the jurisdiction in which the social work services are being rendered. If this requirement places an undue burden on the applicant due to geography or disability, the board may consider individuals with comparable qualifications.

2. The supervisor shall:

a. Be responsible for the social work practice of the prospective applicant once the supervisory arrangement is accepted by the board;

- b. Review and approve the assessment and service plan of a representative sample of cases assigned to the applicant during the course of supervision. The sample should be representative of the variables of gender, age, assessment, length of service and casework method within the client population seen by the applicant. It is the applicant's responsibility to assure the representativeness of the sample that is presented to the supervisor. The supervisor shall be available to the applicant on a regularly scheduled basis for supervision. The supervisor will maintain documentation, for five years post supervision, of which clients were the subject of supervision;
 - c. Provide supervision only for those casework management and support services activities for which the supervisor has determined the applicant is competent to provide to clients;
 - d. Provide supervision only for those activities for which the supervisor is qualified;
 - e. Evaluate the supervisee in the areas of professional ethics and professional competency; and
 - f. Ensure that the board is notified of any change in supervision or if the supervision has ended or has been terminated by the supervisor.
3. The supervisor shall not provide supervision for a family member or provide supervision for anyone with whom the supervisor has a dual relationship.

Part III Examinations

18VAC140-20-70. Examination requirement.

A. An applicant for licensure by the board as a social worker or clinical social worker shall pass a written examination prescribed by the board.

- 1. The examination prescribed for licensure as a clinical social worker shall be the licensing examination of the Association of Social Work Boards at the clinical level.
- 2. The examination prescribed for licensure as a social worker shall minimally be the licensing examination of the Association of Social Work Boards at the bachelor's level.

B. A candidate approved by the board to sit for an examination shall take that examination within two years of the date of the initial board approval. If the candidate has not passed the examination by the end of the two-year period here prescribed, the applicant shall reapply according to the requirements of the regulations in effect at that time. After an applicant has failed the examination twice, he shall be required to register for supervision and complete one additional year as a supervisee before approval to re-take the examination is granted.

18VAC140-20-80 to 18VAC140-20-90. [Repealed]

Part IV. Licensure Renewal; Reinstatement.

18VAC140-20-100. Licensure renewal.

A. Beginning with the 2017 renewal, licensees shall renew their licenses on or before June 30 of each year and pay the renewal fee prescribed by the board.

B. Licensees who wish to maintain an active license shall pay the appropriate fee and document on the renewal form compliance with the continued competency requirements prescribed in 18VAC140-20-105. Newly licensed individuals are not required to document continuing education on the first renewal date following initial licensure.

C. A licensee who wishes to place his license in inactive status may do so upon payment of a fee equal to one-half of the annual license renewal fee as indicated on the renewal form. No person shall practice social work or clinical social work in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in 18VAC140-20-110.

D. Each licensee shall furnish the board his current address of record. All notices required by law or by this chapter to be mailed by the board to any such licensee shall be validly given when mailed to the latest address of record given by the licensee. Any change in the address of record or the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

18VAC140-20-105. Continued competency requirements for renewal of an active license.

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

1. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing education requirement.

2. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters upon written request from the licensee prior to the renewal date.

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

1. Category I. Formally Organized Learning Activities. A minimum of 20 hours for licensed clinical social workers or 10 hours for licensed social workers shall be documented in this category, which shall include one or more of the following:

a. Regionally accredited university or college academic courses in a behavioral health discipline. A maximum of 15 hours will be accepted for each academic course.

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

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

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

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

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

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

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

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

(6) The Association of Social Work Boards.

(7) Any state social work board.

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

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

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

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

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

e. Field instruction of graduate students in a Council on Social Work Education-accredited school. (Activity will count for a maximum of two hours.)

f. Serving as an officer or committee member of one of the national professional social work associations listed under subdivision B 1 d of this section or as a member of a state social work licensing board. (Activity will count for a maximum of two hours.)

g. Attendance at formal staffings at federal, state or local social service agencies, public school systems or licensed health facilities and licensed hospitals. (Activity will count for a maximum of five hours.)

h. Individual or group study including listening to audio tapes, viewing video tapes, reading, professional books or articles. (Activity will count for a maximum of five hours.)

18VAC140-20-106. Documenting compliance with continuing education requirements.

A. All licensees in active status are required to maintain original documentation for a period of three years following renewal.

B. The board may conduct an audit of licensees to verify compliance with the requirement for a renewal period.

C. Upon request, a licensee shall provide documentation as follows:

1. Documentation of Category I activities by submission of:
 - a. Official transcripts showing credit hours earned; or
 - b. Certificates of participation.
2. Attestation of completion of Category II activities.

D. Continuing education hours required by disciplinary order shall not be used to satisfy renewal requirements.

18VAC140-20-110. Late renewal; reinstatement; reactivation.

A. A social worker or clinical social worker whose license has expired may renew that license within one year after its expiration date by:

1. Providing evidence of having met all applicable continuing education requirements.
2. Paying the penalty for late renewal and the renewal fee as prescribed in 18VAC140-20-30.

B. A social worker or clinical social worker who fails to renew the license after one year and who wishes to resume practice shall apply for reinstatement and pay the reinstatement fee, which shall consist of the application processing fee and the penalty fee for late renewal, as set forth in 18VAC140-20-30. An applicant for reinstatement shall also provide documentation of having completed all applicable continued competency hours equal to the number of years the license has lapsed, not to exceed four years. An applicant for reinstatement shall also provide evidence of competency to practice by documenting:

1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;
2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or
3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding licensure in Virginia.

