

Board of Social Work
Friday, October 27, 2017, 10:00 a.m.
9960 Mayland Drive, Suite 200, Board Room 1
Henrico, VA 23233

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

Roll Call

Emergency Egress Instructions

Adoption of Agenda*

Public Comment on Agenda Items (5 Minutes per Speaker)

Approval of Minutes of May 11, 2017*

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

Regulatory/Legislative Update – Elaine Yeatts, Senior Policy Analyst

- Adoption of proposed regulations*

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

Board Counsel Report – James Rutkowski

- Board Selection of Standard for Admissibility of Expert Testimony*

Staff Reports

- Executive Director’s Report – Jaime Hoyle
 - Budget
- Deputy Executive Director’s Report – Jennifer Lang
- Licensing Manager’s Report – Sarah Georgen

Committee Reports

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

Unfinished Business

- By-Laws Review/Summary of Delegated Tasks*

New Business

- 2018 Meeting Dates Confirmation
- Healthcare Workforce Data Center Presentation – Elizabeth Carter, Ph.D., Director of the Board of Health Professions

Next Meeting

Adjournment

*Denotes a board vote is needed

PUBLIC COMMENT



COMMONWEALTH of VIRGINIA

Department of Health Professions

David E. Brown, D.C.
Director

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9960 Mayland Drive, Suite 300
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Virginia Board of Social Work

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August 2, 2017

Joseph G. Lynch, LCSW
Virginia Society for Clinical Social Work
10106-C Palace Way
Henrico, Virginia 23238

RE: Cancellation of Board Meetings

Dear Mr. Lynch:

Thank you for your stated concern on behalf of the VSCSW and the GWSCSW regarding the cancellation of the scheduled quarterly meetings of the Virginia Board of Social Work during the period of 2014-2017.

Article IV of Guidance Document 140-7 does state that: “The full board shall meet quarterly, unless a meeting is not required to conduct Board business,” which was revised with this verbiage prior to 2009. During the stated period of 2014-2017, the Regulatory Committee, which handles a significant portion of the issues brought before the board had intensified its focus on a number of proposed changes to existing regulations and the promulgation of new ones. This necessitated increased meetings by that committee. Also, at that time, seven of the nine board members attended those meetings, given the importance and level of interest that the subject matter generated. Since so much work was handled ‘in committee’, it was deemed unnecessary to hold a full board meeting primarily to approve recommendations from said committee. As a result, those recommendations were added to the agenda of the subsequently scheduled meeting.

Since board meetings are held at great expense to the Department of Health Professions, it is the responsibility of the Chair and the staff to exercise fiscal restraint, as necessary.

Thank you again for your interest in the meeting schedule of the Virginia Board of Social Work. Please understand that the cancellation of board meetings is not done on a whim, but that profound decision-making is involved.

Sincerely,
Yvonne Haynes
Board Chair
Virginia Board of Social Work



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

July 27, 2017

Commonwealth of Virginia
Virginia Board of Social Work
Ms. Yvonne Haynes, LCSW, Board Chair
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico Virginia 23233-1463

Re: Cancellation of Board Meetings

Dear Ms. Haynes:

On July 20, 2017 I received an email from the Virginia Regulatory Town Hall informing me that the August 10, 2017 Virginia Board of Social Work (VBSW) - Board meeting was cancelled. The VSCSW and the Northern Virginia Members of the GWSCSW are concerned that the cancellation of VBSW Board meetings has become a pattern. In reviewing the Board's calendar on the VBSW website it shows that from 2007 to 2013 the VBSW actually held meetings 4 times per year. Then from 2014 to 2017 the VBSW actually held Board meetings 3 times per year (Assuming that the VBSW does not add a Board meeting in the remaining 2017 year- See below Table 1 of meetings held per year).

The VBSW revised their By-Laws in October 2013 and stated that "...*The full Board shall meet quarterly, unless a meeting is not required to conduct Board business...*" (See below VBSW Guidance Document #140-7 or go directly to http://www.dhp.virginia.gov/social/social_guidelines.htm). One might assume that the reason for the cancellations of VBSW Board meeting's was due to the provision in the Bylaws that says "... *a meeting is not required to conduct Board business...*" In looking at the Department of Health Professions Quarterly reports for the 2014-2017 (March 30th) time period it shows that there was a **21.11%** increase in the total number of LCSW's + LSW's licensed by the VBSW (See below summary of DHP Quarterly reports or go directly to https://www.dhp.virginia.gov/about/quarterly_stats.htm). It seems with this significant increase in the number of persons regulated by the VBSW that the amount of Board business must have increased as well. Therefore it is inconsistent that the VBSW has established a pattern of cancelling Board meetings at the same time the number of persons regulated by the VBSW has increased by 21.11%. It also seems inconsistent that in 2013 the VBSW revised its Bylaws and said the Board shall meet quarterly and then the next 4 years the VBSW does not meet quarterly but only 3 times per year.

The VSCSW and the Northern Virginia members of the GWSCSW request that the VBSW review this pattern of cancellation of Board meetings and take some intentional steps to meet quarterly.

Sincerely,

Joseph G. Lynch LCSW
Legislative Vice President VSCSW

Virginia Society for Clinical Social Work
Joseph G. Lynch LCSW – Legislative Vice President
34 Emery Street, Harrisonburg VA 22801 ♦ ♦ ♦ lynchj@newmanavenue.com ♦ ♦ ♦ (540) 421-4345

TABLE 1

NUMBER OF VIRGINIA BOARD OF SOCIAL WORK BOARD MEETINGS ACTUALLY HELD EACH YEAR										
2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
4	4	4	4	4	4	4	3	3	3	3*

Guidance document: 140-7

Revised: October 25, 2013

**VIRGINIA BOARD OF SOCIAL WORK
BYLAWS
ARTICLE 1: AUTHORIZATION**

A. Statutory Authority

The Virginia Board of Social Work is established and operates pursuant to Sections 54.1-2400 and 54.1-3700 of the Code of Virginia. Regulations promulgated by the Board of Social Work may be found in 18 VAC 140-20-10, et seq., “Regulations Governing the Practice of Social Work.”

B. Duties

The Virginia Board of Social Work is charged with promulgating and enforcing regulations governing the practice of social work and clinical social work in the Commonwealth of Virginia. This includes, but is not limited to: setting fees; creating requirements for licensure; issuing licenses for practice; setting standards of practice; and implementing a system of disciplinary action.

ARTICLE II: THE BOARD

A. The membership of the Board shall consist of nine members, appointed by the Governor as follows: seven persons who are licensed as social workers in the Commonwealth of Virginia who have been in active practice of social work for at least five years prior to appointment and two citizen members.

B. Officers of the Board

1. The Chairman or designee shall preserve order and conduct all proceedings according to parliamentary rules, the Virginia Freedom of Information Act, and the Administrative Process Act. Roberts Rules of Order will guide parliamentary procedure for the meetings. Except where specifically provided otherwise by the law or as otherwise ordered by the Board, the Chairman shall appoint all committees, and shall sign as Chairman to the certificates authorized to be signed by the Chairman.

2. The Vice-Chairman shall act as Chairman in the absence of the Chairman.

ARTICLE III: ELECTION OF OFFICERS

A. The Nomination Committee shall present a slate of officers for Chairman and Vice-Chairman at the meeting scheduled prior to July 1. Voting shall be by voice vote, roll call, or show of hands. A simple majority of the quorum of the Board shall prevail. Special elections shall be held in the same manner in the event of a vacancy of a position to fill the unexpired term.

B. All officers shall take office on July 1, shall be elected for a term of two years, and may serve no more than two consecutive terms.

ARTICLE IV: MEETINGS

A. Frequency of Meetings. The full Board shall meet quarterly, unless a meeting is not required to conduct Board business.

B. Order of Business at Meetings

Period of Public Comment

Approval of Minutes of preceding regular Board meeting and any called meeting since the last regular meeting of the Board.

Reports of Officers and staff

Reports of Committees

Election of Officers (as needed)

Unfinished Business

New Business

The order of business may be changed at any meeting by a majority vote.

ARTICLE V: COMMITTEES

A. General. Members appointed to a committee shall faithfully perform the duties assigned to the committee.

B. The standing committees of the Board shall consist of the following:

Regulatory/Legislative Committee

Credentials Committee

Special Conference Committee

Any other Standing Committees created by the Board.

C. Frequency of Meetings. All standing committees shall meet as necessary to conduct the business of the Board.

D. Regulatory/Legislative Committee

The Regulatory/Legislative Committee shall consist of at least two Board members appointed by the Chairman with the Chairman of the Committee to be appointed by the Chairman of the Board. The Committee shall consider all questions bearing upon State legislation and regulation governing the practice of social work. The Regulatory/Legislative Committee shall recommend to the Board changes in the law and regulations as it may deem advisable and, at the direction of the Board, shall take such steps as may further the desire of the Board in matters of legislation and regulations. The Chairman of the Committee shall submit proposed changes in the Rules and Regulations of the Board in writing, to all Board members prior to any scheduled meeting of the Board.

E. Credentials Committee

The Credentials Committee shall consist of at least two Board members appointed by the Chairman of the Board with the Chairman of the Committee to be appointed by the Chairman of the Board. The Committee shall review applicants' credentials for licensure if they do not appear to meet the requirements of the Board or if there may be information indicating the Board has grounds for denial. The Committee may conduct an informal fact-finding conference at the request of the applicant in accordance with § 2.2-4019 of the Code of Virginia.

F. Special Conference Committee.

The Special Conference Committee shall consist of two board members who shall review information regarding alleged violations of the laws and regulations relating to social work and, consultation with the Executive Director, determine if probable cause exists to proceed with possible disciplinary action. The Special Conference Committees shall meet as necessary to adjudicate cases in a timely manner in accordance with agency standards for case resolution. The Chairman of the Board shall also designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date. Further, should the caseload increase to the level that additional special conference committees are needed, the Chairman may appoint additional committees.

G. Nomination Committee

There shall be a Nomination Committee composed of at least two members of the Board appointed by the Chairman to consult with Board members and staff to recommend nominee(s) for the Board positions of Chairman and Vice-Chairman. Sitting officers shall not serve on the Nominating Committee.

ARTICLE VI: GENERAL DELEGATION OF AUTHORITY

The Board delegates the following functions:

1. The Board delegates to Board staff the authority to issue and renew licenses and to approve supervision applications for which regulatory and statutory qualifications have been met. If there is basis upon which the Board could refuse to issue or renew the license or deny the supervision application, the Executive Director may only issue a license or grant approval in accordance with delegated authority provided in a guidance document of the Board.
2. The Board delegates to the Executive Director the authority to reinstate a license when the reinstatement is due to the lapse of the license rather than a disciplinary action and there is no basis upon which the Board could refuse to reinstate.

3. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of Board business, to include, but not be limited to, licensure applications, renewal forms, and documents used in the disciplinary process.
4. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.
5. The Board delegates to the Executive Director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.
6. The Board delegates to the Executive Director the authority to review information regarding alleged violations of law or regulations and, in consultation with a member of a special conference committee, make a determination as to whether probable cause exists to proceed with possible disciplinary action.
7. The Board delegates to the Executive Director authority to grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date.
8. The Board delegates to the Executive Director authority to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.
9. The Board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for Board-required examinations pursuant to the Americans with Disabilities Act, provided the candidate provides documentation that supports such an accommodation.

ARTICLE VII: AMENDMENTS

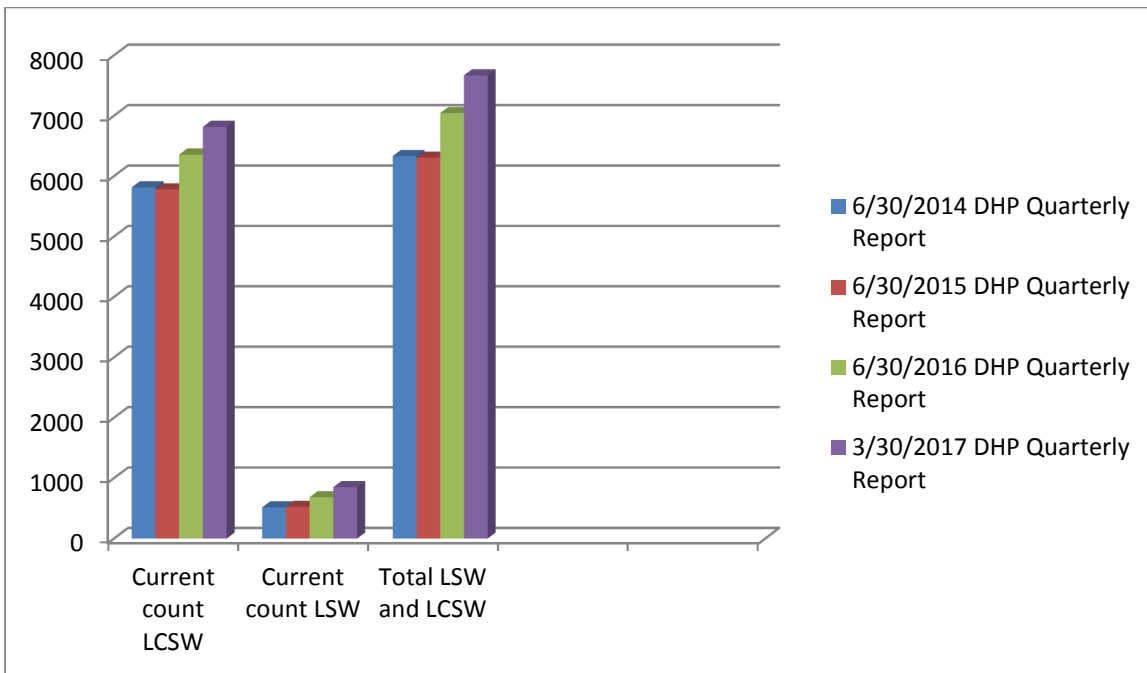
Proposed amendments to these bylaws shall be presented in writing to all Board members, the Executive Director of the Board, and the Board's legal counsel prior to any scheduled Board meeting. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the members present at that regular meeting.

Adopted 12/17/96; revised 10/03/2008, 4/17/09, 10/25/13

**VIRGINIA BOARD OF SOCIAL WORK
DHP QUARTERLY REPORTS
CURRENT COUNT LICENSES
June 30, 2014 to March 30, 2017**

		June 30, 2014	June 30, 2015	June 30, 2016	March 30, 2017
DHP Quarterly Report	Current count LCSW	5814	5781	6358	6817
	Current count LSW	518	525	686	852
	Total LCSW & LSW	6,332	6,306	7,044	7,669

		June 30, 2014	June 30, 2015	June 30, 2016	March 30, 2017
Percent change per year		none	-0.41%	11.7%	8.87%
Percent change from 2014 to 2017					21.11%



From: Joseph Lynch [mailto:lynchj@newmanavenue.com]
Sent: Thursday, July 27, 2017 3:12 PM
To: Hoyle, Jaime (DHP) <Jaime.Hoyle@dhp.virginia.gov>
Subject: LSW Study

Jaime:

When we talked last I mentioned that I was concerned about the lack of information the VBSW and the VSCSW knew about the characteristics of the persons who currently held the Virginia LSW credential. I really did not want to be in the position of attending a committee meeting of the General Assembly in January and for the first time hearing from LSW's about how they felt about the VBSW proposed legislation. As Chair of the Legislative Committee I submitted a proposal to the VSCSW Board at their July 15th Board meeting and the Board authorized our legislative committee to conduct a study of LSW's (See attached Proposal for LSW Study).

I purchased the VIP-Net list of LSWs and developed a brief questionnaire (See attached copy of the cover letter, questionnaire, and summary of proposed legislation). The mailing went out today.

Just from the VIP-net information I was able to create a map showing the geographical distribution of persons with the Virginia LSW (See attached- I was just curious about this). I will let you know what we find out when I compile the answers to the questionnaire
Take Care,
Joe

--

Joseph G. Lynch LCSW
Phone (540) 421-4345
E-mail: lynchj@newmanavenue.com



AND



Virginia Society for Clinical Social Work
10106-C Palace Way
Newport, Virginia 22288

*Northern Virginia Members of
The Greater Washington Society for Clinical Social Work*
PO Box 711
Garrisonville, VA 22468

**VSCSW STUDY OF VIRGINIA LSW'S
OCTOBER 5, 2017
BY: Joseph G. Lynch LCSW**



PowerPoint Slides

Virginia Society for Clinical Social Work
Joseph G. Lynch LCSW, Legislative Vice President
14 Smoy Street, Harrisonburg, Virginia 22801 lynchj@newmanavenue.com (540) 421-4343

MAY 11, 2017 -VBSW APPROVES PROPOSED LEGISLATION

VIRGINIA BOARD OF SOCIAL WORK PROPOSED LEGISLATION FOR 2018 VIRGINIA GENERAL ASSEMBLY

ONLY THE NEW LANGUAGE TO BE ADDED TO THE SOCIAL WORK LAW IS BELOW AND IS UNDERLINED

Be it enacted by the General Assembly of Virginia:

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

§ 54.1-3700. Definitions.

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

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

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

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

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

5. To license baccalaureate social workers, master's social workers, and clinical social workers to practice consistent with the definitions specified in § 54.1-3700 and regulations promulgated by the Board.

6. To register persons for the supervised practice of social work as required for licensure as a clinical social worker.

WHAT DO WE KNOW ABOUT PERSONS WHO CURRENTLY HOLD THE LSW?

