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**10:00 a.m. Call to Order – John Salay, LCSW, Board Chair**

- Welcome and Roll Call
- Mission of the Board
- Adoption of Agenda

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**Approval of Minutes**

- Board Meeting – March 13, 2020\* -----Page 4
- Regulatory Committee – March 12, 2020 (FOR INFORMATIONAL PURPOSES ONLY) ----- Page 25

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**Public Comment**

- *The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.*

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**Agency Director Report - David E. Brown, DC**

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**Chair Report – John Salay**

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**Board Counsel Report – James Rutkowski, Assistant Attorney General**

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**Staff Reports**

- Legislation and Regulatory Report – Elaine Yeatts, Department of Health Professions, Sr. Policy Analyst
  - Report on Status of Regulatory Actions
  - Report on Status of Regulatory Actions Recommended by Regulatory Committee
- Executive Director’s Report – Jaime Hoyle, JD., Executive Director, Boards of Counseling, Psychology, and Social Work -----Page 31
- Discipline Report – Jennifer Lang, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work -----Page 50
- Board Office Report – Latasha Austin, Licensing and Operations Manager, Board of Social Work -----Page 52
- Licensing Unit Report – Charlotte Lenart, Licensing Deputy Director, Boards of Counseling, Psychology and Social Work

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**Committee Reports**

- Regulatory Committee Report – Joseph Walsh, Ph.D, LCSW
  - Recommendations from the Regulatory Committee\*
- Board of Health Professions Report – John Salay ----- Page 64

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**Election of Officers – Jaime Hoyle-----Page 91**

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**Unfinished Business**

- Update on the Study on Reciprocity Agreements – Jaime Hoyle -----Page 92
  - Update on the Study on the Mental Health Needs of Minors- Jaime Hoyle -----Page 95
  - Update on Supervisory Registry – Charlotte Lenart
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**New Business**

- Virginia Licensed Clinical Social Worker Workforce: 2020—Yetti Shobo, Ph.D, Deputy Director, Department of Health Professions, Healthcare Workforce Data Center -----Page 103
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**Next Meeting Dates:**

- Regulatory: December 3, 2020
  - Full Board: December 4, 2020
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**Meeting Adjournment**

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\*Indicates a Board vote is required.

This information is in **DRAFT** form and is subject to change. The Board at the meeting will approve the official agenda and packet. One printed copy of the agenda and packet will be available for the public to view at the meeting pursuant to Virginia Code Section 2.2-3707(F).

DRAFT



Virginia Department of  
**Health Professions**  
Board of Social Work

## **MISSION STATEMENT**

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

**THE VIRGINIA BOARD OF SOCIAL WORK  
QUARTERLY BOARD MEETING MINUTES  
Friday, March 13, 2020**

The Virginia Board of Social Work ("Board") convened a meeting at 10:00 a.m. on Friday, March 13, 2020 at the Department of Health Professions, 9960 Mayland Drive, Henrico Virginia, in Board Room 4.

**PRESIDING OFFICER:** John Salay, L.C.S.W., Chair

**COMMITTEE MEMBERS PRESENT:** Canek Aguirre, Citizen Member  
Michael Hayter, L.C.S.W., C.S.A.C.  
Gloria Manns, L.C.S.W.  
Dolores Paulson, Ph.D., L.C.S.W.  
Joseph Walsh, Ph.D, L.C.S.W.

**COMMITTEE MEMBERS ABSENT:** Angelia Allen, Citizen Member  
Jamie Clancey, LC.S.W.  
Maria Eugenia Del Villar, L.C.S.W.

**BOARD STAFF PRESENT:** Latasha Austin, Licensing Manager  
Jaime Hoyle, J.D., Executive Director  
Jennifer Lang, Deputy Executive Director- Discipline  
Charlotte Lenart, Deputy Executive Director- Licensing  
Jared McDonough, Administrative Specialist

**OTHERS PRESENT:** David E. Brown, D.C., Director, Department of Health Professions  
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

**BOARD COUNSEL PRESENT:** Erin Barrett, Assistant Attorney General  
James Rutkowski, Assistant Attorney General (*joined at 12:58pm*)

**IN THE AUDIENCE:** Sue Klaas, Department of Medical Assistance Services (DMAS)  
Joseph G. Lynch, L.C.S.W., Virginia Society for Clinical Social Work  
Nick Tomlinson  
Alexandra Weinstein

**CALL TO ORDER:**  
Mr. Salay called the meeting to order at 10:07 a.m.

**ROLL CALL/ESTABLISHMENT OF A QUORUM:**  
Mr. Salay requested a roll call. Ms. Austin announced that six members of the Board were present at roll call; 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 Committee and Board.

**EMERGENCY EGRESS:**  
Dr. Walsh announced the Emergency Egress procedures.

**ADOPTIONS OF AGENDA:**  
Upon a motion by Ms. Manns, which Dr. Walsh properly seconded, the Board unanimously adopted the agenda with changes to move Dr. Brown and Ms. Yeatts' reports to after Board Staff Reports. The motion passed unanimously.

**APPROVAL OF MINUTES:**

Upon a motion by Dr. Walsh, which Dr. Paulson properly seconded, the Board unanimously approved, as written, the meeting minutes from the Quarterly Board Meeting held on December 6, 2019. The motion passed unanimously.

**PUBLIC COMMENT:**

Joseph Lynch provided public comment. (*See attachment 1*)

**BOARD CHAIR REPORT & BOARD OF HEALTH PROFESSIONS REPORT:**

Mr. Salay provided both his chair report and his report from the Board of Health Professions to the Board. Mr. Salay requested that each Board member try to review at least one discipline case a week. Mr. Salay informed the Board that he was scheduled to attend the ASWB Conference, but it was cancelled due to the current pandemic. Board members were informed that at this time no travel is being approved by the agency through May 1, 2020.

**EXECUTIVE DIRECTOR'S REPORT:**

Ms. Hoyle gave a 2019 Year End Report for the Behavioral Science Boards and the financial report for the Board of Social Work. A copy of the reports given were included in the agenda packet.

**DISCIPLINE REPORT:**

Ms. Lang reported on the disciplinary statistics for the Board of Social Work. A copy of the report given was included in the agenda packet.

**LICENSING UNIT REPORT:**

Ms. Lenart discussed the Board's satisfaction survey, and the steps staff has taken steps to remedy it. She also reported on the current licensure statistics for the Board of Social Work. A copy of the report given was included in the agenda packet.

**BOARD OFFICE REPORT:**

Ms. Austin reported on the 2019 year end licensure and examination statistics for the Board of Social Work. She also reported on the current examination statistics for the months of January and February 2020. A copy of the report given was included in the agenda packet. Ms. Austin also provided a Board Office Report to everyone at the meeting that included updates made by Board staff due to the recent regulatory changes. (*See attachment 2 for the addition to the Board office Report*)

**BOARD COUNSEL'S REPORT:**

Ms. Barrett informed the Board there was no report from Board Counsel.

**AGENCY REPORT:**

Dr. Brown provided a COVID-19 update for the Board. Dr. Brown informed the Board that the Governor issued a declaration of emergency as of yesterday, March 12, 2020 and that there were 17 confirmed cases in Virginia as of yesterday. Dr. Brown provided facts about the virus for the Board, what we can all do to prevent the spread of the virus and measures the agency is taking. He informed everyone that the agency has canceled all Board meetings and Disciplinary Hearings, suspended travel, and enacting teleworking options for staff. The Governor has set emergency leave in place for full-time and part-time employees and communication sessions are currently being help with employees of the agency to keeps them informed of all updates.

Dr. Brown informed everyone that the Commonwealth is working to keep the elderly safe by restricting access to hospitals and nursing homes. He also indicted that if someone should fall ill, they should not just walk into the emergency room or doctor's office, but they should contact their healthcare provider first for proper steps and instructions.

*The Board took a break for lunch at 11:30am. The meeting reconvened at 12:03 pm.*

**REGULATORY COMMITTEE REPORT:**

Dr. Walsh informed the Board that the Regulatory Board had a very productive meeting on yesterday and has several recommendations to present to the Board. (*See attachment 3 for recommendations 1-7*)

**Recommendation #1** (*pages one & two of attachment*): To add #6 and #7 to the Standards of Practice under Professional Conduct in the Regulations.

**Motion:** Mr. Aguirre made a motion, which Dr. Paulson properly seconded, to adopt these changes to the regulations. The motion passed unanimously.

**Recommendation #2** (*page three of attachment*): To delete 18VAC140-20-51(B)(3) as a correction to the regulations by fast track action.

**Motion:** Dr. Walsh made a motion, which Mr. Aguirre properly seconded, to adopt this correction to the regulations by Fast Track Action. The motion passed unanimously.

**Recommendation #3** (*page four of attachment*): To delete 18VAC140-20-45(B)(6) as a requirement for licensure by endorsement.

There was concern from Ms. Yeatts about deleting this requirement for endorsement, as it would not be consistent with what neighboring jurisdictions are requiring. There was also concern about making this change prior to the study being done in reference to the Senate Joint Resolution No. 49 (provided in the agenda packet) on the need for additional micro-level, mezzo-level and macro-level social workers and increased compensation of such social workers in the Commonwealth.

**Motion:** Dr. Walsh made a motion, which Ms. Manns properly seconded, to adopt this change to the regulations by Fast Track Action.

After questions from Board members, asking how Senate Bill 53 (provided in agenda packet) may effect this change the Board placed the motion on hold to allow Ms. Yeatts to give part of her Legislation and Regulatory Action Report. Ms. Yeatts informed the Board that Senate Bill 53 is a bill directing the Board of Social Work to pursue the establishment of a reciprocal agreement with other jurisdictions. At this time, Virginia does not have reciprocity with any other jurisdiction, but offers licensure by endorsement for applicants holding a current and active license in another jurisdiction.

**Motion Re-visited:** The original motion to recommendation #3 was re-visited and the motion passed with one member opposed.

**Recommendation #4** (*pages five & six of attachment*): To delete highlighted sections from 18VAC140-20-110 (C) & (D) from the Reinstatement and Reactivation section of the Regulations.

**Motion:** Dr. Walsh made a motion, which Dr. Paulson properly seconded, to adopt this change to the regulations by Fast Track Action. The motion passed, with two members opposed.

**Recommendation #5** (*page seven of attachment*): To delete highlighted sections from 18VAC140-20-50 (A)(1) from the experience requirements in the Regulations.

Ms. Hoyle recommended that the Board hold off on this recommendation until the Board figures out what will be done with LMSWs. The Board sent the recommendation back to the Regulatory Committee to review.

**Recommendation #6** (*page nine of attachment*): To add highlighted section (#5) to 18VAC140-20-50 (D) under the responsibilities of supervisees subsection in the Regulations.

**Motion:** Dr. Paulson made a motion, which Ms. Manns properly seconded, to adopt this change to the regulations. The motion passed unanimously.

**Recommendation #7** (*page 10 of attachment*): To add supervisory contract to the definitions in the Regulations.

After discussion, staff recommended that the Board hold off on this recommendation and re-visit it in the Regulatory

**Recommendation #8** (*see attachment #4*): The Regulatory Committee revised Guidance Document 140-9: Content for Training on Supervision for Clinical Social Work by adding Parallel Process and Theories of Supervision to the document under Context of Supervision.

After review of the revised document by the Board, the Board also recommended removing 2013 from the first sentence under Content Domains for training. It was also noted that the effective date of the document would not be March 13, 2020.

**Motion:** Dr. Paulson made a motion, which Mr. Salay properly seconded, to adopt these changes to Guidance Document 140-9. The motion passed unanimously.

*Mr. Rutkowski joined the meeting at 12:58pm. Ms. Barrett left the meeting at 12:58pm.*

**Recommendation #9:** The Regulatory Committee recommended to the Full Board to approve Board staff to create and maintain a public supervisor registry.

**Motion:** Dr. Walsh made a motion, which Ms. Manns properly seconded, to approve Board staff to create and maintain a public supervisor registry. The motion passed unanimously.

**LEGISLATION & REGULATORY ACTIONS:**

Ms. Yeatts reviewed the 2020 General Assembly Report, Chart of Regulatory Actions and Senate Bills with the Board. MS. Yeatts included her report in the agenda packet. Ms. Yeatts highlighted that Senate Bill 633, requiring the Board of Social Work adopt regulations for licensure of Music Therapists, and that the Secretary of the Commonwealth would appoint an Advisory Board to assist the Board in this process.

**ADJOURNMENT:**

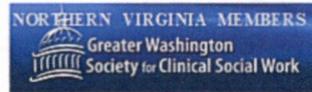
Mr. Salay adjourned the March 13, 2020 Quarterly Board meeting at 1:13 p.m.

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John Salay, L.C.S.W., Chair

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Jaime Hoyle, Executive Director



AND



*Virginia Society for Clinical Social Work*  
5537 Solaris Drive  
Chesterfield Virginia 23832

March 13, 2020

**PUBLIC COMMENT**  
**By: Joseph G. Lynch LCSW**  
**TO THE VIRGINIA BOARD OF SOCIAL WORK**  
**Regarding SB1046**

I appreciate the opportunity to make public comment on behalf of the Virginia Society for Clinical Social Work and the Northern Virginia Members of the Greater Washington Society for Clinical Social Work.

One of the items on your agenda today is the "Legislative and Regulatory Report." In the Legislation section of the report is information about SB1046. The VSCSW asked Senator Deeds to introduce this bill. At the March 14, 2019 meeting of the VBSW Regulatory Committee they voted to recommend to the full board to add "clinical social worker." to §32.1-127.1:03(F) of the Code of Virginia (Health Records Privacy). The full board on advice of counsel did not pursue this matter.

SB1046 updated the language in §32.1-127.1:03(F) and in 8 other sections of the Code of Virginia to include "clinical social worker" (See attached list). I have been working on this effort for the last 10 years. I wanted to share with the Board what happened 10 years ago that has kept me motivated to change these Code sections. In my group practice an LPC was providing therapy to a 9-year-old girl. The parents were divorced. The girl reported to the LPC that her father was sexually abusing her on the weekend visitations. The LPC documented the information and contacted CPS to report the sexual abuse allegations. Two days later the father left a voicemail message for the LPC requesting a complete copy of the child's record. There are two Code sections that allow refusal to provide the record if there is a belief that it would be harmful to the child to release the record to a parent. In these Code sections the "...treating physician or treating clinical psychologist..." were granted this authority to refuse the release of the child's record. LPC's and LCSW's were not named in the Code section. I did not want the LPC to release the child's record to that father. There is another Code section that outlines the procedure for a health care provider to follow if they have received a Subpoena Duces Tecum and believe a motion to quash has been filed with the court. I had the LPC follow that procedure and cite the Code section that gave authority to refuse the release of the Child's record. I believed that if we could get the information to the JDR Judge, that the Judge would take steps to ensure the safety of the child. But, legally I had no case. We got lucky and the Judge did take steps to protect the child. I decided right then that I did not want LCSW's and LPC's to have to get "lucky" in order to protect children from harm and I started to build the case for updating the language in the Code to include LCSW's.

For the last 5 years I have been talking to Senator Deeds about the issue. I talked with Dr. Jack Barber when he was the Acting Commissioner of the DBHDS. When SB1046 passed I sent an email to the LPC who provided treatment to that 9-year-old little girl ten years ago. I let her know that she was part of the change effort and how that situation had kept me motivated all these years.

I wanted the VBSW to know the background that led to this bill becoming a reality.

**“...the treating physician or, clinical psychologist, or clinical social worker...”**

1

§ 8.01-413. Certain copies of health care provider's records or papers of patient admissible; right of patient, his attorney and authorized insurer to copies of such records or papers; subpoena; damages, costs and attorney fees.

2

§ 8.01-581.20. Standard of care in proceeding before medical malpractice review panel; expert testimony; determination of standard in action for damages.

3

§ 16.1-340.1. Involuntary temporary detention; issuance and execution of order.

4

§ 20-124.6. Access to minor's records.

5

§ 32.1-127.1:03. Health records privacy.

6

§ 37.2-809. Involuntary temporary detention; issuance and execution of order.

7

§ 38.2-608. Access to recorded personal information.

8

§ 53.1-40.2. Involuntary admission of prisoners with mental illness.

9

§ 54.1-2969. Authority to consent to surgical and medical treatment of certain minors.



Virginia Department of  
**Health Professions**  
 Board of Social Work

**Board Office Report**

March 13, 2020

**Updates made due to reduction in fees and elimination of supervised experience requirements for LBSW (effective 3-5-2020)**

- Announcement placed in announcement section on Board website and under News & Updates
- Renewal Chart in announcement section on Board website has been updated to reflect new renewal fee for LBSW
- Fee section on Board website has been updated to reflect new application and renewal fees for LBSW
- Revised Regulations have been posted to Board website
- Licensure Process Handbook has been updated
- All LBSW examination and endorsement applications have been updated
- Renewal FAQs updated on website
- Licensing database has been updated with new application fee and renewal fee for new LBSW applications

**Applications and Supporting Forms revised**

- Registration of Supervision Initial & Add Change Applications
- LBSW Exam and Endorsement Applications
- LMSW Exam and Endorsement Applications
- Reinstatement Application & Reinstatement following Discipline Action Application
- All of the above applications have been revised
- Non-essential information was removed from application and supporting forms to help streamline application process
- All Paper application and supporting forms have been converted to fillable PDF documents

**Miscellaneous Forms revised**

- Name-Address Change Form
- Request for Change in Status (Active to Inactive)
- Request for Change in Status (Inactive to Active)
- Request for Verification of Virginia License
- Request for Late Renewal
- All forms have been converted to fillable PDF documents

## Other website updates

- FAQs have been updated
- Supervisor FAQs updated

## Staffing Updates:

- Latonya Campbell, temporary contract employee, resigned from her position as the Administrative Assistant for full time benefit employment. Her last day was Thursday, March 5, 2020.
- Resumes are currently being reviewed to fill the temporary contract position.
- Thank you to Charlotte Lenart and Board of Counseling support staff who have been assisting in the interim in different capacities.

## Outreach:

- Presented to social work students at George Mason University (GMU) on January, 10, 2020
- Was scheduled to present to social work students at Virginia Commonwealth University (VCU) on March 24, 2020. Event has been canceled due to Covid 19 pandemic.

## Election of Officers:

- Pursuant to the Virginia Board of Social Work By-laws

### D. Election of Officers

1. *The Nomination Committee shall present a slate of officers for Chairman and Vice-Chairman at the meeting scheduled prior to July 1. The election of officers shall occur at the first scheduled Board meeting following July 1 of each year, and elected officers shall assume their duties at the end of the meeting.*
  2. *Officers shall be elected at a meeting of the Board with a quorum present.*
  3. *The Chairperson shall ask for additional nominations from the floor by office.*
  4. *Voting shall be by voice vote, roll call, or show of hands. A simple majority shall prevail with the current Chairperson casting a vote only to break a tie.*
  5. *Special elections shall be held in the same manner in the event of a vacancy of a position to fill the unexpired term.*
  6. *The election shall occur in the following order: Chairperson, Vice-Chairperson.*
  7. *All officers shall be elected for a term of one year, and may serve no more than two consecutive terms.*
- At the June 2018 Board Meeting, John Salay was elected Chairperson and Dolores Paulson was elected Vice-Chairperson
  - Nomination Committee will need to present a slate of officers for Chairman and Vice-Chairman at the Board Meeting currently scheduled for June 5, 2020.
  - Election of officers will need to occur at the Board Meeting currently scheduled for September 25, 2020.

## 2021 Meeting Dates:

## RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

### Part V. Standards of Practice.

#### 18VAC140-20-150. Professional conduct.

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 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.

6. Not engage in physical contact (such as cradling, caressing, kissing, and groping) with a client when there is a likelihood of psychological harm to the client. Social Workers who engage in physical contact are responsible for setting clear and culturally sensitive boundaries.

## RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

7. Not sexually harass clients. Sexual harassment includes sexual advances; sexual solicitation; requests for sexual favors; and other verbal written, electronic, or physical contact of a sexual nature.

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.

# RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

## 18VAC140-20-51. Requirements for licensure by examination as an LBSW or LMSW.

A. In order to be approved to sit for the board-approved examination as an LBSW or an LMSW, an applicant shall:

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

B. In order to be licensed by examination as an LBSW or an LMSW, an applicant shall:

1. Meet the requirements prescribed in 18VAC140-20-60; and
2. Submit, in addition to the application requirements of subsection A of this section, the following:
  - a. Verification of a passing score on the board-approved national examination;
  - b. Documentation of any other health or mental health licensure or certification, if applicable; and
  - c. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

~~3. For licensure as a LBSW, submit 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.~~

# RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

## 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.~~

~~7.6. 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.

# RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

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

A. An LBSW, LMSW, 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. An LBSW, LMSW, 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:

1. Documentation of having completed all applicable continued competency hours equal to the number of years the license has lapsed, not to exceed four years;
2. Documentation of any other health or mental health licensure or certification held in another United States jurisdiction, if applicable; and
3. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank.

~~C. In addition to requirements set forth in subsection B of this section, an applicant for reinstatement whose license has been lapsed for 10 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 reinstatement of licensure in Virginia. The supervised practice shall include a minimum of 60 hours of face-to-face direct client contact and nine hours of face-to-face supervision.~~

D. An LBSW, LMSW, or clinical social worker wishing to reactivate an inactive license shall submit the difference between the renewal fee for active licensure and the fee 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 10 or more years shall also provide evidence of competency to practice by documenting:~~

## RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

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 reactivation of licensure in Virginia. The supervised practice shall include a minimum of 60 hours of face-to-face direct client contact and nine hours of face-to-face supervision.

# RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

## 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, or whenever there is an addition or change of supervised practice, supervisor, clinical social work services or location:

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.

## RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

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

## RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

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.

5. While providing clinical social work services supervisee shall remain under Board approved supervision until licensed in Virginia as a licensed clinical social worker.

# RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

## 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:

Baccalaureate social worker

Board

Casework

Casework management and supportive services

Clinical social worker

Master's 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 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.

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

## RECOMMENDATIONS FROM THE REGULATORY COMMITTEE

"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.

"LBSW" means a licensed baccalaureate social worker.

"LMSW" means a licensed master's social worker.

"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.

## Virginia Board of Social Work

### Content for Training on Supervision for Clinical Social Work

#### **Introduction:**

Regulations Governing the Practice of Social Work (Section 18VAC 140-20-50.C.) apply specifically to those practitioners who provide supervision to social workers who intend to apply for clinical licensure in the Commonwealth of Virginia.

The requirement states that supervisors must have 14 hours of continuing education in supervision or a three-hour graduate level course in supervision. A supervisor must renew the training every five years. This requirement recognizes the essential role good supervision plays in the training and mentoring of Social Workers desiring licensure. The supervisory role has a set of unique knowledge and skills that can be articulated and taught.

#### **Content domains for training:**

To clarify the supervisory training, the Board has reviewed a number of existing courses and an updated study produced by the Association of Social Work Boards (ASWB) in collaboration with the National Association of Social Workers (NASW) in 2013. The Board recommends a Clinical Supervision Course address the following seven Domains:

- Context of Supervision
  - Understanding Scope of Practice
  - Communities of Practice
  - Interdisciplinary Supervision
  - Cultural Awareness and Cross-Cultural Supervision
  - Dual Supervision and Conflict Resolution
  - Parallel Process
  - Theories of Supervision
- Conduct of Supervision
  - Confidentiality
  - Contracting for Supervision
  - Leadership and Role Model
  - Competency
  - Supervisory Signing Off
  - Self-Care
- Legal and Regulatory Issues
  - Liability
  - Regulations
  - Documentation
  - Other Legal Concerns

- Ethical Issues
  - Ethical Decision Making
  - Boundaries
  - Self-Disclosure
  - Attending to Safety
  - Alternative Practice
  
- Technology
  - Distance Supervision
  - Risk Management
  
- Evaluation and Outcomes
  
- Termination

The ASWB and NASW study enumerates each of these competencies in each of these areas. The total study can be secured at <https://members.aswb.org/best-practices/supervision-resources/> and at <https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLb14BuwI%3D&portalid=0>.

**Additional knowledge content:**

A course should also incorporate knowledge of the following:

- The Virginia Board of Social Work Regulations, particularly:
  1. Supervision, supervisory responsibilities, and requirements
  2. Regulations on the standards of practice
  
- The Social Work Code of Ethics (NASW of the Clinical Social Work Association)

**Teachers/Trainers for a course in supervision:**

Teachers/Trainers should instruct persons taking a course in supervision in the competencies as outlined in accordance with acceptable teaching practices to include but not limited to: the didactic method, discussion, role play, the distribution of relevant readings. Teachers/Trainers should be clinicians with supervisory experience and knowledge of theory and practice in the art of supervision.

**THE VIRGINIA BOARD OF SOCIAL WORK  
REGULATORY COMMITTEE MEETING MINUTES**

Thursday, March 12, 2020

The Regulatory Committee of the Virginia Board of Social Work ("Committee") convened a meeting at 1:00 p.m. on Thursday, March 12, 2020 at the Department of Health Professions, 9960 Mayland Drive, Henrico Virginia, in Board Room 4.

**PRESIDING OFFICER:** Joseph Walsh, L.C.S.W., Ph.D., Committee Chair

**COMMITTEE MEMBERS PRESENT:** Michael Hayter, L.C.S.W., C.S.A.C.  
Gloria Manns, L.C.S.W.  
Dolores Paulson, L.C.S.W., Ph.D.  
John Salay, L.C.S.W.

**COMMITTEE MEMBERS ABSENT:** Maria Eugenia del Villar, L.C.S.W.

**BOARD STAFF PRESENT:** Latasha Austin, Licensing Manager  
Jaime Hoyle, Executive Director  
Jennifer Lang, Deputy Executive Director- Discipline  
Charlotte Lenart, Deputy Executive Director- Licensing

**OTHERS PRESENT:** Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

**IN THE AUDIENCE:** Sue Klaus, Department of Medical Assistance Services (DMAS)  
Joseph G. Lynch, L.C.S.W., Virginia Society for Clinical Social Work  
Nick Tomlinson  
Alexandra Weinstein

**CALL TO ORDER:**  
Dr. Walsh called the meeting to order at 1:01 p.m.

**ROLL CALL/ESTABLISHMENT OF A QUORUM:**  
Dr. Walsh requested a roll call. Ms. Austin 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 is also the mission statement of the Committee and Board.

**EMERGENCY EGRESS:**  
Dr. Walsh announced the Emergency Egress procedures.

**ADOPTIONS OF AGENDA:**  
Upon a motion by Mr. Hayter, which was properly seconded by Ms. Manns, the Committee unanimously adopted the agenda as received.

**APPROVAL OF MINUTES:**  
Upon a motion by Dr. Paulson, which was properly seconded by Mr. Salay, the meeting minutes from the Regulatory Committee Meeting held on December 5, 2019 were approved as written. The motion passed unanimously.

**PUBLIC COMMENT:**  
There was no public comment.

**LEGISLATION & REGULATORY REPORT:**

Ms. Yeatts briefly reviewed the Chart of Regulatory Actions and 2020 General Assembly Reports provided in the meeting packet with the Committee. Ms. Yeatts informed the Committee that she would be providing a full detail report at the Board Meeting being held tomorrow, March 13, 2020.

Ms. Yeatts also informed the Committee that the provision in 18VAC140-20-51(B)(3) requiring documentation of supervised experience for LBSWs was inadvertently left in the regulation. The requirement for supervised experience for LBSW licensure that was previously specified in section 18VAC140-20-60 was deleted as of March 5, 2020. Documentation of supervised experience is not required as of March 5, 2020.

**Motion:** A motion was made by Dr. Paulson, which was properly seconded by Mr. Salay, to recommend to the Full Board by Fast Track Action to amend section 18VAC140-20-51 of the Regulations Governing the Practice of Social Work by deleting subsection (B)(3) that states the following:

*For licensure as a LBSW, submit 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.*

The motion passed unanimously.

**UNFINISHED BUSINESS:**

- *Supervisor Registry Update*

The Committee revisited discussion regarding a supervisor registry. Ms. Lenart informed the Committee that after consultation with Board Counsel, the Board of Social Work would be able to post a Supervisor Registry if the supervisor signs documentation agreeing to be on the Registry and if the Registry only posts public information. Ms. Lenart informed the Committee of the issues that would occur. Current regulations state that the supervision training must occur 5 years immediately preceding the registration of supervision application. It should be noted that the regulations do not state that training needs to occur every 5 years, but needs to be completed 5 years prior to a supervisee submitting an application for registration of supervision. While the database system used is set up to capture the approval date and expiration date of a supervisor, if the supervisor has multiple training the expiration date would need to be five years from the date of the oldest training certificate:

For example: A supervisor took four trainings to meet the 14-hour requirement. (In August 2015 they completed 7 hours; January 2016 they completed 2 hours; March 2016 they completed 3 hours; April 2017 they completed 2 hours) In this example, the expiration date of the supervision training would be August 2020. Board staff would have to continually update the list as they took additional hours to meet the requirements.

Ms. Lenart also informed the Committee that while the registry would be beneficial to the supervisors, supervisee and applicants it would require Board staff to consistently update the registry, which would require additional time and resources on already limited staff. In addition, the supervisor would need to complete a supervisor application, provide attestation to 2 years of post-licensure clinical social work experience, copy of their supervisor-training certificate (s) and authorization to post their name on a registry. The registry would simply be an excel spreadsheet until such time the Department of Health Professions could develop a more intuitive system to search for a supervisor.

Ms. Lenart discussed with the Committee as an alternative, the Board could amend the regulations in such a way that requires that a supervisor complete initial training. After such initial training, the supervisor would then be required to completed supervision training each renewal. It was discussed that this alternative would cause an increase in licensees that would have to be audited following renewal.

**Motion:** A motion was made by Mr. Salay, which was properly seconded by Dr. Paulson, to recommend staff create a supervisor registry. The motion passed unanimously.

- *Expanding upon the Board's Standards of Practice*

At the last meeting, the Committee discussed the Board's Standards of Practice and the need for clarification and expansion to what could be considered boundary issues and violations. Dr. Walsh and Dr. Paulson brought forth to the Committee the following suggested additions to 18VAC140-20-150 (D) of the Regulations Governing the Practice of Social Work:

*#6. Not engage in physical contact (such as cradling, caressing, kissing, and groping) with a client when there is a possibility of psychological harm to the client. Social Workers who engage in physical contact are responsible for setting clear and culturally sensitive boundaries.*

*#7. Not sexually harass clients. Sexual harassment includes sexual advances; sexual solicitation; request for sexual favors; and other verbal written, electronic, or physical contact of a sexual nature.*

**Motion:** Upon a motion by Dr. Paulson, which was properly seconded by Dr. Walsh, to recommend to the Full Board to add #6 to the Standards of Practice in the Regulations but deleting possibility of psychological harm... and adding likelihood of psychological harm... The motion passed unanimously.

**Motion:** Upon a motion by Mr. Salay, which was properly seconded by Dr. Paulson, to recommend to the Full Board to add #7 to the Standards of Practice in the Regulations. The motion passed unanimously.