C. A social worker or clinical social worker wishing to reactivate an inactive license shall submit the renewal fee for active licensure minus any fee already paid for inactive licensure renewal, and document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years. An applicant for reactivation who has been inactive for four or more years shall also provide evidence of competency to practice by documenting:

1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;

2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or

3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding licensure in Virginia.

18VAC140-20-120. [Repealed]

18VAC140-20-130. Renewal of registration for associate social workers and registered social workers.

The registration of every associate social worker and registered social worker with the former Virginia Board of Registration of Social Workers under former §54-775.4 of the Code of Virginia shall expire on June 30 of each year.

1. Each registrant shall return the completed application before the expiration date, accompanied by the payment of the renewal fee prescribed by the board.

2. Failure to receive the renewal notice shall not relieve the registrant from the renewal requirement.

18VAC140-20-140. [Repealed]

Part V. Standards of Practice.

18VAC140-20-150. Professional conduct.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by telephone or electronically, these standards shall apply to the practice of social work.

B. Persons licensed as social workers and clinical social workers shall:

1. Be able to justify all services rendered to or on behalf of clients as necessary for diagnostic or therapeutic purposes.

2. Provide for continuation of care when services must be interrupted or terminated.

3. Practice only within the competency areas for which they are qualified by education and experience.
4. Report to the board known or suspected violations of the laws and regulations governing the practice of social work.
5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services.
6. Ensure that clients are aware of fees and billing arrangements before rendering services.
7. Inform clients of potential risks and benefits of services and the limitations on confidentiality and ensure that clients have provided informed written consent to treatment.
8. Keep confidential their therapeutic relationships with clients and disclose client records to others only with written consent of the client, with the following exceptions: (i) when the client is a danger to self or others; or (ii) as required by law.
9. When advertising their services to the public, ensure that such advertising is neither fraudulent nor misleading.
10. As treatment requires and with the written consent of the client, collaborate with other health or mental health providers concurrently providing services to the client.
11. Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.
12. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

C. In regard to client records, persons licensed by the board shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia on health records privacy and shall:

1. Maintain written or electronic clinical records for each client to include identifying information and assessment that substantiates diagnosis and treatment plans. Each record shall include a diagnosis and treatment plan, progress notes for each case activity, information received from all collaborative contacts and the treatment implications of that information, and the termination process and summary.
2. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.
3. Disclose or release records to others only with clients' expressed written consent or that of their legally authorized representative or as mandated by law.
4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (i) videotaping, (ii) audio

recording, (iii) permitting third-party observation, or (iv) using identifiable client records and clinical materials in teaching, writing or public presentations.

5. Maintain client records for a minimum of six years or as otherwise required by law from the date of termination of the therapeutic relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for six years after attaining the age of majority or 10 years following termination, whichever comes later.

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time.

c. Records that have been transferred to another mental health professional or have been given to the client or his legally authorized representative.

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

1. Not engage in a dual relationship with a client or a supervisee that could impair professional judgment or increase the risk of exploitation or harm to the client or supervisee. (Examples of such a relationship include, but are not limited to, familial, social, financial, business, bartering, or a close personal relationship with a client or supervisee.) Social workers shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

2. Not have any type of romantic relationship or sexual intimacies with a client or those included in collateral therapeutic services, and not provide services to those persons with whom they have had a romantic or sexual relationship. Social workers shall not engage in romantic relationship or sexual intimacies with a former client within a minimum of five years after terminating the professional relationship. Social workers who engage in such a relationship after five years following termination shall have the responsibility to examine and document thoroughly that such a relationship did not have an exploitive nature, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a social worker does not change the nature of the conduct nor lift the regulatory prohibition.

3. Not engage in any romantic or sexual relationship or establish a therapeutic relationship with a current supervisee or student. Social workers shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student, or the potential for interference with the supervisor's professional judgment.

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

5. Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the social worker in his professional capacity.

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

18VAC140-20-160. Grounds for disciplinary action or denial of issuance of a license or registration.

The board may refuse to admit an applicant to an examination; refuse to issue a license or registration to an applicant; or reprimand, impose a monetary penalty, place on probation, impose such terms as it may designate, suspend for a stated period of time or indefinitely, or revoke a license or registration for one or more of the following grounds:

1. Conviction of a felony or of a misdemeanor involving moral turpitude;
2. Procurement of license by fraud or misrepresentation;
3. Conducting one's practice in such a manner so as to make the practice a danger to the health and welfare of one's clients or to the public. In the event a question arises concerning the continued competence of a licensee, the board will consider evidence of continuing education.
4. Being unable to practice social work with reasonable skill and safety to clients by reason of illness, excessive use of alcohol, drugs, narcotics, chemicals or any other type of material or as a result of any mental or physical condition;
5. Conducting one's practice in a manner contrary to the standards of ethics of social work or in violation of 18VAC140-20-150, standards of practice;
6. Performing functions outside the board-licensed area of competency;
7. Failure to comply with the continued competency requirements set forth in 18VAC140-20-105; and
8. Violating or aiding and abetting another to violate any statute applicable to the practice of social work or any provision of this chapter; and
9. Failure to provide supervision in accordance with the provisions of 18VAC140-20-50 or 18VAC140-20-60.

18VAC140-20-170. Reinstatement following disciplinary action.

Any person whose license has been suspended, revoked, or denied renewal by the board under the provisions of 18VAC140-20-160 shall, in order to be eligible for reinstatement, (i) submit a new application to the board for a license, (ii) pay the appropriate reinstatement fee, and (iii) submit any other credentials as prescribed by the board. After a hearing, the board may, at its discretion, grant the reinstatement.

18VAC140-20-171. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.

B. Criteria for delegation. Cases that may not be delegated to an agency subordinate include violations of standards of practice as set forth in 18 VAC 140-20-150, except as may otherwise be determined by the probable cause committee in consultation with the board chair.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.