Questions sent to Jaime Hoyle under Virginia FOIA		Answers to questions:
1	How many of the 846 LSW's are Bachelor's social workers?	<div style="border: 1px solid black; padding: 5px;"> <p>The Board does not track the number of LSWs that hold a bachelor's versus master's degree. We also do not have any information about those that are employed in non-clinical/clinical practice, exempt/non-exempt settings or how many are required to be licensed by their employer. We do not track this information either.</p> </div>
2	How many of the 846 LSW's are Master's social workers?	
3	How many of the LSW's are employed in "non-clinical" social work practice?	
4	How many are engaged in "clinical" social work practice?	
5	How many of the LSW's are employed in exempt settings?	
6	How many of the LSW's are employed in non-exempt settings?	
7	How many of the LSW's are required by their employer to have the LSW?	
8	Is a copy of the questionnaire required for LCSW license renewal available to me under VA FOIA?	The questionnaire is available under FOIA.
9	If yes, can you send me a copy of the questionnaire?	The questionnaire was emailed to me.
10	Were the LSW's required to fill out a similar questionnaire when renewing the LSW license online?	No.
11	If yes, can you send me a copy of that questionnaire as well?	NA

DO WE WANT TO KNOW CHARACTERISTICS OF LSW'S AND HOW THEY FEEL ABOUT THE PROPOSED LEGISLATION

- A. NOW
- B. WHEN WE ARE AT A SUBCOMMITTEE MEETING AT THE GENERAL ASSEMBLY IN JANUARY

THE VSCSW AND GWSCSW SELECTED "A"

PROPOSAL FOR STUDY :

At the July 15, 2017 VSCSW Board of Directors meeting Joe Lynch proposed and the VSCSW Board approved that the Legislative Committee conduct a study of LSW's in order to assist the committee, the VSCSW, the GWSCSW and our lobbyist to be prepared for the 2018 Virginia General Assembly in regard to the VBSW proposed legislation

	STEPS	TIMELINE
1	VSCSW Board of Directors approves LSW study.	July 15, 2017
2	Purchase the VIP-NET list of LSW's (* From March 31, 2017 to June 13, 2017 an additional 30 LSW's were added to the VIP-Net list for a total of 846)	June 13, 2017- list purchased
3	Convert the VIP-NET list of 846 LSW's into a mail-merged Word document of mailing labels.	June 17, 2017
4	Develop an assessment instrument.	July 15, 2017
5	Use bulk mailing to send 846 LSW/s a cover letter, a questionnaire and the proposed legislation.	August 1, 2017
6	Establish a process for analysis of the data from the returned questionnaires.	Aug-September 2017
7	Conduct analysis of data on returned questionnaires.	September 2017
8	Present report on data to VSCSW Board of Directors	September 9, 2017
7	Present report of LSW study results to VBSW	October 27, 2017

OUTLINE OF STUDY:

Included in the mailing to each LSW were:

- A one page questionnaire with 10 questions. The questionnaire contained 8 multiple choice type questions and two open ended response type questions.
- A listing of the 4 sentences to be added to the social work law by the VBSW proposed legislation (The cover letter included information with the URL to the full text of the legislation on the VBSW website)
- A cover letter describing the study and offering the option to complete the questionnaire online.
- The mailing was sent out on July 28, 2017.
- There was no “return due date” in the letter.
- Responses were collected from August 1, 2017 to October 1, 2017.
- The online version of the questionnaire was hosted by Survey Monkey which tabulated the data for those questionnaires.
- The data from the mailed returned questionnaires was added to the Survey Monkey data.
- The JMU BSW Social Work Department research professor Dr. Laura Hunt Trull assisted with Content Analysis of the open ended question responses

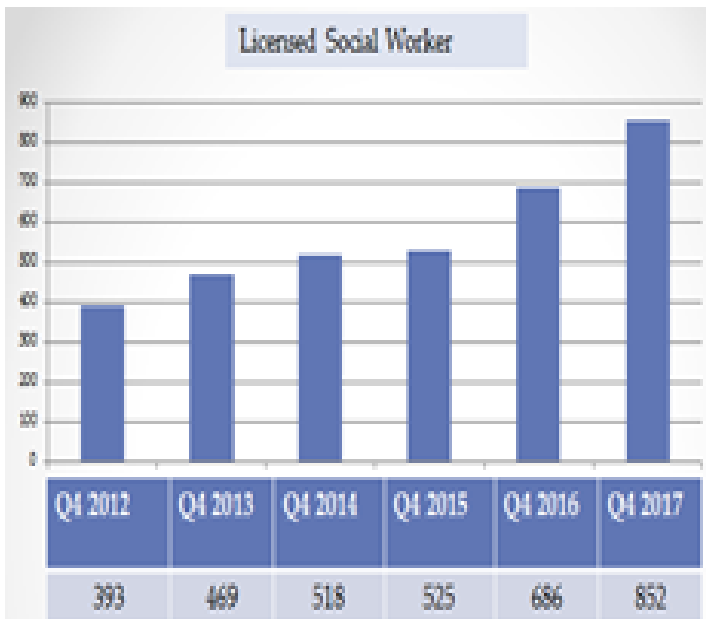
COUNT OF CURRENT LICENSES *

FISCAL YEAR 2017, QUARTER ENDING MARCH 31st, 2017

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

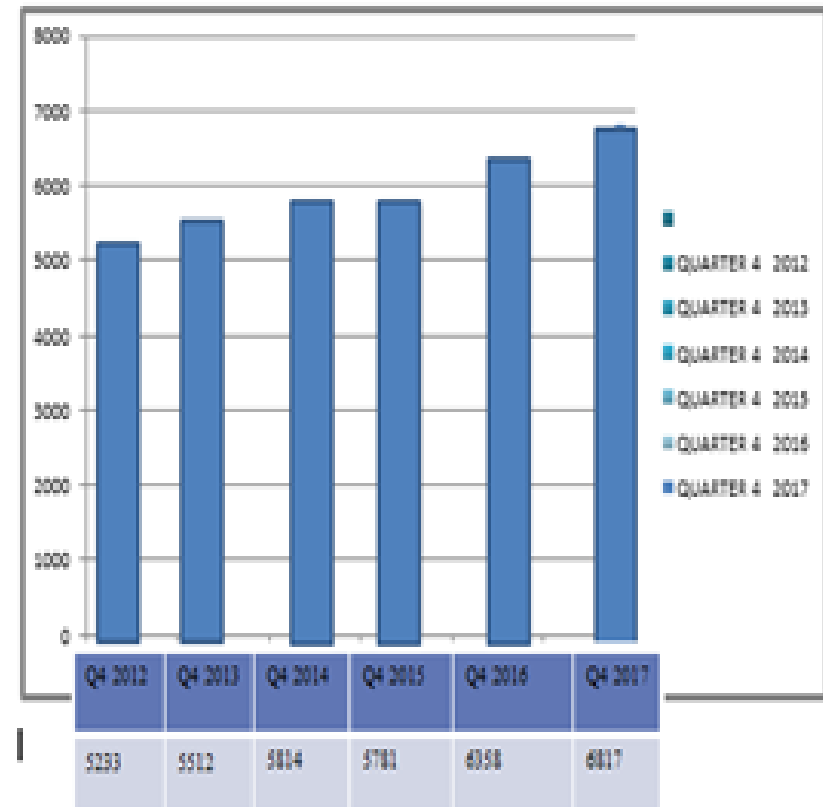
*CURRENT LICENSES BY BOARD AND OCCUPATION AS OF THE LAST DAY OF THE QUARTER
** NEW OCCUPATION

Board	Occupation	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	CURRENT
													Q3 2017
Social Work	Associate Social Worker	1	1	1	1	0	1	1	1	1	1	1	1
	Licensed Clinical Social Worker	5,814	5,903	5,986	6,104	5,781	5,948	6,060	6,170	6,358	6,458	6,558	6,684
	Licensed Social Worker	518	560	586	619	525	583	617	645	686	739	778	816
	Registered Social Worker	17	17	17	17	0	12	12	12	12	12	12	12
	Registration of Supervision										1,690	1,795	1,827
Total		6,350	6,481	6,590	6,741	6,306	6,544	6,690	6,828	7,057	8,900	9,144	9,340



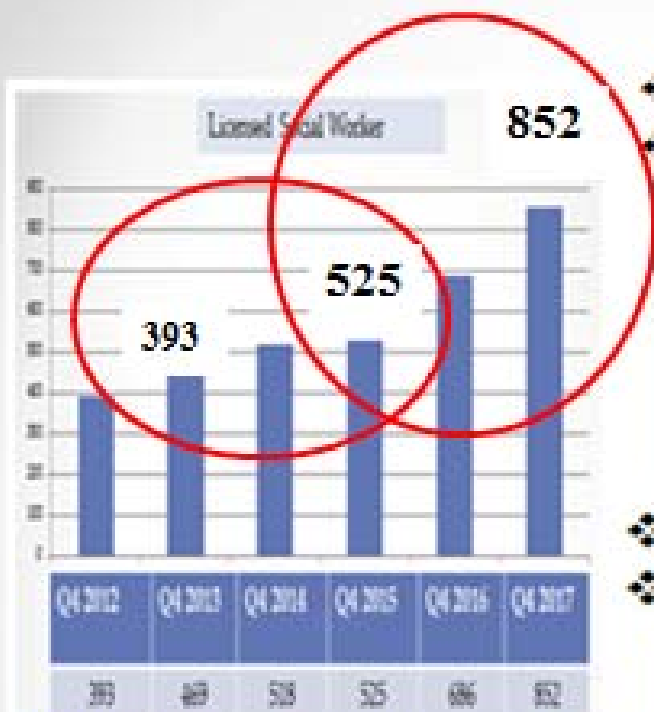
117% INCREASE FROM 2012 TO 2017

Licensed Clinical Social Worker



30% INCREASE FROM 2012 TO 2017

2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
19%	10%	1%	31%	24%



117% INCREASE FROM 2012 TO 2017

2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
19%	10%	1%	31%	24%

- ❖ On 6/30/13 there were 393 LSW's
- ❖ On 6/30/15 there were 525 LSW's

THAT REPRESENTS A 34% INCREASE IN THE NUMBER OF LSW's IN THOSE TWO YEARS

- ❖ On 6/30/15 there were 525 LSW's
- ❖ On 6/30/17 there were 852 LSW's

THAT REPRESENTS A 62% INCREASE IN THE NUMBER OF LSW's IN THOSE TWO YEARS



Virginia Society for Clinical Social Work
10106-C Falace Way
Henrico, Virginia 23156

July 17, 2017

Dear Virginia LSW:

We are writing to you to ask for your participation in a brief questionnaire about Virginia Licensed Social Workers. The Virginia Board of Social Work (VBSW) has been in discussion for a few years about Mid-Level licensure and public comments have been made at several meetings on this topic. At the VBSW Board meeting on May 11, 2017 the Board voted to approve a Legislative Proposal for Mid-Level Licensure. There are a few more steps in the process and then this proposed legislation is likely to become a bill in the 2018 General Assembly. The group that is expected to be impacted most by this legislation will be persons who now hold the LSW and persons who would seek to become what is now the LSW license. The VBSW is considering dividing the LSW license into two licenses:

1. LBSW - Licensed Bachelor's Social Worker
2. LMSW - Licensed Master's Social Worker

The VBSW has discussed requiring that the Bachelor's Social Worker take the ASWB Bachelor's level exam and the Master's Social Worker take the ASWB Master's level exam. Usually when a group of professionals are likely to be impacted by proposed legislation the regulatory board receives public comments from that group. There has been no comment to date from persons holding the LSW license. The Department of Health Professions most recent quarterly report finds that there are 846 LSW's. Of those 846 we found, that for the address of record with the Department, 670 listed a Virginia address, 84 listed an address in areas contiguous to Virginia and 92 listed an address in other states. A request to the VBSW under the Virginia Freedom of Information Act for some more detailed information about LSW's found that the Board collects very little information about LSW's. We would like to learn some general information about Virginia LSW's and some specific information about your opinions regarding the proposed legislation. We have enclosed:

- A copy of the four new sentences that appear in the proposed legislation. The VBSW website has the proposed legislation at <http://www.dhp.virginia.gov/social/> (On the home page under Announcements - click on "draft legislative proposal").
- A brief questionnaire that we would like you to fill out and return to us. If you would like to fill out the questionnaire online you can go to the below URL and fill it out online:

http://www.vscsw.org/lsw_questionnaire/

Thank you for your assistance in helping us learn more about LSW's in Virginia. If you have any questions please feel free to email or call Joseph G. Lynch LCSW, VCSW Legislative Vice President (contact information listed below)

Joseph G. Lynch LCSW

1) Year of Birth:							
2) Sex:		MALE	<input type="checkbox"/>	FEMALE			<input type="checkbox"/>
3) Which degree had you obtained when you received your LSW?		BSW	<input type="checkbox"/>	MSW			<input type="checkbox"/>
4) How many years have you had your LSW?		1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
		4	<input type="checkbox"/>	5	<input type="checkbox"/>	6+	<input type="checkbox"/>
5) Would you describe your work as primarily clinical or non-clinical or a mix of both Clinical and Non-Clinical		CLINICAL					<input type="checkbox"/>
Clinical = provide direct services to clients		NON-CLINICAL					<input type="checkbox"/>
Non-Clinical = provide staff supervision and management		MIX OF BOTH CLINICAL AND NON-CLINICAL					<input type="checkbox"/>
In Virginia persons employed in certain work settings are exempt from the requirements of licensure. For example:							
1. Persons who render services but do not charge any fee.		2. Social work students in a field experience.					
3. Rabbis, priests, ministers or clergymen in the performance of their duties.		4. Persons employed by private business as personnel managers.					
5. Persons employed as salaried employees of the federal government, the Commonwealth, a locality, any agency funded by any such governmental entity, or a private, nonprofit organization.							
For a full explanation of Exemption see: http://law.lis.virginia.gov/vacode/title54.1/chapter37/section54.1-3701/							
6) Using the above understanding of exempt settings, would you describe your position as being in an Exempt setting or a Non-Exempt setting?		EXEMPT	<input type="checkbox"/>	NON-EXEMPT			<input type="checkbox"/>
7) Are you required to have the LSW in order to be employed in your current position?		YES	<input type="checkbox"/>	NO			<input type="checkbox"/>
8) Prior to this questionnaire were you aware of the Virginia Board of Social Work proposed legislation?		YES	<input type="checkbox"/>	NO			<input type="checkbox"/>
9) If you have any opinions, feedback or comments to make about the Virginia Board of Social Work's proposed legislation please enter them below:							
10) Most LSW's have a Virginia address. Some LSW's live in states that border Virginia and some live in non-border states. Please let us know if you are in Virginia, in a border state or in a non-border state and what you see as the advantages and disadvantages of having the LSW?							

VBSW PROPOSED LEGISLATION

VIRGINIA BOARD OF SOCIAL WORK
PROPOSED LEGISLATION FOR
2018 VIRGINIA GENERAL ASSEMBLY

**ONLY THE NEW LANGUAGE TO BE ADDED
TO THE SOCIAL WORK LAW IS BELOW AND IS UNDERLINED**

Be it enacted by the General Assembly of Virginia:

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

§ 54.1-3700. Definitions.

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

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

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


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

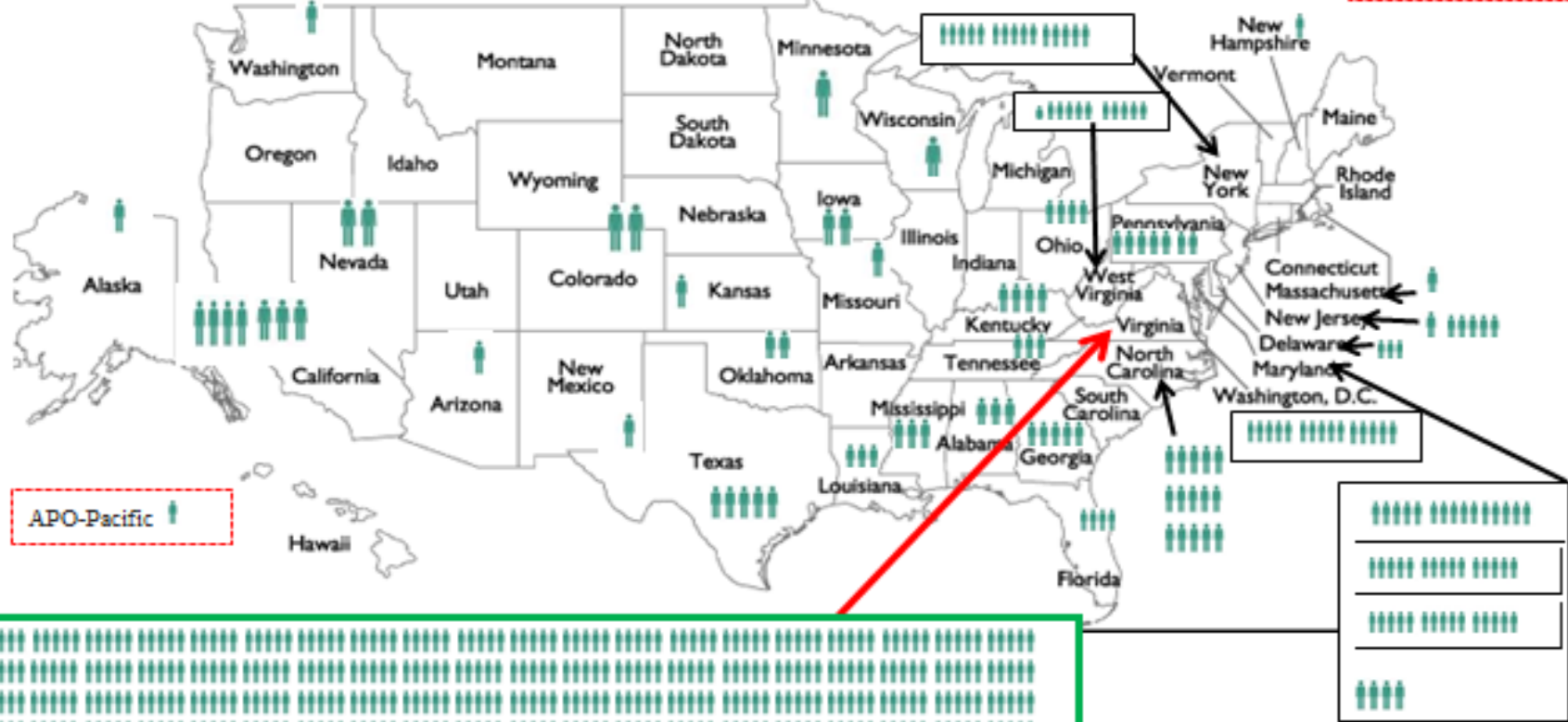
In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties:


5. To license baccalaureate social workers, master's social workers, and clinical social workers to practice consistent with the definitions specified in § 54.1-3700 and regulations promulgated by the Board.