**Motion:** Upon a motion by Dr. Paulson, which was properly seconded by Dr. Walsh, to recommend to the Full Board to add #8 to the Standards of Practice in the Regulations. Five members of the Committee opposed the motion. The motion failed and the recommendation will not move forward to the Full Board.

- *LMSW Discussion*

Ms. Hoyle discussed with the Committee whether the definition for a Master's Social Worker should be revised. Pursuant to Chapter 37 of Title 54.1 of the Code the Virginia, the current definition is as follows:

*"Master's social worker" means a person who engages in the practice of social work and provides non-clinical, generalist services, including staff supervision and management.*

**Motion:** Upon a motion by Mr. Salay, which was properly seconded by Dr. Walsh, to recommend to the Full Board that the definition for Master's Social Worker be changed removing non-clinical from the definition and use the Association of Social Work Boards Model Social Work Practice Act as a guideline for a new definition. The motion passed with four members in favor of the motion and one in opposed of the motion.

Ms. Yeatts suggested to the Committee to wait until the Senate Joint Resolution No. 49 for a study for the need for additional micro-level, mezzo-level and macro-level social workers and increased compensation of such social workers in the Commonwealth be completed first before processing with this recommendation.

#### **NEW BUSINESS:**

- *Guidance Document 140-9: Content for Training on Supervision for Clinical Social Work*

The Committee discussed the content of the supervision training supervisors are receiving to meet the requirement to be a Board approved supervisor. Committee members were concerned that the information being provided in the trainings are outdated and are not referring to the current Virginia Laws and Regulations Governing the Practice in Social Work. The Committee further discussed developing its own supervision training and offerings online or through a webinar. It was also suggested that some type of question and answer section be developed to include in the training related to current Laws and Regulations Governing the Practice of Social Work. Mr. Salay agreed to work on putting together content for training. After discussion, it was suggested that Parallel Process and Theories of Supervision be added to Guidance Document 140-9 under Context of Supervision.

**Motion:** A motion was made by Dr. Paulson, which was properly seconded by Dr. Walsh, to adopt Guidance Document 140-9 with the additions of adding Parallel Process and Theories of Supervision to the document under Context of Supervision.

- *Review of Endorsement Requirements for Each License Type*

Ms. Hoyle revisited Senate Bill No. 53 provided in the meeting agenda packet with the Committee directing the Board of Social Work to pursue the establishment of a reciprocal agreement with other jurisdictions. Virginia currently does not have reciprocity with any other jurisdictions, but offers licensure by endorsement. Ms. Hoyle reviewed with the Committee the current endorsement requirements for LBSWs, LMSWs and LCSWs. Ms. Hoyle also discussed the state comparisons for licensure. A chart was provided in the meeting agenda packet for review. Ms. Hoyle discussed with the Committee what the reciprocal agreement could potentially look like and discussed issues with current endorsement provisions that could be burdensome to LBSWs and LMSWs. Suggested changes would be provided later in the meeting.

**Dr. Walsh left the meeting at 4:00pm and Dr. Paulson presided over the remainder of the meeting as chair in his absence.**

- *Pathways to reduce the Add/Change requirements for supervision and make them more efficient*

Ms. Lenart discussed with the Committee changes staff have made to the Add/Change process to make it more efficient. Changes included eliminating non-essential data collected during the online application process, eliminating the request for their worksite address on the application and only requesting it on the supervision form, eliminating some of the practicum information requested, separating the initial and add/change instruction pages so that an applicant only needs to review the instructions for that specific application, and all the supplemental forms are now fillable PDF documents.

In order to streamline and make the add/change application process more efficient, Ms. Lenart also suggested that the Board would need to identify if the change in the following areas require a new application and/or fee:

- Addition or change to supervised practice
- Addition or change in supervisor
- Addition or change to clinical social work services
- Addition or change in location

Currently, any change in supervision would require an application and fee pursuant to 18VAC140-20-50(A)(1) of the current regulations, which state the following:

*1. Registration. An individual who proposes to obtain supervised post-master's degree experience in Virginia shall, prior to the onset of such supervision, or whenever there is an addition or change of supervised practice, supervisor, clinical social work services or location:*

*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.*

Ms. Lenart also posed the question to the Committee if they needed to know the worksite if where the supervisee is working? If so, she suggested a one page form could possibly be used that would be signed by both the supervisee and supervisor. She also advised the Committee that this process would not require a fee from the applicant, but would still require staff time to input changes, update the system and notify the applicant and supervisor. She also notes that the Board of Counseling does not require an application for an add/change of worksite, but does require the supervisor and resident to have a current supervisory contract in place that spells out the responsibilities for each before the resident can start counting hours toward licensure.

Dr. Paulson suggested adding to the responsibilities of a supervisee that while providing clinical social work services they have to remain under Board approved supervision until licensed in Virginia as a LCSW. It was also suggested that supervisory contract be defined in the Regulations and a sample contract be made available.

**Motion:** A motion was made by Mr. Salay, which was properly seconded by Mr. Hayter, to recommend to the Full Board to amend 18VAC140-20-50(A)(1) by eliminating supervised practice, clinical social work services or location.

Ms. Lenart also posed the question to the Committee if a supervisee could use virtual telehealth platforms to screen, assess and intervene with clients while they are under Board approved supervision, as the Guidance document on technology-assisted therapy does not address this question. It was suggested that this be discussed at the next Regulatory Committee

Meeting along with Face-to-Face for supervisees and the Guidance document only address Face-to-face for licensees.

- *Loopholes within the Supervision Timeline*

Ms. Lenart and Ms. Austin discussed with the Committee the loopholes within the supervision timeline. They reviewed with the Committee that pursuant to current laws and regulations, in order to provide clinical social work services in a non-exempt setting, an individual must hold an active LCSW license in Virginia or be under Board approved supervision. The supervised experience expires after 4 years unless they request a 12 month extension. They informed the Committee that the current issues with this are that once a supervisee has been approved to sit for the exam, are they still required to meet all the supervised experience requirements, such as meeting once a week with their supervisor? Also, once a supervisee has been approved to sit for the examination, they are given two years to sit and pass the exam. During this time they are still required to be under Board approved supervision in order to provided clinical social work services.

Ms. Lenart and Ms. Austin suggested that the Board needs to decide how staff should address extensions in supervision for those approved to sit for the exam, as the process to stay under supervision is very confusing for the public and Board staff. Supervisees are not aware they need to be granted and extension or apply for add add/change or initial supervision after they are approved to sit for the exam.

- ❖ Should they automatically be aligned with the approval deadline to pass the exam?
- ❖ Should the supervisee be required to submit a request for an extension in supervision? What if the supervisor or worksite is different from what was approved?
- ❖ Should the supervisee be required to submit a new online application and supplemental documentation? Should it be an initial application or add/change?
- ❖ What if they let their supervision approval expire? For instance, they submit an application for LCSW by Examination after they approval for supervision has expired?

Board staff are suggesting the Board consider the following changes:

- ❖ Allow the supervisee the option of taking the exam during their supervised experience so that they can immediately be considered for an LCSW once they pass the exam and complete their supervised experience and apply for licensure; or
- ❖ Change the regulations to state that the supervisee must complete all the supervised experience and pass the exam within X years. The applicant would not submit an application to sit for the exam but would submit an application for licensure once they meet the minimum requirements; or
- ❖ Increase the supervised experience approval time from 4 years to 6 years to allow applicants time to finish their supervised experience, submit their application to sit for the exam and pass the exam; or
- ❖ Give every applicant an extension to match their exam expiration date. This would require the Board asking the applicant where they are working and under whose supervision in order to update the database system.

- *Regulation Changes to Consider*

Board staff posed to the Committee to recommend the Board consider the following Regulation changes:

1. Consider eliminating 18VAC140-20-51(B)(3) which states:

*For licensure as a LBSW, submit 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.*

This recommendation was already addressed in Ms. Yeatts Regulatory report.

2. Consider amending 18VAC140-20-45(A)(6) which states:

*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.

These endorsement requirements are burdensome for LBSWs and LMSWs as supervised experience is not required for these license types in Virginia. Consider amending this section to make this requirement specifically **only** for LCSWs.

**Motion:** A motion was made by Mr. Salay, which was properly seconded by Ms. Manns, to recommend to the Full Board to delete 18VAC140-20-45(A)(6) as a requirement for endorsement by Fast Track Action.

3. Consider amending the evidence of competency to practice section of 18VAC140-20-110(C) and (D) which states: C. In addition to requirements set forth in subsection B of this section, an applicant for reinstatement whose license has been lapsed for 10 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 reinstatement of licensure in Virginia. The supervised practice shall include a minimum of 60 hours of face-to-face direct client contact and nine hours of face-to-face supervision.

D. An LBSW, LMSW, or clinical social worker wishing to reactivate an inactive license shall submit the difference between the renewal fee for active licensure and the fee 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 10 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 reactivation of licensure in Virginia. The supervised practice shall include a minimum of 60 hours of face-to-face direct client contact and nine hours of face-to-face supervision.

The competency to practice for reinstatement and inactive to active licensure are burdensome for LBSWs and LMSWs as supervised experience is not required for these license types in Virginia. Consider amending this section to make this requirement specifically **only** for LCSWs.

**Motion:** A motion was made by Mr. Salay, which was properly seconded by Mr. Hayter, to recommend to the Full Board to delete all of 18VAC140-20-110(C) and delete (D)(1),(2)(3) as a requirement by Fast Track Action.

#### **NEXT MEETING:**

Dr. Paulson announced that the next Regulatory Committee Meeting would occur on June 4, 2020 at 1:00pm.

#### **ADJOURNMENT:**

Dr. Paulson adjourned the March 12, 2020 Regulatory Committee meeting at 4:50p.m.

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Joseph Walsh, L.C.S.W., Ph.D., Committee Chair

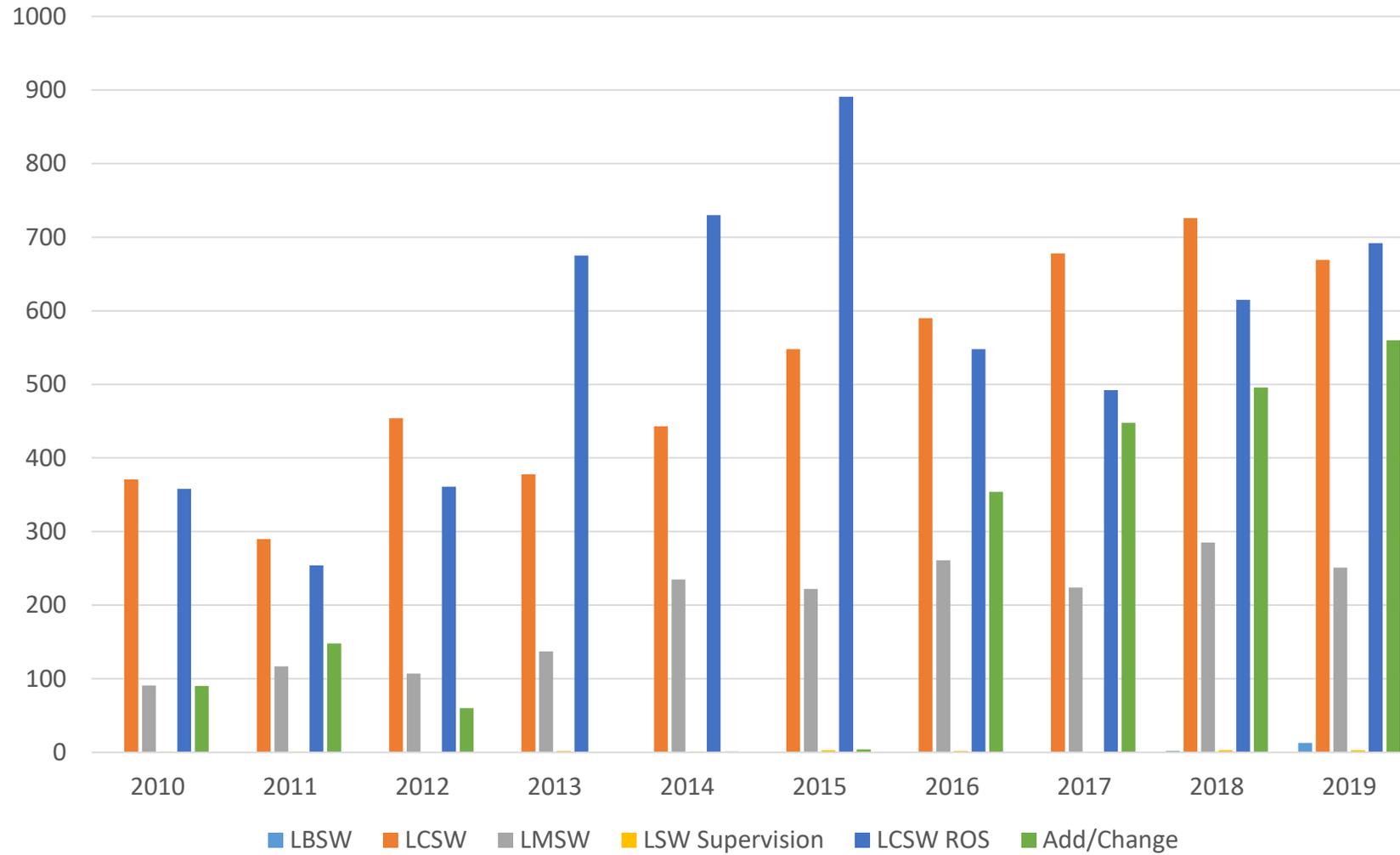
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Jaime Hoyle, Executive Director

# Board of Social Work Applications Year to Year

Social Work	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
LBSW	13	2	0	0	0	0	0	0	0	0
LCSW	713	726	678	590	548	443	378	454	290	371
LMSW	270	285	224	261	222	235	137	107	117	91
LSW										
LSW Supervision	4	3	0	2	3	1	2	0	1	1
LCSW ROS										
Initial	730	615	492	548	891	730	675	361	254	358
Add/Change	611	496	448	354	4	1	0	60	148	90
Total	1341	1111	940	902	895	731	675	421	402	448
Total	2341	2127	1842	1755	1668	1410	1192	982	810	911

## Social Work Applications By Year



Applications Received by Type and Subtype	January Totals	February Totals	March Totals	April Totals	May Totals	June Totals	July Totals	August Totals	Year to Date Totals
<b>Registrations</b>									
LCSW Supervisee	61	33	35	25	43	60	60	62	379
LSW Supervisee	9	0	9	0	0	0	0	0	18
Add/Change Supervision LCSW	50	81	39	33	37	39	39	43	361
Add/Change Supervision LSW	0	16	0	0	0	0	0	0	16
<b>Total</b>	<b>120</b>	<b>130</b>	<b>83</b>	<b>58</b>	<b>80</b>	<b>99</b>	<b>99</b>	<b>105</b>	<b>774</b>
<b>Licenses</b>									
LBSW	1	2	3	6	10	5	4	3	34
LMSW	20	23	11	29	50	36	24	40	233
LCSW	63	49	54	59	71	67	93	103	559
<b>Total</b>	<b>61</b>	<b>74</b>	<b>68</b>	<b>94</b>	<b>131</b>	<b>108</b>	<b>121</b>	<b>146</b>	<b>803</b>
<b>Total Applications Received</b>	<b>145</b>	<b>204</b>	<b>151</b>	<b>152</b>	<b>211</b>	<b>207</b>	<b>220</b>	<b>251</b>	<b>1541</b>

## Registrations Issued

	January Totals	February Totals	March Totals	April Totals	May Totals	June Totals	July Totals	August Totals	Year to Date Totals
Initial Supervisee for LCSW	38	50	42	18	16	16	12	89	281
Supervision	51	40	0	34	22	22	4	64	237
<b>Total</b>	<b>89</b>	<b>90</b>	<b>42</b>	<b>52</b>	<b>38</b>	<b>38</b>	<b>16</b>	<b>153</b>	<b>518</b>

## Licenses Issued

LBSW by Endorsement	2	2	0	1	0	0	0	0	5
LBSW By Examination	0	0	0	0	0	0	0	1	1
LMSW By Endorsement	5	0	6	11	1	8	13	7	51
LMSW by Examination	4	8	8	1	6	14	3	6	50
LMSW by Reinstatement	0	1	0	0	0	0	0	0	1
COVID Temp License	0	0	0	53	156	91	88	91	479
LCSW by Reinstatement	1	4	1	2	4	0	0	5	17
LCSW by Examination	25	24	36	1	25	14	22	17	164
LCSW by Endorsement	18	6	24	32	23	11	39	10	163
<b>Total</b>	<b>55</b>	<b>45</b>	<b>75</b>	<b>101</b>	<b>215</b>	<b>138</b>	<b>165</b>	<b>137</b>	<b>931</b>
<b>Total Registratons and Licenses Issued</b>	<b>144</b>	<b>135</b>	<b>117</b>	<b>153</b>	<b>253</b>	<b>176</b>	<b>181</b>	<b>290</b>	<b>1449</b>

Virginia Department of Health Professions  
Cash Balance  
As of June 30, 2020

	<u>110- Social Work</u>
<b>Board Cash Balance as June 30, 2019</b>	\$ 971,155
<b>YTD FY20 Revenue</b>	902,315
<b>Less: YTD FY20 Direct and Allocated Expenditures</b>	<u>542,122</u>
<b>Board Cash Balance as June 30, 2020</b>	<u><u>\$ 1,331,348</u></u>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11000 - Social Work  
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	206,715.00	141,075.00	(65,640.00)	146.53%
4002406	License & Renewal Fee	672,300.00	617,480.00	(54,820.00)	108.88%
4002407	Dup. License Certificate Fee	4,040.00	850.00	(3,190.00)	475.29%
4002409	Board Endorsement - Out	6,775.00	4,625.00	(2,150.00)	146.49%
4002421	Monetary Penalty & Late Fees	12,270.00	780.00	(11,490.00)	1573.08%
4002432	Misc. Fee (Bad Check Fee)	35.00	35.00	-	100.00%
	<b>Total Fee Revenue</b>	<b>902,135.00</b>	<b>764,845.00</b>	<b>(137,290.00)</b>	<b>117.95%</b>
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	180.00	-	(180.00)	0.00%
	<b>Total Sales of Prop. &amp; Commodities</b>	<b>180.00</b>	<b>-</b>	<b>(180.00)</b>	<b>0.00%</b>
	<b>Total Revenue</b>	<b>902,315.00</b>	<b>764,845.00</b>	<b>(137,470.00)</b>	<b>117.97%</b>
5011110	Employer Retirement Contrib.	7,341.64	7,825.00	483.36	93.82%
5011120	Fed Old-Age Ins- Sal St Emp	4,363.33	4,429.00	65.67	98.52%
5011140	Group Insurance	742.61	759.00	16.39	97.84%
5011150	Medical/Hospitalization Ins.	7,557.00	8,244.00	687.00	91.67%
5011160	Retiree Medical/Hospitalizatn	663.34	678.00	14.66	97.84%
5011170	Long term Disability Ins	351.43	359.00	7.57	97.89%
	<b>Total Employee Benefits</b>	<b>21,019.35</b>	<b>22,294.00</b>	<b>1,274.65</b>	<b>94.28%</b>
5011200	Salaries				
5011230	Salaries, Classified	56,850.90	57,877.00	1,026.10	98.23%
5011250	Salaries, Overtime	1,680.13	-	(1,680.13)	0.00%
	<b>Total Salaries</b>	<b>58,531.03</b>	<b>57,877.00</b>	<b>(654.03)</b>	<b>101.13%</b>
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,600.00	2,800.00	1,200.00	57.14%
5011380	Deferred Compnstn Match Pmts	308.00	556.00	248.00	55.40%
	<b>Total Special Payments</b>	<b>1,908.00</b>	<b>3,356.00</b>	<b>1,448.00</b>	<b>56.85%</b>
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	323.34	-	(323.34)	0.00%
	<b>Total Terminatn Personal Svce Costs</b>	<b>323.34</b>	<b>-</b>	<b>(323.34)</b>	<b>0.00%</b>
5011930	Turnover/Vacancy Benefits				
	<b>Total Personal Services</b>	<b>81,781.72</b>	<b>83,527.00</b>	<b>1,745.28</b>	<b>97.91%</b>
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	-	537.00	537.00	0.00%
5012140	Postal Services	10,772.41	4,411.00	(6,361.41)	244.22%
5012150	Printing Services	47.22	67.00	19.78	70.48%
5012160	Telecommunications Svcs (VITA)	392.11	550.00	157.89	71.29%
5012190	Inbound Freight Services	6.47	-	(6.47)	0.00%
	<b>Total Communication Services</b>	<b>11,218.21</b>	<b>5,565.00</b>	<b>(5,653.21)</b>	<b>201.59%</b>
5012200	Employee Development Services				

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11000 - Social Work  
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
5012210	Organization Memberships	250.00	1,500.00	1,250.00	16.67%
	Total Employee Development Services	250.00	1,500.00	1,250.00	16.67%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	16,535.30	5,500.00	(11,035.30)	300.64%
5012440	Management Services	225.53	212.00	(13.53)	106.38%
	Total Mgmnt and Informational Svcs	16,760.83	5,712.00	(11,048.83)	293.43%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	94.82	-	(94.82)	0.00%
5012530	Equipment Repair & Maint Srvc	1,256.24	-	(1,256.24)	0.00%
	Total Repair and Maintenance Svcs	1,351.06	-	(1,351.06)	0.00%
5012600	Support Services				
5012630	Clerical Services	30,210.40	62,208.00	31,997.60	48.56%
5012640	Food & Dietary Services	1,327.77	480.00	(847.77)	276.62%
5012660	Manual Labor Services	145.92	2,188.00	2,042.08	6.67%
5012670	Production Services	584.56	2,405.00	1,820.44	24.31%
5012680	Skilled Services	3,950.28	24,297.00	20,346.72	16.26%
	Total Support Services	36,218.93	91,578.00	55,359.07	39.55%
5012700	Technical Services				
5012760	C.Operating Svcs (By VITA)	37.15	-	(37.15)	0.00%
	Total Technical Services	37.15	-	(37.15)	0.00%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	4,137.54	3,809.00	(328.54)	108.63%
5012850	Travel, Subsistence & Lodging	650.35	3,107.00	2,456.65	20.93%
5012880	Trvl, Meal Reimb- Not Rprtble	516.00	2,417.00	1,901.00	21.35%
	Total Transportation Services	5,303.89	9,333.00	4,029.11	56.83%
	Total Contractual Svcs	71,140.07	113,688.00	42,547.93	62.57%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013110	Apparel Supplies	8.29	-	(8.29)	0.00%
5013120	Office Supplies	1,978.20	276.00	(1,702.20)	716.74%
5013130	Stationery and Forms	156.62	41.00	(115.62)	382.00%
	Total Administrative Supplies	2,143.11	317.00	(1,826.11)	676.06%
5013200	Energy Supplies				
5013230	Gasoline	53.16	-	(53.16)	0.00%
	Total Energy Supplies	53.16	-	(53.16)	0.00%
5013400	Medical and Laboratory Supp.				
5013420	Medical and Dental Supplies	9.21	-	(9.21)	0.00%
	Total Medical and Laboratory Supp.	9.21	-	(9.21)	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	35.57	-	(35.57)	0.00%
5013530	Electrcal Repair & Maint Matrl	1.70	-	(1.70)	0.00%
	Total Repair and Maint. Supplies	37.27	-	(37.27)	0.00%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11000 - Social Work  
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
<b>5013600 Residential Supplies</b>					
5013620	Food and Dietary Supplies	-	21.00	21.00	0.00%
5013630	Food Service Supplies	-	82.00	82.00	0.00%
5013640	Laundry and Linen Supplies	1.23	-	(1.23)	0.00%
5013650	Personal Care Supplies	32.97	-	(32.97)	0.00%
	<b>Total Residential Supplies</b>	<u>34.20</u>	<u>103.00</u>	<u>68.80</u>	<u>33.20%</u>
<b>5013700 Specific Use Supplies</b>					
5013730	Computer Operating Supplies	45.75	-	(45.75)	0.00%
	<b>Total Specific Use Supplies</b>	<u>45.75</u>	<u>-</u>	<u>(45.75)</u>	<u>0.00%</u>
	<b>Total Supplies And Materials</b>	<u>2,322.70</u>	<u>420.00</u>	<u>(1,902.70)</u>	<u>553.02%</u>
<b>5015000 Continuous Charges</b>					
<b>5015100 Insurance-Fixed Assets</b>					
5015160	Property Insurance	83.70	26.00	(57.70)	321.92%
	<b>Total Insurance-Fixed Assets</b>	<u>83.70</u>	<u>26.00</u>	<u>(57.70)</u>	<u>321.92%</u>
<b>5015300 Operating Lease Payments</b>					
5015340	Equipment Rentals	546.47	540.00	(6.47)	101.20%
5015350	Building Rentals	16.80	-	(16.80)	0.00%
5015390	Building Rentals - Non State	12,007.03	13,267.00	1,259.97	90.50%
	<b>Total Operating Lease Payments</b>	<u>12,570.30</u>	<u>13,807.00</u>	<u>1,236.70</u>	<u>91.04%</u>
<b>5015500 Insurance-Operations</b>					
5015510	General Liability Insurance	421.76	97.00	(324.76)	434.80%
5015540	Surety Bonds	17.73	6.00	(11.73)	295.50%
	<b>Total Insurance-Operations</b>	<u>439.49</u>	<u>103.00</u>	<u>(336.49)</u>	<u>426.69%</u>
	<b>Total Continuous Charges</b>	<u>13,093.49</u>	<u>13,936.00</u>	<u>842.51</u>	<u>93.95%</u>
<b>5022000 Equipment</b>					
<b>5022100 Computer Hrdware &amp; Sftware</b>					
5022170	Other Computer Equipment	962.88	-	(962.88)	0.00%
	<b>Total Computer Hrdware &amp; Sftware</b>	<u>962.88</u>	<u>-</u>	<u>(962.88)</u>	<u>0.00%</u>
<b>5022200 Educational &amp; Cultural Equip</b>					
5022240	Reference Equipment	-	43.00	43.00	0.00%
	<b>Total Educational &amp; Cultural Equip</b>	<u>-</u>	<u>43.00</u>	<u>43.00</u>	<u>0.00%</u>
<b>5022300 Electrnc &amp; Photographic Equip</b>					
5022330	Voice & Data Transmissn Equip	165.00	-	(165.00)	0.00%
	<b>Total Electrnc &amp; Photographic Equip</b>	<u>165.00</u>	<u>-</u>	<u>(165.00)</u>	<u>0.00%</u>
<b>5022400 Medical and Laboratory Equip</b>					
5022420	Medical and Dental Equip	6.59	-	(6.59)	0.00%
	<b>Total Medical and Laboratory Equip</b>	<u>6.59</u>	<u>-</u>	<u>(6.59)</u>	<u>0.00%</u>
<b>5022600 Office Equipment</b>					
5022610	Office Appurtenances	-	21.00	21.00	0.00%
	<b>Total Office Equipment</b>	<u>-</u>	<u>21.00</u>	<u>21.00</u>	<u>0.00%</u>
<b>5022700 Specific Use Equipment</b>					

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11000 - Social Work  
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over)		% of Budget
				Budget		
5022710	Household Equipment	7.81	-	(7.81)		0.00%
	<b>Total Specific Use Equipment</b>	<u>7.81</u>	<u>-</u>	<u>(7.81)</u>		<u>0.00%</u>
	<b>Total Equipment</b>	<u>1,142.28</u>	<u>64.00</u>	<u>(1,078.28)</u>		<u>1784.81%</u>
	<b>Total Expenditures</b>	<u>169,480.26</u>	<u>211,635.00</u>	<u>42,154.74</u>		<u>80.08%</u>
<b>Allocated Expenditures</b>						
20100	Behavioral Science Exec	85,049.16	92,510.40	7,461.24		91.93%
30100	Data Center	72,050.02	93,812.49	21,762.47		76.80%
30200	Human Resources	5,840.23	3,567.41	(2,272.81)		163.71%
30300	Finance	45,739.55	43,672.60	(2,066.95)		104.73%
30400	Director's Office	16,685.41	17,462.09	776.68		95.55%
30500	Enforcement	99,694.25	126,913.39	27,219.15		78.55%
30600	Administrative Proceedings	25,965.63	30,260.26	4,294.63		85.81%
30700	Impaired Practitioners	353.37	1,451.33	1,097.96		24.35%
30800	Attorney General	504.48	504.55	0.06		99.99%
30900	Board of Health Professions	12,748.47	12,706.22	(42.25)		100.33%
31100	Maintenance and Repairs	-	932.36	932.36		0.00%
31300	Emp. Recognition Program	111.13	161.43	50.30		68.84%
31400	Conference Center	107.13	223.45	116.32		47.94%
31500	Pgm Devlpmnt & Implmentn	7,793.00	7,662.39	(130.60)		101.70%
	<b>Total Allocated Expenditures</b>	<u>372,641.82</u>	<u>431,840.37</u>	<u>59,198.55</u>		<u>86.29%</u>
	<b>Net Revenue in Excess (Shortfall) of Expenditures</b>	<u>\$ 360,192.92</u>	<u>\$ 121,369.63</u>	<u>\$ (238,823.29)</u>		<u>296.77%</u>

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
4002400 Fee Revenue											
4002401	Application Fee	18,980.00	19,220.00	17,825.00	18,440.00	13,220.00	11,660.00	18,165.00	15,335.00	17,320.00	15,810.00
4002406	License & Renewal Fee	12,855.00	1,705.00	585.00	270.00	270.00	650.00	77.50	315.00	450.00	335.00
4002407	Dup. License Certificate Fee	435.00	405.00	320.00	280.00	120.00	130.00	235.00	175.00	90.00	160.00
4002409	Board Endorsement - Out	375.00	675.00	475.00	775.00	525.00	525.00	600.00	650.00	575.00	475.00
4002421	Monetary Penalty & Late Fees	5,175.00	1,450.00	570.00	675.00	420.00	560.00	390.00	810.00	540.00	470.00
4002432	Misc. Fee (Bad Check Fee)	-	-	35.00	-	-	-	-	-	-	-
	Total Fee Revenue	37,820.00	23,455.00	19,810.00	20,440.00	14,555.00	13,525.00	19,467.50	17,285.00	18,975.00	17,250.00
4003000 Sales of Prop. & Commodities											
4003020	Misc. Sales-Dishonored Payments	-	90.00	-	-	-	-	-	-	-	-
	Total Sales of Prop. & Commodities	-	90.00	-	-	-	-	-	-	-	-
	Total Revenue	37,820.00	23,545.00	19,810.00	20,440.00	14,555.00	13,525.00	19,467.50	17,285.00	18,975.00	17,250.00
5011000 Personal Services											
5011100 Employee Benefits											
5011110	Employer Retirement Contrib.	790.80	535.70	535.70	644.64	644.64	644.64	644.64	644.64	644.64	644.64
5011120	Fed Old-Age Ins- Sal St Emp	470.01	337.05	292.45	391.66	375.91	375.93	375.91	375.93	407.39	396.89
5011140	Group Insurance	76.62	51.90	51.90	66.14	66.14	66.14	66.14	66.14	66.14	66.14
5011150	Medical/Hospitalization Ins.	1,030.50	687.00	687.00	-	687.00	687.00	687.00	687.00	687.00	687.00
5011160	Retiree Medical/Hospitalizatn	68.44	46.36	46.36	59.08	59.08	59.08	59.08	59.08	59.08	59.08
5011170	Long term Disability Ins	36.26	24.56	24.56	31.30	31.30	31.30	31.30	31.30	31.30	31.30
	Total Employee Benefits	2,472.63	1,682.57	1,637.97	1,192.82	1,864.07	1,864.09	1,864.07	1,864.09	1,895.55	1,885.05
5011200 Salaries											
5011230	Salaries, Classified	5,943.51	3,962.34	3,962.34	5,111.31	5,049.52	5,049.52	5,049.52	5,049.52	5,049.52	5,049.52
5011250	Salaries, Overtime	411.46	582.90	-	-	-	-	-	-	411.46	274.31
	Total Salaries	6,354.97	4,545.24	3,962.34	5,111.31	5,049.52	5,049.52	5,049.52	5,049.52	5,460.98	5,323.83
5011340	Specified Per Diem Payment	-	100.00	400.00	250.00	100.00	400.00	-	-	350.00	-
5011380	Deferred Compnstrn Match Prmts	30.00	20.00	20.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00
	Total Special Payments	30.00	120.00	420.00	278.00	128.00	428.00	28.00	28.00	378.00	28.00
5011600	Terminatn Personal Svce Costs										

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
5011660	Defined Contribution Match - Hy	-	-	-	38.04	38.04	38.04	38.04	38.04	38.04	38.04
	Total Terminatn Personal Svce Costs	-	-	-	38.04	38.04	38.04	38.04	38.04	38.04	38.04
	Total Personal Services	8,857.60	6,347.81	6,020.31	6,620.17	7,079.63	7,379.65	6,979.63	6,979.65	7,772.57	7,274.92
5012000	Contractual Svcs										
5012100	Communication Services										
5012140	Postal Services	1,400.99	1,985.72	1,291.76	-	3,459.04	102.47	596.64	82.65	119.50	340.45
5012150	Printing Services	11.75	-	-	-	-	-	-	-	35.47	-
5012160	Telecommunications Svcs (VITA)	32.85	28.39	32.83	30.37	38.30	36.42	34.17	28.39	34.50	36.91
5012190	Inbound Freight Services	-	-	-	-	4.75	-	-	-	1.32	-
	Total Communication Services	1,445.59	2,014.11	1,324.59	30.37	3,502.09	138.89	630.81	111.04	190.79	377.36
5012200	Employee Development Services										
5012210	Organization Memberships	-	-	-	-	-	-	250.00	-	-	-
	Total Employee Development Services	-	-	-	-	-	-	250.00	-	-	-
5012400	Mgmnt and Informational Svcs										
5012420	Fiscal Services	106.82	11,387.66	42.51	-	16.95	6.82	15.93	-	4.78	11.25
5012440	Management Services	-	31.61	64.36	-	39.80	-	18.68	-	9.41	-
	Total Mgmnt and Informational Svcs	106.82	11,419.27	106.87	-	56.75	6.82	34.61	-	14.19	11.25
5012500	Repair and Maintenance Svcs										
5012510	Custodial Services	-	-	-	-	31.61	-	-	-	-	-
5012530	Equipment Repair & Maint Srvc	-	-	-	-	1,251.77	-	-	2.11	-	-
	Total Repair and Maintenance Svcs	-	-	-	-	1,283.38	-	-	2.11	-	-
5012600	Support Services										
5012630	Clerical Services	1,593.60	3,725.04	1,593.60	-	6,947.10	3,618.87	2,297.37	6,802.68	3,022.86	609.28
5012640	Food & Dietary Services	194.80	48.18	-	-	382.45	369.26	-	-	108.28	224.80
5012660	Manual Labor Services	22.63	17.29	-	5.55	36.38	29.64	-	5.14	-	-
5012670	Production Services	105.16	12.60	10.90	35.60	107.45	148.15	-	-	-	-
5012680	Skilled Services	558.34	558.34	279.17	279.17	279.17	279.17	279.17	287.55	287.55	287.55
	Total Support Services	2,474.53	4,361.45	1,883.67	320.32	7,752.55	4,445.09	2,576.54	7,095.37	3,418.69	1,121.63
5012700	Technical Services										
5012760	C.Operating Svcs (By VITA)	-	-	-	-	-	-	-	37.15	-	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
	Total Technical Services	-	-	-	-	-	-	-	37.15	-	-
5012800	Transportation Services										
5012820	Travel, Personal Vehicle	-	255.20	1,122.30	504.60	255.20	979.04	-	-	1,021.20	-
5012850	Travel, Subsistence & Lodging	-	-	106.50	-	-	217.54	-	-	326.31	-
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	72.00	61.50	-	186.00	-	-	196.50	-
	Total Transportation Services	-	255.20	1,300.80	566.10	255.20	1,382.58	-	-	1,544.01	-
	Total Contractual Svcs	4,026.94	18,050.03	4,615.93	916.79	12,849.97	5,973.38	3,491.96	7,245.67	5,167.68	1,510.24
5013000	Supplies And Materials										
5013100	Administrative Supplies										
5013110	Apparel Supplies	-	-	-	-	-	-	-	-	-	-
5013120	Office Supplies	158.25	106.32	230.30	-	443.88	347.31	82.53	72.92	319.97	40.79
5013130	Stationery and Forms	-	34.16	-	-	-	122.46	-	-	-	-
	Total Administrative Supplies	158.25	140.48	230.30	-	443.88	469.77	82.53	72.92	319.97	40.79
5013200	Energy Supplies										
5013230	Gasoline	23.34	-	-	-	-	-	29.82	-	-	-
	Total Energy Supplies	23.34	-	-	-	-	-	29.82	-	-	-
5013400	Medical and Laboratory Supp.										
5013420	Medical and Dental Supplies	-	-	-	-	-	-	-	-	-	6.56
	Total Medical and Laboratory Supp.	-	-	-	-	-	-	-	-	-	6.56
5013500	Repair and Maint. Supplies										
5013520	Custodial Repair & Maint Matrl	-	-	-	-	-	-	-	-	-	35.57
5013530	Electrcal Repair & Maint Matrl	-	-	-	-	-	1.27	-	-	-	0.43
	Total Repair and Maint. Supplies	-	-	-	-	-	1.27	-	-	-	36.00
5013600	Residential Supplies										
5013640	Laundry and Linen Supplies	-	-	-	-	-	1.23	-	-	-	-
5013650	Personal Care Supplies	-	-	-	-	-	-	-	-	-	32.97
	Total Residential Supplies	-	-	-	-	-	1.23	-	-	-	32.97
5013700	Specific Use Supplies										
5013730	Computer Operating Supplies	45.75	-	-	-	-	-	-	-	-	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
	Total Specific Use Supplies	45.75	-	-	-	-	-	-	-	-	-
	Total Supplies And Materials	227.34	140.48	230.30	-	443.88	472.27	112.35	72.92	319.97	116.32
5015000	Continuous Charges										
5015100	Insurance-Fixed Assets										
5015160	Property Insurance	38.32	-	-	-	-	-	-	-	-	-
	Total Insurance-Fixed Assets	38.32	-	-	-	-	-	-	-	-	-
5015300	Operating Lease Payments										
5015340	Equipment Rentals	-	55.12	48.70	-	99.54	48.70	50.91	48.70	48.70	48.70
5015350	Building Rentals	3.60	-	-	3.60	-	-	4.80	-	-	-
5015390	Building Rentals - Non State	988.65	1,119.59	974.86	1,001.17	1,051.94	988.96	1,007.28	1,059.12	979.13	872.36
	Total Operating Lease Payments	992.25	1,174.71	1,023.56	1,004.77	1,151.48	1,037.66	1,062.99	1,107.82	1,027.83	921.06
5015500	Insurance-Operations										
5015510	General Liability Insurance	137.54	-	-	-	-	-	-	-	-	-
5015540	Surety Bonds	8.12	-	-	-	-	-	-	-	-	-
	Total Insurance-Operations	145.66	-	-	-	-	-	-	-	-	-
	Total Continuous Charges	1,176.23	1,174.71	1,023.56	1,004.77	1,151.48	1,037.66	1,062.99	1,107.82	1,027.83	921.06
5022000	Equipment										
5022170	Other Computer Equipment	-	-	-	-	-	3.35	-	-	-	959.53
	Total Computer Hrdware & Sftware	-	-	-	-	-	3.35	-	-	-	959.53
5022300	Electrnc & Photographic Equip										
5022330	Voice & Data Transmissn Equip	-	-	-	-	165.00	-	-	-	-	-
	Total Electrnc & Photographic Equip	-	-	-	-	165.00	-	-	-	-	-
5022420	Medical and Dental Equip	-	-	-	-	-	-	-	-	-	-
	Total Medical and Laboratory Equip	-	-	-	-	-	-	-	-	-	-
5022710	Household Equipment	-	7.81	-	-	-	-	-	-	-	-
	Total Specific Use Equipment	-	7.81	-	-	-	-	-	-	-	-
	Total Equipment	-	7.81	-	-	165.00	3.35	-	-	-	959.53

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11000 - Social Work  
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
Total Expenditures		14,288.11	25,720.84	11,890.10	8,541.73	21,689.96	14,866.31	11,646.93	15,406.06	14,288.05	10,782.07
Allocated Expenditures											
20100	Behavioral Science Exec	9,862.93	6,837.56	6,933.26	5,904.83	7,282.01	7,060.50	7,268.10	7,761.29	7,230.54	7,219.70
20200	Opt/Vet-Med/ASLP Executive Dir	-	-	-	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	-	-	-	-	-	-	-	-	-	-
20600	Funeral/LTCA/PT	-	-	-	-	-	-	-	-	-	-
30100	Data Center	7,733.93	7,169.11	2,818.00	5,136.78	8,392.66	3,006.67	8,588.16	5,309.91	7,483.28	6,284.41
30200	Human Resources	525.93	50.83	31.29	4,206.75	56.37	37.18	52.80	125.17	33.49	116.28
30300	Finance	3,961.00	3,226.47	2,905.83	7,016.45	(909.92)	3,800.55	3,838.85	7,021.58	4,379.60	3,641.70
30400	Director's Office	1,895.74	1,322.29	1,285.24	1,264.10	1,672.43	1,448.87	1,420.27	1,458.10	1,384.00	1,375.05
30500	Enforcement	15,525.61	9,013.04	6,061.57	5,099.97	7,551.25	9,196.68	9,444.10	8,511.73	7,172.36	7,366.44
30600	Administrative Proceedings	-	-	5,056.06	830.60	467.59	-	2,578.05	1,091.49	-	9,386.17
30700	Impaired Practitioners	75.00	22.99	22.53	22.03	34.70	23.51	31.67	25.80	24.30	32.51
30800	Attorney General	-	-	-	-	252.21	-	126.14	-	-	126.14
30900	Board of Health Professions	1,363.24	1,129.43	840.00	1,067.44	1,154.89	869.99	1,076.24	1,109.79	1,210.46	1,185.69
31000	SRTA	-	-	-	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-	-	-	-	-	-	-
31300	Emp. Recognition Program	1.38	-	-	-	2.16	-	-	32.79	66.73	8.07
31400	Conference Center	6.54	15.30	(3.23)	5.06	21.52	9.45	9.43	16.81	(1.68)	9.57
31500	Pgm Devlpmnt & Implmentn	807.12	665.05	585.89	528.00	803.28	610.80	719.68	602.02	890.73	554.15
98700	Cash Transfers	-	-	-	-	-	-	-	-	-	-
Total Allocated Expenditures		41,758.42	29,452.07	26,536.45	31,082.02	26,781.15	26,064.19	35,153.49	33,066.50	29,873.83	37,305.88
Net Revenue in Excess (Shortfall) of Expenditures		\$ (18,226.53)	\$ (31,627.91)	\$ (18,616.55)	\$ (19,183.75)	\$ (33,916.11)	\$ (27,405.50)	\$ (27,332.92)	\$ (31,187.56)	\$ (25,186.88)	\$ (30,837.95)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	May	June	Total
4002400	Fee Revenue			
4002401	Application Fee	21,260.00	19,480.00	<b>206,715.00</b>
4002406	License & Renewal Fee	266,390.00	388,397.50	<b>672,300.00</b>
4002407	Dup. License Certificate Fee	500.00	1,190.00	<b>4,040.00</b>
4002409	Board Endorsement - Out	550.00	575.00	<b>6,775.00</b>
4002421	Monetary Penalty & Late Fees	1,010.00	200.00	<b>12,270.00</b>
4002432	Misc. Fee (Bad Check Fee)	-	-	<b>35.00</b>
	Total Fee Revenue	<u>289,710.00</u>	<u>409,842.50</u>	<b>902,135.00</b>
4003000	Sales of Prop. & Commodities			
4003020	Misc. Sales-Dishonored Payments	90.00	-	<b>180.00</b>
	Total Sales of Prop. & Commodities	<u>90.00</u>	<u>-</u>	<b>180.00</b>
	Total Revenue	<u>289,800.00</u>	<u>409,842.50</u>	<b>902,315.00</b>
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	644.64	322.32	<b>7,341.64</b>
5011120	Fed Old-Age Ins- Sal St Emp	375.93	188.27	<b>4,363.33</b>
5011140	Group Insurance	66.14	33.07	<b>742.61</b>
5011150	Medical/Hospitalization Ins.	687.00	343.50	<b>7,557.00</b>
5011160	Retiree Medical/Hospitalizatn	59.08	29.54	<b>663.34</b>
5011170	Long term Disability Ins	31.30	15.65	<b>351.43</b>
	Total Employee Benefits	<u>1,864.09</u>	<u>932.35</u>	<b>21,019.35</b>
5011200	Salaries			
5011230	Salaries, Classified	5,049.52	2,524.76	<b>56,850.90</b>
5011250	Salaries, Overtime	-	-	<b>1,680.13</b>
	Total Salaries	<u>5,049.52</u>	<u>2,524.76</u>	<b>58,531.03</b>
5011340	Specified Per Diem Payment	-	-	<b>1,600.00</b>
5011380	Deferred Compnstrn Match Pmts	28.00	14.00	<b>308.00</b>
	Total Special Payments	<u>28.00</u>	<u>14.00</u>	<b>1,908.00</b>
5011600	Terminatn Personal Svce Costs			

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	May	June	Total
5011660	Defined Contribution Match - Hy	38.04	19.02	<b>323.34</b>
	Total Terminatn Personal Svce Costs	<u>38.04</u>	<u>19.02</u>	<u><b>323.34</b></u>
	Total Personal Services	6,979.65	3,490.13	<b>81,781.72</b>
5012000	Contractual Svcs			-
5012100	Communication Services			-
5012140	Postal Services	820.84	572.35	<b>10,772.41</b>
5012150	Printing Services	-	-	<b>47.22</b>
5012160	Telecommunications Svcs (VITA)	30.59	28.39	<b>392.11</b>
5012190	Inbound Freight Services	0.40	-	<b>6.47</b>
	Total Communication Services	<u>851.83</u>	<u>600.74</u>	<u><b>11,218.21</b></u>
5012200	Employee Development Services			
5012210	Organization Memberships	-	-	<b>250.00</b>
	Total Employee Development Services	<u>-</u>	<u>-</u>	<u><b>250.00</b></u>
5012400	Mgmnt and Informational Svcs			
5012420	Fiscal Services	4.19	4,938.39	<b>16,535.30</b>
5012440	Management Services	61.67	-	<b>225.53</b>
	Total Mgmnt and Informational Svcs	<u>65.86</u>	<u>4,938.39</u>	<u><b>16,760.83</b></u>
5012500	Repair and Maintenance Svcs			
5012510	Custodial Services	-	63.21	<b>94.82</b>
5012530	Equipment Repair & Maint Srvc	2.36	-	<b>1,256.24</b>
	Total Repair and Maintenance Svcs	<u>2.36</u>	<u>63.21</u>	<u><b>1,351.06</b></u>
5012600	Support Services			
5012630	Clerical Services	-	-	<b>30,210.40</b>
5012640	Food & Dietary Services	-	-	<b>1,327.77</b>
5012660	Manual Labor Services	-	29.29	<b>145.92</b>
5012670	Production Services	14.50	150.20	<b>584.56</b>
5012680	Skilled Services	287.55	287.55	<b>3,950.28</b>
	Total Support Services	<u>302.05</u>	<u>467.04</u>	<u><b>36,218.93</b></u>
5012700	Technical Services			
5012760	C.Operating Svcs (By VITA)	-	-	<b>37.15</b>

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	May	June	Total
	Total Technical Services	-	-	37.15
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	-	-	4,137.54
5012850	Travel, Subsistence & Lodging	-	-	650.35
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	516.00
	Total Transportation Services	-	-	5,303.89
	Total Contractual Svcs	1,222.10	6,069.38	71,140.07
5013000	Supplies And Materials			
5013100	Administrative Supplies			-
5013110	Apparel Supplies	-	8.29	8.29
5013120	Office Supplies	45.67	130.26	1,978.20
5013130	Stationery and Forms	-	-	156.62
	Total Administrative Supplies	45.67	138.55	2,143.11
5013200	Energy Supplies			
5013230	Gasoline	-	-	53.16
	Total Energy Supplies	-	-	53.16
5013400	Medical and Laboratory Supp.			
5013420	Medical and Dental Supplies	-	2.65	9.21
	Total Medical and Laboratory Supp.	-	2.65	9.21
5013500	Repair and Maint. Supplies			
5013520	Custodial Repair & Maint Matrl	-	-	35.57
5013530	Electrcal Repair & Maint Matrl	-	-	1.70
	Total Repair and Maint. Supplies	-	-	37.27
5013600	Residential Supplies			
5013640	Laundry and Linen Supplies	-	-	1.23
5013650	Personal Care Supplies	-	-	32.97
	Total Residential Supplies	-	-	34.20
5013700	Specific Use Supplies			
5013730	Computer Operating Supplies	-	-	45.75

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	May	June	Total
	Total Specific Use Supplies	-	-	<b>45.75</b>
	Total Supplies And Materials	45.67	141.20	<b>2,322.70</b>
5015000	Continuous Charges			
5015100	Insurance-Fixed Assets			-
5015160	Property Insurance	-	45.38	<b>83.70</b>
	Total Insurance-Fixed Assets	-	45.38	<b>83.70</b>
5015300	Operating Lease Payments			
5015340	Equipment Rentals	48.70	48.70	<b>546.47</b>
5015350	Building Rentals	4.80	-	<b>16.80</b>
5015390	Building Rentals - Non State	1,070.99	892.98	<b>12,007.03</b>
	Total Operating Lease Payments	1,124.49	941.68	<b>12,570.30</b>
5015500	Insurance-Operations			
5015510	General Liability Insurance	-	284.22	<b>421.76</b>
5015540	Surety Bonds	-	9.61	<b>17.73</b>
	Total Insurance-Operations	-	293.83	<b>439.49</b>
	Total Continuous Charges	1,124.49	1,280.89	<b>13,093.49</b>
5022000	Equipment			
5022170	Other Computer Equipment	-	-	<b>962.88</b>
	Total Computer Hrdware & Sftware	-	-	<b>962.88</b>
5022300	Electrnc & Photographic Equip			
5022330	Voice & Data Transmissn Equip	-	-	<b>165.00</b>
	Total Electrnc & Photographic Equip	-	-	<b>165.00</b>
5022420	Medical and Dental Equip	-	6.59	<b>6.59</b>
	Total Medical and Laboratory Equip	-	6.59	<b>6.59</b>
5022710	Household Equipment	-	-	<b>7.81</b>
	Total Specific Use Equipment	-	-	<b>7.81</b>
	Total Equipment	-	6.59	<b>1,142.28</b>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11000 - Social Work  
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	May	June	Total
Total Expenditures		<u>9,371.91</u>	<u>10,988.19</u>	<u>169,480.26</u>
Allocated Expenditures				
20100	Behavioral Science Exec	7,504.61	4,183.82	85,049.16
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-
20400	Nursing / Nurse Aid	-	-	-
20600	Funeral\LTCA\PT	-	-	-
30100	Data Center	3,109.80	7,017.30	72,050.02
30200	Human Resources	40.47	563.67	5,840.23
30300	Finance	4,460.03	2,397.42	45,739.55
30400	Director's Office	1,428.23	731.08	16,685.41
30500	Enforcement	9,110.06	5,641.44	99,694.25
30600	Administrative Proceedings	5,090.94	1,464.72	25,965.63
30700	Impaired Practitioners	25.20	13.12	353.37
30800	Attorney General	-	-	504.48
30900	Board of Health Professions	896.66	844.63	12,748.47
31000	SRTA	-	-	-
31100	Maintenance and Repairs	-	-	-
31300	Emp. Recognition Program	-	-	111.13
31400	Conference Center	9.19	9.17	107.13
31500	Pgm Devlpmt & Implmentn	637.61	388.66	7,793.00
98700	Cash Transfers	-	-	-
Total Allocated Expenditures		<u>32,312.81</u>	<u>23,255.01</u>	<u>372,641.82</u>
Net Revenue in Excess (Shortfall) of Expenditures		<u>\$ 248,115.28</u>	<u>\$ 375,599.30</u>	<u>360,192.92</u>

**Staff Discipline Reports**  
 02/29/2020 - 09/03/2020

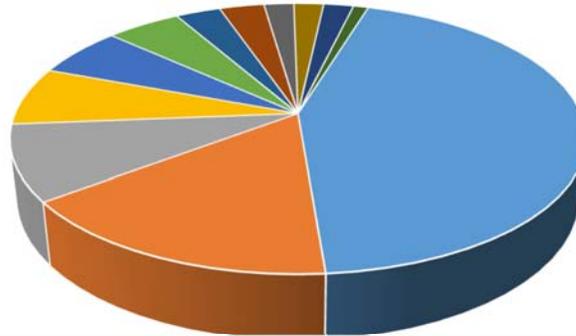
NEW CASES RECEIVED IN BOARD 02/29/2020 - 09/03/2020				
	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	166	57	52	<b>275</b>

OPEN CASES (as of 09/03/2020)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	54	43	4	
Scheduled for Informal Conferences	27	2	5	
Scheduled for Formal Hearings	6	1	0	
Other (on hold, pending settlement, etc)	16	8	19	
Cases with APD for processing (IFC, FH, Consent Order)	2	0	2	
<b>TOTAL CASES AT BOARD LEVEL</b>	<b>105</b>	<b>54</b>	<b>30</b>	<b>189</b>
<b>OPEN INVESTIGATIONS</b>	<b>77</b>	<b>35</b>	<b>17</b>	<b>129</b>
<b>TOTAL OPEN CASES</b>	<b>182</b>	<b>89</b>	<b>47</b>	<b>318</b>

UPCOMING CONFERENCES AND HEARINGS	
Informal Conferences	October 30, 2020
Formal Hearings	Held following scheduled board meetings, as necessary

CASES CLOSED (02/29/2020 - 09/03/2020)	
Closed – no violation	97
Closed – undetermined	0
Closed – violation	3
Credentials/Reinstatement – Denied	0
Credentials/Reinstatement – Approved	0
<b>TOTAL CASES CLOSED</b>	<b>100</b>

**Closed Case Categories**



- Diagnosis/Treatment (44)  
2 violations
- No jurisdiction (16)
- Business Practice Issues (9)
- Inappropriate Relationship (7)  
1 violation
- Fraud, Patient Care (6)
- Confidentiality (5)
- Inability to Safely Practice (3)
- Records Release (3)
- Abuse/Abandonment/Neglect (2)
- Standard of Care-Other (2)
- Unlicensed Activity (2)
- Fraud, Non-patient Care (1)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	301
Avg. time in Enforcement (investigations)	125
Avg. time in APD (IFC/FH preparation)	64
Avg. time in Board (includes hearings, reviews, etc).	175
Avg. time with board member (probable cause review)	13



**SOCIAL WORK LICENSING REPORT**  
**As of September 15, 2020**

Satisfaction Survey Results
3 <sup>rd</sup> Quarter - 87.9%
4 <sup>th</sup> Quarter – 90.5%

**TOTALS AS OF SEPTEMBER 15, 2020**

There were 10,929 Social Work licensees as of September 15, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses and Registrations	
Total for Licensed Baccalaureate Social Worker	22
Total for LSW Supervision	8
Total for Licensed Clinical Social Worker	7,433
Total for Registration of Supervision	2,629
Total for Licensed Master's Social Worker	828
Total for Registered Social Worker	8
Total for Associate Social Worker	1
<b>Total for Social Work</b>	<b>10,929</b>



**March 2020**

There were 220 licenses issued for Social Work for the month of **March**. The number of licenses and registration issued are listed in the below chart. During this month the Board received 184 applications.

Licenses and Registrations issued for March 2020	
Total for Licensed Baccalaureate Social Worker	0
Total for LSW Supervision	0
Total for Licensed Clinical Social Worker	69
Total for Registration of Supervision	132
Total for Licensed Master's Social Worker	19
Total for Registered Social Worker	0
Total for Associate Social Worker	0
<b>TOTAL</b>	<b>220</b>

**April 2020**

There were 154 licenses and registrations issued for Social Work for the month of **April**. The number of licenses and registration issued are listed in the below chart. During this month the Board received 157 applications.

Licenses and Registrations issued for April 2020	
Total for Licensed Baccalaureate Social Worker	0
Total for LSW Supervision	0
Total for Licensed Clinical Social Worker (Includes 54 Temporary Licenses)	89
Total for Registration of Supervision	52
Total for Licensed Master's Social Worker	12
Total for Registered Social Worker	0
Total for Associate Social Worker	0
<b>TOTAL</b>	<b>154</b>



Virginia Department of  
**Health Professions**  
 Board of Social Work

**May 2020**

There were 262 licenses and registrations issued for Social Work for the month of **May**. The number of licenses and registration issued are listed in the below chart. During this month the Board received 216 applications.

Licenses and Registrations issued for May 2020	
Total for Licensed Baccalaureate Social Worker	0
Total for LSW Supervision	0
Total for Licensed Clinical Social Worker (Includes 166 Temporary Licenses)	216
Total for Registration of Supervision	39
Total for Licensed Master's Social Worker	7
Total for Registered Social Worker	0
Total for Associate Social Worker	0
<b>TOTAL</b>	<b>262</b>

**June 2020**

There were 182 licenses and registrations issued for Social Work for the month of **June**. The number of licenses and registration issued are listed in the below chart. During this month the Board received 210 applications.

Licenses and Registrations issued for June 2020	
Total for Licensed Baccalaureate Social Worker	0
Total for LSW Supervision	0
Total for Licensed Clinical Social Worker (Includes 98 Temporary Licenses)	131
Total for Registration of Supervision	36
Total for Licensed Master's Social Worker	15
Total for Registered Social Worker	0
Total for Associate Social Worker	0
<b>TOTAL</b>	<b>182</b>



Virginia Department of  
**Health Professions**  
 Board of Social Work

**July 2020**

There were 185 licenses and registrations issued for Social Work for the month of **July**. The number of licenses and registration issued are listed in the below chart. During this month the Board received 225 applications.

Licenses and Registrations issued for July 2020	
Total for Licensed Baccalaureate Social Worker	0
Total for LSW Supervision	0
Total for Licensed Clinical Social Worker (Includes 92 Temporary Licenses)	153
Total for Registration of Supervision	16
Total for Licensed Master's Social Worker	16
Total for Registered Social Worker	0
Total for Associate Social Worker	0
<b>TOTAL</b>	<b>185</b>

**August 2020**

There were 274 licenses and registrations issued for Social Work for the month of **August**. The number of licenses and registration issued are listed in the below chart. During this month the Board received 239 applications.

Licenses and Registrations issued for August 2020	
Total for Licensed Baccalaureate Social Worker	1
Total for LSW Supervision	0
Total for Licensed Clinical Social Worker (Includes 92 Temporary Licenses)	116
Total for Registration of Supervision	153
Total for Licensed Master's Social Worker	4
Total for Registered Social Worker	0
Total for Associate Social Worker	0
<b>TOTAL</b>	<b>274</b>



Virginia Department of  
**Health Professions**  
Board of Social Work

**September 1 – 15, 2020**

There were 112 licenses and registrations issued for Social Work for the first 15 days of September. The number of licenses and registration issued are listed in the below chart. So far this month the Board received 114 applications.

Licenses and Registrations issued for September 2020	
Total for Licensed Baccalaureate Social Worker	0
Total for LSW Supervision	0
Total for Licensed Clinical Social Worker (Includes 14 Temporary Licenses)	73
Total for Registration of Supervision	33
Total for Licensed Master's Social Worker	6
Total for Registered Social Worker	0
Total for Associate Social Worker	0
<b>TOTAL</b>	<b>112</b>



## **Additional Information:**

- **Staffing and Building Information:**

- The Board recently was able to hire an additional full time licensing specialist. Sharniece Vaughan, who has been with the Board of Counseling for 3 years as a contractor, filled this position.
- The Board currently has two full time staff members to answer phone calls, emails and to process applications. Jared McDonough, part-time employee for the BSU unit, also provides 5 to 10 hours of support per week.
- The Department of Health Professions reception areas remain closed for walk-in services.
- Board staff continues to work primarily from home, which has caused a slight delay in the processing of applications, but the Board is still within the 30-day process guidelines established by the Agency.