6. To register persons for the supervised practice of social work as required for licensure as a clinical social worker.

MAP OF USA WITH DISTRIBUTION OF VIRGINIA LSW'S

APO-Europe 



APO-Pacific 



VIRGINIA LSW'S
670 = 79%

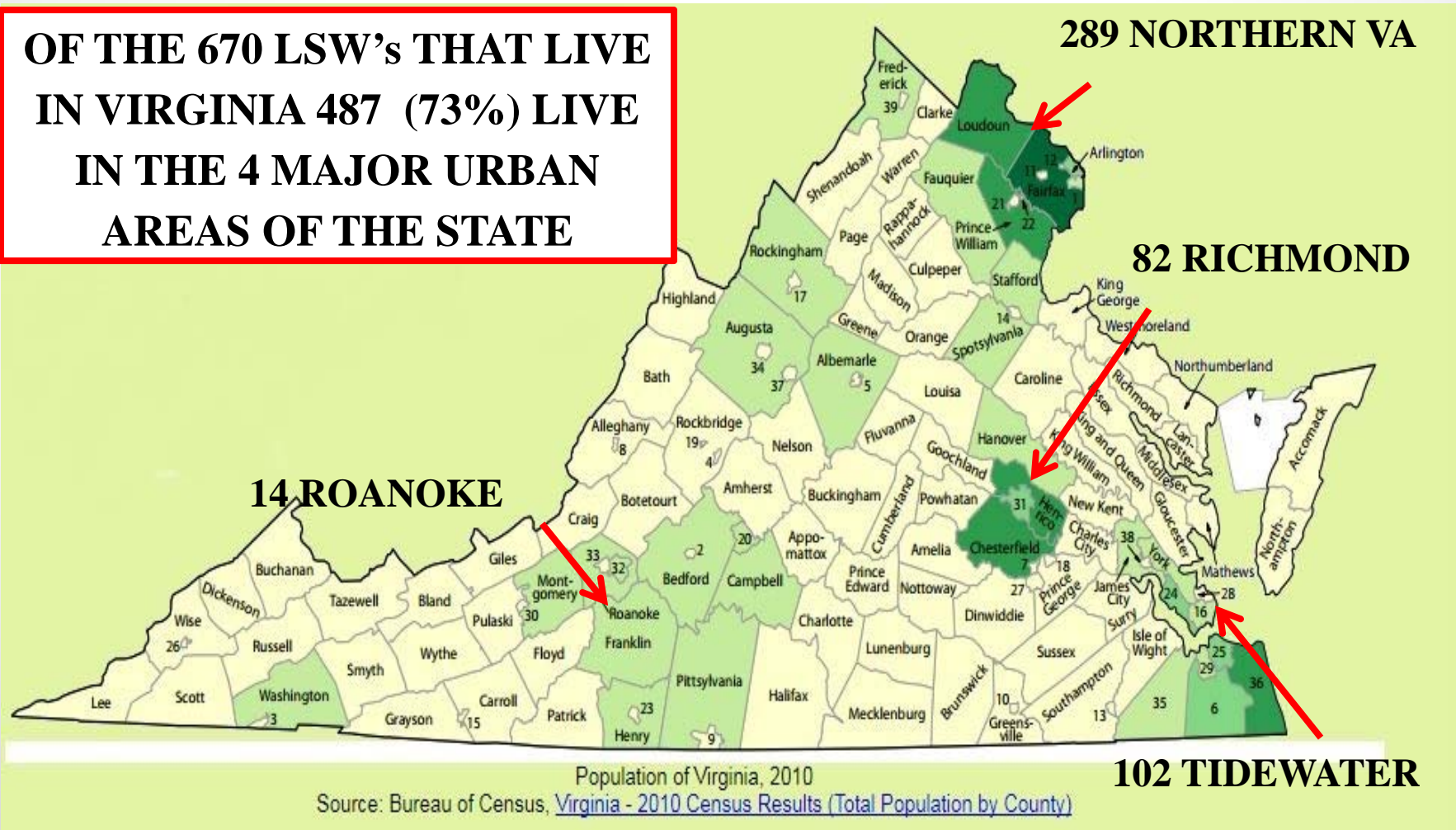
89%

CONTIGUOUS TO VA = 10%

CONTIGUOUS STATES AND DC		
STATE	# LSW'S	%
Kentucky	4	0.47
Maryland	36	4.26
North Carolina	15	1.77
Tennessee	3	0.35
West Virginia	11	1.30
Washington DC	15	1.77
TOTAL	84	10%

DISTRIBUTION OF THE 670 LSW's THAT LIST A VIRGINIA ADDRESS

OF THE 670 LSW's THAT LIVE IN VIRGINIA 487 (73%) LIVE IN THE 4 MAJOR URBAN AREAS OF THE STATE



DISTRIBUTION OF MSW'S AND BSW'S

97% MSW

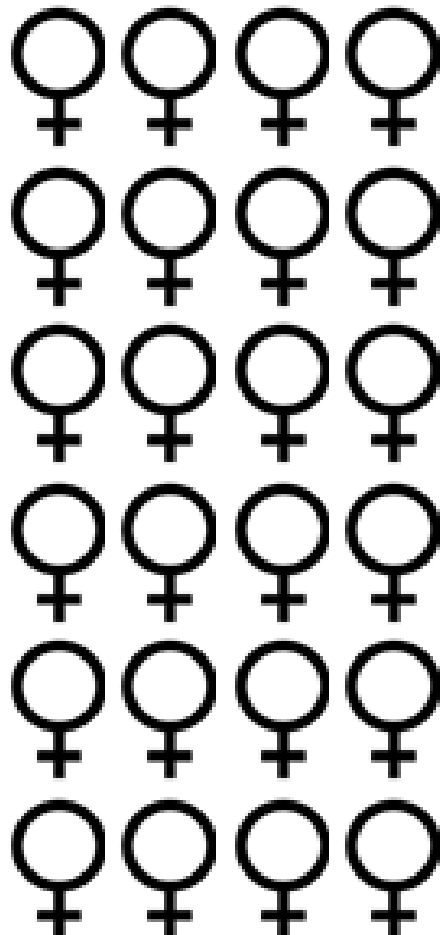


10% BSW



GENDER OF LSW's

90% FEMALE

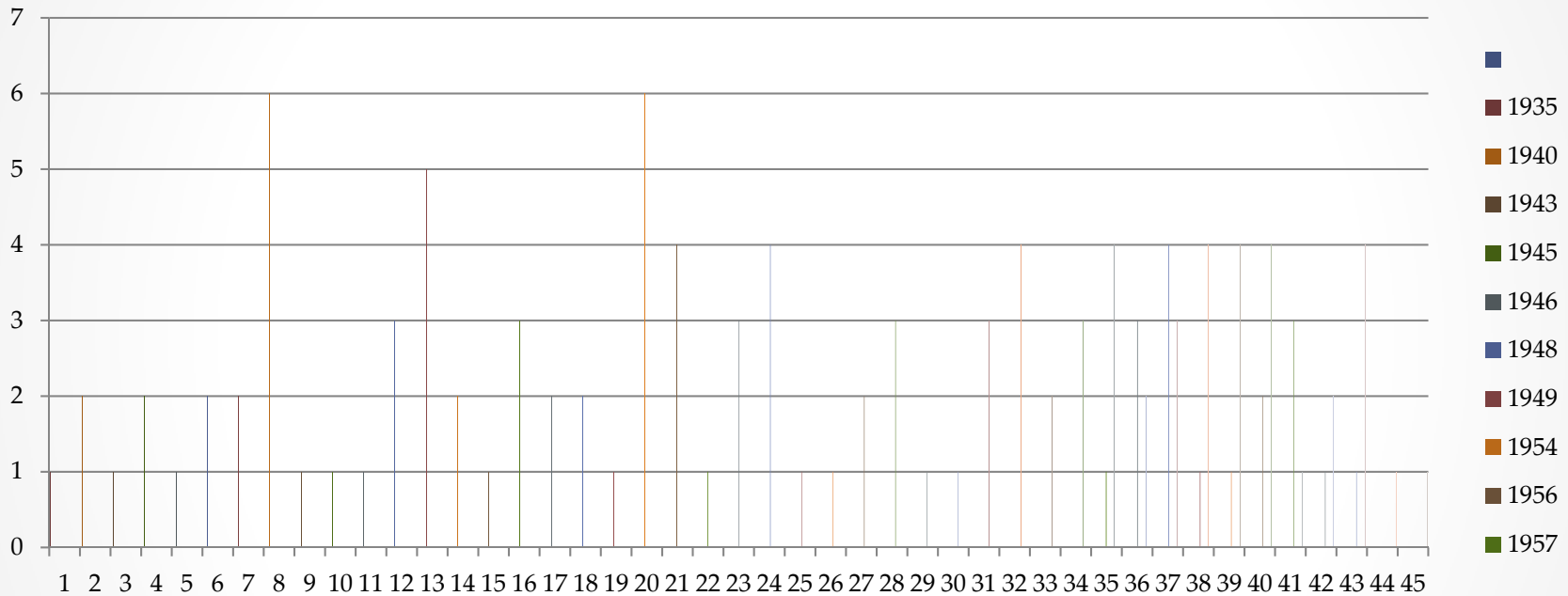


10% MALE



AGE OF LSWs

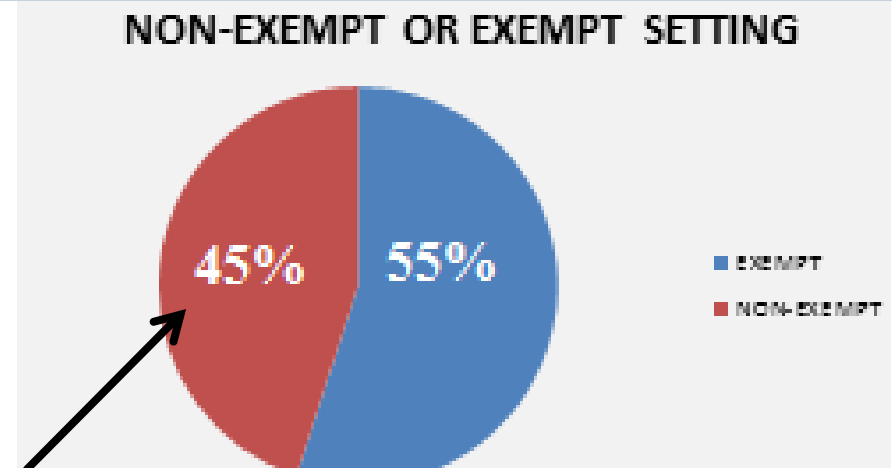
The LSW's ranged in age from 82 to 25 years old



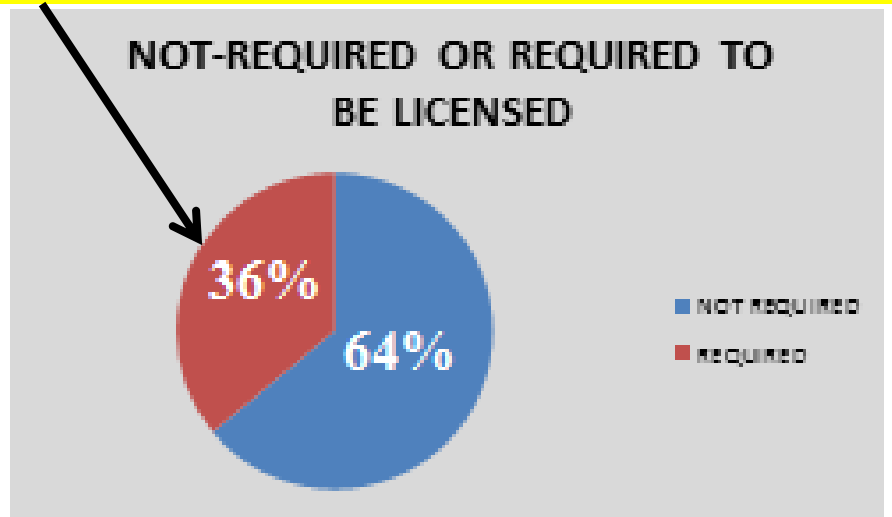
WERE YOU AWARE OF THE VBSW PROPOSED LEGISLATION?	NUMBER	PERCENTAGE
I WAS AWARE	17	16%
I WAS NOT AWARE	90	84%
TOTAL	107	100.00%

**EXEMPT VS. NON-EXEMPT
AND
REQUIRED VS. NOT REQUIRED TO BE LICENSED**

EXEMPT OR NON-EXEMPT PRACTICE SETTING	NUMBER	PERCENTAGE
EXEMPT	59	55%
NON-EXEMPT	48	45%
TOTAL	107	100%

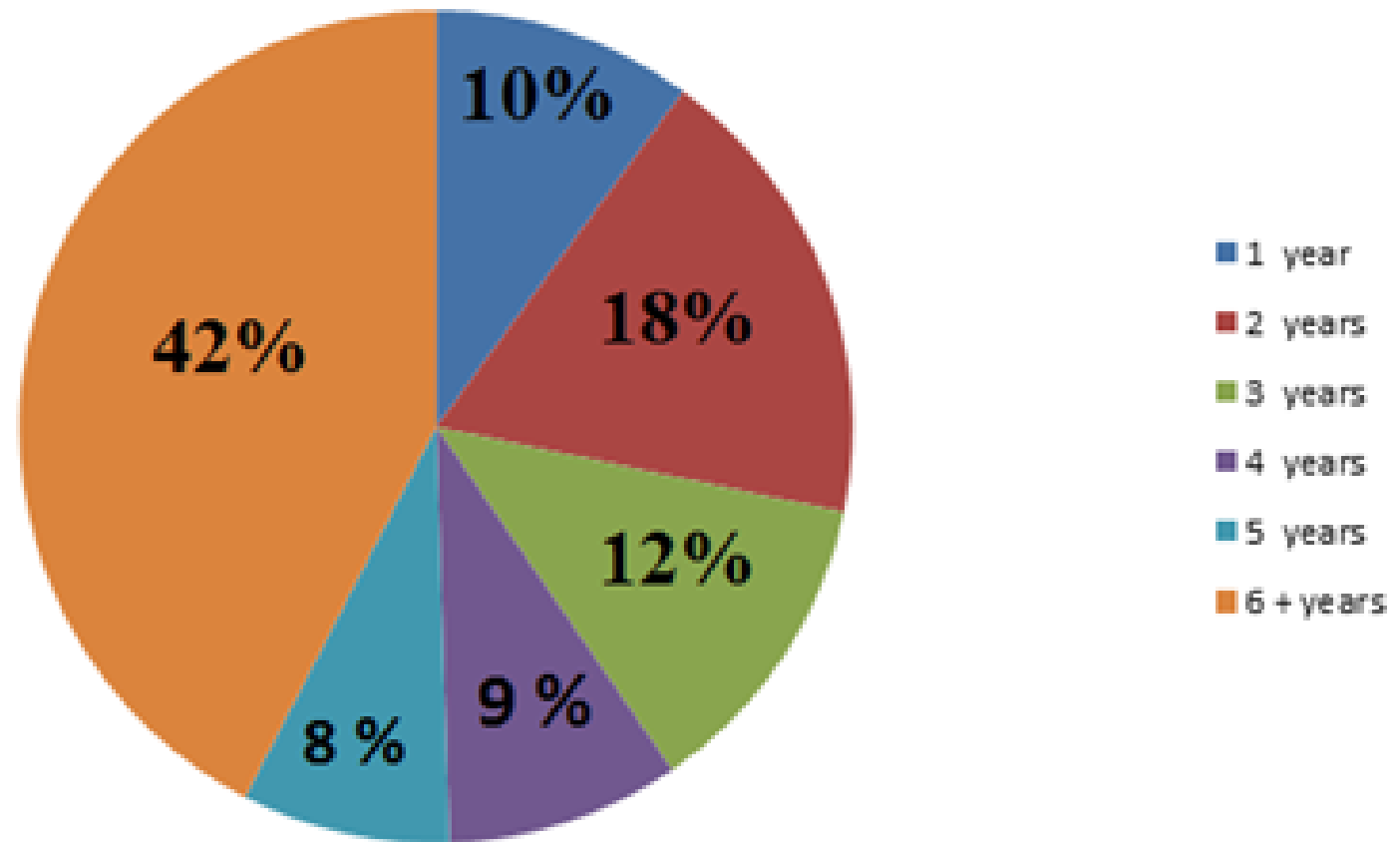


ARE YOU REQUIRED TO HAVE THE LSW IN ORDER TO BE EMPLOYED IN YOUR CURRENT POSITON?	NUMBER	PERCENTAGE
REQUIRED	39	36%
NOT-REQUIRED	68	64%
TOTAL	107	100.00%