- **Renewals:**

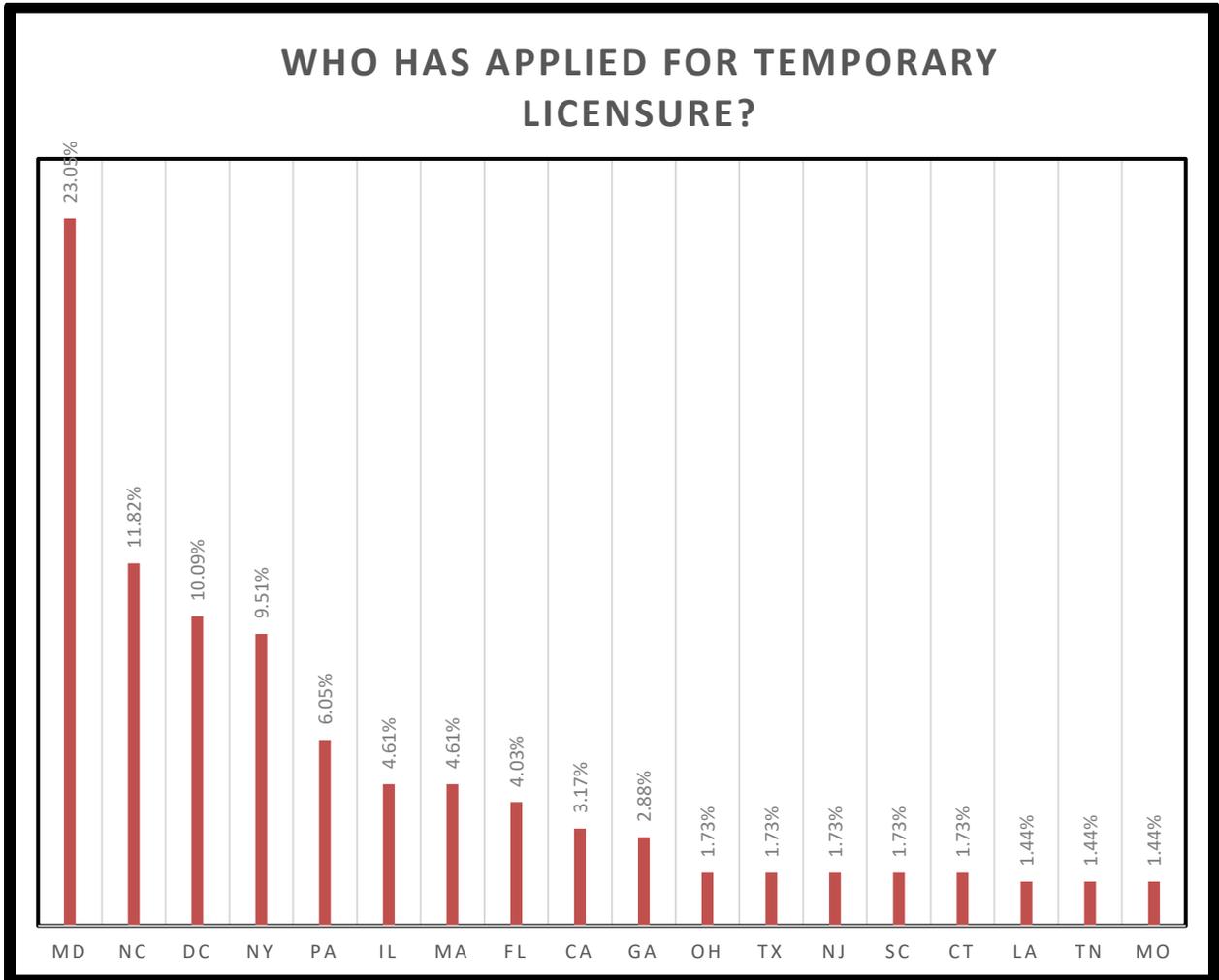
- Renewal email notifications were sent to all licensees, certification holders and registrants on May 6, 2020 and again on June 9, 2020.
- The Board granted a one-year extension for continuing education (CE) to all licensees and registrants. Each licensee and registrant will have until June 30, 2021 to complete the required CEs. This extension did not apply to those individuals who must complete CEs as part of a Board order.
- During the 2021 renewal, all licensees and registrants will be required to attest to completing the required CE hours for 2020.

- **Temporary Social Work Licenses:**

- Pursuant to Governor Northam's Executive Order No. 57 (effective April 17, 2020 and amended on June 10, 2020) *Licensed Social Workers with an active license issued by another state may be issued a temporary license by endorsement as a health care practitioner of the same type for which such license is issued in another state upon submission of an application and information requested by the applicable licensing board and the board's verification that the applicant's license issued by another state is active in good standing and there are no current reports in the United States Department of Health and Human Services National Practitioner Data Bank. Such temporary license shall expire **September 8, 2020**. During such time the practitioner may seek a full Virginia license or transition patients to Virginia-licensed practitioners.*



- Health care practitioners with an active license issued by another state may provide **continuity of care** to their current patients who are Virginia residents through telehealth services for the **duration of Amended Executive Order 51**. Establishment of a relationship with a new patient requires a Virginia license.
- As of September 8, the Board issued 516 temporary licenses.



**2020 STATISTICAL LICENSURE INFORMATION**  
**(January 1, 2020- September 15, 2020)**

- Number of Social Work Licenses/Registrations Issued in 2020

2020 (Jan 1- Sept 15)	Licensed Clinical Social Workers	Endorsement	227
		Examination	186
		Reinstatement	22
		COVID19 Temp	494
	Licensed Master's Social Worker	Endorsement	60
		Examination	54
		Reinstatement	2
	Licensed Baccalaureate Social Worker	Endorsement	5
		Examination	1
		Reinstatement	0
	LCSW Registration of Supervision	Add/Change	335
		Initial Application	303
<b>Total # of Social Work Licenses/Registrations Issued:</b>		<b>1,689</b>	

- 2020 Online Applications Received

(Jan 1- Sept 15)	By Endorsement	By Examination	Total
LCSW	270	280	550
LMSW	86	169	255
LBSW	6	29	35

(Jan 1- Sept 15)	Initial Application	By Add/Change	Total
LCSW Registration of Supervision	428	408	836

**Total # of online applications received in 2020: 1,676**

- Current active & current inactive Social Work Licenses/Registrations as of 09/15/2020:

	Current Active	Current Inactive	Total
Associate Social Worker	1	0	1
Licensed Clinical Social Worker	7,247	190	7,437
Licensed Masters Social Worker	809	19	828
Licensed Baccalaureate Social Worker	22	0	22
LSW Supervision	8	0	8

Registered Social Worker	8	0	8
Registration of Supervision	2,629	1	2,629
			<b>Total 10,933</b>

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**Social Work 2020 Total Count- all license types (Jan 1, 2020- Sept 15, 2020)**

New Applications (initial, add/change, exam & endorsement- paper & online)	1,752
Duplicate License Request (LCSW- 145; LMSW- 14; LBSW- 0)	159
Duplicate Wall Certificate Request (LCSW- 19; LMSW- 3; LBSW- 0)	22
Verification of VA License Request (LCSW- 168; LMSW-33; LBSW- 0)	201
Inactive Renewal (LCSW- 189; LMSW- 19; LBSW- 0)	208
Inactive to Active (LCSW- 8; LMSW- 1; LBSW- 0)	9
Reinstatement Applications (LCSW- 21; LMSW- 2; LBSW- 0)	23
Renewals (LCSW- 6,838; LMSW- 703; LBSW- 16; Registered SW- 8; Associate SW-1)	7,566
Late Renewals (LCSW- 18; LMSW- 9; LBSW- 0)	27
Address Changes	376

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## 2020 STATISTICAL EXAMINATION INFORMATION

(January 1, 2020- September 15, 2020)

- Number of Social Work Applicants approved to test

2020 (Jan 1- Jan 31)	Licensed Clinical Social Worker Applicants	Clinical Exam	41
	Licensed Master Social Worker Applicants	Masters Exam	16
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	0
<b>Total # of Social Work Applicants Approved to test:</b>			<b>57</b>

2020 (Feb 1- Feb 29)	Licensed Clinical Social Worker Applicants	Clinical Exam	26
	Licensed Master Social Worker Applicants	Masters Exam	7
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	0
<b>Total # of Social Work Applicants Approved to test:</b>			<b>33</b>

2020 (Mar 1- Mar 31)	Licensed Clinical Social Worker Applicants	Clinical Exam	50
	Licensed Master Social Worker Applicants	Masters Exam	15
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	0
<b>Total # of Social Work Applicants Approved to test:</b>			<b>65</b>

2020 (Apr 1- Apr 30)	Licensed Clinical Social Worker Applicants	Clinical Exam	26
	Licensed Master Social Worker Applicants	Masters Exam	6
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	1
<b>Total # of Social Work Applicants Approved to test:</b>			<b>33</b>

2020 (May 1- May 31)	Licensed Clinical Social Worker Applicants	Clinical Exam	28
	Licensed Master Social Worker Applicants	Masters Exam	19
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	4
<b>Total # of Social Work Applicants Approved to test:</b>			<b>51</b>

2020 (June 1- Jun 30)	Licensed Clinical Social Worker Applicants	Clinical Exam	13
	Licensed Master Social Worker Applicants	Masters Exam	9
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	2
<b>Total # of Social Work Applicants Approved to test:</b>			<b>24</b>

2020 (Jul 1- Jul 31)	Licensed Clinical Social Worker Applicants	Clinical Exam	3
	Licensed Master Social Worker Applicants	Masters Exam	33
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	5
<b>Total # of Social Work Applicants Approved to test:</b>			<b>41</b>

2020 (Aug 1- Aug 31)	Licensed Clinical Social Worker Applicants	Clinical Exam	44
	Licensed Master Social Worker Applicants	Masters Exam	6
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	1
<b>Total # of Social Work Applicants Approved to test:</b>			<b>51</b>

2020 (Sept 1- Sept 15)	Licensed Clinical Social Worker Applicants	Clinical Exam	1
	Licensed Master Social Worker Applicants	Masters Exam	28
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	5

**Total # of Social Work Applicants Approved to test: 34**

<b>GRAND TOTAL</b> 2020 (Jan 1- Sept 15)	Licensed Clinical Social Workers Applicants	Clinical Exam	232
	Licensed Master Social Worker Applicants	Masters Exam	139
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	18
<b>Total # of Social Work Applicants Approved to test:</b>			<b>389</b>

***DRAFT***

**9960 Mayland Dr, Henrico, VA 23233**

Due to the COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the provisions of Freedom of Information Act, the Board convened a virtual meeting to consider such regulatory and business matters as presented on the agenda necessary for the board to discharge its lawful purposes, duties and responsibilities

[An audio file of this meeting may be found here.](#)

### **In Attendance**

Virtual- Sahil Chaudhary, Citizen Member  
Virtual- Helene Clayton-Jeter, OD, Board of Optometry  
Virtual- Kevin Doyle, EdD, LPC, LSATP, Board of Counseling  
Virtual- Louise Hershkowitz, CRNA, MSHA, Board of Nursing  
In-Person- Allen Jones, Jr., DPT, PT, Board of Physical Therapy, Board Chair  
Virtual- Derrick Kendall, NHA, Board of Long-Term Care Administrators  
Virtual- Ryan Logan, RPh, Board of Pharmacy  
Virtual- Kevin O'Connor, MD, Board of Medicine  
Virtual- Martha Rackets, PhD, Citizen Member  
Virtual- John Salay, MSW, LCSW, Board of Social Work  
Virtual- Herb Stewart, PhD, Board of Psychology  
In-Person- James Wells, RPh, Citizen Member

### **Absent**

Sheila E. Battle, MHS, Citizen Member  
Louis Jones, FSL, Board of Funeral Directors and Embalmers  
Steve Karras, DVM, Board of Veterinary Medicine  
Alison King, PhD, CCC-SLP, Board of Audiology & Speech-Language  
Maribel Ramos, Citizen Member  
Vacant-Board of Dentistry

### **DHP Staff**

Virtual- Barbara Allison-Bryan, MD, Deputy Director DHP  
Virtual- David Brown, DC, Director DHP  
In-Person- Elizabeth A. Carter, PhD, Executive Director BHP  
Virtual- Jay Douglas, MSM, RN, CSAC, FRE, Executive Director, Board of Nursing  
In-Person- Laura Jackson, MSHSA, Operations Manager BHP  
Virtual- Yetty Shobo, PhD, Deputy Executive Director BHP

**DHP Staff  
Cont'd.**

- Virtual- Corie E. Tillman-Wolf, JD, Executive Director Boards of Funeral Directors and Embalmers, Long-Term Care Administrators and Physical Therapy
- Virtual- Elaine Yeatts, Senior Policy Analyst DHP

**OAG**

- Virtual- Charis Mitchell, Assistant Attorney General

**Virtual  
Attendees**

- Ashley Wright
- Baron Glassgow
- Ben Traynham
- C. Barrineau
- James Pickral
- Jo Twombly
- Lauren Schmitt
- Marie Rodriguez
- Mark
- Melika Zand
- Sarah Giardenelli
- Sheila
- Traci Hobson
- Unidentified Call-in User 11
- Unidentified Call-in User 12
- Unidentified Call-in User 13
- Unidentified Call-in User 7
- Unidentified Call-in User 8

**Call to Order**

- Dr. Jones, Jr., Board Chair
- Time: 11:04 a.m.
- Quorum: Established

**Agenda**

The agenda was approved by acclamation as presented.

**Public Comment**

No public comment was received by the Board office prior to the August 19, 2020 5:00 p.m. deadline.

**Approval of  
Minutes**

On properly seconded motion by Dr. Clayton-Jeter, the minutes from the June 25, 2020 meeting were approved as presented.

**Director's Report**

Dr. Brown stated that the Department has held several virtual meetings since the onset of COVID-19 and the closing of the Perimeter Center Building to the public. DHP is following government mandated protocols to keep individuals safe and leveraging teleworking to the extent possible. The Enforcement and APD divisions and the Boards are keeping abreast of the incoming cases and disciplinary hearings.

**Legislative and Regulatory Report**

Ms. Yeatts provided an overview of current legislative and regulatory actions. She also noted that the change made to the Boards Bylaws (Guidance document 75-4) are effective today.

**Board Chair Report**

Dr. Jones, Jr., thanked Dr. Stewart for filling in as Chair for the June 25, 2020 meeting. He thanked staff for all their efforts in keeping the boards up and running during this pandemic. He noted that the Fall election of officers will usher in the new position of 2nd Chair.

**Board Study Into the Need to Regulate Diagnostic Medical Sonographer**

Mr. Wells provided an overview of the Diagnostic Medical Sonographer study findings. He advised that after reviewing the study materials that the Regulatory Research Committee deemed that Criterion One: Risk for Harm to the Consumer was not met. There was insufficient evidence of harm attributable to the practice of diagnostic medical sonography by individuals credentialed to justify their regulation by the state. However, the Regulatory Research Committee did have concern about the use of 3-D ultrasound medical devices by unlicensed people taking "Keepsake" fetal sonograms. This matter is being referred to the full Board for further discussion.

Motion: Dr. Doyle moved and Dr. O'Connor seconded acceptance of the Regulatory Research Committee's findings.

Discussion and Amended Motion: Upon discussion, an amendment was made to the original motion to table the discussion of the fetal imaging concerns to the November 10, 2020 agenda. The motion was properly seconded, all members voted in favor, none opposed.

**Board Study  
into the Need to  
Regulate  
Naturopathic  
Doctors**

Mr. Wells provided an overview of the Naturopathic Doctor study findings. He stated that the Committee found sufficient evidence of all six criterion and recommended, under criterion seven, licensure of the profession. The Committee requested that the scope of practice include physical exams, ordering lab tests and interpretation of lab tests, ordering x-rays or other videography but with the interpretation by another qualified practitioner. Further, there should be no prescriptive authority for legend drugs. The profession should be regulated under the Board of Medicine. Also, lay practitioners who are not licensed under this chapter should not be precluded from (i) providing natural health consulting on Ayurvedic medicine, traditional naturopathic therapies, herbalism, nutritional advice, or homeopathy, or (ii) from selling vitamins and herbs, provided the person or lay practitioner does not use any title prohibited under § 54.1-2956.14.

A motion to approve the Committees recommendations was made by Mr. Salay and properly seconded.

After discussion and review of the Criteria, the Board voted on the Committee's recommendations. Five members (Dr. Doyle, Ms. Hershkowitz, Mr. Salay, Dr. Rackets, and Mr. Wells) were in favor of licensure, six members (Dr. O'Connor, Dr. Clayton-Jeter, Mr. Logan, Dr. Jones, Jr., Dr. Stewart, Mr. Chaudhary) opposed licensure. The motion failed.

**Executive  
Director's  
Report**

Due to time constraints, Dr. Carter requested that the Executive Director's Report be carried over to the November 10, 2020 meeting.

**Healthcare  
Workforce Data  
Center**

Due to time constraints, Dr. Carter requested that the Healthcare Workforce Data Center report also be carried over to the November 10, 2020 meeting.

**Individual  
Board Reports**

Board of Medicine - Dr. O'Connor stated that the Board cancelled all June meetings and had just recently begun board hearings. He provided that disciplinary hearings are stacking up so the October meeting (hopefully to be held in person) will have a full schedule to include informal conferences. Dr. O'Connor commended Board staff for keeping up with credentialing of the boards professions.

Board of Nursing - Ms. Hershkowitz (Attachment 2)

Board of Optometry - Dr. Clayton-Jeter (Attachment 3)

Board of Audiology & Speech-Language Pathology - no report

Board of Counseling - Dr. Doyle (Attachment 4)

Board of Funeral Directors & Embalmers - no report

Board of Long-Term Care Administrators - no report

Board of Pharmacy - Mr. Logan reported that the Board of Pharmacy held a virtual meeting and public hearing on June 16, 2020. He stated that the Board is receiving approximately 100 applications for registered patients weekly.

Board of Psychology - Dr. Stewart (Attachment 5)

Board of Social Work - Mr. Salay (Attachment 6)

Board of Physical Therapy - Dr. Jones, Jr. (Attachment 7)

Board of Veterinary Medicine - no report

Board of Dentistry - vacant

**New Business** There was no new business.

**Next Full Board Meeting** Dr. Jones, Jr. advised the Board that the next meeting is scheduled for November 10, 2020 at 10:00 a.m.

**Adjourned** The meeting adjourned at 1:26 p.m.

**Vice Chair Signature** Allen Jones, Jr., DPT  
\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Board Exec. Director Signature** Elizabeth A. Carter, PhD  
\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

## Legislation Assigned to DHP in the Special Session of the General Assembly

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### SB 5070 Nurse practitioners; practice without a practice agreement.

Introduced by: [Jennifer A. Kiggans](#) |

#### SUMMARY AS INTRODUCED:

**Nurse practitioners; practice without a practice agreement.** Reduces the number of years of full-time clinical experience a nurse practitioner must have to be eligible to practice without a written or electronic practice agreement from five years to two years.

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### HB 5057 Health care providers, certain; licensure or certification by endorsement.

Introduced by: [Nicholas J. Freitas](#) |

#### SUMMARY AS INTRODUCED:

**Certain health care providers; licensure or certification by endorsement.** Requires the Board of Health to issue a certification by endorsement to any applicant for certification as an emergency medical services provider who holds a valid, unrestricted licensure or certification as an emergency medical services provider under the laws of another state, the District of Columbia, or a United States possession or territory and, in the opinion of the Board of Health, meets the qualifications necessary for certification as an emergency medical services provider in the Commonwealth. The bill also requires the Board of Medicine to issue a license or certificate by endorsement to an applicant who holds a valid, unrestricted license or certificate under the laws of another state, the District of Columbia, or a United States territory or possession with which the Commonwealth has not established a reciprocal relationship upon endorsement by the appropriate board or other appropriate authority of such other states, the District of Columbia, or United States territory or possession and a determination by the Board of Medicine that the applicant's credentials are satisfactory to the Board of Medicine and the examinations and passing grades required by such other board or authority are fully equal to those required by the Board of Medicine.

## Department of Health Professions Current Regulatory Actions

Board	Board of Audiology and Speech-Language Pathology			
Chapter	Action / Stage Information			
[18 VAC 30 - 21]	Regulations Governing the Practice of Audiology and Speech-Language Pathology	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #fff9c4;"><a href="#">Handling fee</a> [Action 5491]</td> </tr> <tr> <td style="background-color: #fff9c4;"><a href="#">Fast-Track</a> - Register Date: 8/31/20 [Stage 8909]</td> </tr> </table>	<a href="#">Handling fee</a> [Action 5491]	<a href="#">Fast-Track</a> - Register Date: 8/31/20 [Stage 8909]
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<a href="#">Fast-Track</a> - Register Date: 8/31/20 [Stage 8909]				
Board	Board of Counseling			
Chapter	Action / Stage Information			
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #fff9c4;"><a href="#">Unprofessional conduct - conversion therapy</a> [Action 5225]</td> </tr> <tr> <td style="background-color: #fff9c4;"><a href="#">Proposed</a> - Register Date: 8/31/20 [Stage 8743]</td> </tr> </table>	<a href="#">Unprofessional conduct - conversion therapy</a> [Action 5225]	<a href="#">Proposed</a> - Register Date: 8/31/20 [Stage 8743]
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[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #fff9c4;"><a href="#">Periodic review</a> [Action 5230]</td> </tr> <tr> <td style="background-color: #fff9c4;"><a href="#">Proposed</a> - At Secretary's Office [Stage 8872]</td> </tr> </table>	<a href="#">Periodic review</a> [Action 5230]	<a href="#">Proposed</a> - At Secretary's Office [Stage 8872]
<a href="#">Periodic review</a> [Action 5230]				
<a href="#">Proposed</a> - At Secretary's Office [Stage 8872]				
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #fff9c4;"><a href="#">Resident license</a> [Action 5371]</td> </tr> <tr> <td style="background-color: #fff9c4;"><a href="#">Proposed</a> - Register Date: 9/14/20 [Stage 8897]</td> </tr> </table>	<a href="#">Resident license</a> [Action 5371]	<a href="#">Proposed</a> - Register Date: 9/14/20 [Stage 8897]
<a href="#">Resident license</a> [Action 5371]				
<a href="#">Proposed</a> - Register Date: 9/14/20 [Stage 8897]				
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #fff9c4;"><a href="#">Handling fee - returned check</a> [Action 5436]</td> </tr> <tr> <td style="background-color: #fff9c4;"><a href="#">Fast-Track</a> - Register Date: 8/31/20 [Stage 8832]</td> </tr> </table>	<a href="#">Handling fee - returned check</a> [Action 5436]	<a href="#">Fast-Track</a> - Register Date: 8/31/20 [Stage 8832]
<a href="#">Handling fee - returned check</a> [Action 5436]				
<a href="#">Fast-Track</a> - Register Date: 8/31/20 [Stage 8832]				
[18 VAC 115 - 40]	Regulations Governing the Certification of Rehabilitation Providers	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #fff9c4;"><a href="#">Periodic review</a> [Action 5305]</td> </tr> <tr> <td style="background-color: #fff9c4;"><a href="#">Proposed</a> - Register Date: 9/14/20 [Stage 8908]</td> </tr> </table>	<a href="#">Periodic review</a> [Action 5305]	<a href="#">Proposed</a> - Register Date: 9/14/20 [Stage 8908]
<a href="#">Periodic review</a> [Action 5305]				
<a href="#">Proposed</a> - Register Date: 9/14/20 [Stage 8908]				
[18 VAC 115 - 80]	Regulations Governing the Registration of Qualified Mental Health Professionals	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #fff9c4;"><a href="#">Registration of QMHP-trainees</a> [Action 5444]</td> </tr> <tr> <td style="background-color: #fff9c4;"><a href="#">Fast-Track</a> - Register Date: 9/14/20 [Stage 8843]</td> </tr> </table>	<a href="#">Registration of QMHP-trainees</a> [Action 5444]	<a href="#">Fast-Track</a> - Register Date: 9/14/20 [Stage 8843]
<a href="#">Registration of QMHP-trainees</a> [Action 5444]				
<a href="#">Fast-Track</a> - Register Date: 9/14/20 [Stage 8843]				
Board	Board of Dentistry			
Chapter	Action / Stage Information			

[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<a href="#">Waiver for e-prescribing</a> [Action 5382] <a href="#">Emergency/NOIRA - Register Date: 12/23/19</a> [Stage 8755]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<a href="#">Amendment to restriction on advertising dental specialties</a> [Action 4920] <a href="#">Proposed - At Governor's Office</a> [Stage 8500]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<a href="#">Administration of sedation and anesthesia</a> [Action 5056] <a href="#">Proposed - Register Date: 9/14/20</a> [Stage 8502]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<a href="#">Technical correction</a> [Action 5198] <a href="#">Fast-Track - At Governor's Office</a> [Stage 8622]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<a href="#">Handling fee/returned check</a> [Action 5451] <a href="#">Fast-Track - Register Date: 8/31/20</a> [Stage 8855]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<a href="#">Change in renewal schedule</a> [Action 4975] <a href="#">Final - Register Date: 7/20/20</a> [Stage 8853]
[18 VAC 60 - 25]	Regulations Governing the Practice of Dental Hygiene	<a href="#">Protocols for remote supervision of VDH and DBHDS dental hygienists</a> [Action 5323] <a href="#">Proposed - Register Date: 9/14/20</a> [Stage 8854]
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	<a href="#">Training in infection control</a> [Action 5505] <a href="#">NOIRA - At Secretary's Office</a> [Stage 8932]
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	<a href="#">Education and training for dental assistants II</a> [Action 4916] <a href="#">Proposed - Register Date: 1/20/20</a> [Stage 8508]

<b>Board</b>	<b>Board of Funeral Directors and Embalmers</b>	
<b>Chapter</b>	<b>Action / Stage Information</b>	
[18 VAC 65 - 20]	Regulations of the Board of Funeral Directors and Embalmers	<a href="#">Results of periodic review</a> [Action 5165] <a href="#">Final - At Secretary's Office</a> [Stage 9020]
[18 VAC 65 - 30]	Regulations for Preneed Funeral Planning	<a href="#">Periodic review 2018</a> [Action 5220] <a href="#">Final - At Secretary's Office</a> [Stage 9021]
[18 VAC 65 - 40]	Regulations for the Funeral Service Intern Program	<a href="#">Periodic review 2019</a> [Action 5221] <a href="#">Proposed - At Governor's Office</a> [Stage 8787]

<b>Board</b>	<b>Board of Long-Term Care Administrators</b>
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Chapter		Action / Stage Information
[18 VAC 95 - 15]	Regulations Governing Delegation to an Agency Subordinate [under development]	<u>Replacement of section from Chapter 20 on delegation to an agency subordinate</u> [Action 5465] <b>Fast-Track</b> - At Governor's Office [Stage 8873]
[18 VAC 95 - 30]	Regulations Governing the Practice of Assisted Living Facility Administrators	<u>Recommendations of RAP on qualifications for licensure</u> [Action 5471] <b>NOIRA</b> - At Secretary's Office [Stage 8883]
<b>Board</b>	<b>Board of Medicine</b>	
Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	<u>Conversion therapy</u> [Action 5412] <b>NOIRA</b> - Register Date: 8/31/20 [Stage 8797]
[18 VAC 85 - 21]	Regulations Governing Prescribing of Opioids and Buprenorphine	<u>Waiver for e-prescribing of an opioid</u> [Action 5355] <b>Proposed</b> - Register Date: 9/14/20 [Stage 8840]
[18 VAC 85 - 40]	Regulations Governing the Practice of Respiratory Therapists	<u>CE credit for specialty examination</u> [Action 5486] <b>Fast-Track</b> - Register Date: 8/31/20 [Stage 8902]
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	<u>Practice with patient care team physician</u> [Action 5357] <b>Proposed</b> - Register Date: 8/31/20 [Stage 8839]
[18 VAC 85 - 160]	Regulations Governing the Registration of Surgical Assistants and Surgical Technologists	<u>Licensure of surgical assistants</u> [Action 5580] <b>Final</b> - AT Attorney General's Office [Stage 9039]
<b>Board</b>	<b>Board of Nursing</b>	
Chapter		Action / Stage Information
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Unprofessional conduct - conversion therapy</u> [Action 5430] <b>NOIRA</b> - Register Date: 8/31/20 [Stage 8826]
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Name tag requirement for foreign graduates</u> [Action 5479] <b>Fast-Track</b> - Register Date: 8/31/20 [Stage 8891]

[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<a href="#">Registration of clinical nurse specialists</a> [Action 5306] <b>Final</b> - <i>At Secretary's Office</i> [Stage 9023]
[18 VAC 90 - 26]	Regulations for Nurse Aide Education Programs	<a href="#">Implementing Result of Periodic Review</a> [Action 5157] <b>Proposed</b> - <i>Register Date: 9/14/20</i> [Stage 8837]
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	<a href="#">Use of simulation</a> [Action 5402] <b>Proposed</b> - <i>DPB Review in progress</i> [Stage 9024]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<a href="#">Unprofessional conduct/conversion therapy</a> [Action 5441] <b>NOIRA</b> - <i>Register Date: 8/31/20</i> [Stage 8838]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<a href="#">Autonomous practice</a> [Action 5132] <b>Final</b> - <i>Register Date: 6/22/20</i> [Stage 8907]
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<a href="#">Waiver for electronic prescribing</a> [Action 5413] <b>Proposed</b> - <i>AT Attorney General's Office</i> [Stage 9038]
[18 VAC 90 - 50]	Regulations Governing the Licensure of Massage Therapists	 <a href="#">Conformity to 2020 legislation</a> [Action 5569] <b>Final</b> - <i>Register Date: 8/31/20</i> [Stage 9025]

<b>Board</b>	<b>Board of Optometry</b>
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Chapter	Action / Stage Information
[18 VAC 105 - 20]	<a href="#">Waiver for e-prescribing</a> [Action 5438] <b>Emergency/NOIRA</b> - <i>Register Date: 9/14/20</i> [Stage 8834]
[18 VAC 105 - 20]	<a href="#">Repeal of professional designation rules and fees</a> [Action 5426] <b>Fast-Track</b> - <i>Register Date: 9/14/20</i> [Stage 8819]

<b>Board</b>	<b>Board of Pharmacy</b>
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Chapter	Action / Stage Information
[18 VAC 110 - 20]	<a href="#">Use of medication carousels and RFID technology</a> [Action 5480] <b>NOIRA</b> - <i>Register Date: 9/14/20</i> [Stage 8892]
[18 VAC 110 - 20]	<a href="#">Delivery of dispensed prescriptions; labeling</a> [Action 5093] <b>Proposed</b> - <i>Register Date: 2/3/20</i> [Stage 8779]
[18 VAC 110 - 20]	<a href="#">Handling fee</a> [Action 5519] <b>Fast-Track</b> - <i>At Secretary's Office</i> [Stage 8953]

[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Prohibition against incentives to transfer prescriptions</u> [Action 4186] <b>Final</b> - At Governor's Office [Stage 7888]									
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Increase in fees</u> [Action 4938] <b>Final</b> - At Governor's Office [Stage 8777]									
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Brown bagging and white bagging</u> [Action 4968] <b>Final</b> - At Secretary's Office [Stage 8947]									
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	 <u>Placement of chemicals in Schedule I</u> [Action 5517] <b>Final</b> - Register Date: 7/6/20 [Stage 8951]									
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	 <u>Scheduling for conformity to DEA scheduling</u> [Action 5518] <b>Final</b> - Register Date: 7/6/20 [Stage 8952]									
[18 VAC 110 - 21]	Regulations Governing the Licensure of Pharmacists and Registration of Pharmacy Technicians	<u>CE credit for volunteer hours</u> [Action 5546] <b>Fast-Track</b> - At Secretary's Office [Stage 8986]									
[18 VAC 110 - 50]	Regulations Governing Wholesale Distributors, Manufacturers and Warehousemen	<u>Delivery of Schedule VI prescription devices</u> [Action 5084] <b>Final</b> - At Secretary's Office [Stage 8950]									
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	<u>Prohibition of products for vaping or inhalation with vitamin E acetate</u> [Action 5452] <b>Emergency/NOIRA</b> - Register Date: 8/31/20 [Stage 8856]									
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	<u>Registered agents and wholesale distribution</u> [Action 5398] <b>Proposed</b> - At Secretary's Office [Stage 8948]									
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	 <u>Conforming to 2020 legislation</u> [Action 5545] <b>Final</b> - Register Date: 8/31/20 [Stage 8985]									
<table border="1"> <tr> <td style="background-color: #2c4e64; color: white; text-align: center;"><b>Board</b></td> <td colspan="2" style="text-align: center;"><b>Board of Physical Therapy</b></td> </tr> <tr> <td style="background-color: #2c4e64; color: white;"><b>Chapter</b></td> <td colspan="2" style="background-color: #2c4e64; color: white;"><b>Action / Stage Information</b></td> </tr> <tr> <td>[18 VAC 112 - 20]</td> <td>Regulations Governing the Practice of Physical Therapy</td> <td> <u>Implementation of the Physical Therapy Compact</u> [Action 5362]  <b>Proposed</b> - Register Date: 8/31/20 [Stage 8898] </td> </tr> </table>			<b>Board</b>	<b>Board of Physical Therapy</b>		<b>Chapter</b>	<b>Action / Stage Information</b>		[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<u>Implementation of the Physical Therapy Compact</u> [Action 5362] <b>Proposed</b> - Register Date: 8/31/20 [Stage 8898]
<b>Board</b>	<b>Board of Physical Therapy</b>										
<b>Chapter</b>	<b>Action / Stage Information</b>										
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<u>Implementation of the Physical Therapy Compact</u> [Action 5362] <b>Proposed</b> - Register Date: 8/31/20 [Stage 8898]									

[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<a href="#">Practice of dry needling</a> [Action 4375] <b>Final</b> - Register Date: 9/14/20 [Stage 8723]
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	 <a href="#">Renewal fee reduction</a> [Action 5589] <b>Final</b> - AT Attorney General's Office [Stage 9052]
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<a href="#">Periodic review</a> [Action 5228] <b>Final</b> - At DPB [Stage 9053]

<b>Board</b>	<b>Board of Psychology</b>
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Chapter	Action / Stage Information	
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	<a href="#">Implementation of Psychology Interstate Compact</a> [Action 5567] <b>Emergency/NOIRA</b> - At Secretary's Office [Stage 9019]
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	<a href="#">Unprofessional conduct/conversion therapy</a> [Action 5218] <b>Proposed</b> - Register Date: 8/31/20 [Stage 8802]
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	<a href="#">Result of Periodic Review</a> [Action 4897] <b>Final</b> - At Governor's Office [Stage 8899]

<b>Board</b>	<b>Board of Social Work</b>
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Chapter	Action / Stage Information	
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<a href="#">Unprofessional conduct/practice of conversion therapy</a> [Action 5241] <b>Proposed</b> - Register Date: 8/31/20 [Stage 8763]
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<a href="#">Correction to qualification for LBSW licensure</a> [Action 5494] <b>Fast-Track</b> - Register Date: 8/31/20 [Stage 8912]

## VIRGINIA BOARD OF HEALTH PROFESSIONS

### BYLAWS

#### ARTICLE I. Name.

This body shall be known as the Virginia Board of Health Professions as set forth in the *Code of Virginia* Chapter 25, Title 54.1, Subtitle III, hereinafter referred to as the Board.

#### ARTICLE II. Powers and Duties.

The powers and duties of the Board (§54.1-2510 *Code of Virginia*) are:

1. To evaluate the need for coordination among the health regulatory boards and their staffs and report its findings and recommendations to the Director (of the Department of Health Professions) and the boards (within the Department of Health Professions);
2. To evaluate all health care professions and occupations in the Commonwealth, including those regulated and those not regulated by other provisions of Title 54.1, Subtitle III, *Code of Virginia*, to consider whether each such profession or occupation should be regulated and the degree of regulation to be imposed. Whenever the Board determines that the public interest requires that a health care profession or occupation which is not regulated by law should be regulated, the Board shall recommend to the General Assembly a regulatory system to establish the appropriate degree of regulation;
3. To review and comment on the budget for the Department;
4. To provide a means of citizen access to the Department;
5. To provide a means of publicizing the policies and programs of the Department in order to educate the public and elicit public support for Department activities;
6. To monitor the policies and activities of the Department, serve as a forum for resolving conflicts among the health regulatory boards and between the health regulatory boards and the Department and have access to Departmental information;
7. To advise the Governor, the General Assembly and the Director on matters relating to the regulation or deregulation of health care professions and occupations;
8. To make bylaws for the government of the Board of Health Professions and the proper fulfillment of its duties under Chapter 25 of the *Code of Virginia*;

9. To promote the development of standards to evaluate the competency of the professions and occupations represented on the Board of Health Professions;
10. To review and comment, as it deems appropriate, on all regulations promulgated or proposed for issuance by the health regulatory boards under the auspices of the Department. At least one member of the relevant Board shall be invited to present during any comments by the Board on proposed board regulations;
11. To review periodically the investigatory, disciplinary and enforcement processes of the Department and the individual boards to ensure the protection of the public and the fair and equitable treatment of health professionals;
12. To examine the scope of practice conflicts involving regulated and unregulated professions and advise the health regulatory boards and the General Assembly of the nature and degree of such conflicts;
13. To receive, review, and forward to the appropriate health regulatory board any departmental investigative reports related to complaints of violations by practitioners to Chapter 24.1 (§54.1-2410 et seq.) of the *Code of Virginia*, entitled “Practitioner Self-Referral Act.”;
14. To determine compliance with and violations of and grant exceptions to the prohibitions set forth in the “Practitioner Self-Referral Act” (Chapter 24.1 §54.1-2410 et seq. of the *Code of Virginia*); and
15. To take appropriate actions against entities, other than practitioners as defined in §54.1-2410 et seq. of the *Code of Virginia*, for violations of the “Practitioner Self-Referral Act.”

### **ARTICLE III. Members.**

1. The membership of the Board shall be the persons appointed by the Governor of the Commonwealth as set forth in the *Code of Virginia* (§54.1-2507).
2. Members of the Board shall attend all regular and special meetings of the Board unless prevented by illness or other unavoidable cause.

### **ARTICLE IV. Officers and Election.**

1. The Officers of the Board shall be the Chair, the First Vice Chair, and the Second Vice Chair.
2. The Officers shall be elected by the Board members at the Annual Meeting of the Board

each fall.

3. The term of office shall be for the next calendar year following the election, or until the successor shall be elected as herein provided.
4. A vacancy occurring in any elected position shall be filled by the Board at the next meeting.

#### **ARTICLE V. Duties of Officers.**

1. The Chair shall preside at all meetings of the Board; appoint all committees, except as where specifically provided by law; call special meetings; and perform duties as prescribed by parliamentary authority.
2. The First Vice Chair shall act as Chair in the absence of the Chair, and the Second Vice Chair shall act in the absence of both the Chair and the First Vice Chair.

#### **ARTICLE VI. Executive Committee.**

1. This Committee shall consist of the Officers.
2. The Committee shall review matters of interest to the Board and may make recommendations to the Board.
3. The Chair of the Board shall be the Chair of the Committee.

#### **ARTICLE VII. Committees.**

1. The Chair may appoint committees as necessary to assist in fulfilling the duties of the Board.
2. The committees shall be advisory to the Board and shall offer recommendations to the Board for final action.

#### **ARTICLE VIII. Meetings.**

1. The Board shall meet at least one time per year on a date at the discretion of the Board.

2. Special meetings shall be called by the Chair or by written request to the Chair of any three members of the board, provided that there is at least seven days' notice given to Board members.
3. A quorum for any Board meeting shall consist of a majority of the members of the board. A quorum for any committee shall consist of a majority of committee members. No member shall vote by proxy.
4. A majority vote of the members present shall determine all matters at any meeting, regular or special, unless otherwise provided herein.
5. Members shall attend all scheduled meetings of the Board and committees to which they serve. In the event of two consecutive absences at any meeting of the Board or its committees, the Chair shall make a recommendation to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

#### **ARTICLE IX. Parliamentary Authority.**

The rules contained in the current edition of Robert's Rules of Order shall govern the Board in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules the Board may adopt and any statutes applicable to the Board.

#### **ARTICLE X. Amendment of Bylaws.**

The bylaws may be amended at any meeting of the Board by an affirmative vote of two-thirds of the members present, provided the proposed amendment was distributed to all members of the Board at least 30 days in advance.

**Virginia Board of Nursing  
Report to the Board of Health Professions Meeting  
August 20, 2020**

The Board of Nursing resumed “in person” hearings July 21, 2020. It continues to conduct hearings in person, with carefully managed public health precautions. The Board will initiate virtual Business Meetings in October.

The National Council of State Boards of Nursing (NCSBN) held a virtual Delegate Assembly on August 12, 2020. Marie Gerardo, First Vice-President of the Board and I served as Virginia’s Delegates. The Assembly approved a revised APRN (Advanced Practice Registered Nurse) Compact, with the hope of having seven states approve it, which will allow it to move forward. As BHP members may be aware, the Nurse Licensure Compact, which provides for multi-state licensure of RNs and LPNs is currently in effect in 33 states, including Virginia, with more states pending legislative approval.

Of significant note, Jay P. Douglas, Executive Director of the Virginia Board of Nursing was elected President-Elect of NCSBN, taking office on August 12, 2020 for a two-year term before becoming President. Ms. Douglas has previously served on the NCSBN Board of Directors as Region III Director.

Respectfully submitted,

Louise Hershkowitz, CRNA, MSHA

**Statistics**

Last board meeting held on July 17, 2020. Next board meeting scheduled for October 16, 2020.

**Complaints**

FY2017 Received - 36	FY2018 Received - 42	FY2019 Received - 29	FY2020 Received - 35
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**Licenses**

**Y-T-D as of 02/20/19**

Total – 1,989	TPA – 1,642	DPA – 87	Professional Designations - 260
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**Activities of the Board:**

- Board staff is 100% teleworking. Licensing staff shifted to paperless licensure files. Discipline staff has shifted to paperless activities wherever possible and just implemented SharePoint. Board members are now able to access electronic case discipline files on a shared, secure platform.
- Regulatory action to repeal Professional Designations is awaiting publication for public comment.
- Regulatory action for e-prescribing waiver is awaiting publication for public comment. To date only four waiver requests have been received and granted.
- During the Board’s July meeting, the following actions were taken:
  - o Voted to forgo CE audit for previous licensure period due to the pandemic and staff resources. The Board took no action to adjust the CE requirements for the current licensure period. Although the regulations require real-time, interactive activities where the presenter and the licensee must be able to interact, the Board discussed that the requirements are written in a manner to permit virtual activities.
  - o Voted to resubmit legislation to “clean-up” Optometry statute to remove outdated language.
  - o Voted to handle requests for waiver of experience requirements for the spouse of active duty military or veteran on a case-by-case basis by the Executive Director in consultation with the Board’s President.
  - o Voted to adopt the 2020 Healthcare Workforce Data Center Survey.
  - o Voted to adopt a telemedicine guidance document which will be published for public comment before becoming effective.
  - o Voted to convene the TPA-Formulary Committee to review 18VAC105-20-47(A)(2), Topically Administered Schedule VI Agents, of the regulations and make recommendations to the Board at its next meeting.
- The Federal Contact Lens Rule is being amended to require documentation that a patient received a copy of his/her contact lens prescription. In addition, new requirements will apply to contact lens sellers. Once an effective date is known, the Board will need to review the amendments for possible regulatory changes.



**Counseling Monthly Snapshot for June 2020**

Counseling has closed more cases in June than received cases. Counseling has closed 21 patient care cases and 9 non-patient care cases for a total of 30 cases.

Cases Closed	
Patient Care	21
Non-Patient Care	9
<b>Total</b>	<b>30</b>

The board has received 15 patient care cases and 11 non-patient care cases for a total of 26 cases.

Case Received	
Patient Care	15
Non-Patient Care	11
<b>Total</b>	<b>26</b>

As of June 31, 2020 there are 119 patient care cases open and 71 non-patient care cases open for a total of 190 cases.

Case Open	
Patient Care	119
Non-Patient Care	71
<b>Total</b>	<b>190</b>

There are 35823 Counseling licensees as of July 1, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Certified Substance Abuse Counselor	1972
Licensed Marriage and Family Therapist	938
Licensed Professional Counselor	6562
Qualified Mental Health Prof-Adult	7924
Qualified Mental Health Prof-Child	7042
Registered Peer Recovery Specialist	313
Rehabilitation Provider	192
Resident In Counseling	4181
Resident in Marriage and Family Therapy	224
Resident in Substance Abuse Treatment	9
Substance Abuse Counseling Assistant	280
Substance Abuse Trainee	2034
Substance Abuse Treatment Practitioner	307
Trainee for Qualified Mental Health Prof	3845
<b>Total for Counseling</b>	<b>35823</b>

There were 555 licenses issued for Counseling for the month of June. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Certified Substance Abuse Counselor	8
Licensed Marriage and Family Therapist	27
Licensed Professional Counselor	154
Pre-Education Review-Counseling	3
Qualified Mental Health Prof-Adult	65

Qualified Mental Health Prof-Child	45
Registered Peer Recovery Specialist	4
Resident In Counseling	71
Resident in Marriage and Family Therapy	2
Resident in Substance Abuse Treatment	1
Substance Abuse Counseling Assistant	7
Substance Abuse Trainee	21
Substance Abuse Treatment Practitioner	6
Trainee for Qualified Mental Health Prof	141
<b>Total for Counseling</b>	<b>555</b>

Current Licenses as of August 20, 2020	
Profession	Current Licensees
<i>Certified Substance Abuse Counselor</i>	1855
<i>Licensed Marriage and Family Therapist</i>	901
<i>Licensed Professional Counselor</i>	6518
<i>Certified Rehab Counselor</i>	193
<i>Qualified Mental Health Prof-Adult</i>	7076
<i>Qualified Mental Health Prof-Child</i>	5663
<i>Registered Peer Recovery Specialist</i>	280
<i>Resident In Counseling</i>	4175
<i>Resident in Marriage and Family Therapy</i>	231
<i>Resident in Substance Abuse Treatment</i>	9
<i>Substance Abuse Counseling Assistant</i>	238
<i>Substance Abuse Trainee</i>	2040
<i>Substance Abuse Treatment Practitioner</i>	298
<i>Trainee for Qualified Mental Health Prof</i>	4064
<b>Total for Counseling</b>	<b>35,541</b>

### Regulatory Changes

Section	Change	Stage
18VAC115-20	Handling Fee – Returned Check	Fast Track; Register date - 8/31/20
18VAC115-20	Periodic Review for Professional Counseling	Proposed: At the Secretary’s Office
18VAC115-40	Periodic Review for Certified Rehab Providers	Proposed: Register Date – 9/14/2020
18VAC115-20	Resident License: Regulations implement the statutory mandate for issuance of a temporary license for a residency in counseling. The amendments set fees for initial and renewal of a resident license, qualifications for the issuance of a license and for its renewal, limitations on the number of times a resident may renew the temporary license, and a time limit for passage of the licensing examination. Amendments in Chapter 20 for professional counselors are duplicated in Chapter 50 for marriage and family therapists and in Chapter 60 of licensed substance abuse treatment practitioners.	Proposed: Register Date – 9/14/2020
18VAC115-20, 18 VAC115-30, 18VAC115-50, 18VAC115-60	Specify in Regulations that the standard of practice requiring persons licensed, certified or registered by the board to “Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare” precludes the provision of conversion therapy and to define what conversion therapy is and is not.	Proposed: Register Date: 8/31/2020
18VAC-115-80	Regulations governing the registration of QMHP trainees	Fast Track: Register Date -9/14/2020

### Actions Taken in Response to Covid-19:

-Asked the Governor for a Waiver for the required internship hours as many of the sites were closed.

-We gave all licensees a one-year extension for CEs

-We began issuing Temporary licenses. As of today, we have issued 498 temporary LPC licenses and 131 LMFT licenses. The temporary license expire 9.8.2020 and the hope is that many of these individuals apply by endorsement.

On the horizon: The Secretary of the Commonwealth has appointed the Art Therapy Advisory Board so we will be planning to adopt regulations for the Governing of Art Therapists soon.

NEXT MEETING: August 21 2020



Virginia Department of  
**Health Professions**  
 Board of Psychology

Psychology has closed more cases in June than received. Psychology has closed 10 patient care cases and 3 non-patient care cases for a total of 13 cases.

Cases Closed	
Patient Care	10
Non-Patient Care	3
<b>Total</b>	<b>13</b>

The board has received 6 patient care cases and 4 non-patient care cases for a total of 10 cases.

Cases Received	
Patient Care	6
Non-Patient Care	4
<b>Total</b>	<b>10</b>

As of June 30, 2020 there are 73 patient care cases open and 16 non-patient care cases open for a total of 89 cases.

Case Open	
Patient Care	73
Non Patient Care	16
<b>Total</b>	<b>89</b>

There were 131 licenses issued for psychology for the month of June. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Clinical Psychologist	129
Resident in Training	1
School Psychology- Limited	1
<b>Total for Psychology</b>	<b>131</b>

Current Licenses as of August 20, 2020	
Profession	Current Licenses
<i>Applied Psychologist</i>	28
<i>Clinical Psychologist</i>	3822
<i>Resident in School Psychology</i>	10
<i>Resident in Training</i>	798
<i>School Psychologist</i>	193
<i>School Psychologist-Limited</i>	569
<i>Sex Offender Treatment Provider</i>	426
<i>SOTP Trainee</i>	137
<b>Total for Psychology</b>	<b>5883</b>

## Regulatory Changes

Section	Change	Stage
18VAC125-20	The Board intends to specify in section 150 that the standard of practice requiring licensed psychologists to “avoid harming patients or clients, research participants, students and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable” includes the provision of conversion therapy and to define what conversion therapy is and is not. The goal is to align regulations of the Board with the stated policy and ethics for the profession.	Proposed Stage: Register Date: 8/31/2020
18VAC125-20	Periodic Review: The Board intends to update its regulations for consistency and clarity, reduce the regulatory hurdle for licensure by endorsement, increase the opportunities for continuing education credits, specify a time frame within which an applicant must have passed the national examination, and simplify the requirement for individual supervision in a residency. The Board will also consider requiring all psychology doctoral programs to be accredited by the American Psychological Association, the Canadian Psychologic Association or another accrediting body acceptable to the Board within three years of the effective date of the regulation. Finally, the Board intends to revamp its regulations on standards of conduct to emphasize rules for professionalism, confidentiality, client records, and prohibitions on dual relationships.	Final: At Governor’s Office
18VAC125-20	Implementation of Psychology Interstate Compact Chapter 1162 of the 2020 Acts of the Assembly mandates membership of the Commonwealth of Virginia in the Psychology Interjurisdictional Compact and requires the Board to promulgate regulations to implement the provisions of the act to be effective within 280 days of enactment. Amendments add definitions consistent with the Compact and revise the standards of practice and the grounds for disciplinary action to ensure that they cover persons practicing with an E.Passport or temporary authorization to practice in Virginia through the Compact.	Emergency/NOIRA: At Secretary’s Office

### Actions Taken During Covid:

- Gave all licensees a one-year extension to complete CEs.
- We began issuing Temporary Licenses. As of today, we have issued 597 LCP licenses. These licenses expire on 9/8/2020 and we hope many will apply by endorsement.

On the Horizon:

- We are undergoing a periodic review of the Sex Offender Treatment Provider Regulations and will be holding a Regulatory Advisory Panel (RAP) on September 10, 2020 to discuss any changes to the regulations that will then be presented to the Regulatory Committee at its October 25, 2020 meeting.
- Changes to the EPPP

**Next Meeting:**

October 26, 2020



# Virginia Department of Health Professions

## Board of Social Work

### Social Work Monthly Snapshot for June 2020

Social Work has closed more cases in June than received. Social Work has closed 22 patient care cases and 11 non-patient care cases for a total of 33 cases.

Cases Closed	
Patient Care	22
Non-Patient Care	11
<b>Total</b>	<b>33</b>

The board has received 3 patient care cases and 4 non-patient care cases for a total of 7 cases.

Cases Received	
Patient Care	3
Non-Patient Care	4
<b>Total</b>	<b>7</b>

As of June 31, 2020 there are 41 patient care cases open and 12 non-patient care cases open for a total of 53 cases.

Case Open	
Patient Care	41
Non-Patient Care	12
<b>Total</b>	<b>53</b>

There were 182 licenses issued for social work for the month of June. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Licensed Clinical Social Worker	131
Licensed Master's Social Worker	15
Registration of Supervision	36
<b>Total for Social Work</b>	<b>182</b>

Current Licenses as of August 20, 2020	
Profession	Current Licenses
<i>Associate Social Worker</i>	1
<i>Licensed Baccalaureate Social Worker</i>	22
<i>Licensed Clinical Social Worker</i>	7359
<i>Licensed Master's Social Worker</i>	811
<i>LSW Supervision</i>	8
<i>Registered Social Worker</i>	8
<i>Registration of Supervision</i>	2608
<b>Total for Social Work</b>	<b>10817</b>

## **Regulatory Changes**

<b>Section</b>	<b>Change</b>	<b>Stage</b>
18VAC140-20	Unprofessional Conduct/Practice of Conversion Therapy	Proposed: Register Date: 8/31/2020
18VAC140-20	Correction to qualification for LBSW	Fast Track: Register Date: 8/31/2020

### **News Update:**

The Board wants to focus on workforce issues and ensuring that any regulatory and policy changes protect the public but also ensure that the workforce needs are met. The Board is also discussing the LMSW in more detail to determine that it is in line with the ASWB model Act and promotes mobility.

Actions taken during Covid:

- Gave each licensee a year extension to complete CEs
- Issued Temporary licenses. As of today, we have issued 464 LCSW licenses. These licenses expire on 9/8/2020 and we hope many will apply by endorsement.

Also will be adding Music Therapists and an Advisory Board this year pursuant to recent legislation. As of today, the advisory board members have not been appointed.

### **Next Board Meeting:**

September 25, 2020

**Board of Physical Therapy****Last Meeting: August 11, 2020****Next Meeting: November 17, 2020****Updates:**

- The Board convened a virtual business meeting on August 11, 2020. The Board discussed a number of issues and completed a number of action items:
  - The Board adopted final regulations resulting from a periodic review of the Board's practice regulations.
  - The Board considered revisions to two guidance documents as a result of some issues identified during the COVID pandemic. One of those guidance documents relating to Telehealth has been referred to the Legislative/Regulatory Committee for further review and recommendation.
  - The Board considered and approved a fee reduction for 2020 renewals.
  - The Board considered and approved an exemption to the CE requirements for licensees renewing in 2020.
  - The Board elected Dr. Allen R. Jones, Jr., PT, DPT, as President, and Dr. Mira Mariano, PT, PhD, as Vice President.
  
- The Board reviewed a Board Assessment Resource (BAR) tool created by the Federation of State Boards of Physical Therapy, which is a tool designed to help walk Boards through a self-assessment of their effectiveness in licensing and discipline operations and providing information to licensees and stakeholders.
  
- Since the Board's meeting on August 11<sup>th</sup>, there has been some movement on final regulations for the practice of dry needling by physical therapists. The regulations have been in process for the past 3.5 years. The regulations have a pending effective date of October 29, 2020, once the final comment period ends.

#### **D. Election of Officers**

1. The Nomination Committee shall present a slate of officers for Chairman and Vice-Chairman at the meeting scheduled prior to July 1. The election of officers shall occur at the first scheduled Board meeting following July 1 of each year, and elected officers shall assume their duties at the end of the meeting.
2. Officers shall be elected at a meeting of the Board with a quorum present.
3. The Chairperson shall ask for additional nominations from the floor by office.
4. Voting shall be by voice vote, roll call, or show of hands. A simple majority shall prevail with the current Chairperson casting a vote only to break a tie.
5. Special elections shall be held in the same manner in the event of a vacancy of a position to fill the unexpired term.
6. The election shall occur in the following order: Chairperson, Vice-Chairperson.
7. All officers shall be elected for a term of one year, and may serve no more than two consecutive terms.

**2020 SESSION****SB 53 Social workers; licensure by endorsement.**Introduced by: [William M. Stanley, Jr.](#) | [all patrons](#) ... [notes](#) | [add to my profiles](#)**SUMMARY AS PASSED SENATE:** (all summaries)

**Board of Social Work; reciprocal licensing agreements.** Directs the Board of Social Work to pursue the establishment of reciprocal agreements with jurisdictions that are contiguous with the Commonwealth for the licensure of baccalaureate social workers, master's social workers, and clinical social workers. The bill provides that reciprocal agreements shall require that a person hold a comparable, current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the Code of Virginia and regulations of the Board.

**FULL TEXT**[11/18/19 Senate: Prefiled and ordered printed; offered 01/08/20 20100386D](#) pdf | [impact statement](#)[02/06/20 Senate: Committee substitute printed 20107751D-S1](#) pdf | [impact statement](#)[03/05/20 Senate: Bill text as passed Senate and House \(SB53ER\)](#) pdf | [impact statement](#)[04/02/20 Governor: Acts of Assembly Chapter text \(CHAP0617\)](#) pdf**HISTORY**[11/18/19 Senate: Prefiled and ordered printed; offered 01/08/20 20100386D](#)[11/18/19 Senate: Referred to Committee on Rehabilitation and Social Services](#)[01/17/20 Senate: Rereferred from Rehabilitation and Social Services \(11-Y 0-N\)](#)[01/17/20 Senate: Rereferred to Education and Health](#)[01/22/20 Senate: Assigned Education sub: Health Professions](#)[02/06/20 Senate: Reported from Education and Health with substitute \(13-Y 0-N\)](#)[02/06/20 Senate: Committee substitute printed 20107751D-S1](#)[02/07/20 Senate: Constitutional reading dispensed \(37-Y 0-N\)](#)[02/10/20 Senate: Read second time](#)[02/10/20 Senate: Reading of substitute waived](#)[02/10/20 Senate: Committee substitute agreed to 20107751D-S1](#)[02/10/20 Senate: Engrossed by Senate - committee substitute SB53S1](#)[02/10/20 Senate: Constitutional reading dispensed \(39-Y 0-N\)](#)[02/10/20 Senate: Passed Senate \(39-Y 0-N\)](#)[02/13/20 House: Placed on Calendar](#)[02/13/20 House: Read first time](#)[02/13/20 House: Referred to Committee on Health, Welfare and Institutions](#)[02/13/20 House: Assigned HWI sub: Health Professions](#)[02/21/20 House: Subcommittee recommends reporting \(6-Y 0-N\)](#)[02/25/20 House: Reported from Health, Welfare and Institutions \(22-Y 0-N\)](#)[02/27/20 House: Read second time](#)[02/28/20 House: Read third time](#)[02/28/20 House: Passed House BLOCK VOTE \(100-Y 0-N\)](#)

**02/28/20 House: VOTE: Block Vote Passage (100-Y 0-N)**

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03/05/20 Senate: Enrolled

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03/05/20 Senate: Bill text as passed Senate and House (SB53ER)

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03/06/20 House: Signed by Speaker

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03/07/20 Senate: Signed by President

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03/12/20 Senate: Enrolled Bill Communicated to Governor on March 12, 2020

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03/12/20 Governor: Governor's Action Deadline 11:59 p.m., April 11, 2020

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04/02/20 Governor: Approved by Governor-Chapter 617 (effective 7/1/20)

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04/02/20 Governor: Acts of Assembly Chapter text (CHAP0617)

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# VIRGINIA ACTS OF ASSEMBLY -- 2020 SESSION

## CHAPTER 617

*An Act to direct the Board of Social Work to pursue the establishment of reciprocal agreements with jurisdictions that are contiguous with the Commonwealth for the licensure of social workers.*

[S 53]

Approved April 2, 2020

**Be it enacted by the General Assembly of Virginia:**

**1.** *§ 1. That the Board of Social Work shall pursue the establishment of reciprocal agreements with jurisdictions that are contiguous with the Commonwealth for the licensure of baccalaureate social workers, master's social workers, and clinical social workers. Reciprocal agreements shall require that a person hold a comparable, current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the Code of Virginia and regulations of the Board.*

COMMONWEALTH OF VIRGINIA

SUSAN CLARKE SCHAAR

CLERK OF THE SENATE  
POST OFFICE BOX 396  
RICHMOND, VIRGINIA 23218



SENATE

April 8, 2020

Dr. David E. Brown  
Director, Department of Health Professions  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Richmond, Virginia 23233

Dear Dr. Brown:

This is to inform you that, pursuant to Rule 20 (o) of the Rules of the Senate of Virginia, the Senate Committee on Education and Health has referred the subject matters contained in Senate Bill 431 and Senate Bill 858 to the Department of Health Professions for study. It is requested that the appropriate committee chair and bill patrons receive written reports, with copies to this office, by November 1, 2020.

With kind regards, I am

Sincerely yours,

A handwritten signature in cursive script that reads "Susan Clarke Schaar".

Susan Clarke Schaar

SCS:dhl

cc: The Honorable L. Louise Lucas, Chair, Senate Committee on  
Education and Health  
The Honorable Scott A. Surovell, Patron of SB 431  
The Honorable J. Chapman Petersen, Patron SB 858  
Amigo Wade, Acting Director, Division of Legislative Services

## 2020 SESSION

### **SB 431 Provision of mental health services to a minor; access to health records.**

Introduced by: [Scott A. Surovell](#) | [all patrons](#) ... [notes](#) | [add to my profiles](#)

#### **SUMMARY AS INTRODUCED:**

**Provision of mental health services to a minor; access to health records.** Prohibits a health care provider from refusing to provide mental health services to a minor on the basis that the parents of such minor refuse to agree to limit their access to such minor's health care records or request that such health care provider testify in a court proceeding regarding the treatment of the minor.

#### **FULL TEXT**

[01/07/20 Senate: Prefiled and ordered printed; offered 01/08/20 20100739D](#) [pdf](#) | [impact statement](#)

#### **HISTORY**

[01/07/20 Senate: Prefiled and ordered printed; offered 01/08/20 20100739D](#)

[01/07/20 Senate: Referred to Committee on Education and Health](#)

[01/16/20 Senate: Assigned Education sub: Health Professions](#)

[01/23/20 Senate: Passed by indefinitely in Education and Health with letter \(15-Y 0-N\)](#)

[04/08/20 Senate: Letter sent to the Department of Health Professions](#)

20100739D

SENATE BILL NO. 431

Offered January 8, 2020

Prefiled January 7, 2020

A BILL to amend and reenact §§ 20-124.6 and 54.1-2915 of the Code of Virginia and to amend the Code of Virginia by adding in Article 1 of Chapter 35 of Title 54.1 a section numbered 54.1-3506.2 and by adding in Chapter 36 of Title 54.1 a section numbered 54.1-3617, relating to provision of mental health services to a minor; access to health records.

Patron—Surovell

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That §§ 20-124.6 and 54.1-2915 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Article 1 of Chapter 35 of Title 54.1 a section numbered 54.1-3506.2 and by adding in Chapter 36 of Title 54.1 a section numbered 54.1-3617 as follows:

§ 20-124.6. Access to minor's records.

A. Notwithstanding any other provision of law, neither parent, regardless of whether such parent has custody, shall be denied access to the academic or health records of that parent's minor child unless otherwise ordered by the court for good cause shown or pursuant to subsection B.

B. In the case of health records, access may also be denied if the minor's treating physician or the minor's treating clinical psychologist has made a part of the minor's record a written statement that, in the exercise of his professional judgment, the furnishing to or review by the requesting parent of such health records would be reasonably likely to cause substantial harm to the minor or another person. If a health care entity denies a parental request for access to, or copies of, a minor's health record, the health care entity denying the request shall comply with the provisions of subsection F of § 32.1-127.1:03. The minor or his parent, either or both, shall have the right to have the denial reviewed as specified in subsection F of § 32.1-127.1:03 to determine whether to make the minor's health record available to the requesting parent.