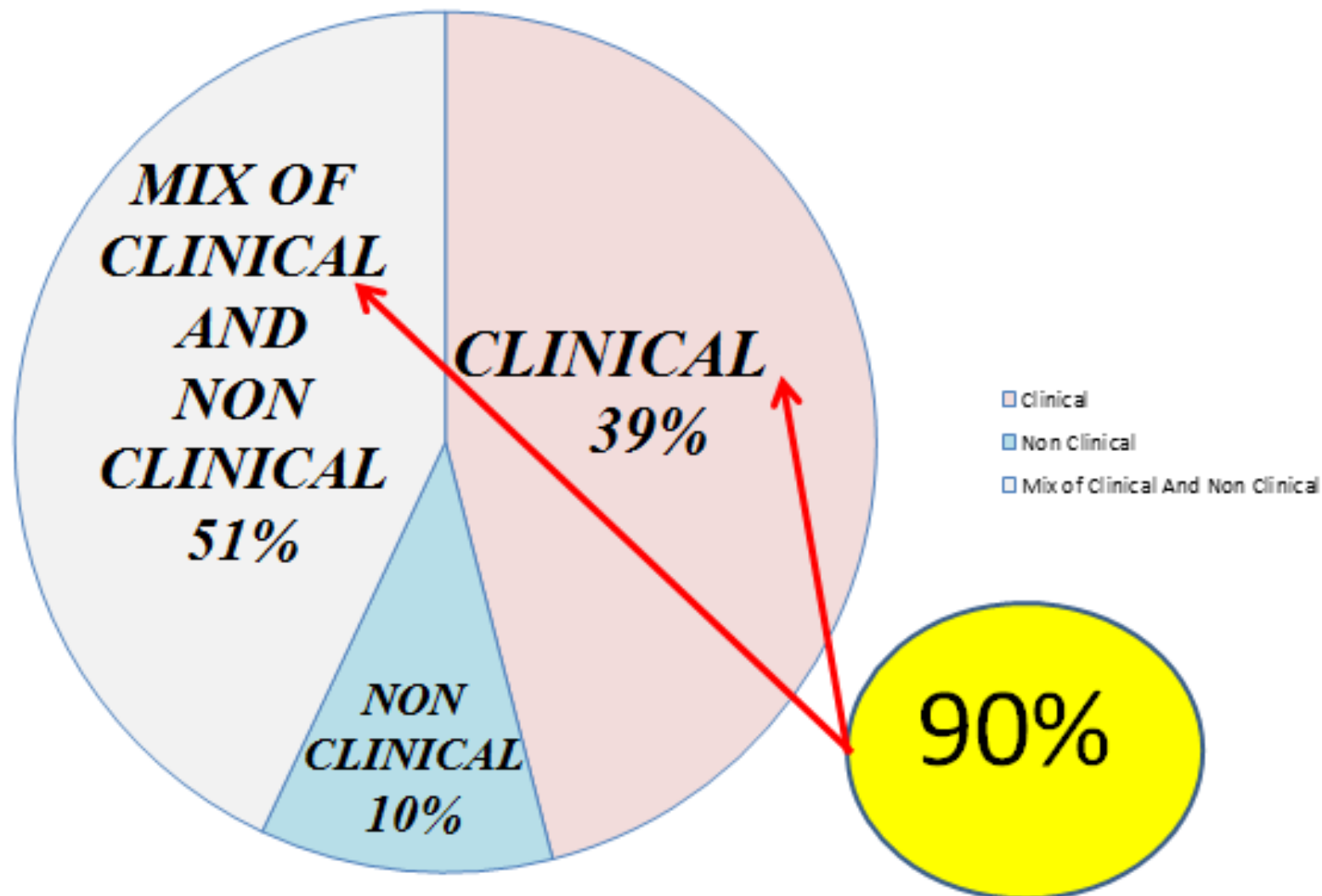


I WOULD HAVE EXPECTED THE % IN NON-EXEMPT SETTINGS AND THE % REQUIRED TO BE LICENSED TO BE MORE SIMILIAR

NUMBER OF YEARS LICENSED AS AN LSW



TYPE OF SOCIAL WORK PRACTICE



WORDSIFT: ADVANTAGES



ADVANTAGES OF LSW

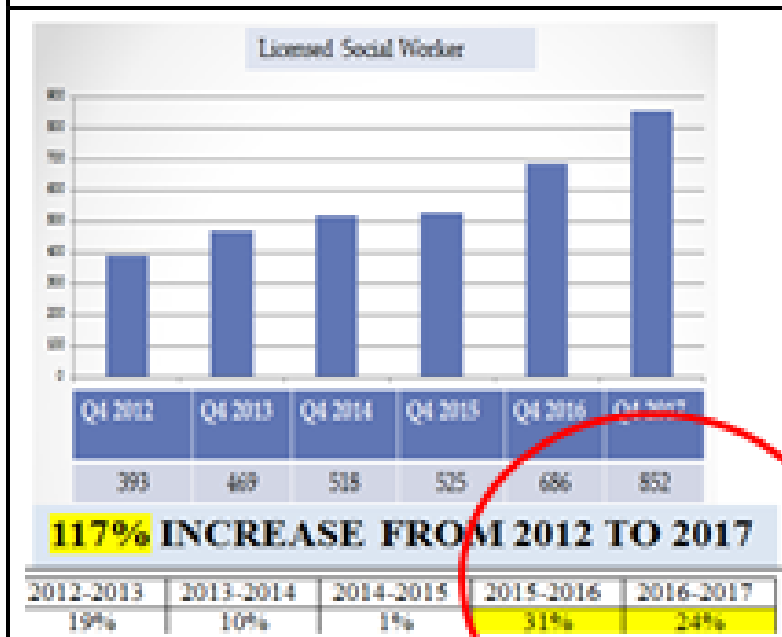
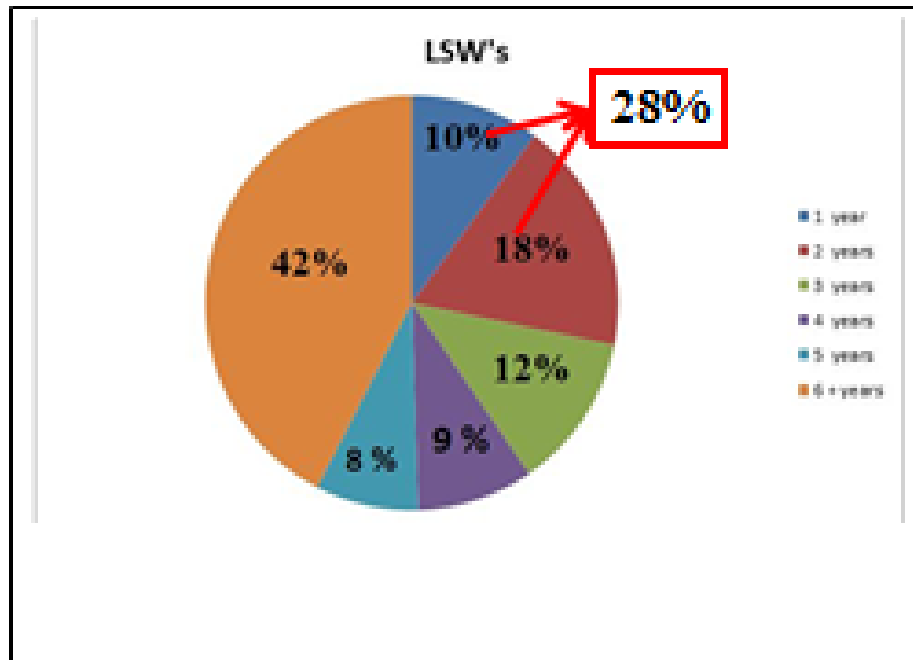
Several LSW's noted one advantage is that it demonstrates commitment to professional social work practice and distinguishes the LSW from others.



WORDSIFT: DISADVANTAGES



CAUTIONARY NOTE



The DHP Quarterly Report ending 06/30/17 notes that there are 852 LSW's. From 2015 to 2017 there were 327 new LSW's. That group of LSW's constitutes 38% of the 852 LSW's. In the returned questionnaires there were only 28% from that group of LSW's but 42% from LSW's who had been licensed for over 6 years. So some caution should be used in the results of the study as the 2 year or less licensed LSW's are somewhat underrepresented.

WHAT WE LEARNED ABOUT VIRGINIA LSW's AS A GROUP:

To the extent that the sample is representative of all LSW's in Virginia we have learned much about the characteristics of this population of social workers.

- The majority are female; MSW's who have had their LSW for over 6 years and range in age from 25 to 82 years old.
- They work about equally in "Exempt" and "Non-Exempt" settings.
- Only 10% practice exclusively in "non-clinical" social work practice.
- While 39% practice exclusively in "clinical social work" and another 51% practice "a mix of clinical and non-clinical social work."
- While the majority resides in Virginia or a contiguous state, Virginia LSW's are also located in 33 other states.
- The LSW's cite a pride in their credential. Feeling it distinguishes them from others in the work setting and underscores their professional identity as social workers and being committed to maintaining a higher standard of practice.

HOW DO LSW' FEEL ABOUT THE VBSW PROPOSED LEGISLATION:

- The majority of the LSW's were not aware of the proposed legislation.
- However upon learning of the text of the proposed legislation they made no comments in opposition to the legislation.
- Their comments were focused on being in favor of making a distinction between the Masters and Bachelors level practitioners.
- They wanted to not take another test, be grandfathered into the new LMSW and not made to be excessive fees to do so.

CONCLUSIONS FOR THE LEGISLATIVE PROCESS:

The VSCSW Legislative Committee concludes that the population of Virginia LSW's will very likely be supportive of the VBSW proposed legislation as it moves through the General Assembly. Should we become aware of any negative testimony or comments purporting to represent the views of LSW's we now have data to present to legislators that shows overwhelming support from LSW's for this legislation. The VSCSW and the Northern Virginia members of the GWSCSW are now much better prepared for the upcoming General Assembly session.

For questions or further information about this study please contact:

*Virginia Society for Clinical Social Work
Joseph G. Lynch LCSW, Legislative Vice President
34 Emery Street, Harrisonburg, Virginia 22801
lynchj@newmanavenue.com
(540) 421-4345*

APPROVAL OF
MINUTES
MAY 11, 2017

**THE VIRGINIA BOARD OF SOCIAL WORK
MINUTES
Thursday, May 11, 2017**

The Virginia Board of Social Work ("Board") meeting convened at 10:15 a.m. on Thursday, May 11, 2017 at the Department of Health Professions, 9960 Mayland Drive, Richmond, Virginia. Yvonne Haynes, Board Chair, called the meeting to order.

BOARD MEMBERS PRESENT: Jamie Clancey, L.C.S.W.
Yvonne Haynes, L.C.S.W.
Dolores Paulson, L.C.S.W., Ph.D.
Gloria Manns, L.C.S.W.
John Salay, L.C.S.W.
Joseph Walsh, L.C.S.W., Ph.D.

BOARD MEMBERS ABSENT: Canek Aguirre
Maria Eugenia del Villar, L.C.S.W.
Angelia Allen

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

BOARD COUNSEL: James Rutkowski

OTHERS PRESENT: Julia Bennett, Assistant Attorney General
Carla Boyd, Adjudication Specialist, Administrative Proceedings
Division

CALL TO ORDER:

Ms. Haynes called the meeting to order.

ESTABLISHMENT OF A QUORUM:

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

MISSION STATEMENT:

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

EMERGENCY EGRESS:

Ms. Haynes announced the Emergency Egress Procedures.

ADOPTION OF AGENDA:

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

SUMMARY SUSPENSION PRESENTATION

Ms. Bennett presented a summary of evidence in disciplinary case #178885 for the Board's consideration of a summary suspension of the license of Edward G. Hayes, LCSW. See attachment A for hearing summary minutes.

PUBLIC COMMENT ON AGENDA ITEMS:

Debra Riggs, Executive Director of the National Association of Social Workers ("NASW"), Virginia Chapter, provided the board with written public comment.

Joseph Lynch of the Virginia Society for Clinical Social Work ("VSCSW") provided the board with written public comment. See attachment B for the additional comments provided.

APPROVAL OF MINUTES OF FEBRUARY 3, 2017:

Upon a motion by Dr. Walsh, which was properly seconded, the meeting minutes from February 3, 2017 were approved as written.

DIRECTOR'S REPORT

Dr. Brown reported to the Board that opioid addiction deaths are on the rise. They have doubled from 2015 to 2016. Dr. Brown further explained that the majority of opioid addicts started out with legitimate prescriptions for injuries and chronic pain. A number of the Boards at DHP are currently working on their regulations to address the opioid epidemic, including the Boards of Medicine, Dentistry, and Veterinary Medicine. All guidelines speak to the consideration of non-narcotic medication for pain. The Board of Medicine regulations were approved quickly and the Board of Medicine plans to consider amendments soon regarding prescribing morphine.

Dr. Brown also reported that a recent bill called for the Secretary of Health and Human Resources and a workgroup to review the curriculum for prescribers. The workgroup is reaching out to nursing schools and licensed professionals that treat addiction for feedback and participation. Additionally, they plan to create subcommittees to review the curriculum for pain management, recognition of addiction, and patient education.

Further, Dr. Brown announced legislation through the Board of Counseling that will register peer recovery specialists under DHP to help those in recovery to chart a path forward which will help guide patients through recovery.

REGULATORY/LEGISLATIVE UPDATE

Ms. Yeatts provided a report of the 2017 General Assembly actions, which included a requirement for the Board of Counseling to adopt regulations at their August 2017 meeting for the registration of QMHPs and Peer Recovery Specialists. The regulations regarding training, testing, and certification will be similar to current requirements under the Department of Behavioral Health and Developmental Services.

Ms. Yeatts reported that the final stage of amendments to require the submission of an application for licensure within two years of completion of the supervised experience, to require to register supervision with the Board for any add or change in supervision, and to add romantic relationships to the unprofessional conduct section of the regulations will be published by the Registrar on May 29, 2017 and will be effective June 28, 2017.

She reported that the Board's changes to the clinical social work services and reinstatement regulations have been reviewed by the Secretary of Health and Human Resources and have been approved. The regulations are awaiting the Governor's review.

CHAIRMAN'S REPORT

Ms. Haynes provided an overview of the Association of Social Work Boards (ASWB) 2017 annual spring education meeting. She reported that she facilitated a full day of round table discussions to determine subject matter related to education, mobility, verification of hours, and deregulation. Ms. Haynes' travel to the meeting was funded by the ASWB.

Ms. Haynes reported that the Association of Social Work Boards ("ASWB") will implement updated examinations effective January 2, 2018. She encouraged Social Workers to review the ASWB website for more information regarding the details of the changes and the timeline of events.

EXECUTIVE DIRECTOR'S REPORT

Ms. Hoyle announced that the Behavioral Sciences Unit is fully staffed. She reported that a summer intern has been hired to work side-by-side with Board staff which will include an opportunity for special projects in support of the board, learning the licensing process, updating the website, and working with discipline by creating compliance forms and standards of procedure.

Ms. Hoyle announced the outreach efforts of the Board by participating in the National Association of Social Work – Virginia Chapter Lobby Day, United Methodist Family Services Licensure Process presentation, the Association of Social Work Boards regional meeting, and a National Association of Social Work – Virginia Chapter conference with the Department of Medical Assistance Services and Department of Behavioral Health and Developmental Services.

Ms. Hoyle also participated in the Virginia Executive Institute leadership conference which includes senior leadership of state agencies and training for Executive Directors to ensure interconnection with other state agencies.

Ms. Hoyle reported that the financial report was distributed in the agenda packet which showed a deficit amount of funds for the Board; however, she noted that the upcoming renewal fee change effective with the 2017 renewal period will help with the deficit amount and cash flow in the future.

Ms. Hoyle also reminded the Board that elections for Chair and Vice-Chair would take place at the end of the meeting. The Chair and Vice-Chair can serve two consecutive terms. It has been the tradition of the Board to reelect the Chair and Vice-Chair, but the by-laws provide for an election for each term, and the positions are open to any member of the Board.

DEPUTY EXECUTIVE DIRECTORS REPORT

Ms. Lang noted that the quarterly reporting statistics from the last quarter were included in the agenda packet. Ms. Lang noted that the Board received 36 new cases and closed 69 cases from January 20, 2017 to May 11, 2017, and had 15 cases waiting for probable cause review.

LICENSING MANAGER'S REPORT

Ms. Georgen reported that the quarterly reporting statistics from the last quarter were included in the agenda packet. She reported that the agency satisfaction survey reported a 91.2% satisfaction rate for the last quarter and included the comments of the survey for Board member review to ensure transparency.

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

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

Ms. Georgen reported that the 2017 renewal notices were emailed, as well as, mailed to licensees to prepare for the Board to "Go Green" in 2018 with minimal emails returned as undeliverable.

Ms. Georgen stated that possible 2018 meeting dates would be sent to the board members following the meeting.

COMMITTEE REPORTS

Regulatory/Legislative Committee Report

Dr. Walsh reported that the Regulatory Committee met on February 2, 2017 and noted that the March 30, 2017 meeting was canceled. He reported that he participated in the Stakeholder meeting on March 3, 2017 to create consensus between Social Work stakeholders regarding mid-level licensure. Dr. Walsh reported that the stakeholders were in agreement regarding the proposed legislation to be sent to the 2018 General Assembly.

Dr. Walsh announced that the next scheduled regulatory committee meeting would take place on August 10, 2017.

Dr. Paulson voiced her concerns that the stakeholder meeting was scheduled quickly and as a result she was unavailable to participate in the discussion with the stakeholders due to her prior engagements.

Credentials Committee Report

Mr. Salay noted that there was nothing to report.

Special Conference Committee Report

Ms. Haynes noted that there was nothing to report.

Board of Health Professions Report

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

UNFINISHED BUSINESS:

None.