C. No health care provider shall refuse to provide mental health services to a minor solely on the basis that a parent of such minor does not consent to having his access to the health records of such minor limited or denied for any reason other than those provided in subsections A and B.

D. For the purposes of this section, the meaning of the term "health record" or the plural thereof and the term "health care entity" shall be as "health care entity," "health care provider," and "health record" mean the same as those terms are defined in subsection B of § 32.1-127.1:03.

§ 54.1-2915. Unprofessional conduct; grounds for refusal or disciplinary action.

A. The Board may refuse to issue a certificate or license to any applicant; reprimand any person; place any person on probation for such time as it may designate; impose a monetary penalty or terms as it may designate on any person; suspend any license for a stated period of time or indefinitely; or revoke any license for any of the following acts of unprofessional conduct:

1. False statements or representations or fraud or deceit in obtaining admission to the practice, or fraud or deceit in the practice of any branch of the healing arts;

2. Substance abuse rendering him unfit for the performance of his professional obligations and duties;

3. Intentional or negligent conduct in the practice of any branch of the healing arts that causes or is likely to cause injury to a patient or patients;

4. Mental or physical incapacity or incompetence to practice his profession with safety to his patients and the public;

5. Restriction of a license to practice a branch of the healing arts in another state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, or for an entity of the federal government;

6. Undertaking in any manner or by any means whatsoever to procure or perform or aid or abet in procuring or performing a criminal abortion;

7. Engaging in the practice of any of the healing arts under a false or assumed name, or impersonating another practitioner of a like, similar, or different name;

8. Prescribing or dispensing any controlled substance with intent or knowledge that it will be used otherwise than medicinally, or for accepted therapeutic purposes, or with intent to evade any law with respect to the sale, use, or disposition of such drug;

9. Violating provisions of this chapter on division of fees or practicing any branch of the healing arts

INTRODUCED

SB431

6:50:01 02/01/6

59 in violation of the provisions of this chapter;

60 10. Knowingly and willfully committing an act that is a felony under the laws of the Commonwealth  
61 or the United States, or any act that is a misdemeanor under such laws and involves moral turpitude;

62 11. Aiding or abetting, having professional connection with, or lending his name to any person  
63 known to him to be practicing illegally any of the healing arts;

64 12. Conducting his practice in a manner contrary to the standards of ethics of his branch of the  
65 healing arts;

66 13. Conducting his practice in such a manner as to be a danger to the health and welfare of his  
67 patients or to the public;

68 14. Inability to practice with reasonable skill or safety because of illness or substance abuse;

69 15. Publishing in any manner an advertisement relating to his professional practice that contains a  
70 claim of superiority or violates Board regulations governing advertising;

71 16. Performing any act likely to deceive, defraud, or harm the public;

72 17. Violating any provision of statute or regulation, state or federal, relating to the manufacture,  
73 distribution, dispensing, or administration of drugs;

74 18. Violating or cooperating with others in violating any of the provisions of Chapters 1 (§ 54.1-100  
75 et seq.), 24 (§ 54.1-2400 et seq.) and this chapter or regulations of the Board;

76 19. Engaging in sexual contact with a patient concurrent with and by virtue of the practitioner and  
77 patient relationship or otherwise engaging at any time during the course of the practitioner and patient  
78 relationship in conduct of a sexual nature that a reasonable patient would consider lewd and offensive;

79 20. Conviction in any state, territory, or country of any felony or of any crime involving moral  
80 turpitude;

81 21. Adjudication of legal incompetence or incapacity in any state if such adjudication is in effect and  
82 the person has not been declared restored to competence or capacity;

83 22. Performing the services of a medical examiner as defined in 49 C.F.R. § 390.5 if, at the time  
84 such services are performed, the person performing such services is not listed on the National Registry  
85 of Certified Medical Examiners as provided in 49 C.F.R. § 390.109 or fails to meet the requirements for  
86 continuing to be listed on the National Registry of Certified Medical Examiners as provided in 49  
87 C.F.R. § 390.111; ~~or~~

88 23. Failing or refusing to complete and file electronically using the Electronic Death Registration  
89 System any medical certification in accordance with the requirements of subsection C of § 32.1-263.  
90 However, failure to complete and file a medical certification electronically using the Electronic Death  
91 Registration System in accordance with the requirements of subsection C of § 32.1-263 shall not  
92 constitute unprofessional conduct if such failure was the result of a temporary technological or electrical  
93 failure or other temporary extenuating circumstance that prevented the electronic completion and filing  
94 of the medical certification using the Electronic Death Registration System; *or*

95 24. *Conditioning the delivery of mental health services to a minor on the agreement of the minor's*  
96 *parent or guardian to refrain from requesting or subpoenaing medical records or court testimony.*

97 B. The commission or conviction of an offense in another state, territory, or country, which if  
98 committed in Virginia would be a felony, shall be treated as a felony conviction or commission under  
99 this section regardless of its designation in the other state, territory, or country.

100 C. The Board shall refuse to issue a certificate or license to any applicant if the candidate or  
101 applicant has had his certificate or license to practice a branch of the healing arts revoked or suspended,  
102 and has not had his certificate or license to so practice reinstated, in another state, the District of  
103 Columbia, a United States possession or territory, or a foreign jurisdiction.

104 **§ 54.1-3506.2. Conditioning of mental health treatment for minors prohibited.**

105 *No practitioner licensed pursuant to this chapter shall condition the delivery of mental health*  
106 *treatment to a minor on the agreement of the minor's parent or guardian to refrain from requesting or*  
107 *subpoenaing medical records or court testimony.*

108 **§ 54.1-3617. Conditioning of mental health treatment for minors prohibited.**

109 *No practitioner licensed pursuant to this chapter shall condition the delivery of mental health*  
110 *treatment to a minor on the agreement of the minor's parent or guardian to refrain from requesting or*  
111 *subpoenaing medical records or court testimony.*



# Virginia Department of **Health Professions**

## **Members of the Workgroup on Mental Health Needs of Minors**

- **Senator Scott A. Surovell, Esq.**
- **Roger C. Burket, MD, DFAPA, DFAACAP**
- **Karen A. Ransone, MD, FAAP**
- **John Salay, LCSW**
- **Susan B. Wallace, LCP, School Psychologist**
- **Christine Payne, RN**
- **Holly Tracy, LPC, LMFT**
- **Julie M. Cillo, Esq.**

## **Department of Health Professions Staff**

- **William Harp, MD, Executive Director, Board of Medicine**
- **Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology, and Social Work**
- **Elaine Yeatts, Department of Health Professions Senior Policy Analyst and Regulatory Coordinator**

Workgroup on Mental Health Needs of Minors  
Draft Summary of the Workgroup Meeting

Primary Issue Senator Surovell wants to solve with legislation:

- Most therapists that counsel children require provisions in their contract prohibiting themselves from testifying in Court proceedings.
- Therapists often have the best and impartial information about what is going on with a child and can often alleviate the need for a child to testify, which is horrible to do to a child.
- It is becoming difficult for parents to find therapists who do not have these provisions in their contracts.
- Senator Surovell wants to ensure children receive services and ensure courts have complete information to make the best decision for the child.

Apparent Agreement among the workgroup:

- Do what is best for the child
- Recognition that this type of information is necessary to be made available to the legal system
- Issues involved are complex
- Hope there is a way to obtain at necessary information without a child perceiving it as a violation of confidentiality.
- Include an immunity provision in the Code for clinicians who act in good faith.

Example of Legal Perspective:

- Having strong counselors, social workers, psychologists, and other mental health specialists is important to children and families, including those families in high conflict custody matters.
- Strong counselors, social workers, psychologists, and other mental health specialists who have been in a treating role with children and families, including those families in high conflict custody matters, are important sources of information for courts that have to make determinations of custody to serve a child's best interests. The sources of information from such individuals includes their records and their testimony.
- Courts are required under section 20-124.3 to consider, among other factors, the following:
  - the mental health of the child, the mental health of each parent,
  - a parent's ability to accurately assess and meet the emotional needs of the child,
  - the ability of each parent to cooperate in and resolve disputes regarding matters affecting the child,
  - Any history of family abuse, etc.
- Without information from counselors, social workers, psychologists, and other mental health specialists that pertain to these factors, a custody determination that the Court may make could be not in the best of the child; it could be detrimental to the child's best interest; and it could be against

the work that the professionals have been doing and the progress that has been made on behalf of that child

- Using forensic experts to conduct custody evaluations as an alternative to disclosure of records and testimony is another source of information, but cannot replace the valuable information that the above referenced professionals have. The forensic experts still need access to the information from these providers (records and interviews). Furthermore, the underlying information used to form the basis of the evaluator's opinion still must be accessible to the attorneys and Court. Therefore, reliance on an evaluation does not eliminate the need for disclosure of counseling records and information. In addition, although custody evaluations are a great tool and can be vital in some custody cases, the court does not grant every request for a custody evaluation, custody evaluations can cost at a minimum \$10,000-\$20,000, and the availability of custody evaluators are limited throughout the Commonwealth.
- If good counselors, social workers, psychologists, and other mental health specialists refuse to treat children and families due to the possibility of litigation and the possibility of disclosure of their records and/or the need for their testimony, we do not serve the best interests of these children/families or resolve the problems. If the courts do not get the information from the professionals who are a source of facts for many factors the court must consider, then the custody determinations do not serve the children's best interests.

#### Example of Clinical Provider Perspectives:

- Working with children is always tricky, not just because they do not have the cognitive ability of adults, but because they have parents and guardians.
- Most guidelines from professional organizations draw a distinction between a forensic evaluator (duty to a court) and a treating provider (duty to the patient). Guidelines often state that, except in unusual situations where no forensic evaluators are available, clinicians in a treatment role should not serve in a forensic role.
  - Risk of role confusion leading to bias, lack of objectivity, disclosure of confidences or embarrassing information for the patient or family, and damage to the relationship with the patient.
- Information obtained from a treating provider might be incomplete, leading to less than optimal outcomes if relied upon by a court.
- Obligated to reveal any possible disclosure to the client at the onset of treatment that could have a chilling effect on the development of the relationship and the success of the treatment.
- Younger children will have trouble conceptualizing this and/or remembering any disclosure.
  - Children often do not understand the limits of a therapist's confidence. For them it is more black and white. You said, "you wouldn't tell what I said" is just that. The child may not know or understand the background and other issues. To believe the therapeutic relationship is less important than perceived immediate danger is naive. If a child feels like his therapist has betrayed him, that child may not open up to any therapist, or any adult for a long time or maybe ever.
- Parents of older children/teens often do not want the therapist to disclose any information to them because they respect the nature of the therapeutic relationship.
- Custody disputes that happen mid-treatment could result in the revealing of information that will be harmful to the parent/child, parent/therapist, and therapist/child relationship.

- Although this bill seeks to reduce harm in the courts placement decision-making process, it may well cause greater harm as noted above.
- Revelations will increase unfounded complaints towards board members from a parent who does not like what the therapist revealed.
  - In many cases, a case can become a custody case after the therapeutic relationship has begun. In some circumstances one parent may take the child to a therapist in order to seek some advantage over the other parent. The child may or may not be naive to this. The family often does not inform the therapist of these intentions. Indeed, we have had several cases where parents were so angry with a therapist because of something that got into a court or social work report that they have gone after the clinician. There should be some way to safeguard against these usually unsubstantiated complaints. They are stressful for the clinicians, the boards and often the families.
- The immunity clause would only protect against civil action, not the professional complaint.
- It still was not clear as to what happens for children in alternate placements such as DSS custody when the parents get involved.
- It does not change federal HIPAA requirements to have a release of information.

**DRAFT**

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# *Virginia's Licensed Clinical Social Worker Workforce: 2020*

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Healthcare Workforce Data Center

July 2020

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
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Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*More than 6,700 Licensed Clinical Social Workers voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Social Work express our sincerest appreciation for your ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**David E. Brown, DC**  
*Director*

**Barbara Allison-Bryan, MD**  
*Chief Deputy Director*

*Healthcare Workforce Data Center Staff:*

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*Director*

Yetty Shobo, PhD  
*Deputy Director*

Laura Jackson, MSHSA  
*Operations Manager*

Rajana Siva, MBA  
*Research Analyst*

Christopher Coyle  
*Research Assistant*

# Virginia Board of Social Work

## ***Chair***

John Salay, LCSW  
*Midlothian*

## ***Vice-Chair***

Dolores Paulson, PhD, LCSW  
*McLean*

## ***Members***

Canek Aguirre  
*Alexandria*

Angelia Allen  
*Portsmouth*

Jamie Clancey, LCSW  
*Culpepper*

Maria Eugenia del Villar, LCSW  
*Fairfax*

Michael Hayter, LCSW, CSAC  
*Abingdon*

Gloria Manns, LCSW  
*Roanoke*

Joseph Walsh, PhD, LCSW  
*Richmond*

## ***Executive Director***

Jaime H. Hoyle, JD

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## The Licensed Clinical Social Worker Workforce: At a Glance:

### The Workforce

Licensees <sup>1</sup> :	7,598
Virginia's Workforce:	6,304
FTEs:	5,254

### Background

Rural Childhood:	24%
HS Degree in VA:	46%
Prof. Degree in VA:	52%

### Current Employment

Employed in Prof.:	90%
Hold 1 Full-Time Job:	56%
Satisfied?:	96%

### Survey Response Rate

All Licensees:	85%
Renewing Practitioners:	97%

### Education

Master's:	96%
Doctorate:	4%

### Job Turnover

Switched Jobs:	6%
Employed Over 2 Yrs.:	68%

### Demographics

Female:	87%
Diversity Index:	36%
Median Age:	50

### Finances

Median Income: \$60k-\$70k	
Health Insurance:	66%
Under 40 w/ Ed. Debt:	65%

### Time Allocation

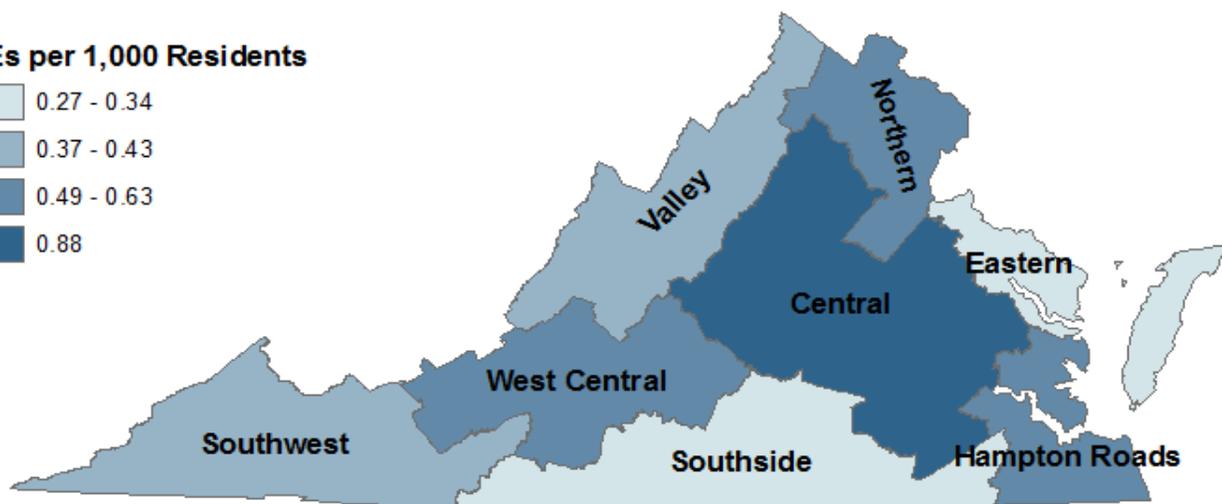
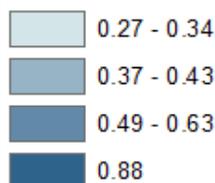
Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	62%

Source: Va. Healthcare Workforce Data Center

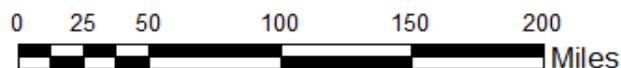
## Full-Time Equivalency Units Provided by Licensed Clinical Social Workers per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2019  
Source: U.S. Census Bureau, Population Division



<sup>1</sup> Excludes 323 temporary licenses which were issued between April and June as a result of procedural changes that were implemented by the DHP due to the coronavirus pandemic. All of these temporary licenses will expire in September 2020.

This report contains the results of the 2020 Licensed Clinical Social Worker (LCSW) Workforce Survey. More than 6,700 LCSWs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LCSWs. These survey respondents represent 85% of the 7,921 LCSWs who are licensed in the state and 97% of renewing practitioners.

The HWDC estimates that 6,304 LCSWs participated in Virginia's workforce during the survey period, which is defined as those LCSWs who worked at least a portion of the year in the state or who live in the state and intend to work as a LCSW at some point in the future. Over the past year, Virginia's LCSW workforce provided 5,254 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours per year.

Nearly 90% of all LCSWs are female, including 92% of those LCSWs who are under the age of 40. In a random encounter between two LCSWs, there is a 36% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's LCSW workforce less diverse than the state's overall population, which has a diversity index of 57%. Nearly one-quarter of LCSWs grew up in rural areas, and 14% of these professionals currently work in non-metro areas of Virginia. In total, 6% of all LCSWs work in non-metro areas of the state.

Nine out of every ten LCSWs are currently employed in the profession, 56% hold one full-time job, and 48% work between 40 and 49 hours per week. Nearly 70% of LCSWs are employed in the private sector, including 48% who work in the for-profit sector. The median annual income of Virginia's LCSW workforce is between \$60,000 and \$70,000. In addition, nearly 80% of all LCSWs who earn their income in the form of either an hourly wage or a salary receive at least one employer-sponsored benefit, including 66% who have access to health insurance. Nearly all LCSWs are satisfied with their current work situation, including 67% who indicate that they are "very satisfied".

## Summary of Trends

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In this section, all statistics for the current year are compared to the 2015 LCSW workforce. The number of licensed LCSWs in Virginia has increased by 27% (7,921 vs. 6,251). At the same time, the size of Virginia's LCSW workforce has increased by 20% (6,304 vs. 5,264), and the number of FTEs provided by this workforce has increased by 18% (5,254 vs. 4,449). Virginia's renewing LCSWs are more likely to respond to this survey (97% vs. 90%).

Virginia's LCSWs are more likely to be female (87% vs. 85%), and the median age of the LCSW workforce has fallen (50 vs. 54). At the same time, the diversity index of the state's LCSW workforce has increased (36% vs. 28%). This increase in diversity can also be observed among those LCSWs who are under the age of 40 (44% vs. 36%). Virginia's LCSWs are slightly more likely to have been raised in rural areas (24% vs. 23%), but this group of professionals is no more likely to work in non-metro areas of the state (14%). In total, the percentage of all LCSWs who work in non-metro areas of Virginia has also not changed (6%).

LCSWs are more likely to be employed in the profession (90% vs. 89%), but there has been no change in either the percentage of LCSWs who hold one full-time job (56%) or who work between 40 and 49 hours per week (48%). At the same time, LCSWs are more likely to be involuntarily unemployed (2% vs. 1%), while the percentage of LCSWs who have been employed at their primary work location for more than two years has fallen (68% vs. 72%). LCSWs are more likely to work in the for-profit sector (48% vs. 46%) instead of working for state or local governments (22% vs. 24%).

Virginia's LCSWs are more likely to carry education debt (39% vs. 30%), and the median debt amount among those LCSWs with education debt has increased (\$50k-\$60k vs. \$40k-\$50k). On the other hand, there has been no change in the median annual income for Virginia's LCSW workforce (\$60k-\$70k). However, wage and salaried LCSWs are slightly more likely to receive at least one employer-sponsored benefit (79% vs. 78%), including those who have access to health insurance (66% vs. 64%). LCSWs are no more likely to indicate that they are satisfied with their current work situation (96%), although fewer LCSWs indicate that they are "very satisfied" (67% vs. 69%).

**A Closer Look:**

Licensees		
License Status	#	%
<b>Renewing Practitioners</b>	6,688	84%
<b>New Licensees</b>	533	7%
<b>Temporary Licensees<sup>1</sup></b>	323	4%
<b>Non-Renewals</b>	377	5%
<b>All Licensees</b>	<b>7,921</b>	<b>100%</b>
<b>All Licensees Without Temporary</b>	<b>7,598</b>	<b>96%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Nearly all renewing LCSWs submitted a survey. These represent 85% of the 7,921 LCSWs who held a license at some point during the survey period.*

**Definitions**

- 1. The Survey Period:** The survey was conducted in June 2020.
- 2. Target Population:** All LCSWs who held a Virginia license at some point between July 2019 and June 2020.
- 3. Survey Population:** The survey was available to LCSWs who renewed their licenses online. It was not available to those who did not renew, including LCSWs newly licensed in 2020.

**Response Rates**

Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
<b>Under 35</b>	221	705	76%
<b>35 to 39</b>	166	816	83%
<b>40 to 44</b>	132	845	87%
<b>45 to 49</b>	120	827	87%
<b>50 to 54</b>	103	835	89%
<b>55 to 59</b>	93	756	89%
<b>60 to 64</b>	80	696	90%
<b>65 and Over</b>	251	1,275	84%
<b>Total</b>	<b>1,166</b>	<b>6,755</b>	<b>85%</b>
<b>New Licenses</b>			
<b>Issued in Past Year</b>	621	235	27%
<b>Metro Status</b>			
<b>Non-Metro</b>	41	322	89%
<b>Metro</b>	568	5,240	90%
<b>Not in Virginia</b>	557	1,193	68%

Source: Va. Healthcare Workforce Data Center

**Response Rates**

<b>Completed Surveys</b>	<b>6,755</b>
<b>Response Rate, All Licensees</b>	<b>85%</b>
<b>Response Rate, Renewals</b>	<b>97%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed LCSWs**

Number:	7,921
New:	7%
Not Renewed:	5%

**Response Rates**

All Licensees:	85%
Renewing Practitioners:	97%

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> These 323 temporary licenses were issued between April and June as a result of procedural changes that were implemented by the DHP due to the coronavirus pandemic. All of these temporary licenses will expire in September 2020.

## At a Glance:

### Workforce

Virginia's LCSW Workforce: 6,304  
 FTEs: 5,254

### Utilization Ratios

Licensees in VA Workforce: 80%  
 Licensees per FTE: 1.51  
 Workers per FTE: 1.20

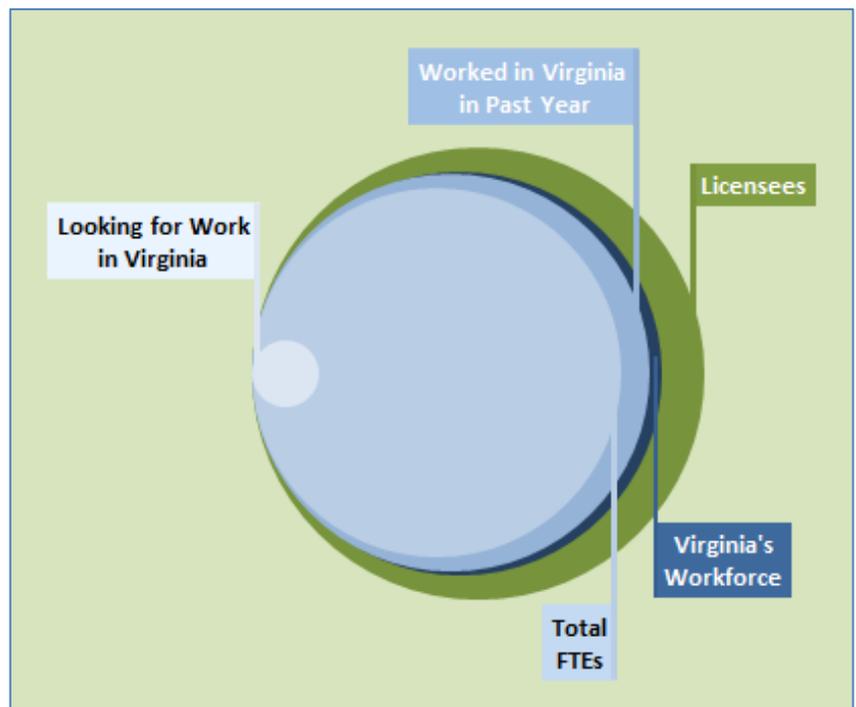
Source: Va. Healthcare Workforce Data Center

Virginia's LCSW Workforce		
Status	#	%
Worked in Virginia in Past Year	6,131	97%
Looking for Work in Virginia	174	3%
Virginia's Workforce	6,304	100%
Total FTEs	5,254	
Licensees	7,921	

Source: Va. Healthcare Workforce Data Center

## Definitions

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



Source: Va. Healthcare Workforce Data Center

*Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>*

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	48	7%	662	93%	710	13%
35 to 39	69	10%	643	90%	712	13%
40 to 44	64	9%	617	91%	681	13%
45 to 49	76	12%	575	88%	651	12%
50 to 54	85	13%	561	87%	646	12%
55 to 59	83	14%	500	86%	583	11%
60 to 64	75	15%	412	85%	487	9%
65 and Over	211	22%	750	78%	960	18%
<b>Total</b>	<b>711</b>	<b>13%</b>	<b>4,719</b>	<b>87%</b>	<b>5,430</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	LCSWs		LCSWs Under 40	
	%	#	%	#	%
White	61%	4,307	79%	1,040	73%
Black	19%	742	14%	231	16%
Hispanic	10%	190	3%	66	5%
Asian	7%	89	2%	36	3%
Two or More Races	3%	113	2%	45	3%
Other Race	0%	36	1%	9	1%
<b>Total</b>	<b>100%</b>	<b>5,477</b>	<b>100%</b>	<b>1,427</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2019.

Source: Va. Healthcare Workforce Data Center

More than one-quarter of all LCSWs are under the age of 40, and 92% of these professionals are female. In addition, the diversity index among this group of LCSWs is 44%.

### At a Glance:

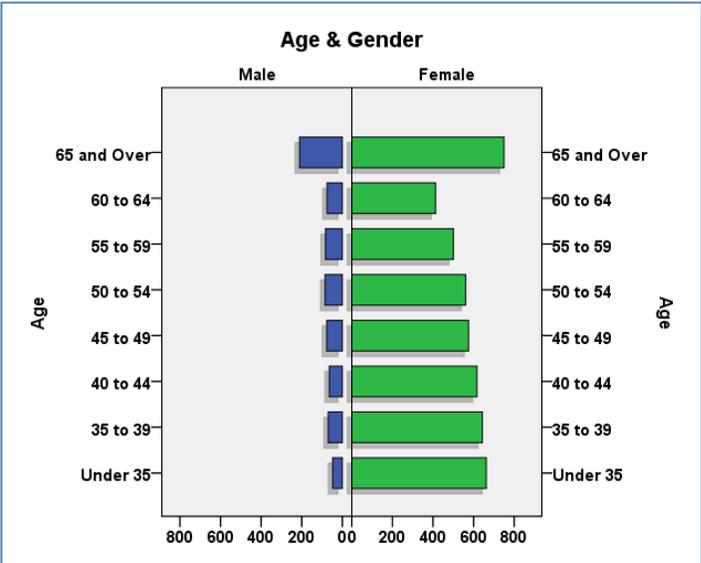
**Gender**  
 % Female: 87%  
 % Under 40 Female: 92%

**Age**  
 Median Age: 50  
 % Under 40: 26%  
 % 55 and Over: 37%

**Diversity**  
 Diversity Index: 36%  
 Under 40 Div. Index: 44%

Source: Va. Healthcare Workforce Data Center

In a random encounter between two LCSWs, there is a 36% chance that they would be of different races or ethnicities, a measure known as the diversity index.



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 14%  
 Rural Childhood: 24%

### Virginia Background

HS in Virginia: 46%  
 Prof. Edu. in VA: 52%  
 HS or Prof. Edu. in VA: 62%

### Location Choice

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

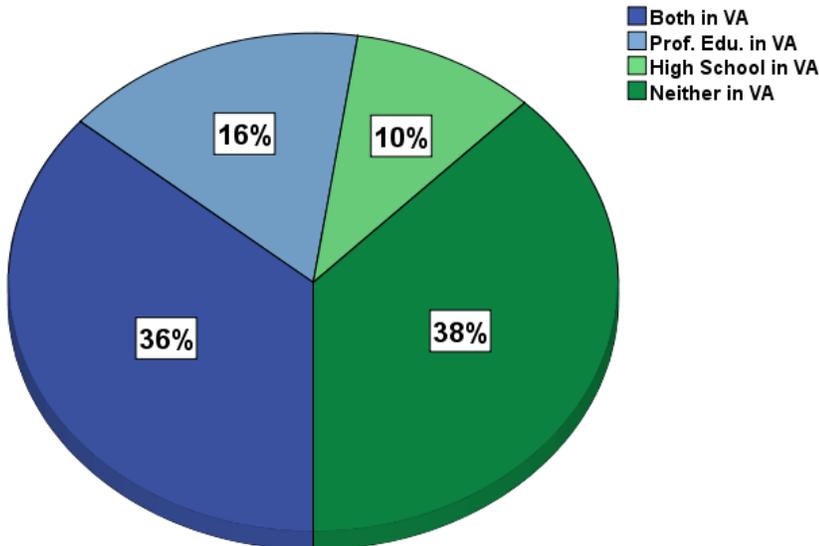
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	18%	67%	15%
2	Metro, 250,000 to 1 Million	44%	42%	14%
3	Metro, 250,000 or Less	35%	54%	12%
<b>Non-Metro Counties</b>				
4	Urban Pop., 20,000+, Metro Adjacent	57%	28%	15%
6	Urban Pop., 2,500-19,999, Metro Adjacent	59%	36%	5%
7	Urban Pop., 2,500-19,999, Non-Adjacent	83%	10%	7%
8	Rural, Metro Adjacent	32%	64%	4%
9	Rural, Non-Adjacent	59%	41%	0%
<b>Overall</b>		<b>24%</b>	<b>62%</b>	<b>14%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

*Nearly one-quarter of all LCSWs grew up in self-described rural areas, and 14% of these professionals currently work in non-metro counties. In total, 6% of all LCSWs in the state currently work in non-metro counties.*

## Top Ten States for Licensed Clinical Social Worker Recruitment

Rank	All Licensed Clinical Social Workers			
	High School	#	Init. Prof. Degree	#
1	Virginia	2,508	Virginia	2,842
2	New York	433	Washington, D.C.	426
3	Maryland	314	New York	315
4	Pennsylvania	234	Maryland	243
5	North Carolina	182	Massachusetts	162
6	New Jersey	177	North Carolina	146
7	Outside U.S./Canada	117	Pennsylvania	135
8	Ohio	102	Florida	107
9	California	100	Michigan	101
10	Florida	96	Illinois	92

Source: Va. Healthcare Workforce Data Center

*Nearly half of all LCSWs received their high school degree in Virginia, while 52% obtained their initial professional degree in the state.*

*Among LCSWs who have obtained their initial license in the past five years, 45% received their high school degree in Virginia, while 46% obtained their initial professional degree in the state.*

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	797	Virginia	810
2	New York	129	New York	123
3	Maryland	112	Washington, D.C.	115
4	North Carolina	73	Maryland	76
5	Pennsylvania	59	North Carolina	70
6	New Jersey	55	Florida	54
7	Outside U.S./Canada	38	Massachusetts	52
8	Florida	37	Pennsylvania	45
9	California	36	California	43
10	Illinois	36	Illinois	36

Source: Va. Healthcare Workforce Data Center

*Among all LCSWs who are licensed in Virginia, 20% did not participate in the state's LCSW workforce during the past year. More than 80% of these professionals worked at some point in the past year, including 74% who worked in a job related to the behavioral sciences.*

### At a Glance:

#### Not in VA Workforce

Total:	1,615
% of Licensees:	20%
Federal/Military:	20%
VA Border State/D.C.:	25%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
Bachelor's Degree	1	0%
Master's Degree	5,203	96%
Doctor of Psychology	26	0%
Other Doctorate	163	3%
<b>Total</b>	<b>5,393</b>	<b>100%</b>

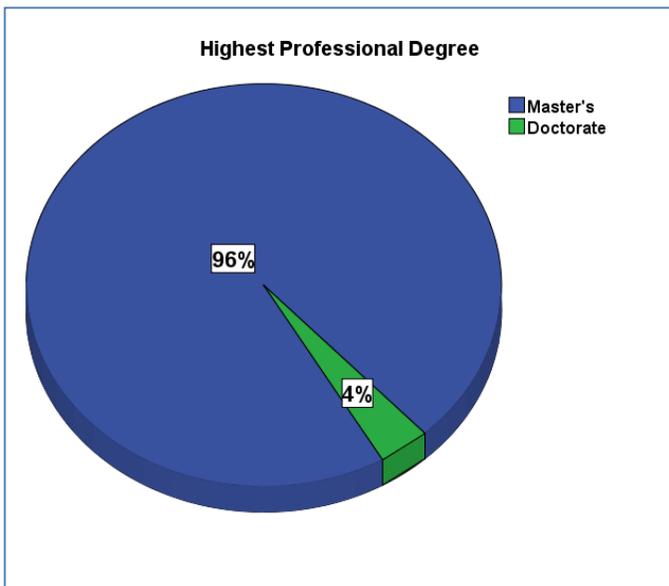
Source: Va. Healthcare Workforce Data Center

## At a Glance:

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

**Education Debt**  
 Carry Debt: 39%  
 Under Age 40 w/ Debt: 65%  
 Median Debt: \$50k-\$60k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly 40% of LCSWs carry education debt, including 65% of those LCSWs who are under the age of 40. For those LCSWs with education debt, the median debt amount is between \$50,000 and \$60,000.

Education Debt				
Amount Carried	All LCSWs		LCSWs Under 40	
	#	%	#	%
None	2,938	61%	435	35%
Less than \$10,000	180	4%	49	4%
\$10,000-\$19,999	170	4%	69	6%
\$20,000-\$29,999	197	4%	84	7%
\$30,000-\$39,999	161	3%	58	5%
\$40,000-\$49,999	153	3%	67	5%
\$50,000-\$59,999	117	2%	58	5%
\$60,000-\$69,999	128	3%	70	6%
\$70,000-\$79,999	127	3%	65	5%
\$80,000-\$89,999	108	2%	60	5%
\$90,000-\$99,999	68	1%	32	3%
\$100,000 or More	433	9%	200	16%
<b>Total</b>	<b>4,780</b>	<b>100%</b>	<b>1,247</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

**At a Glance:**

**Primary Specialty**

Mental Health: 57%  
 Child: 7%  
 Health/Medical: 7%

**Secondary Specialty**

Mental Health: 16%  
 Substance Abuse: 12%  
 Child: 11%

Source: Va. Healthcare Workforce Data Center

*More than half of all LCSWs have a primary specialty in mental health, while another 7% of LCSWs have a primary specialty in children's health.*

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
<b>Mental Health</b>	3,009	57%	721	16%
<b>Child</b>	390	7%	486	11%
<b>Health/Medical</b>	345	7%	262	6%
<b>Behavioral Disorders</b>	217	4%	449	10%
<b>Substance Abuse</b>	211	4%	525	12%
<b>School/Educational</b>	203	4%	193	4%
<b>Family</b>	198	4%	438	10%
<b>Gerontologic</b>	97	2%	98	2%
<b>Marriage</b>	53	1%	174	4%
<b>Social</b>	27	1%	53	1%
<b>Forensic</b>	20	0%	40	1%
<b>Sex Offender Treatment</b>	20	0%	37	1%
<b>Vocational/Work Environment</b>	15	0%	17	0%
<b>Public Health</b>	7	0%	25	1%
<b>Industrial/Organizational</b>	7	0%	11	0%
<b>Rehabilitation</b>	6	0%	20	0%
<b>Neurology/Neuropsychology</b>	2	0%	8	0%
<b>Experimental/Research</b>	2	0%	3	0%
<b>General Practice (Non-Specialty)</b>	266	5%	669	15%
<b>Other Specialty Area</b>	209	4%	320	7%
<b>Total</b>	<b>5,306</b>	<b>100%</b>	<b>4,550</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employment

Employed in Profession: 90%  
 Involuntarily Unemployed: < 1%

### Positions Held

1 Full-Time: 56%  
 2 or More Positions: 21%

### Weekly Hours:

40 to 49: 48%  
 60 or More: 4%  
 Less than 30: 19%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	6	< 1%
Employed in a Behavioral Sciences-Related Capacity	4,861	90%
Employed, NOT in a Behavioral Sciences-Related Capacity	253	5%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	23	< 1%
Voluntarily Unemployed	150	3%
Retired	112	2%
<b>Total</b>	<b>5,404</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Nine out of every ten LCSWs are currently employed in the profession, 56% hold one full-time job, and 48% work between 40 and 49 hours per week.*

Current Weekly Hours		
Hours	#	%
0 Hours	285	5%
1 to 9 Hours	174	3%
10 to 19 Hours	359	7%
20 to 29 Hours	452	9%
30 to 39 Hours	722	14%
40 to 49 Hours	2,549	48%
50 to 59 Hours	557	11%
60 to 69 Hours	160	3%
70 to 79 Hours	29	1%
80 or More Hours	14	0%
<b>Total</b>	<b>5,301</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	285	5%
One Part-Time Position	914	17%
Two Part-Time Positions	192	4%
One Full-Time Position	2,990	56%
One Full-Time Position & One Part-Time Position	806	15%
Two Full-Time Positions	27	1%
More than Two Positions	95	2%
<b>Total</b>	<b>5,309</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	59	1%
Less than \$20,000	246	6%
\$20,000-\$29,999	176	4%
\$30,000-\$39,999	235	6%
\$40,000-\$49,999	345	8%
\$50,000-\$59,999	528	12%
\$60,000-\$69,999	694	16%
\$70,000-\$79,999	639	15%
\$80,000-\$89,999	482	11%
\$90,000-\$99,999	276	7%
\$100,000 or More	561	13%
<b>Total</b>	<b>4,241</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

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

**Benefits**  
**(Salary/Wage Employees Only)**  
Health Insurance: 66%  
Retirement: 64%

**Satisfaction**  
Satisfied: 96%  
Very Satisfied: 67%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	3,462	67%
Somewhat Satisfied	1,479	29%
Somewhat Dissatisfied	148	3%
Very Dissatisfied	59	1%
<b>Total</b>	<b>5,147</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The typical LCSW earns between \$60,000 and \$70,000 per year. Among LCSWs who receive either an hourly wage or salary as compensation at their primary work location, 66% have access to health insurance and 64% have access to a retirement plan.*

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,807	58%	73%
Paid Sick Leave	2,640	54%	68%
Health Insurance	2,576	53%	66%
Retirement	2,487	51%	64%
Dental Insurance	2,469	51%	64%
Group Life Insurance	1,993	41%	53%
Signing/Retention Bonus	202	4%	5%
<b>At Least One Benefit</b>	<b>3,148</b>	<b>65%</b>	<b>79%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Work Two or More Positions at the Same Time?	1,313	21%
Switch Employers or Practices?	359	6%
Experience Voluntary Unemployment?	302	5%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	151	2%
Experience Involuntary Unemployment?	139	2%
<b>Experience At Least One</b>	<b>1,943</b>	<b>31%</b>

Source: Va. Healthcare Workforce Data Center

*Only 2% of Virginia's LCSWs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 4.4% during the past 12 months.<sup>2</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	130	3%	53	4%
Less than 6 Months	200	4%	141	11%
6 Months to 1 Year	414	8%	161	13%
1 to 2 Years	889	17%	251	20%
3 to 5 Years	1,157	23%	275	22%
6 to 10 Years	862	17%	175	14%
More than 10 Years	1,458	29%	215	17%
<b>Subtotal</b>	<b>5,112</b>	<b>100%</b>	<b>1,271</b>	<b>100%</b>
Did Not Have Location	191		4,958	
Item Missing	1,002		75	
<b>Total</b>	<b>6,304</b>		<b>6,304</b>	

Source: Va. Healthcare Workforce Data Center

*More than 60% of all LCSWs are salaried employees, while 17% receive income from their own business or practice.*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 2%  
Underemployed: 2%

**Turnover & Tenure**

Switched Jobs: 6%  
New Location: 18%  
Over 2 Years: 68%  
Over 2 Yrs., 2<sup>nd</sup> Location: 52%

**Employment Type**

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

Source: Va. Healthcare Workforce Data Center

*More than two-thirds of all LCSWs have worked at their primary work location for more than two years.*

Employment Type		
Primary Work Site	#	%
Salary/Commission	2,352	61%
Business/Practice Income	668	17%
Hourly Wage	522	14%
By Contract	296	8%
Unpaid	27	1%
<b>Subtotal</b>	<b>3,866</b>	<b>100%</b>
Did Not Have Location	191	
Item Missing	2,248	

Source: Va. Healthcare Workforce Data Center

<sup>2</sup> As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.4% and a high of 10.8%. At the time of publication, the unemployment rate for June 2020 was still preliminary.

## At a Glance:

### Concentration

Top Region:	38%
Top 3 Regions:	81%
Lowest Region:	1%

### Locations

2 or More (Past Year):	25%
2 or More (Now*):	23%

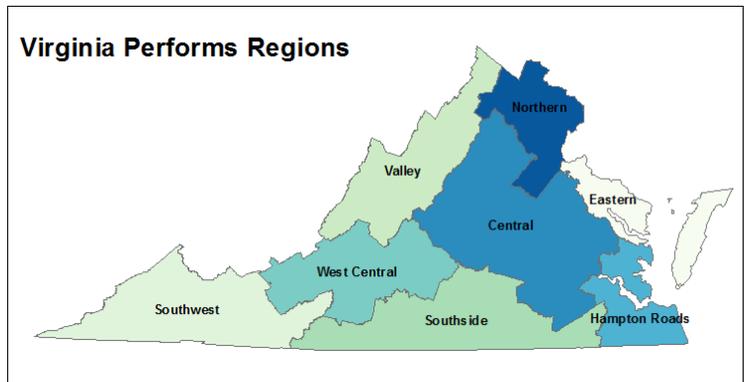
Source: Va. Healthcare Workforce Data Center

More than 80% of all LCSWs in the state work in Northern Virginia, Central Virginia, and Hampton Roads.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Northern	1,912	38%	441	34%
Central	1,454	29%	321	25%
Hampton Roads	778	15%	237	18%
West Central	384	8%	84	6%
Valley	187	4%	43	3%
Southwest	158	3%	34	3%
Southside	110	2%	32	2%
Eastern	39	1%	14	1%
Virginia Border State/D.C.	44	1%	39	3%
Other U.S. State	25	0%	61	5%
Outside of the U.S.	0	0%	1	0%
<b>Total</b>	<b>5,091</b>	<b>100%</b>	<b>1,307</b>	<b>100%</b>
Item Missing	1,024		38	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly one-quarter of all LCSWs currently have multiple work locations, while 25% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	173	3%	277	5%
1	3,759	71%	3,759	71%
2	668	13%	674	13%
3	584	11%	520	10%
4	41	1%	21	0%
5	17	0%	10	0%
6 or More	32	1%	12	0%
<b>Total</b>	<b>5,273</b>	<b>100%</b>	<b>5,273</b>	<b>100%</b>

\*At the time of survey completion, June 2020.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	2,263	48%	858	73%
<b>Non-Profit</b>	1,002	21%	172	15%
<b>State/Local Government</b>	1,045	22%	117	10%
<b>Veterans Administration</b>	210	4%	10	1%
<b>U.S. Military</b>	156	3%	9	1%
<b>Other Federal Government</b>	69	1%	4	0%
<b>Total</b>	<b>4,745</b>	<b>100%</b>	<b>1,170</b>	<b>100%</b>
<b>Did Not Have Location</b>	191		4,958	
<b>Item Missing</b>	1,368		175	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

For-Profit:	48%
Federal:	9%

**Top Establishments**

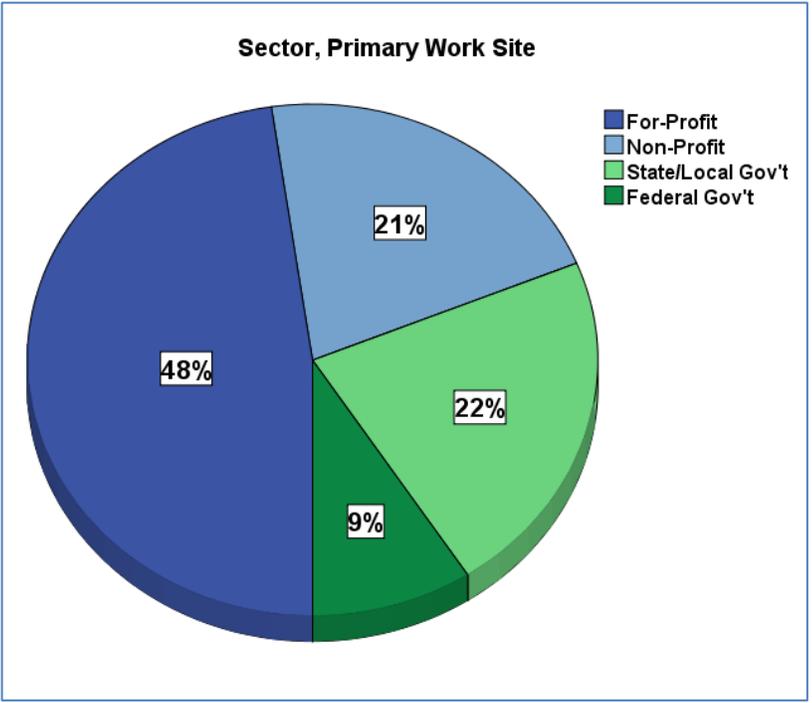
Private Practice, Solo:	16%
Private Practice, Group:	13%
Mental Health Facility:	13%

**Payment Method**

Cash/Self-Pay:	52%
Private Insurance:	43%

Source: Va. Healthcare Workforce Data Center

Nearly 70% of all LCSWs work in the private sector, including 48% who work at for-profit establishments. Another 22% of LCSWs work for state or local governments.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Solo	722	16%	220	20%
Private Practice, Group	602	13%	260	23%
Mental Health Facility, Outpatient	601	13%	155	14%
Community Services Board	443	10%	57	5%
School (Providing Care to Clients)	321	7%	16	1%
Hospital, General	329	7%	42	4%
Community-Based Clinic or Health Center	314	7%	93	8%
Hospital, Psychiatric	142	3%	27	2%
Residential Mental Health/Substance Abuse Facility	94	2%	13	1%
Administrative or Regulatory	83	2%	4	0%
Academic Institution (Teaching Health Professions Students)	73	2%	64	6%
Other Practice Setting	765	17%	169	15%
<b>Total</b>	<b>4,489</b>	<b>100%</b>	<b>1,120</b>	<b>100%</b>
Did Not Have a Location	191		4,958	

Source: Va. Healthcare Workforce Data Center

*Group and solo private practices employ nearly 30% of all LCSWs in Virginia. Another 13% of LCSWs work at outpatient mental health facilities.*

*More than half of all LCSWs work at establishments that accept cash/self-pay as a form of payment for services rendered. This makes cash/self-pay the most commonly accepted form of payment among Virginia's LCSW workforce.*

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	3,250	52%
Private Insurance	2,738	43%
Medicaid	2,027	32%
Medicare	1,814	29%

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

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

### Roles

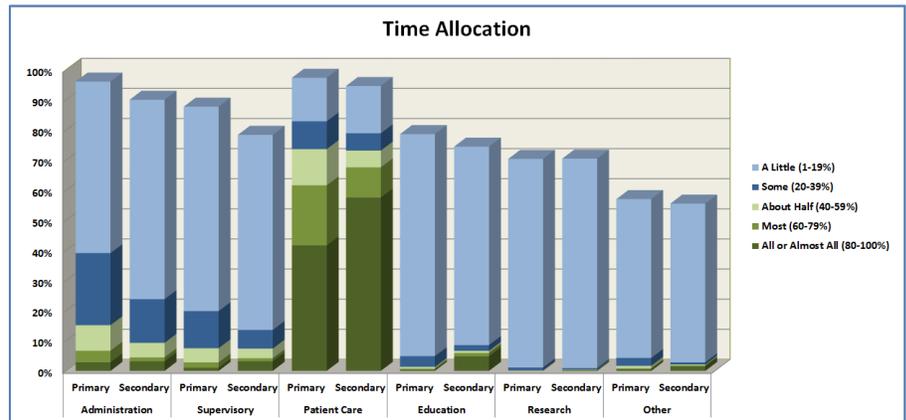
Patient Care: 62%  
Administration: 7%  
Supervisory: 3%

### Patient Care LCSWs

Median Admin. Time: 10%-19%  
Avg. Admin. Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*In general, LCSWs spend approximately three-quarters of their time treating patients. In fact, 62% of all LCSWs fill a patient care role, defined as spending 60% or more of their time on patient care activities.*

## Time Allocation

Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	3%	3%	1%	3%	42%	58%	0%	5%	0%	0%	1%	1%
<b>Most (60-79%)</b>	4%	1%	2%	1%	20%	10%	0%	1%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	8%	5%	5%	3%	12%	6%	1%	1%	0%	0%	1%	0%
<b>Some (20-39%)</b>	24%	14%	12%	6%	9%	6%	4%	2%	1%	0%	3%	1%
<b>A Little (1-19%)</b>	57%	66%	68%	65%	14%	16%	74%	66%	69%	69%	53%	53%
<b>None (0%)</b>	4%	10%	12%	22%	3%	5%	21%	26%	30%	29%	43%	44%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	425	9%	167	15%
1 to 24	2,974	64%	860	76%
25 to 49	1,056	23%	79	7%
50 to 74	113	2%	15	1%
75 or More	73	2%	10	1%
<b>Total</b>	<b>4,641</b>	<b>100%</b>	<b>1,132</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

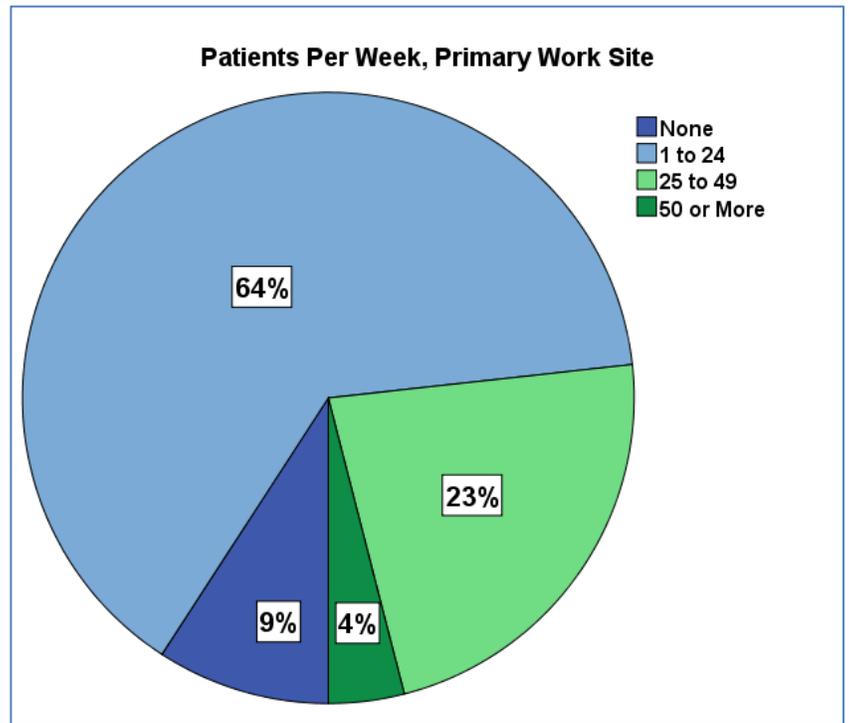
## At a Glance:

**Patients Per Week**

Primary Location: 1-24  
Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of all LCSWs treat between 1 and 24 patients per week at their primary work location. Among those LCSWs who also have a secondary work location, 76% treat between 1 and 24 patients per week.



Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Patient Allocation

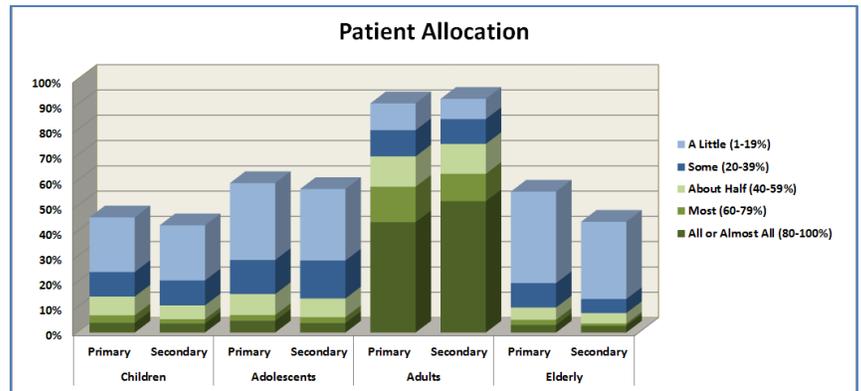
Children: 0%  
 Adolescents: 1%-9%  
 Adults: 70%-79%  
 Elderly: 1%-9%

### Roles

Children: 7%  
 Adolescents: 7%  
 Adults: 58%  
 Elderly: 5%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*In general, approximately three-quarters of all patients seen by LCSWs at their primary work location are adults. In addition, 58% of LCSWs serve an adult patient care role, meaning that at least 60% of their patients are adults.*

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	4%	4%	5%	4%	44%	52%	3%	3%
<b>Most (60-79%)</b>	3%	2%	2%	2%	14%	11%	2%	1%
<b>About Half (40-59%)</b>	7%	5%	8%	7%	12%	12%	5%	4%
<b>Some (20-39%)</b>	10%	10%	13%	15%	10%	10%	10%	6%
<b>A Little (1-19%)</b>	22%	22%	30%	28%	11%	8%	36%	31%
<b>None (0%)</b>	54%	57%	41%	43%	9%	8%	44%	56%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All LCSWs		LCSWs 50 and Over	
	#	%	#	%
<b>Under Age 50</b>	48	1%	-	-
<b>50 to 54</b>	81	2%	7	0%
<b>55 to 59</b>	280	6%	69	3%
<b>60 to 64</b>	821	18%	286	12%
<b>65 to 69</b>	1,514	33%	707	31%
<b>70 to 74</b>	946	21%	604	26%
<b>75 to 79</b>	367	8%	265	11%
<b>80 or Over</b>	118	3%	93	4%
<b>I Do Not Intend to Retire</b>	437	9%	275	12%
<b>Total</b>	<b>4,611</b>	<b>100%</b>	<b>2,306</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

Retirement Expectations

**All LCSWs**

Under 65: 27%  
Under 60: 9%

**LCSWs 50 and Over**

Under 65: 16%  
Under 60: 3%

Time Until Retirement

Within 2 Years: 8%  
Within 10 Years: 26%  
Half the Workforce: By 2040

Source: Va. Healthcare Workforce Data Center

*More than one-quarter of all LCSWs expect to retire before the age of 65. Among those LCSWs who are age 50 or over, 16% expect to retire by the age of 65.*

*Within the next two years, 11% of LCSWs expect to increase their patient care hours, and 9% expect to pursue additional educational opportunities.*

**Future Plans**

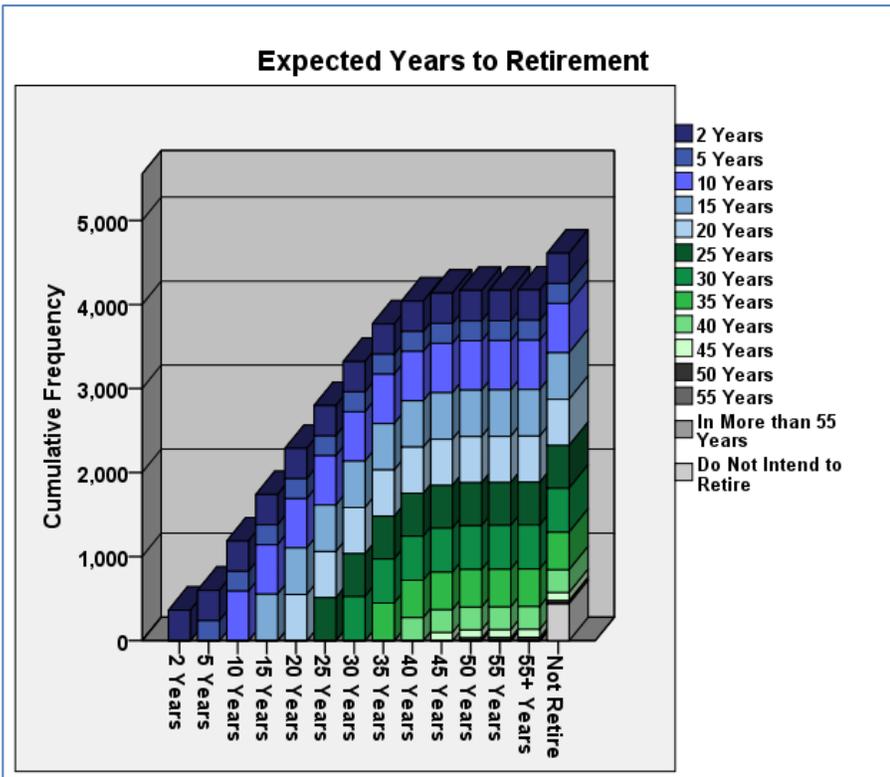
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Decrease Patient Care Hours</b>	451	7%
<b>Leave Virginia</b>	133	2%
<b>Leave Profession</b>	75	1%
<b>Decrease Teaching Hours</b>	30	0%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	690	11%
<b>Pursue Additional Education</b>	557	9%
<b>Increase Teaching Hours</b>	360	6%
<b>Return to Virginia's Workforce</b>	70	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LCSWs. While 8% of LCSWs expect to retire in the next two years, 26% expect to retire in the next ten years. Half of the current workforce expect to retire by 2040.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	361	8%	8%
5 Years	237	5%	13%
10 Years	588	13%	26%
15 Years	553	12%	38%
20 Years	549	12%	50%
25 Years	510	11%	61%
30 Years	523	11%	72%
35 Years	447	10%	82%
40 Years	272	6%	88%
45 Years	95	2%	90%
50 Years	31	1%	90%
55 Years	2	0%	90%
In More than 55 Years	5	0%	91%
Do Not Intend to Retire	437	9%	100%
<b>Total</b>	<b>4,611</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2030. Retirement will peak at 13% of the current workforce around the same time before declining to under 10% of the current workforce again around 2060.