NEW BUSINESS:

Approval of Legislative Proposal for Mid-Level Licensure:

Ms. Yeatts noted that the Regulatory Committee collaborated with stakeholders in the creation of the proposed legislation for mid-level licensure. She noted that prior to each meeting, a review of necessity for the Committees or Board to meet is conducted. She reported that a meeting is deemed unnecessary if there is no essential business of the board, or if the cost for board members to travel outweighs the necessity of the meeting. Dr. Paulson commented that she agreed with the decision to cancel the meeting, and her concern was only with the quick scheduling of the meeting that did not allow her participation.

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

United Methodist Family Services (UMFS) Topics of Discussion:

Ms. Haynes requested the Regulatory Committee to review the UMFS questions further for response.

Ms. Haynes requested collaboration between the Credentials Committee members and board staff in the updates of the Regulations and Standards of Practice by utilizing past decisions at informal conferences and formal hearings.

Elections:

Mr. Salay stated that the nominating committee submitted Ms. Haynes and Dr. Paulson for Chairperson and Mr. Salay and Dr. Paulson for Vice-Chairperson.

Dr. Paulson provided a statement to the Board in respect of her candidature and removed her name from nomination.

Ms. Haynes asked for any additional nominations, and then called for a voice vote and stated that a simple majority of the quorum of the Board shall prevail.

Following a voice vote of Chairperson and Vice-Chairperson, Ms. Haynes announced the results of the vote and reported that the Board elected Ms. Haynes for Chairperson and Mr. Salay for Vice-Chairperson.

NEXT MEETING:

Ms. Haynes announced that the next regularly scheduled full Board meeting would occur on August 11, 2017 at 10:00 a.m.

ACTION ITEMS FOR NEXT BOARD MEETING:

- By-law revisions
- 2018 meeting dates confirmation

ADJOURNMENT:

The meeting was adjourned at 12:05 p.m.

Yvonne Haynes, LCSW, Chair

Jaime Hoyle, Executive Director

ATTACHMENT A

Virginia Board of Social Work Summary Suspension Presentation and Consideration

Time and Place: Thursday, May 11, 2017 at 10:15 a.m.
Virginia Department of Health Professions
Perimeter Center, 2nd Floor
9960 Mayland Drive, Henrico, Virginia 23233

Members Present: Yvonne Haynes, LCSW, Chairman
Jamie Clancey, LCSW
Gloria Manns, LCSW
Dolores Paulson, Ph.D., LCSW
John Salay, LCSW
Joseph Walsh, Ph.D., LCSW

Members Absent: Caneq Aguirre, Citizen Member
Angelia Allen, Citizen Member
Maria Eugenia del Villar, LCSW

Staff Present: Christy Evans, Discipline Case Specialist
Sarah Georgen, Licensing Manager
Jaime Hoyle, Executive Director
Jennifer Lang, Deputy Executive Director
James Rutkowski, Assistant Attorney General, Board Counsel

Commonwealth's Representation: Julia Bennett, Assistant Attorney General
Carla Boyd, Adjudication Specialist, Administrative Proceedings Division

Purpose of the Meeting: Ms. Bennett presented a summary of evidence in disciplinary case #178885 for the Board's consideration of a summary suspension of the license of Edward Hayes, LCSW.

Closed Meeting: Ms. Clancey moved that the Board convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Edward Hayes, LCSW. Additionally, she moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, Christy Evans, and Sarah Georgen attend the closed session because their presence was deemed necessary and would aid the Board in its deliberations. The motion was seconded and passed unanimously.

Reconvene: Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the *Code of Virginia*, the Board reconvened in open meeting and announced the decision.

ATTACHMENT A

Virginia Board of Social Work Summary Suspension Presentation and Consideration

Decision: Dr. Walsh moved to summarily suspend the license of Edward Hayes, LCSW and offer a Consent Order for revocation, in lieu of a formal hearing. The motion was seconded by Mr. Salay and passed by the Board with a unanimous vote.

Adjournment: The Board adjourned the summary suspension consideration at 10:38 a.m.



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

May 11, 2017

PUBLIC COMMENT TO

The Virginia Board of Social Work

I appreciate the opportunity to make public comment today to the VBSW on behalf of the VSCSW and the Northern Virginia Branch of the Greater Washington Society for Clinical Social Work. One of the items on the agenda today under New Business is "Approval of Legislation Proposal for Mid-Level Licensure." At the October 14, 2016 Board meeting DHP Director Brown addressed the Board informing them that the proposed legislation regarding mid-level licensure was not approved by the DHP. He cited two main factors in his decision:

1. There was not unanimous support from the professional associations for the legislation and
2. The proposed legislation was not aligned with the ASWB Model Practice Act

Today those factors have been remedied. At the last Board meeting I stated explicitly that the VSCSW and the Northern Virginia Branch of the GWSCSW were not opposed to mid-level licensure. Our opposition was to accomplishing mid-level licensure through legislative action when we believed that it could be accomplished by regulatory actions. The counsel for the VBSW has informed the Board that in order to accomplish mid-level licensure the Board must pursue legislative action. Thus our opposition was no longer an issue and we support the proposed legislation that the Board has on the agenda today.

In order to assess the second concern about alignment with the ASWB Model Practice Act I created a table with the relevant sections of the Model Act in one column and the VBSW proposed legislation in another column. As you can see in the attached table there is very much alignment between the two now.

I believe at this point in time the VSCSW, the Northern Virginia branch of the GWSCSW, The Virginia Chapter of NASW, The VBSW and the Department are all on the same page in supporting this proposed legislation to move forward.

Virginia Society for Clinical Social Work
 Joseph G. Lynch LCSW, CSOTP – Legislative Vice President
 P.O. Box 1171 Harrisonburg VA 22801 lynchj@newmanavenue.com

ASWB Model Social Work Practice Act

VBSW DRAFT PROPOSED LEGISLATION

Section 104. Practice of Baccalaureate Social Work.

Subject to the limitations set forth in Article III, Section 306, the practice of Baccalaureate Social Work means the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities. Baccalaureate Social Work is **generalist practice** that includes assessment, planning, intervention, evaluation, case management, information and referral, counseling, supervision, consultation, education, advocacy, community organization, research, and the development, implementation, and administration of policies, programs, and activities.

Baccalaureate social worker means a person, engaged in the practice of social work, who practices under the supervision of a master's social worker ~~within an entity not otherwise exempted by provisions of § 54.1-370.1~~ and who is engaged in a basic generalist practice to include casework management and supportive services and consultation and education.

Section 302. Qualifications for Licensure by Examination as a Baccalaureate Social Worker.

(a) To obtain a license to engage in the practice of Baccalaureate Social Work, an applicant for licensure by examination must provide evidence satisfactory to the Board, subject to Section 311, that the applicant:

- (1) Has submitted a written application in the form prescribed by the Board;
- (2) Has attained the age of majority;

Section 109. Definitions

- (e) Baccalaureate Social Worker means a person duly licensed to practice Baccalaureate Social Work.
- (v) Master's Social Worker means a person duly licensed to practice Master's Social Work

Master's social worker means a person, engaged in the practice of social work, who is employed by ~~an entity not otherwise exempted by provisions of § 54.1-370.1~~ and who is engaged in a non-clinical, generalist scope of practice of social work to include staff supervision and management

Section 303. Qualifications for Licensure by Examination as a Master's Social Worker.

- (1) Has submitted a written application in the form prescribed by the Board;
- (2) Has attained the age of majority;
- (3) Is of good moral character. As one element of good moral character, the board shall require each applicant for licensure to submit a full set of fingerprints for the purpose of obtaining state and federal criminal records checks, pursuant to *[insert reference to authorizing state statute]* and applicable federal law. The *[state agency responsible for managing fingerprint data e.g. the department of public safety]* may submit fingerprints to and exchange data with the Federal Bureau of Investigation. All good moral character information, including the information obtained through the criminal records checks, shall be considered in licensure decisions to the extent permissible by all applicable laws.
- (4) Has graduated and received the Master's degree in social work from an Approved Social Work Program;
- (5) Has successfully passed an examination or examinations prescribed by the Board; and
- (6) Has paid all applicable fees specified by the Board relative to the licensure process

Section 306. Independent Practice.

No Baccalaureate or Master's Social Worker licensed under Section 302 or Section 303 shall engage in Independent Practice until such time that the social worker shall have worked under a plan for supervision for a specified period of time and under terms and conditions set by the Board.

Section 109. Definitions

t) Independent Practice means practice of social work outside of an organized setting, such as a social, medical, or governmental agency, in which the social worker assumes responsibility and accountability for services provided.

Section 213. Powers and Responsibilities

- (a) The Board shall be responsible for the control and regulation of the practice of social work in this state including, but not limited to, the following:
- (1) The licensing by examination or by licensure transfer of applicants who are qualified to engage in the practice of social work under the provisions of this Act;
 - (2) The renewal of licenses to engage in the practice of social work;

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

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

5. To license baccalaureate social workers, master's social workers, and clinical social workers to practice consistent with the definitions specified in § 54.1-3700 and regulations promulgated by the Board.

6. To register persons for the supervised practice of social work as required for licensure as a clinical social worker.

REGULATORY/ LEGISLATIVE UPDATE

Agenda Item: Board action on Final Regulations

Included in your agenda package are:

Copy of Proposed Regulations for definition of clinical social work services and requirement for supervision of experience to reactivate or reinstate a license.

Copy of public comment

Copy of Code section on definitions

Staff Note:

The Board is required to consider and respond to comments received on the proposed regulations.

Board action:

**The Board may adopt the proposed amendments as final without any change;
or**

The Board may amend the proposed regulation based on public comment.

Project 4943 - Proposed

BOARD OF SOCIAL WORK

**Definition of clinical social work services and supervision of applicant for
reinstatement/reactiva**

Part I

General Provisions

18VAC140-20-10. Definitions.

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

Board

Casework

Casework management and supportive services

Clinical social worker

Practice of social work

Social worker

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

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

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

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

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

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

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

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

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

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

"Supervision" means a professional relationship between a supervisor and supervisee in which the supervisor directs, monitors and evaluates the supervisee's social work practice while

promoting development of the supervisee's knowledge, skills and abilities to provide social work services in an ethical and competent manner.

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

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

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

B. A social worker or clinical social worker who fails to renew the license after one year and who wishes to resume practice shall apply for reinstatement and pay the reinstatement fee, which shall consist of the application processing fee and the penalty fee for late renewal, as set forth in 18VAC140-20-30. An applicant for reinstatement shall also provide ~~documentation~~:

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.

~~An~~ 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.

G. D. A social worker or clinical social worker wishing to reactivate an inactive license shall submit the difference between the renewal fee for active licensure ~~minus any fee already paid 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 ~~four~~ 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.

Virginia.gov Agencies | Governor



Logged in as

Elaine J. Yeatts

Department of Health Professions**Board****Board of Social Work****Chapter****Regulations Governing the Practice of Social Work [18 VAC 140 – 20]**

Action	<u>Definition of clinical social work services and supervision of applicant for reinstatement/reactivatn</u>
Stage	<u>Proposed</u>
Comment Period	Ends 9/22/2017

All good comments for this forum [Show Only Flagged](#)[Back to List of Comments](#)

Commenter: Norma Wood

7/27/17 11:44 pm

Reactivating LCSW

I agree with each of the tennents of the proposed action. I recently moved to Oregon and even more recently asked to inactivate my Virginia license. I would expect to have to meet the requirements set fort if I return to Virginia. It is also good to include psychotherapy in the description of clinical practice. All good things!

Commenter: Katie DiMuzio, LCSW

7/28/17 7:09 am

Agreed

I agree with all proposals, especially the update of the definition of clinical social work services!

Commenter: Beverly Morgan-Fullilove, LCSW

7/28/17 12:20 pm

to include psychosocial services in definition of clinical social work

Since psychosocial evaluations are a crucial part of every social work assessment/service, regardless of position, it astounds me that this phrase was extracted from the definition of clinical social work anyway. Yes, please, include this in the definition of clinical social work.

Commenter: Gerald Bowman, LCSW, ACSW

7/29/17 5:20 am

Agree & Suggestion

I support both of these changes.

I would also like for the laws governing the practice of Clinical Social Work to include that a LCSW can independently do home studies / home evaluations for

Adoption

Custody

Foster Care.

Thank you.

Regards

Gerald Bowman, LCSW, ACSW

Commenter: A.H.

7/29/17 3:08 pm

Clinical Social Work

In the state of Virginia, there currently is an exclusion for Nursing Home and Hospital based social workers functioning in case management roles/titles. If this amendment is passed then the state would need to support social workers in those settings to require licensure as they do complete psychosocial assessments in both settings. NASW today does support medical social workers functioning with a case management job title even though we complete psychosocial assessments, brief therapy, crisis interventions, advocacy and connect clients to community resources.

Commenter: MJ Wooldridge

7/30/17 5:13 pm

Definition changes

I think there is no doubt that this particular piece of information should be reintroduced into the definition of clinical social work services. Additionally, it is important to clarify, include and cover social workers not in private practice but working in the medical profession such as nursing home, rehab facilities and hospitals. It is imperative for the integrity of the profession that individuals who have not actively practiced or are attempting to reinstate or reactivate their license, have some sort of supervision and additional hours of CEUs completed before being allowed to do so. Finally, I support the previous suggestion that LCSWs be allowed to independently complete home studies and home evaluations for individuals.

Commenter: Mark Anderson, LCSW

7/31/17 10:55 am

Agreed

I support both of these changes.

Commenter: RK

8/2/17 2:19 pm

Concur

It is about time that psychosocial assessments be included under clinical practice. As a medical social worker my clinical skills are critical to eliciting accurate and informative information.

Commenter: Virginia Society for Clinical Social Work-Joseph G. Lynch LCSW 8/2/17 10:29 pm

For the Regulations to be consistent with the Code the language should be "Psychosocial Treatment"

August 2, 2017

PUBLIC COMMENT

By: Joseph G. Lynch LCSW

Virginia Society for Clinical Social Work

Definition of "clinical social work services" to include "psychosocial interventions."

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

- *First and foremost, a regulation must be supported by statutory authority. Express authority is preferred, but implied authority is sufficient provided it can be fairly implied from the language used in the basic law or it is necessary to enable the agency to exercise the powers that are expressly granted.*
- *A properly promulgated and adopted regulation is entitled to a presumption of validity in a judicial proceeding. See § 2.2-4027 of the Code of Virginia. That is the goal.*
- *Relate the regulation clearly to its statutory authority. The regulation must be understandable to:*

(1) *The regulated community*

(2) *Lawyers who may end up challenging or defending it, and*

(3) *A court which may hear that challenge.*

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

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

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

The VSCSW believes that this sentence with "psychosocial treatment" is delineating several items that are the "Practice of Social Work" including "psychosocial treatment" as one of the items. The VBSW proposed to use the term "psychosocial interventions" in the definition of "Clinical Social Work Services." The VSCSW advocates for the VBSW to use the term "**psychosocial treatment**" in the definition of "Clinical Social Work Services" instead of "psychosocial interventions." This change is justified in that it meets the *General legal principles* provided by the Office of the Attorney General (referred to above) in that it is:

- o *More clearly supported by express statutory authority.*
- o *More clearly meets the goal of a presumption of validity in a judicial proceeding.*
- o *More clearly relates the regulation to its statutory authority.*
- o *More clearly makes the regulation understandable to:*

(1) The regulated community

(2) Lawyers who may end up challenging or defending it, and

(3) A court which may hear that challenge.

- o *A more defensible position for the VBSW.*
- o *Less confusion to the public by using language that is precisely consistent with the language of the current Code of Virginia instead of introducing a new term that is similar to the term in the Code of Virginia but not precisely the same term.*

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

Submitted by:

Joseph G. Lynch LCSW

Legislative Vice President VSCSW

Commenter: J.E., Bon Secours

8/10/17 11:00 am

Agree

The proposed changes show forward thinking on the part of the Virginia Board of Social. As a person heading towards retirement in the next few years, it's great to see some flexibility and inclusiveness here. Hoping these proposals pass.

Commenter: Cathy Medina, LCSW, National Counseling Group

8/18/17 11:09 am

I agree

I agree with the proposed amendment, lots of social workers are providing clinical services through MHSS but are not getting credit for this valuable service due to Medicaid regulations. Give them credit for this valuable work!

Commenter: Gina Wurfel LSW

8/31/17 3:21 pm

Concerns for future implications.

Would this change in regulations override the current legislation that a social worker can be defined as anyone with a social work degree (BSW or MSW)? Would it mean that currently exempt settings such as non profits or hospitals would have to hire LCSWs in order to provide the services they currently get reimbursed for? These two questions concern me. As a licensed social worker who has chosen not to pursue an LCSW (at least at this time), I am wondering if this regulation would affect the ability of the unlicensed or mid level social workers to perform their job duties, or create a requirement that they get an LCSW. As we know, this is an expensive and time consuming process which is not within the reach or desire of all social workers. However, if these

two issues are not going to be created by the change in regulation, I am supportive of it.

Commenter: Sarah Z Chakales

9/19/17 2:48 pm

Definition and reactivation

Agree with proposed changes/revisions. Recommend notification via email/and or mail of any and all changes that impact those who attempted to reactivate their license in June of this year and anyone considering changing to an inactive status.

Commenter: Dylan Tuck

9/21/17 11:40 am

Agree

The proposed regulatory changes seem reasonable and have strong stated purpose. It has been brought up in other comments though that language needs to be consistent across the regulatory documents, however, and I agree. This is particularly true for psychosocial intervention versus psychosocial treatments.

Besides making the terminology consistent across the board, there is no issue with the proposed regulatory action. I believe the expansion of the definition of clinical social work is important for the field of social work in the State of Virginia.

Georgen, Sarah (DHP)

From: Board of Social Work
Sent: Monday, July 31, 2017 8:24 AM
To: 'Paulette Hubbert'
Subject: RE: Proposed Amendment to Social Work Regulations – Public Comment Requested

Hello,

Please provide your comments using the link in the email below which will be considered by the Board.