## At a Glance:

### FTEs

Total: 5,254  
 FTEs/1,000 Residents<sup>3</sup>: 0.616  
 Average: 0.86

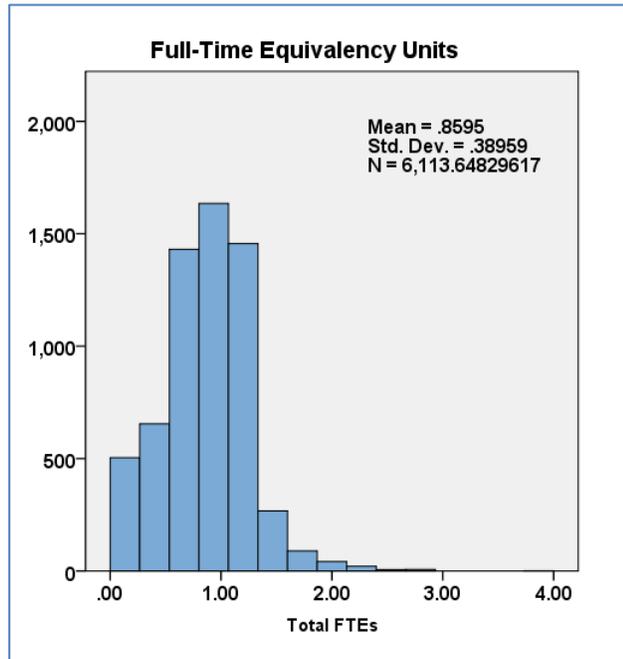
### Age & Gender Effect

Age, Partial Eta<sup>2</sup>: Medium  
 Gender, Partial Eta<sup>2</sup>: Small

*Partial Eta<sup>2</sup> Explained:*  
 Partial Eta<sup>2</sup> is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

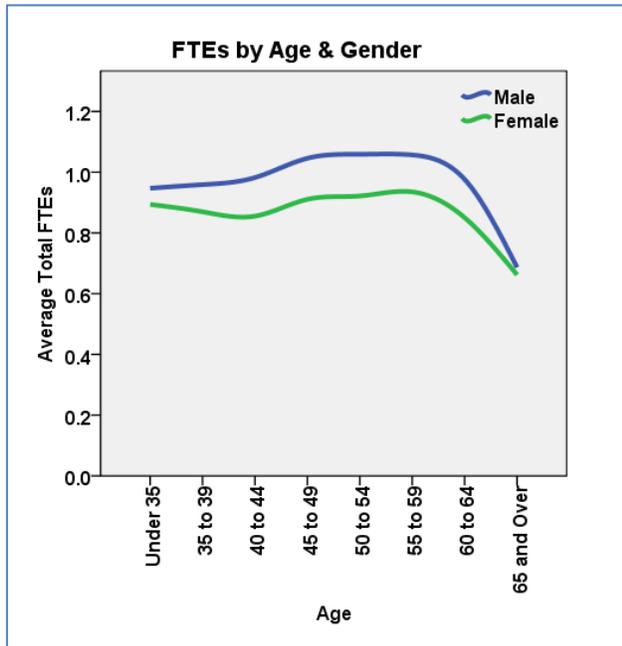


Source: Va. Healthcare Workforce Data Center

*The typical (median) LCSW provided 0.89 FTEs over the past year, or approximately 36 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.<sup>4</sup>*

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 35	0.89	0.92
35 to 39	0.87	0.94
40 to 44	0.85	0.89
45 to 49	0.92	0.89
50 to 54	0.97	1.05
55 to 59	0.97	1.06
60 to 64	0.85	0.80
65 and Over	0.66	0.61
Gender		
Male	0.92	1.00
Female	0.86	0.93

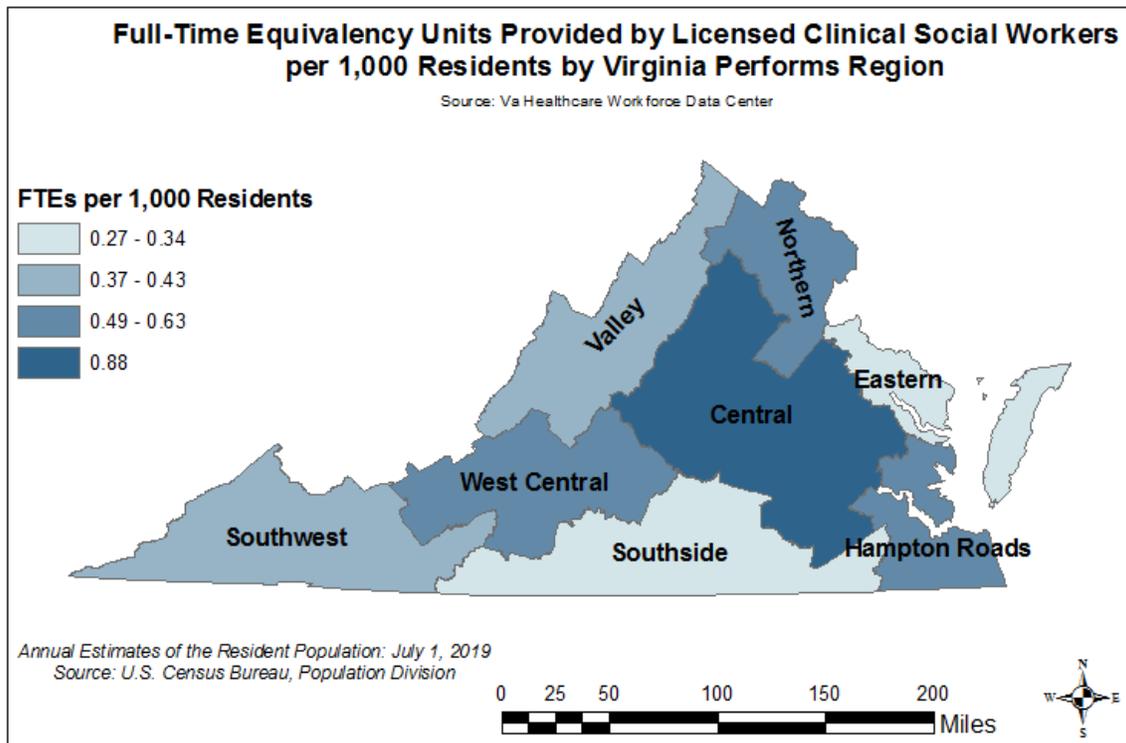
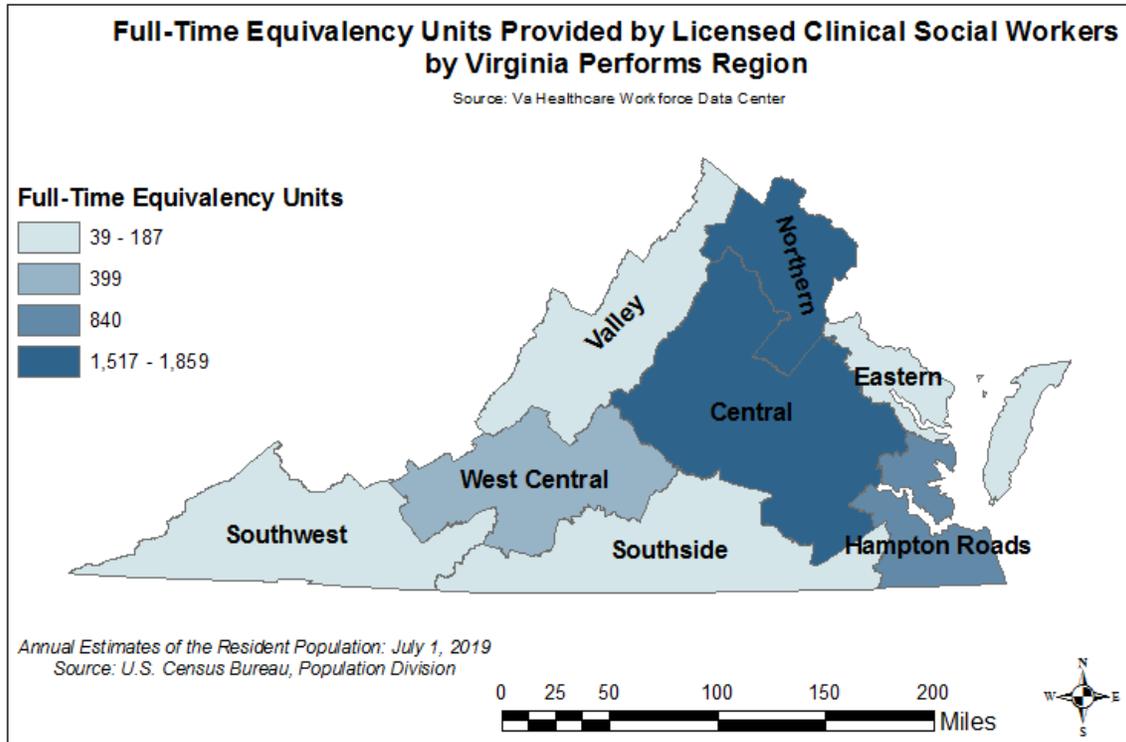
Source: Va. Healthcare Workforce Data Center

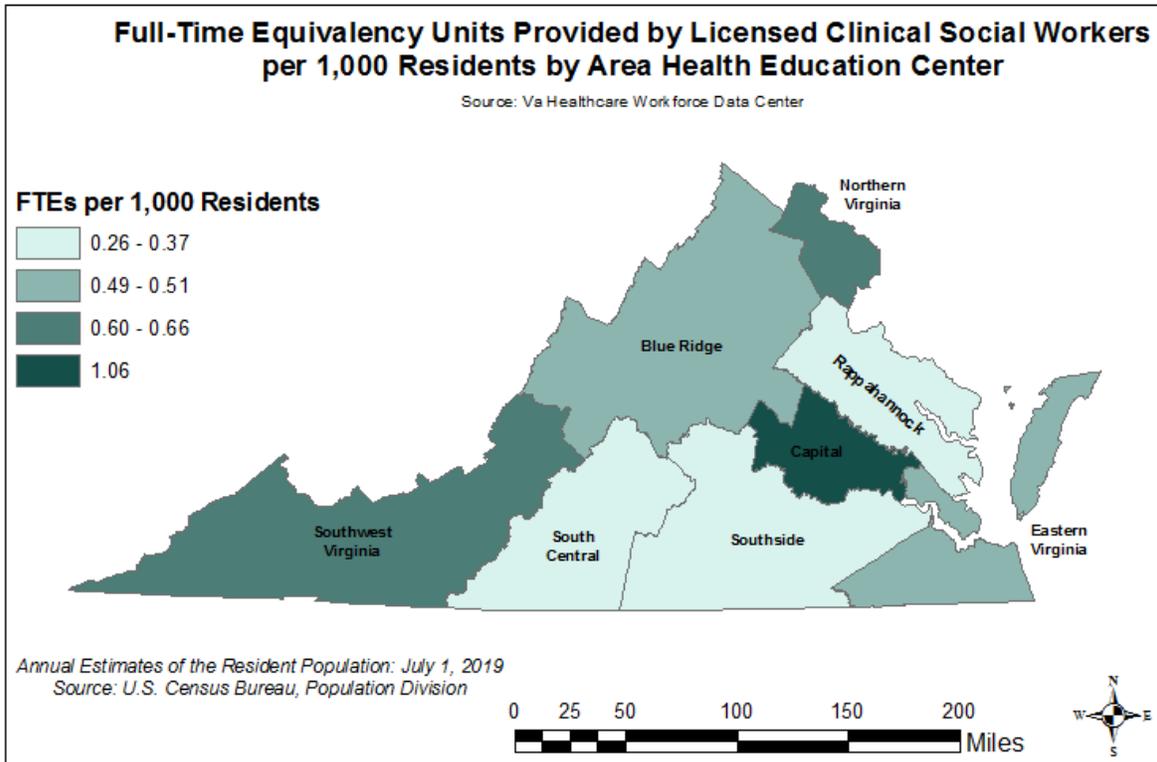
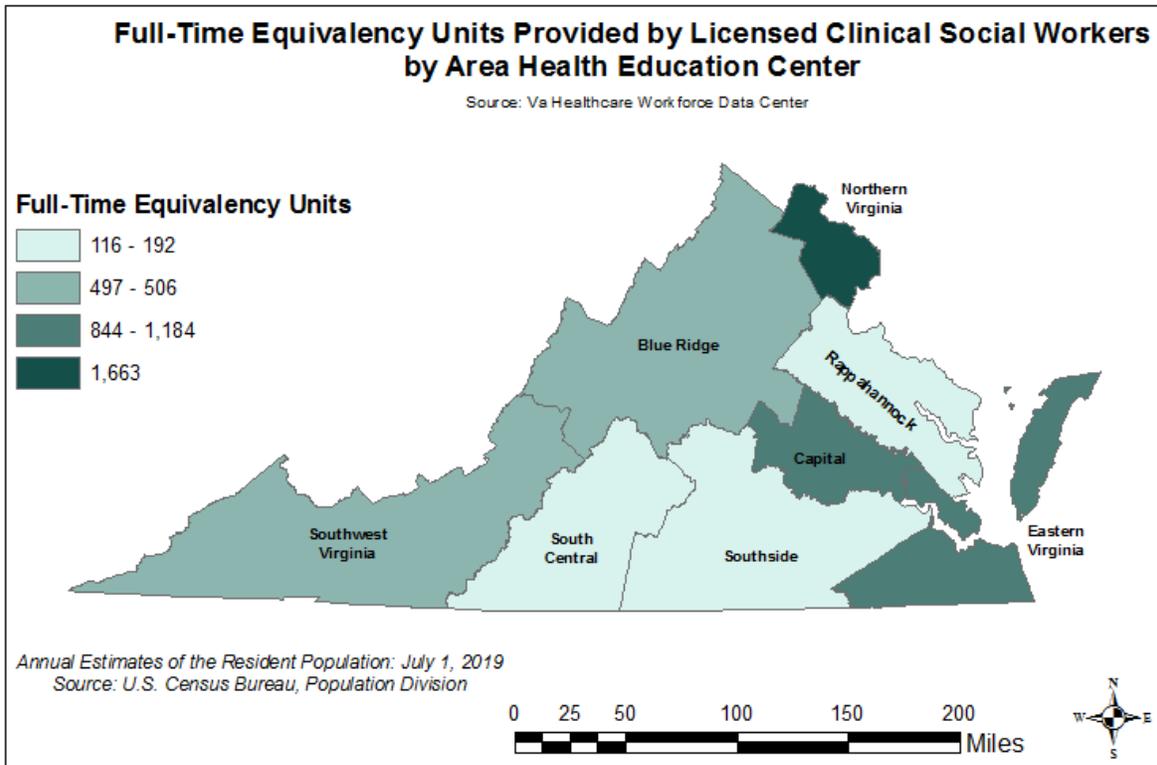


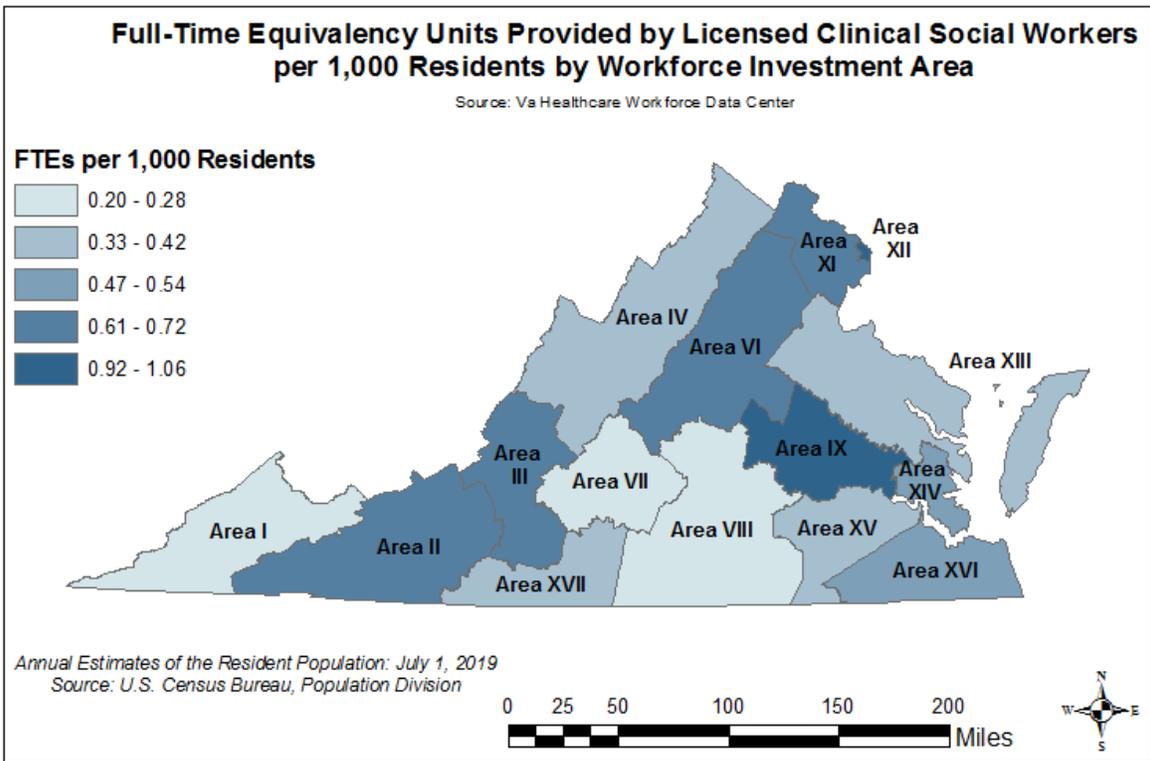
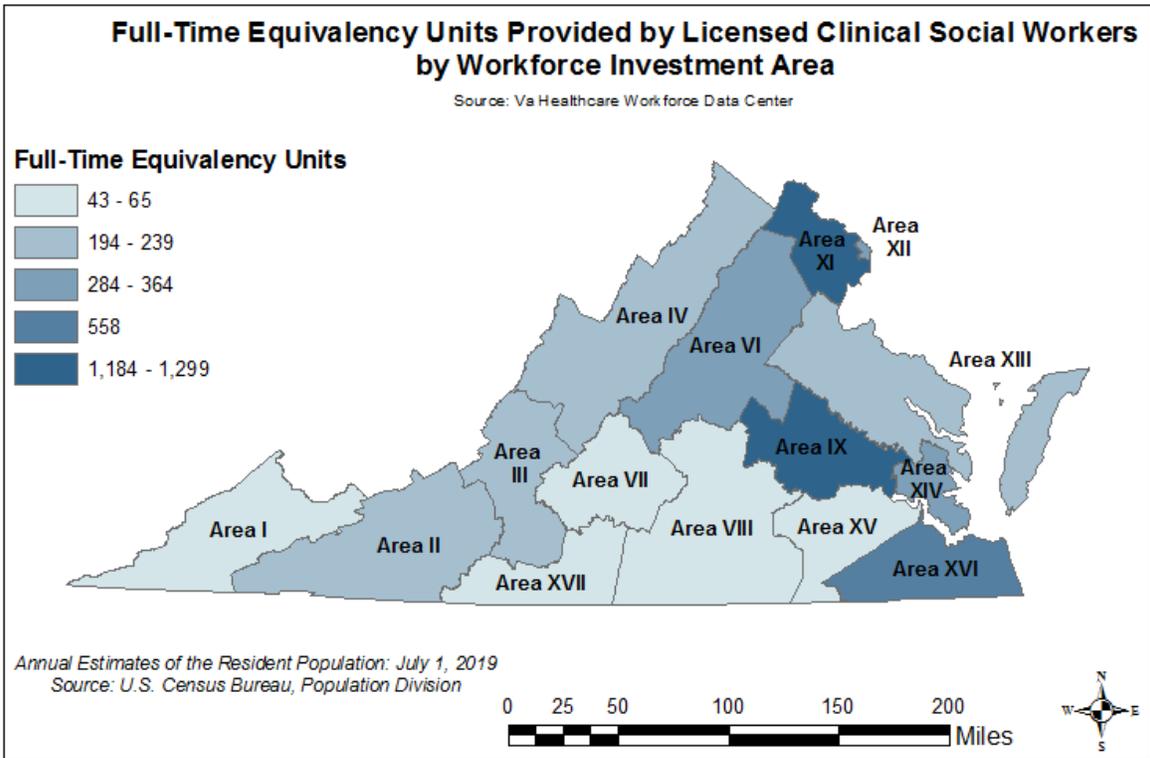
Source: Va. Healthcare Workforce Data Center

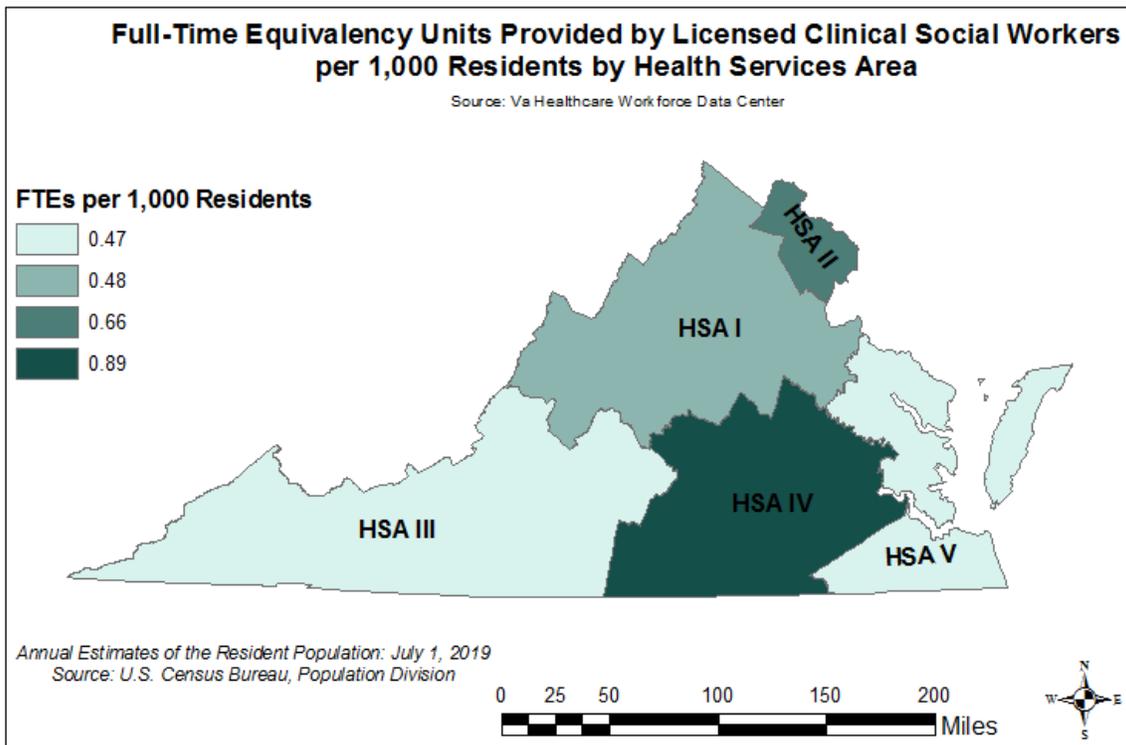
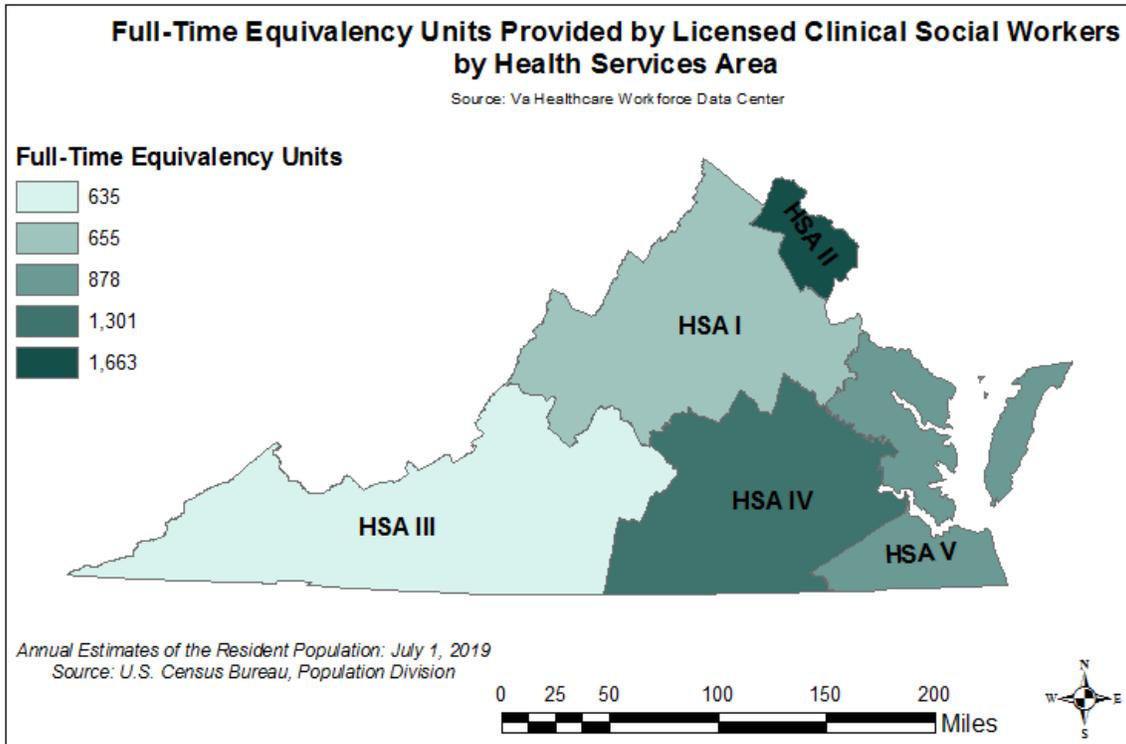
<sup>3</sup> Number of residents in 2019 was used as the denominator.

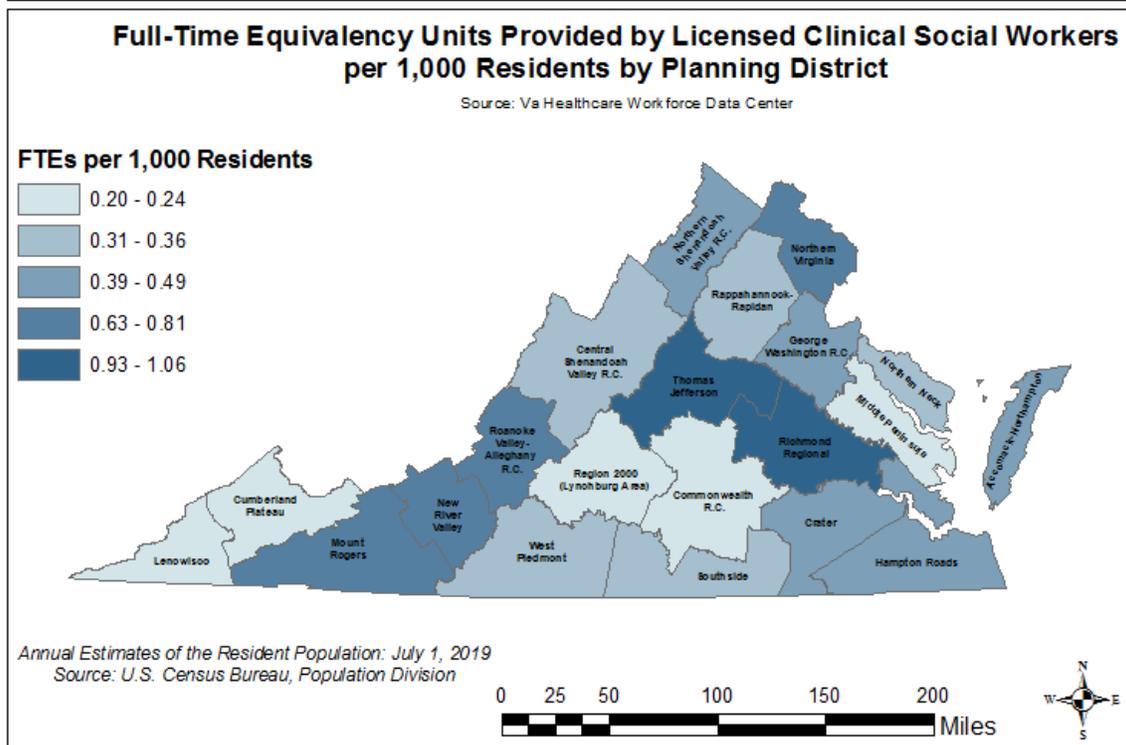
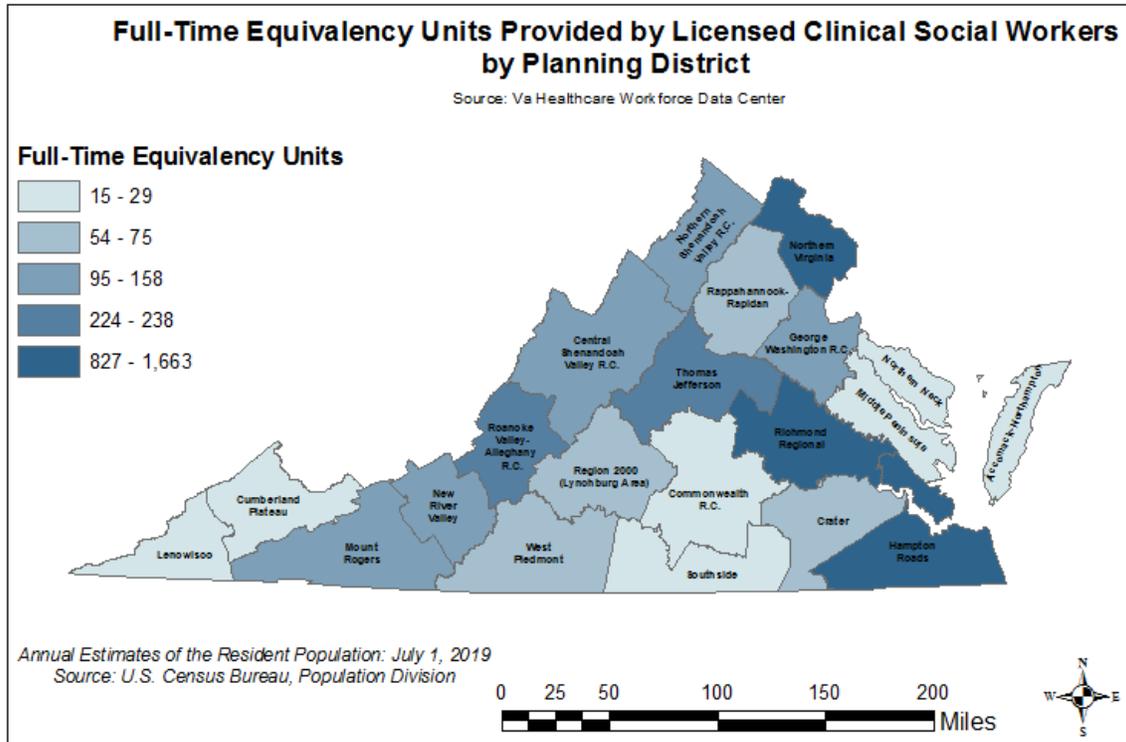
<sup>4</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).











## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	4,812	90.09%	1.110	1.055	1.243
<b>Metro, 250,000 to 1 Million</b>	396	89.14%	1.122	1.067	1.257
<b>Metro, 250,000 or Less</b>	600	92.00%	1.087	1.033	1.218
<b>Urban Pop., 20,000+, Metro Adj.</b>	36	83.33%	1.200	1.141	1.344
<b>Urban Pop., 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban Pop., 2,500-19,999, Metro Adj.</b>	129	91.47%	1.093	1.039	1.225
<b>Urban Pop., 2,500-19,999, Non-Adj.</b>	80	93.75%	1.067	1.014	1.195
<b>Rural, Metro Adj.</b>	92	83.70%	1.195	1.136	1.338
<b>Rural, Non-Adj.</b>	26	84.62%	1.182	1.124	1.324
<b>Virginia Border State/D.C.</b>	1,056	67.61%	1.479	1.406	1.657
<b>Other U.S. State</b>	694	69.02%	1.449	1.378	1.623

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 35</b>	926	76.13%	1.313	1.195	1.657
<b>35 to 39</b>	982	83.10%	1.203	1.095	1.518
<b>40 to 44</b>	977	86.49%	1.156	1.052	1.458
<b>45 to 49</b>	947	87.33%	1.145	1.042	1.444
<b>50 to 54</b>	938	89.02%	1.123	1.022	1.417
<b>55 to 59</b>	849	89.05%	1.123	1.022	1.416
<b>60 to 64</b>	776	89.69%	1.115	1.014	1.406
<b>65 and Over</b>	1,526	83.55%	1.197	1.089	1.510

Source: Va. Healthcare Workforce Data Center

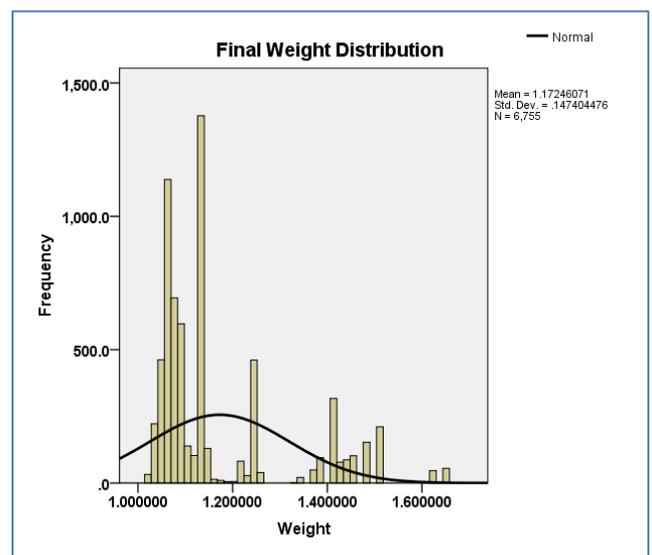
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

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

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

**Overall Response Rate: 0.852796**



Source: Va. Healthcare Workforce Data Center