Kind regards,

Sarah Georgen

Licensing Manager, Board of Social Work
Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
(804) 367-4441 Social Work Main Line
(804) 527-4435 Fax
Email: socialwork@dhp.virginia.gov

Visit our website: www.dhp.virginia.gov/social

The DHP 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.

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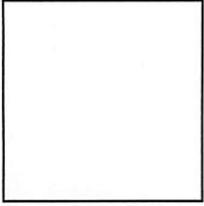
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Beginning with the June 30, 2018 renewal, the Virginia Board of Social Work will implement an initiative to "Go Green" to reduce the number of paper renewal notices mailed by the Board. **PAPER RENEWAL NOTICES WILL NO LONGER BE MAILED BY THE BOARD.** Email renewal notices will be sent to all licensees at least 45 days prior to the renewal deadline. Please ensure that your email and mailing address remains up-to-date through [Online Licensing](#) or the [Name/Address Change form](#).

From: Paulette Hubbert [mailto:pduhbert@gmail.com]
Sent: Sunday, July 30, 2017 9:14 PM
To: Board of Social Work <socialwork@dhp.virginia.gov>
Subject: Re: Proposed Amendment to Social Work Regulations – Public Comment Requested

I don't agree.

On Jul 27, 2017 7:04 PM, "Virginia Board of Social Work" <socialwork@dhp.virginia.gov> wrote:



Virginia Board of
Social Work

Virginia Board of Social Work

Proposed Regulations – Public Comment Requested

The Virginia Board of Social Work is currently receiving public comment in regards to the amendment of the Regulations Governing the Practice of Social Work. The Regulations will be amended to: 1) amend the definition of clinical social work services to include psychosocial interventions; 2) require applicants for reinstatement to provide verification of licensure in another state, if applicable, and a report from NPDB; and 3) amend section 110 to specify an amount of supervision that is required for a person who has not actively practiced for 10 or more years and applies to reinstate or reactivate his license. Comments can be made on [Townhall](#) before September 22, 2017.

Georgen, Sarah (DHP)

From: Board of Social Work
Sent: Friday, July 28, 2017 10:24 AM
To: 'Angie Deem'
Subject: RE: Proposed Amendment to Social Work Regulations – Public Comment Requested

Hello,

Please provide your public comment using the link in the below email. We appreciate all feedback!

Kind regards,

Sarah Georgen

Licensing Manager, Board of Social Work
Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
(804) 367-4441 Social Work Main Line
(804) 527-4435 Fax
Email: socialwork@dhp.virginia.gov

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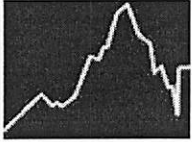
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From: Angie Deem [mailto:angiewdeem@gmail.com]
Sent: Friday, July 28, 2017 10:22 AM
To: Board of Social Work <socialwork@dhp.virginia.gov>
Subject: Re: Proposed Amendment to Social Work Regulations – Public Comment Requested

I vote yes.

On Thu, Jul 27, 2017 at 7:00 PM Virginia Board of Social Work <socialwork@dhp.virginia.gov> wrote:



Virginia Department of Health Professions



Virginia Board of Social Work

Virginia Board of Social Work

Proposed Regulations – Public Comment Requested

The Virginia Board of Social Work is currently receiving public comment in regards to the amendment of the Regulations Governing the Practice of Social Work. The Regulations will be amended to: 1) amend the definition of clinical social work services to include psychosocial interventions; 2) require applicants for reinstatement to provide verification of licensure in another state, if applicable, and a report from NPDB; and 3) amend section 110 to specify an amount of supervision that is required for a person who has not actively practiced for 10 or more years and applies to reinstate or reactivate his license. Comments can be made on [Townhall](#) before September 22, 2017.

§ 54.1-3700. Definitions.

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

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

"Board" means the Board of Social Work.

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

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

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

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

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

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

"Practice of social work" means rendering or offering to render to individuals, families, groups, organizations, governmental units, or the general public service which is guided by special knowledge of social resources, social systems, human capabilities, and the part conscious and unconscious motivation play in determining behavior. Any person regularly employed by a licensed hospital or nursing home who offers or renders such services in connection with his employment in accordance with patient care policies or plans for social services adopted pursuant to applicable regulations when such services do not include group, marital or family

therapy, psychosocial treatment or other measures to modify human behavior involving child abuse, newborn intensive care, emotional disorders or similar issues, shall not be deemed to be engaged in the "practice of social work." Subject to the foregoing, the disciplined application of social work values, principles and methods includes, but is not restricted to, casework management and supportive services, casework, group work, planning and community organization, administration, consultation and education, and research.

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

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

(1976, c. 608, § 54-941; 1979, c. 398; 1981, c. 555; 1988, c. 765.)

BOARD COUNSEL REPORT

Expert admissibility standards to consider:

Traditional Virginia Standard:

To qualify to serve as an expert witness, an individual:

must possess sufficient knowledge, skill, or experience regarding the subject matter of the testimony to assist the trier of fact in the search for the truth. Generally, a witness possesses sufficient expertise when, through experience, study or observation the witness acquires knowledge of a subject beyond that of persons of common intelligence and ordinary experience.

Virginia Medical Malpractice Standard:

To qualify to serve as an expert witness, an individual:

[a]ny health care provider who is licensed to practice in Virginia shall be presumed to know the statewide standard of care in the specialty or field of practice in which he is qualified and certified....A witness shall be qualified to testify as an expert on the standard of care if he demonstrates expert knowledge of the standards of the defendant's specialty and of what conduct conforms or fails to conform to those standards and if he has had active clinical practice in either the defendant's specialty or a related field of medicine within one year of the date of the alleged act or omission forming the basis of the action.

EXECUTIVE DIRECTOR'S REPORT



COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367- 4400
FAX (804) 527- 4475

MEMORANDUM

TO: Members, Board of Social Work

FROM: David E. Brown, D.C.

DATE: August 11, 2017

SUBJECT: Revenue and Expenditure Analysis

Virginia law requires that an analysis of revenues and expenditures of each regulatory board be conducted at least biennially. If revenues and expenditures for a given board are more than 10% apart, the Board is required by law to adjust fees so that the fees are sufficient, but not excessive, to cover expenses. The adjustment can be either an increase or decrease.

The Board of Social Work ended the 2014 - 2016 biennium (July 1, 2014, through June 30, 2016) with a cash balance of \$110,903. Current projections indicate that revenue for the 2016 - 2018 biennium (July 1, 2016, through June 30, 2018) will exceed expenditures by approximately \$304,666. When combined with the Board's \$110,903 cash balance as of June 30, 2016, the Board of Social Work projected cash balance on June 30, 2018, is \$415,569.

We recommend no action to change license fees be taken at this time. Please note that these projections are based on internal agency assumptions and are, therefore, subject to change based on actions by other state agencies, the Governor and/or the General Assembly.

We are grateful for continued support and cooperation as we work together managing the fiscal affairs of the Board and the Department.

Please do not hesitate to call me if you have questions.

cc: Jaime Hoyle, Chief Deputy Director
Lisa R. Hahn, Chief Deputy Director
Charles E. Giles, Budget Manager
Elaine Yeatts, Senior Policy Analyst

Virginia Department of Health Professions
Cash Balance
As of June 30, 2017

	<u>110- Social Work</u>
Board Cash Balance as of June 30, 2016	\$ 110,903
YTD FY17 Revenue	746,300
Less: YTD FY17 Direct and In-Direct Expenditures	<u>455,402</u>
Board Cash Balance as June 30, 2017	<u><u>401,802</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	169,075.00	62,000.00	(107,075.00)	272.70%
4002406	License & Renewal Fee	567,055.00	555,305.00	(11,750.00)	102.12%
4002407	Dup. License Certificate Fee	1,100.00	555.00	(545.00)	198.20%
4002409	Board Endorsement - Out	7,325.00	1,100.00	(6,225.00)	665.91%
4002421	Monetary Penalty & Late Fees	1,610.00	750.00	(860.00)	214.67%
4002432	Misc. Fee (Bad Check Fee)	35.00	35.00	-	100.00%
	Total Fee Revenue	746,200.00	619,745.00	(126,455.00)	120.40%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	100.00	-	(100.00)	0.00%
	Total Sales of Prop. & Commodities	100.00	-	(100.00)	0.00%
	Total Revenue	746,300.00	619,745.00	(126,555.00)	120.42%
5011110	Employer Retirement Contrib.	6,417.64	6,404.00	(13.64)	100.21%
5011120	Fed Old-Age Ins- Sal St Emp	4,097.54	4,244.00	146.46	96.55%
5011140	Group Insurance	619.47	622.00	2.53	99.59%
5011150	Medical/Hospitalization Ins.	271.50	-	(271.50)	0.00%
5011160	Retiree Medical/Hospitalizatn	557.59	561.00	3.41	99.39%
5011170	Long term Disability Ins	313.20	314.00	0.80	99.75%
	Total Employee Benefits	12,276.94	12,145.00	(131.94)	101.09%
5011200	Salaries				
5011230	Salaries, Classified	47,663.78	47,466.00	(197.78)	100.42%
5011250	Salaries, Overtime	5,921.60	8,000.00	2,078.40	74.02%
	Total Salaries	53,585.38	55,466.00	1,880.62	96.61%
5011300	Special Payments				
5011380	Deferred Compnstn Match Pmnts	-	480.00	480.00	0.00%
	Total Special Payments	-	480.00	480.00	0.00%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	65,862.32	68,091.00	2,228.68	96.73%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	8.90	537.00	528.10	1.66%
5012140	Postal Services	2,036.90	4,411.00	2,374.10	46.18%
5012150	Printing Services	43.18	67.00	23.82	64.45%
5012160	Telecommunications Svcs (VITA)	349.56	550.00	200.44	63.56%
5012190	Inbound Freight Services	16.93	-	(16.93)	0.00%
	Total Communication Services	2,455.47	5,565.00	3,109.53	44.12%
5012200	Employee Development Services				
5012210	Organization Memberships	1,500.00	1,500.00	-	100.00%
5012250	Employee Tuition Reimbursement	1,800.00	-	(1,800.00)	0.00%
	Total Employee Development Services	3,300.00	1,500.00	(1,800.00)	220.00%
5012300	Health Services				
5012360	X-ray and Laboratory Services	47.15	-	(47.15)	0.00%
	Total Health Services	47.15	-	(47.15)	0.00%
5012400	Mgmnt and Informational Svcs	-	-	-	-

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
5012420	Fiscal Services	55.49	5,500.00	5,444.51	1.01%
5012440	Management Services	93.67	212.00	118.33	44.18%
5012460	Public Infrmtnl & Relatn Svcs	437.00	-	(437.00)	0.00%
	Total Mgmt and Informational Svcs	586.16	5,712.00	5,125.84	10.26%
5012600	Support Services				
5012630	Clerical Services	32,733.79	66,208.00	33,474.21	49.44%
5012640	Food & Dietary Services	1,064.60	480.00	(584.60)	221.79%
5012660	Manual Labor Services	96.18	2,188.00	2,091.82	4.40%
5012670	Production Services	792.99	2,405.00	1,612.01	32.97%
5012680	Skilled Services	10,580.98	24,297.00	13,716.02	43.55%
	Total Support Services	45,268.54	95,578.00	50,309.46	47.36%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	3,372.62	2,809.00	(563.62)	120.06%
5012830	Travel, Public Carriers	469.60	-	(469.60)	0.00%
5012850	Travel, Subsistence & Lodging	206.20	1,607.00	1,400.80	12.83%
5012880	Trvl, Meal Reimb- Not Rprtble	186.00	917.00	731.00	20.28%
	Total Transportation Services	4,234.42	5,333.00	1,098.58	79.40%
	Total Contractual Svcs	55,891.74	113,688.00	57,796.26	49.16%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	1,023.07	276.00	(747.07)	370.68%
5013130	Stationery and Forms	14.42	41.00	26.58	35.17%
	Total Administrative Supplies	1,037.49	317.00	(720.49)	327.28%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matri	2.02	-	(2.02)	0.00%
	Total Repair and Maint. Supplies	2.02	-	(2.02)	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	21.00	21.00	0.00%
5013630	Food Service Supplies	-	82.00	82.00	0.00%
	Total Residential Supplies	-	103.00	103.00	0.00%
	Total Supplies And Materials	1,039.51	420.00	(619.51)	247.50%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	130.00	-	(130.00)	0.00%
	Total Awards, Contrib., and Claims	130.00	-	(130.00)	0.00%
	Total Transfer Payments	130.00	-	(130.00)	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	23.57	26.00	2.43	90.65%
	Total Insurance-Fixed Assets	23.57	26.00	2.43	90.65%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	578.61	540.00	(38.61)	107.15%
5015350	Building Rentals	6.48	-	(6.48)	0.00%
5015390	Building Rentals - Non State	10,600.56	10,264.00	(336.56)	103.28%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Operating Lease Payments	<u>11,185.65</u>	<u>10,804.00</u>	<u>(381.65)</u>	<u>103.53%</u>
5015500	Insurance-Operations				
5015510	General Liability Insurance	84.60	97.00	12.40	87.22%
5015540	Surety Bonds	4.99	6.00	1.01	83.17%
	Total Insurance-Operations	<u>89.59</u>	<u>103.00</u>	<u>13.41</u>	<u>86.98%</u>
	Total Continuous Charges	<u>11,298.81</u>	<u>10,933.00</u>	<u>(365.81)</u>	<u>103.35%</u>
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	43.00	43.00	0.00%
	Total Educational & Cultural Equip	<u>-</u>	<u>43.00</u>	<u>43.00</u>	<u>0.00%</u>
5022600	Office Equipment				
5022610	Office Appurtenances	-	21.00	21.00	0.00%
5022620	Office Furniture	52.60	-	(52.60)	0.00%
	Total Office Equipment	<u>52.60</u>	<u>21.00</u>	<u>(31.60)</u>	<u>250.48%</u>
	Total Equipment	<u>52.60</u>	<u>64.00</u>	<u>11.40</u>	<u>82.19%</u>
	Total Expenditures	<u>134,274.98</u>	<u>193,196.00</u>	<u>58,921.02</u>	<u>69.50%</u>
	Allocated Expenditures				
20100	Behavioral Science Exec	73,668.85	79,597.60	5,928.75	92.55%
30100	Data Center	69,137.90	56,980.07	(12,157.83)	121.34%
30200	Human Resources	9,454.43	15,572.66	6,118.23	60.71%
30300	Finance	33,688.69	31,688.98	(1,999.71)	106.31%
30400	Director's Office	18,277.53	18,638.43	360.90	98.06%
30500	Enforcement	81,177.42	122,979.72	41,802.30	66.01%
30600	Administrative Proceedings	14,123.03	22,305.75	8,182.72	63.32%
30700	Impaired Practitioners	857.39	823.86	(33.53)	104.07%
30800	Attorney General	941.50	929.24	(12.26)	101.32%
30900	Board of Health Professions	8,907.98	12,289.92	3,381.94	72.48%
31100	Maintenance and Repairs	-	417.32	417.32	0.00%
31300	Emp. Recognition Program	481.22	199.29	(281.93)	241.47%
31400	Conference Center	250.28	219.42	(30.85)	114.06%
31500	Pgm Devlpmnt & Implmentn	10,160.44	9,531.12	(629.32)	106.60%
	Total Allocated Expenditures	<u>321,126.66</u>	<u>372,173.38</u>	<u>51,046.72</u>	<u>86.28%</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u>\$ 290,898.36</u>	<u>\$ 54,375.62</u>	<u>\$ (236,522.74)</u>	<u>534.98%</u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	July	August	September	October	November	December
4002400	Fee Revenue						
4002401	Application Fee	14,470.00	16,045.00	13,160.00	12,270.00	11,915.00	12,260.00
4002406	License & Renewal Fee	110.00	500.00	375.00	180.00	250.00	125.00
4002407	Dup. License Certificate Fee	15.00	185.00	70.00	85.00	135.00	45.00
4002409	Board Endorsement - Out	800.00	675.00	525.00	375.00	450.00	375.00
4002421	Monetary Penalty & Late Fees	10.00	40.00	30.00	10.00	410.00	10.00
4002432	Misc. Fee (Bad Check Fee)	-	-	-	-	35.00	-
	Total Fee Revenue	15,405.00	17,445.00	14,160.00	12,920.00	13,195.00	12,815.00
4003000	Sales of Prop. & Commodities						
4003020	Misc. Sales-Dishonored Payments	-	-	-	-	100.00	-
	Total Sales of Prop. & Commodities	-	-	-	-	100.00	-
	Total Revenue	15,405.00	17,445.00	14,160.00	12,920.00	13,295.00	12,815.00
5011000	Personal Services						
5011100	Employee Benefits						
5011110	Employer Retirement Contrib.	814.84	533.60	533.60	533.60	533.60	533.60
5011120	Fed Old-Age Ins- Sal St Emp	474.92	353.95	361.00	378.81	348.71	330.37
5011140	Group Insurance	75.36	51.82	51.82	51.82	51.82	51.82
5011150	Medical/Hospitalization Ins.	271.50	-	-	-	-	-
5011160	Retiree Medical/Hospitalizatn	67.45	46.68	46.68	46.68	46.68	46.68
5011170	Long term Disability Ins	39.15	26.10	26.10	26.10	26.10	26.10
	Total Employee Benefits	1,743.22	1,012.15	1,019.20	1,037.01	1,006.91	988.57
5011200	Salaries						
5011230	Salaries, Classified	6,131.03	3,955.50	3,955.50	3,955.50	3,955.50	3,955.50
5011250	Salaries, Overtime	140.34	667.47	759.88	992.64	599.01	359.40
	Total Salaries	6,271.37	4,622.97	4,715.38	4,948.14	4,554.51	4,314.90
	Total Personal Services	8,014.59	5,635.12	5,734.58	5,985.15	5,561.42	5,303.47
5012000	Contractual Svs						
5012100	Communication Services						

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	July	August	September	October	November	December
5012110	Express Services	-	-	-	-	-	8.90
5012140	Postal Services	313.86	46.07	152.16	412.80	44.48	159.76
5012150	Printing Services	-	-	-	-	-	-
5012160	Telecommunications Svcs (VITA)	37.11	35.51	31.77	-	36.71	34.17
5012190	Inbound Freight Services	-	-	-	-	-	16.67
	Total Communication Services	350.97	81.58	183.93	412.80	81.19	219.50
5012200	Employee Development Services						
5012210	Organization Memberships	-	-	-	-	-	-
5012250	Employee Tuition Reimbursement	-	600.00	-	1,200.00	-	-
	Total Employee Development Services	-	600.00	-	1,200.00	-	-
5012300	Health Services						
5012360	X-ray and Laboratory Services	-	-	-	-	-	-
	Total Health Services	-	-	-	-	-	-
5012400	Mgmnt and Informational Svcs						
5012420	Fiscal Services	10.22	7.32	-	5.00	2.58	-
5012440	Management Services	-	28.92	-	16.35	-	5.67
5012460	Public Infrmtnl & Relatn Svcs	231.00	201.00	-	-	-	3.00
	Total Mgmnt and Informational Svcs	241.22	237.24	-	21.35	2.58	8.67
5012600	Support Services						
5012630	Clerical Services	3,936.00	3,720.75	3,936.00	-	-	2,033.85
5012640	Food & Dietary Services	-	220.78	55.75	-	-	-
5012660	Manual Labor Services	9.02	-	-	-	21.46	18.55
5012670	Production Services	79.40	-	-	-	151.00	111.50
5012680	Skilled Services	798.98	983.36	737.52	737.52	737.52	685.96
	Total Support Services	4,823.40	4,924.89	4,729.27	737.52	909.98	2,849.86
5012800	Transportation Services						
5012820	Travel, Personal Vehicle	529.74	152.28	57.07	261.90	584.82	-
5012830	Travel, Public Carriers	-	-	-	-	-	-
5012850	Travel, Subsistence & Lodging	-	-	-	-	-	-

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	July	August	September	October	November	December
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	-	-	-	-
	Total Transportation Services	529.74	152.28	57.07	261.90	584.82	-
	Total Contractual Svs	5,945.33	5,995.99	4,970.27	2,633.57	1,578.57	3,078.03
5013000	Supplies And Materials						
5013100	Administrative Supplies						
5013120	Office Supplies	16.13	20.94	61.06	-	-	437.64
5013130	Stationery and Forms	-	-	-	-	-	14.42
	Total Administrative Supplies	16.13	20.94	61.06	-	-	452.06
5013500	Repair and Maint. Supplies						
5013520	Custodial Repair & Maint Matrl	-	-	-	-	-	-
	Total Repair and Maint. Supplies	-	-	-	-	-	-
	Total Supplies And Materials	16.13	20.94	61.06	-	-	452.06
5014000	Transfer Payments						
5014100	Awards, Contrib., and Claims						
5014130	Premiums	-	-	-	-	-	130.00
	Total Awards, Contrib., and Claims	-	-	-	-	-	130.00
	Total Transfer Payments	-	-	-	-	-	130.00
5015000	Continuous Charges						
5015100	Insurance-Fixed Assets						
5015160	Property Insurance	-	-	-	-	-	-
	Total Insurance-Fixed Assets	-	-	-	-	-	-
5015300	Operating Lease Payments						
5015340	Equipment Rentals	45.18	44.08	44.09	-	-	89.27
5015350	Building Rentals	-	1.62	-	-	1.62	-
5015390	Building Rentals - Non State	849.48	979.87	849.48	849.48	963.95	851.28
	Total Operating Lease Payments	894.66	1,025.57	893.57	849.48	965.57	940.55

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	July	August	September	October	November	December
5015500	Insurance-Operations						
5015510	General Liability Insurance	-	-	-	-	-	-
5015540	Surety Bonds	-	-	-	-	-	-
	Total Insurance-Operations	-	-	-	-	-	-
	Total Continuous Charges	894.66	1,025.57	893.57	849.48	965.57	940.55
5022000	Equipment						
5022620	Office Furniture	-	-	-	-	-	52.60
	Total Office Equipment	-	-	-	-	-	52.60
	Total Equipment	-	-	-	-	-	52.60
	Total Expenditures	14,870.71	12,677.62	11,659.48	9,468.20	8,105.56	9,956.71
	Allocated Expenditures						
20100	Behavioral Science Exec	6,865.70	4,530.01	4,395.71	4,237.76	4,390.10	4,701.11
30100	Data Center	5,845.09	8,366.78	3,470.10	8,506.93	2,313.87	5,596.51
30200	Human Resources	31.83	590.47	34.86	33.55	33.59	3,819.50
30300	Finance	5,596.58	3,387.25	2,019.42	5,500.10	5,652.34	(427.74)
30400	Director's Office	1,997.40	1,436.60	1,457.12	1,410.29	1,583.47	1,440.50
30500	Enforcement	10,147.80	7,008.42	6,460.16	6,331.26	6,272.50	6,098.88
30600	Administrative Proceedings	529.88	764.18	1,396.23	5,074.50	686.08	-
30700	Impaired Practitioners	90.34	58.75	57.71	57.70	58.02	61.50
30800	Attorney General	-	-	235.38	235.38	-	-
30900	Board of Health Professions	853.08	715.44	619.28	600.97	771.82	807.27
31300	Emp. Recognition Program	29.76	105.90	-	-	-	16.92
31400	Conference Center	20.88	19.35	113.94	(11.92)	8.92	18.43
31500	Pgm Devlpmnt & Implmntn	981.15	678.05	716.02	653.26	644.40	1,214.02
	Total Allocated Expenditures	32,989.48	27,661.19	20,975.94	32,629.77	22,415.10	23,346.91
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (32,455.19)	\$ (22,893.81)	\$ (18,475.42)	\$ (29,177.97)	\$ (17,225.66)	\$ (20,488.62)

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	January	February	March	April	May	June
4002400	Fee Revenue						
4002401	Application Fee	14,390.00	13,590.00	15,475.00	12,550.00	13,110.00	19,840.00
4002406	License & Renewal Fee	150.00	60.00	370.00	1,050.00	264,075.00	299,810.00
4002407	Dup. License Certificate Fee	75.00	70.00	115.00	60.00	45.00	200.00
4002409	Board Endorsement - Out	775.00	985.00	665.00	600.00	575.00	525.00
4002421	Monetary Penalty & Late Fees	10.00	55.00	410.00	-	235.00	390.00
4002432	Misc. Fee (Bad Check Fee)	-	-	-	-	-	-
	Total Fee Revenue	15,400.00	14,760.00	17,035.00	14,260.00	278,040.00	320,765.00
4003000	Sales of Prop. & Commodities						
4003020	Misc. Sales-Dishonored Payments	-	-	-	-	-	-
	Total Sales of Prop. & Commodities	-	-	-	-	-	-
	Total Revenue	15,400.00	14,760.00	17,035.00	14,260.00	278,040.00	320,765.00
5011000	Personal Services						
5011100	Employee Benefits						
5011110	Employer Retirement Contrib.	533.60	533.60	533.60	533.60	533.60	266.80
5011120	Fed Old-Age Ins- Sal St Emp	306.80	334.31	327.75	363.62	357.87	159.43
5011140	Group Insurance	51.82	51.82	51.82	51.82	51.82	25.91
5011150	Medical/Hospitalization Ins.	-	-	-	-	-	-
5011160	Retiree Medical/Hospitalizatn	46.68	46.68	46.68	46.68	46.68	23.34
5011170	Long term Disability Ins	26.10	26.10	26.10	26.10	26.10	13.05
	Total Employee Benefits	965.00	992.51	985.95	1,021.82	1,016.07	488.53
5011200	Salaries						
5011230	Salaries, Classified	3,955.50	3,955.50	3,955.50	3,955.50	3,955.50	1,977.75
5011250	Salaries, Overtime	51.34	410.74	325.17	794.11	718.81	102.69
	Total Salaries	4,006.84	4,366.24	4,280.67	4,749.61	4,674.31	2,080.44
	Total Personal Services	4,971.84	5,358.75	5,266.62	5,771.43	5,690.38	2,568.97
5012000	Contractual Svs						
5012100	Communication Services						

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	January	February	March	April	May	June
5012110	Express Services	-	-	-	-	-	-
5012140	Postal Services	146.54	171.29	177.65	229.36	122.90	60.03
5012150	Printing Services	-	-	-	-	20.61	22.57
5012160	Telecommunications Svcs (VITA)	94.96	50.92	31.32	24.58	17.84	(45.33)
5012190	Inbound Freight Services	-	0.26	-	-	-	-
	Total Communication Services	241.50	222.47	208.97	253.94	161.35	37.27
5012200	Employee Development Services						
5012210	Organization Memberships	-	1,500.00	-	-	-	-
5012250	Employee Tuition Reimbursement	-	-	-	-	-	-
	Total Employee Development Services	-	1,500.00	-	-	-	-
5012300	Health Services						
5012360	X-ray and Laboratory Services	-	-	-	47.15	-	-
	Total Health Services	-	-	-	47.15	-	-
5012400	Mgmnt and Informational Svcs						
5012420	Fiscal Services	7.53	-	1.44	-	21.40	-
5012440	Management Services	-	3.32	-	29.73	9.68	-
5012460	Public Infrmtnl & Relatn Svcs	-	2.00	-	-	-	-
	Total Mgmnt and Informational Svcs	7.53	5.32	1.44	29.73	31.08	-
5012600	Support Services						
5012630	Clerical Services	-	6,680.62	3,206.25	2,971.88	600.00	5,648.44
5012640	Food & Dietary Services	-	201.53	97.10	242.50	-	246.94
5012660	Manual Labor Services	-	-	-	12.46	34.69	-
5012670	Production Services	-	43.48	8.20	112.61	216.20	70.60
5012680	Skilled Services	737.52	737.52	1,069.39	1,032.52	1,032.52	1,290.65
	Total Support Services	737.52	7,663.15	4,380.94	4,371.97	1,883.41	7,256.63
5012800	Transportation Services						
5012820	Travel, Personal Vehicle	-	797.13	150.87	95.69	592.25	150.87
5012830	Travel, Public Carriers	-	-	-	469.60	-	-
5012850	Travel, Subsistence & Lodging	-	103.10	-	-	103.10	-

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	January	February	March	April	May	June
5012880	Trvl, Meal Reimb- Not Rptble	-	126.75	-	-	59.25	-
	Total Transportation Services	-	1,026.98	150.87	565.29	754.60	150.87
	Total Contractual Svs	986.55	10,417.92	4,742.22	5,268.08	2,830.44	7,444.77
5013000	Supplies And Materials						
5013100	Administrative Supplies						
5013120	Office Supplies	-	208.15	8.88	121.22	58.38	90.67
5013130	Stationery and Forms	-	-	-	-	-	-
	Total Administrative Supplies	-	208.15	8.88	121.22	58.38	90.67
5013500	Repair and Maint. Supplies						
5013520	Custodial Repair & Maint Matrl	-	-	2.02	-	-	-
	Total Repair and Maint. Supplies	-	-	2.02	-	-	-
	Total Supplies And Materials	-	208.15	10.90	121.22	58.38	90.67
5014000	Transfer Payments						
5014100	Awards, Contrib., and Claims						
5014130	Premiums	-	-	-	-	-	-
	Total Awards, Contrib., and Claims	-	-	-	-	-	-
	Total Transfer Payments	-	-	-	-	-	-
5015000	Continuous Charges						
5015100	Insurance-Fixed Assets						
5015160	Property Insurance	-	-	-	-	-	23.57
	Total Insurance-Fixed Assets	-	-	-	-	-	23.57
5015300	Operating Lease Payments						
5015340	Equipment Rentals	-	133.36	44.08	45.19	44.08	89.28
5015350	Building Rentals	-	1.62	-	-	1.62	-
5015390	Building Rentals - Non State	849.48	960.70	849.48	956.36	865.15	775.85
	Total Operating Lease Payments	849.48	1,095.68	893.56	1,001.55	910.85	865.13

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	January	February	March	April	May	June
5015500	Insurance-Operations						
5015510	General Liability Insurance	-	-	-	-	-	84.60
5015540	Surety Bonds	-	-	-	-	-	4.99
	Total Insurance-Operations	-	-	-	-	-	89.59
	Total Continuous Charges	849.48	1,095.68	893.56	1,001.55	910.85	978.29
5022000	Equipment						
5022620	Office Furniture	-	-	-	-	-	-
	Total Office Equipment	-	-	-	-	-	-
	Total Equipment	-	-	-	-	-	-
	Total Expenditures	6,807.87	17,080.50	10,913.30	12,162.28	9,490.05	11,082.70
	Allocated Expenditures						
20100	Behavioral Science Exec	4,245.56	4,676.00	5,202.17	4,493.96	22,051.41	3,879.37
30100	Data Center	7,282.53	7,039.69	5,536.73	5,414.81	4,969.77	4,795.08
30200	Human Resources	28.27	47.92	31.15	38.49	86.08	4,678.71
30300	Finance	4,554.39	(2,428.56)	2,221.77	2,459.51	6,500.84	(1,347.23)
30400	Director's Office	1,431.86	1,598.81	1,469.16	1,493.46	2,142.32	816.55
30500	Enforcement	5,611.91	7,675.55	8,114.48	7,413.15	6,300.79	3,742.51
30600	Administrative Proceedings	-	709.40	2,569.02	1,260.11	443.06	690.57
30700	Impaired Practitioners	57.01	83.78	78.31	78.69	115.18	60.42
30800	Attorney General	235.38	-	-	235.38	-	-
30900	Board of Health Professions	576.80	664.55	777.59	881.77	1,275.53	363.88
31300	Emp. Recognition Program	-	5.40	2.84	1.44	108.22	210.75
31400	Conference Center	8.85	34.37	13.76	30.96	(5.74)	(1.52)
31500	Pgm Devlpmnt & Implmentn	731.39	1,040.71	712.95	725.86	1,122.23	940.40
	Total Allocated Expenditures	24,763.93	21,147.64	26,729.94	24,527.57	45,109.69	18,829.49
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (16,171.80)	\$ (23,468.14)	\$ (20,608.24)	\$ (22,429.85)	\$ 223,440.26	\$ 290,852.81

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Total
4002400	Fee Revenue	
4002401	Application Fee	169,075.00
4002406	License & Renewal Fee	567,055.00
4002407	Dup. License Certificate Fee	1,100.00
4002409	Board Endorsement - Out	7,325.00
4002421	Monetary Penalty & Late Fees	1,610.00
4002432	Misc. Fee (Bad Check Fee)	35.00
	Total Fee Revenue	746,200.00
4003000	Sales of Prop. & Commodities	
4003020	Misc. Sales-Dishonored Payments	100.00
	Total Sales of Prop. & Commodities	100.00
	Total Revenue	746,300.00
5011000	Personal Services	
5011100	Employee Benefits	
5011110	Employer Retirement Contrib.	6,417.64
5011120	Fed Old-Age Ins- Sal St Emp	4,097.54
5011140	Group Insurance	619.47
5011150	Medical/Hospitalization Ins.	271.50
5011160	Retiree Medical/Hospitalizatn	557.59
5011170	Long term Disability Ins	313.20
	Total Employee Benefits	12,276.94
5011200	Salaries	
5011230	Salaries, Classified	47,663.78
5011250	Salaries, Overtime	5,921.60
	Total Salaries	53,585.38
	Total Personal Services	65,862.32
5012000	Contractual Svs	-
5012100	Communication Services	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Total
5012110	Express Services	8.90
5012140	Postal Services	2,036.90
5012150	Printing Services	43.18
5012160	Telecommunications Svcs (VITA)	349.56
5012190	Inbound Freight Services	16.93
	Total Communication Services	2,455.47
5012200	Employee Development Services	
5012210	Organization Memberships	1,500.00
5012250	Employee Tuition Reimbursement	1,800.00
	Total Employee Development Services	3,300.00
5012300	Health Services	
5012360	X-ray and Laboratory Services	47.15
	Total Health Services	47.15
5012400	Mgmnt and Informational Svcs	
5012420	Fiscal Services	55.49
5012440	Management Services	93.67
5012460	Public Infrmtnl & Relatn Svcs	437.00
	Total Mgmnt and Informational Svcs	586.16
5012600	Support Services	
5012630	Clerical Services	32,733.79
5012640	Food & Dietary Services	1,064.60
5012660	Manual Labor Services	96.18
5012670	Production Services	792.99
5012680	Skilled Services	10,580.98
	Total Support Services	45,268.54
5012800	Transportation Services	
5012820	Travel, Personal Vehicle	3,372.62
5012830	Travel, Public Carriers	469.60
5012850	Travel, Subsistence & Lodging	206.20

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Total
5012880	Trvl, Meal Reimb- Not Rprtble	186.00
	Total Transportation Services	4,234.42
	Total Contractual Svs	55,891.74
5013000	Supplies And Materials	
5013100	Administrative Supplies	-
5013120	Office Supplies	1,023.07
5013130	Stationery and Forms	14.42
	Total Administrative Supplies	1,037.49
5013500	Repair and Maint. Supplies	
5013520	Custodial Repair & Maint Matrl	2.02
	Total Repair and Maint. Supplies	2.02
	Total Supplies And Materials	1,039.51
5014000	Transfer Payments	
5014100	Awards, Contrib., and Claims	
5014130	Premiums	130.00
	Total Awards, Contrib., and Claims	130.00
	Total Transfer Payments	130.00
5015000	Continuous Charges	
5015100	Insurance-Fixed Assets	-
5015160	Property Insurance	23.57
	Total Insurance-Fixed Assets	23.57
5015300	Operating Lease Payments	
5015340	Equipment Rentals	578.61
5015350	Building Rentals	6.48
5015390	Building Rentals - Non State	10,600.56
	Total Operating Lease Payments	11,185.65

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Total
5015500	Insurance-Operations	
5015510	General Liability Insurance	84.60
5015540	Surety Bonds	4.99
	Total Insurance-Operations	89.59
	Total Continuous Charges	11,298.81
5022000	Equipment	
5022620	Office Furniture	52.60
	Total Office Equipment	52.60
	Total Equipment	52.60
	Total Expenditures	134,274.98
	Allocated Expenditures	
20100	Behavioral Science Exec	73,668.85
30100	Data Center	69,137.90
30200	Human Resources	9,454.43
30300	Finance	33,688.69
30400	Director's Office	18,277.53
30500	Enforcement	81,177.42
30600	Administrative Proceedings	14,123.03
30700	Impaired Practitioners	857.39
30800	Attorney General	941.50
30900	Board of Health Professions	8,907.98
31300	Emp. Recognition Program	481.22
31400	Conference Center	250.28
31500	Pgm Devlpmnt & Implmtn	10,160.44
	Total Allocated Expenditures	321,126.66
	Net Revenue in Excess (Shortfall) of Expenditures	290,898.36

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20100 - Behavioral Science Exec
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
5011110	Employer Retirement Contrib.	26,660.88	27,776.00	1,115.12	95.99%
5011120	Fed Old-Age Ins- Sal St Emp	14,544.07	15,752.00	1,207.93	92.33%
5011140	Group Insurance	2,687.07	2,698.00	10.93	99.59%
5011150	Medical/Hospitalization Ins.	56,064.00	56,268.00	204.00	99.64%
5011160	Retiree Medical/Hospitalizatn	2,418.37	2,430.00	11.63	99.52%
5011170	Long term Disability Ins	1,358.88	1,359.00	0.12	99.99%
	Total Employee Benefits	103,733.27	106,283.00	2,549.73	97.60%
5011200	Salaries				
5011230	Salaries, Classified	205,896.96	205,898.00	1.04	100.00%
	Total Salaries	205,896.96	205,898.00	1.04	100.00%
5011300	Special Payments				
5011380	Deferred Compnstrn Match Prmts	120.00	1,440.00	1,320.00	8.33%
	Total Special Payments	120.00	1,440.00	1,320.00	8.33%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	1,177.32	-	(1,177.32)	0.00%
	Total Terminatn Personal Svce Costs	1,177.32	-	(1,177.32)	0.00%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	310,927.55	313,621.00	2,693.45	99.14%
5012000	Contractual Svcs				
5012100	Communication Services				
5012160	Telecommunications Svcs (VITA)	2,858.09	5,000.00	2,141.91	57.16%
5012170	Telecomm. Svcs (Non-State)	540.00	-	(540.00)	0.00%
5012190	Inbound Freight Services	12.50	-	(12.50)	0.00%
	Total Communication Services	3,410.59	5,000.00	1,589.41	68.21%
5012200	Employee Development Services				
5012210	Organization Memberships	165.00	-	(165.00)	0.00%
5012240	Employee Training/Workshop/Conf	4,115.00	-	(4,115.00)	0.00%
	Total Employee Development Services	4,280.00	-	(4,280.00)	0.00%
5012600	Support Services				
5012630	Clerical Services	6,842.82	44,000.00	37,157.18	15.55%
5012660	Manual Labor Services	1,970.00	-	(1,970.00)	0.00%
	Total Support Services	8,812.82	44,000.00	35,187.18	20.03%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	489.50	-	(489.50)	0.00%
5012850	Travel, Subsistence & Lodging	950.48	-	(950.48)	0.00%
5012880	Trvl, Meal Reimb- Not Rprtbl	209.50	-	(209.50)	0.00%
	Total Transportation Services	1,649.48	-	(1,649.48)	0.00%
	Total Contractual Svcs	18,152.89	49,000.00	30,847.11	37.05%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	958.88	537.00	(421.88)	178.56%
	Total Administrative Supplies	958.88	537.00	(421.88)	178.56%
5013600	Residential Supplies				
5013630	Food Service Supplies	-	19.00	19.00	0.00%
	Total Residential Supplies	-	19.00	19.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20100 - Behavioral Science Exec
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5013700 Specific Use Supplies					
5013730	Computer Operating Supplies	44.50	-	(44.50)	0.00%
	Total Specific Use Supplies	44.50	-	(44.50)	0.00%
	Total Supplies And Materials	1,003.38	556.00	(447.38)	180.46%
5015000 Continuous Charges					
5015300 Operating Lease Payments					
5015340	Equipment Rentals	4,187.56	-	(4,187.56)	0.00%
5015390	Building Rentals - Non State	32,154.99	31,134.00	(1,020.99)	103.28%
	Total Operating Lease Payments	36,342.55	31,134.00	(5,208.55)	116.73%
	Total Continuous Charges	36,342.55	31,134.00	(5,208.55)	116.73%
5022000 Equipment					
5022100 Computer Hrdware & Sftware					
5022170	Other Computer Equipment	(1,416.50)	-	1,416.50	0.00%
5022180	Computer Software Purchases	437.98	-	(437.98)	0.00%
	Total Computer Hrdware & Sftware	(978.52)	-	978.52	0.00%
5022200 Educational & Cultural Equip					
5022240	Reference Equipment	-	16.00	16.00	0.00%
	Total Educational & Cultural Equip	-	16.00	16.00	0.00%
5022300 Electrnc & Photographic Equip					
5022330	Voice & Data Transmissn Equip	290.00	-	(290.00)	0.00%
	Total Electrnc & Photographic Equip	290.00	-	(290.00)	0.00%
5022600 Office Equipment					
5022610	Office Appurtenances	-	27.00	27.00	0.00%
5022620	Office Furniture	1,678.40	-	(1,678.40)	0.00%
5022630	Office Incidentals	-	34.00	34.00	0.00%
5022640	Office Machines	928.00	3,600.00	2,672.00	25.78%
	Total Office Equipment	2,606.40	3,661.00	1,054.60	71.19%
	Total Equipment	1,917.88	3,677.00	1,759.12	52.16%
	Total Expenditures	368,344.25	397,988.00	29,643.75	92.55%
Allocated Expenditures					
10800	Psychology	110,503.28	(119,396.40)	(229,899.68)	92.55%
10900	Counseling	184,172.13	(198,994.00)	(383,166.13)	92.55%
11000	Social Work	73,668.85	(79,597.60)	(153,266.45)	92.55%
	Total Allocated Expenditures	368,344.25	(397,988.00)	(766,332.25)	92.55%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20100 - Behavioral Science Exec
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	July	August	September	October	November	December
5011000	Personal Services						
5011100	Employee Benefits						
5011110	Employer Retirement Contrib.	2,383.34	1,559.08	1,559.08	1,559.08	1,559.08	1,559.08
5011120	Fed Old-Age Ins- Sal St Emp	1,304.47	869.85	869.85	869.84	869.85	869.84
5011140	Group Insurance	233.43	160.52	160.52	160.52	160.52	160.52
5011150	Medical/Hospitalization Ins.	4,553.00	3,126.00	3,126.00	3,126.00	3,126.00	3,126.00
5011160	Retiree Medical/Hospitalizatn	208.91	144.58	144.58	144.58	144.58	144.58
5011170	Long term Disability Ins	121.29	80.86	80.86	80.86	80.86	80.86
	Total Employee Benefits	8,804.44	5,940.89	5,940.89	5,940.88	5,940.89	5,940.88
5011200	Salaries						
5011230	Salaries, Classified	18,378.99	12,252.66	12,252.66	12,252.66	12,252.66	12,252.66
	Total Salaries	18,378.99	12,252.66	12,252.66	12,252.66	12,252.66	12,252.66
5011300	Special Payments						
5011380	Deferred Compnstn Match Pmts	-	-	-	-	-	-
	Total Special Payments	-	-	-	-	-	-
5011600	Terminatn Personal Svce Costs						
5011660	Defined Contribution Match - Hy	140.70	93.80	93.80	93.80	93.80	93.82
	Total Terminatn Personal Svce Costs	140.70	93.80	93.80	93.80	93.80	93.82
	Total Personal Services	27,324.13	18,287.35	18,287.35	18,287.34	18,287.35	18,287.36
5012000	Contractual Svs						
5012100	Communication Services						
5012140	Postal Services	-	-	-	279.71	-	-
5012160	Telecommunications Svcs (VITA)	261.68	264.20	257.32	-	392.85	254.55
5012170	Telecomm. Svcs (Non-State)	67.50	45.00	45.00	45.00	45.00	45.00
5012190	Inbound Freight Services	-	-	-	-	-	12.50
	Total Communication Services	329.18	309.20	302.32	324.71	437.85	312.05
5012200	Employee Development Services						
5012210	Organization Memberships	-	-	165.00	-	-	-
5012240	Employee Trainng/Workshop/Conf	-	-	-	-	-	365.00

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20100 - Behavioral Science Exec
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	July	August	September	October	November	December
	Total Employee Development Services	-	-	165.00	-	-	365.00
5012600	Support Services						
5012630	Clerical Services	600.00	693.75	550.31	-	-	660.00
5012660	Manual Labor Services	1,485.00	-	-	-	-	-
	Total Support Services	2,085.00	693.75	550.31	-	-	660.00
5012800	Transportation Services						
5012820	Travel, Personal Vehicle	-	-	-	-	82.16	(22.00)
5012850	Travel, Subsistence & Lodging	-	-	-	-	270.30	219.60
5012880	Trvl, Meal Reimb- Not Rprtle	-	-	-	-	30.75	70.25
	Total Transportation Services	-	-	-	-	383.21	267.85
	Total Contractual Svs	2,414.18	1,002.95	1,017.63	324.71	821.06	1,604.90
5013000	Supplies And Materials						
5013120	Office Supplies	35.87	46.30	-	-	(81.90)	155.08
	Total Administrative Supplies	35.87	46.30	-	-	(81.90)	155.08
5013700	Specific Use Supplies						
5013730	Computer Operating Supplies	-	-	-	-	-	-
	Total Specific Use Supplies	-	-	-	-	-	-
	Total Supplies And Materials	35.87	46.30	-	-	(81.90)	155.08
5015000	Continuous Charges						
5015300	Operating Lease Payments						
5015340	Equipment Rentals	4,187.56	-	-	-	-	-
5015390	Building Rentals - Non State	2,576.75	2,972.27	2,576.75	2,576.75	2,923.98	2,582.22
	Total Operating Lease Payments	6,764.31	2,972.27	2,576.75	2,576.75	2,923.98	2,582.22
	Total Continuous Charges	6,764.31	2,972.27	2,576.75	2,576.75	2,923.98	2,582.22
5022000	Equipment						

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20100 - Behavioral Science Exec
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	July	August	September	October	November	December
5022100	Computer Hrdware & Sftware						
5022170	Other Computer Equipment	(2,210.00)	-	-	-	-	366.00
5022180	Computer Software Purchases	-	341.18	96.80	-	-	-
	Total Computer Hrdware & Sftware	(2,210.00)	341.18	96.80	-	-	366.00
5022300	Electrnc & Photographic Equip						
5022330	Voice & Data Transmissn Equip	-	-	-	-	-	290.00
	Total Electrnc & Photographic Equip	-	-	-	-	-	290.00
5022620	Office Furniture	-	-	-	-	-	220.00
5022640	Office Machines	-	-	-	-	-	-
	Total Office Equipment	-	-	-	-	-	220.00
	Total Equipment	(2,210.00)	341.18	96.80	-	-	876.00
	Total Expenditures	34,328.49	22,650.05	21,978.53	21,188.80	21,950.49	23,505.56

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20100 - Behavioral Science Exec
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	January	February	March	April	May	June
5011000	Personal Services						
5011100	Employee Benefits						
5011110	Employer Retirement Contrib.	1,549.70	1,549.70	1,549.70	1,549.70	9,177.62	1,105.72
5011120	Fed Old-Age Ins- Sal St Emp	869.88	869.88	869.88	869.88	4,807.75	603.10
5011140	Group Insurance	160.52	160.52	160.52	160.52	896.57	112.39
5011150	Medical/Hospitalization Ins.	3,126.00	3,126.00	3,126.00	3,126.00	21,032.50	2,344.50
5011160	Retiree Medical/Hospitalizatn	144.58	144.58	144.58	144.58	807.01	101.23
5011170	Long term Disability Ins	80.86	80.86	80.86	80.86	453.23	56.62
	Total Employee Benefits	5,931.54	5,931.54	5,931.54	5,931.54	37,174.68	4,323.56
5011200	Salaries						
5011230	Salaries, Classified	12,252.66	12,252.66	12,252.66	12,252.66	68,664.99	8,579.04
	Total Salaries	12,252.66	12,252.66	12,252.66	12,252.66	68,664.99	8,579.04
5011300	Special Payments						
5011380	Deferred Compnstn Match Pmts	-	-	-	-	115.00	5.00
	Total Special Payments	-	-	-	-	115.00	5.00
5011600	Terminatn Personal Svce Costs						
5011660	Defined Contribution Match - Hy	103.20	103.20	103.20	103.20	103.20	51.60
	Total Terminatn Personal Svce Costs	103.20	103.20	103.20	103.20	103.20	51.60
	Total Personal Services	18,287.40	18,287.40	18,287.40	18,287.40	106,057.87	12,959.20
5012000	Contractual Svs						
5012100	Communication Services						
5012140	Postal Services	(279.71)	-	-	-	-	-
5012160	Telecommunications Svcs (VITA)	536.84	353.14	251.34	293.51	247.26	(254.60)
5012170	Telecomm. Svcs (Non-State)	45.00	45.00	45.00	45.00	45.00	22.50
5012190	Inbound Freight Services	-	-	-	-	-	-
	Total Communication Services	302.13	398.14	296.34	338.51	292.26	(232.10)
5012200	Employee Development Services						
5012210	Organization Memberships	-	-	-	-	-	-
5012240	Employee Trainng/Workshop/Conf	-	-	3,750.00	-	-	-

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20100 - Behavioral Science Exec
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	January	February	March	April	May	June
	Total Employee Development Services	-	-	3,750.00	-	-	-
5012600	Support Services						
5012630	Clerical Services	-	865.31	829.69	632.82	609.38	1,401.56
5012660	Manual Labor Services	-	485.00	-	-	-	-
	Total Support Services	-	1,350.31	829.69	632.82	609.38	1,401.56
5012800	Transportation Services						
5012820	Travel, Personal Vehicle	61.50	(61.50)	118.78	162.35	148.21	-
5012850	Travel, Subsistence & Lodging	-	-	36.00	60.00	364.58	-
5012880	Trvl, Meal Reimb- Not Rprtle	-	-	-	-	108.50	-
	Total Transportation Services	61.50	(61.50)	154.78	222.35	621.29	-
	Total Contractual Svs	363.63	1,686.95	5,030.81	1,193.68	1,522.93	1,169.46
5013000	Supplies And Materials						
5013120	Office Supplies	-	273.11	115.90	87.77	51.94	274.81
	Total Administrative Supplies	-	273.11	115.90	87.77	51.94	274.81
5013700	Specific Use Supplies						
5013730	Computer Operating Supplies	-	-	-	-	-	44.50
	Total Specific Use Supplies	-	-	-	-	-	44.50
	Total Supplies And Materials	-	273.11	115.90	87.77	51.94	319.31
5015000	Continuous Charges						
5015300	Operating Lease Payments						
5015340	Equipment Rentals	-	-	-	-	-	-
5015390	Building Rentals - Non State	2,576.75	2,914.12	2,576.75	2,900.95	2,624.30	2,353.40
	Total Operating Lease Payments	2,576.75	2,914.12	2,576.75	2,900.95	2,624.30	2,353.40
	Total Continuous Charges	2,576.75	2,914.12	2,576.75	2,900.95	2,624.30	2,353.40
5022000	Equipment						

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 20100 - Behavioral Science Exec
 For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	January	February	March	April	May	June
5022100	Computer Hrdware & Sftware						
5022170	Other Computer Equipment	-	-	-	-	-	427.50
5022180	Computer Software Purchases	-	-	-	-	-	-
	Total Computer Hrdware & Sftware	-	-	-	-	-	427.50
5022300	Electrnc & Photographic Equip						
5022330	Voice & Data Transmissn Equip	-	-	-	-	-	-
	Total Electrnc & Photographic Equip	-	-	-	-	-	-
5022620	Office Furniture	-	218.40	-	-	-	1,240.00
5022640	Office Machines	-	-	-	-	-	928.00
	Total Office Equipment	-	218.40	-	-	-	2,168.00
	Total Equipment	-	218.40	-	-	-	2,595.50
	Total Expenditures	21,227.78	23,379.98	26,010.86	22,469.80	110,257.04	19,396.87

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20100 - Behavioral Science Exec
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Total
5011000	Personal Services	
5011100	Employee Benefits	
5011110	Employer Retirement Contrib.	26,660.88
5011120	Fed Old-Age Ins- Sal St Emp	14,544.07
5011140	Group Insurance	2,687.07
5011150	Medical/Hospitalization Ins.	56,064.00
5011160	Retiree Medical/Hospitalizatn	2,418.37
5011170	Long term Disability Ins	1,358.88
	Total Employee Benefits	103,733.27
5011200	Salaries	
5011230	Salaries, Classified	205,896.96
	Total Salaries	205,896.96
5011300	Special Payments	
5011380	Deferred Compnstrn Match Prmts	120.00
	Total Special Payments	120.00
5011600	Terminatn Personal Svce Costs	
5011660	Defined Contribution Match - Hy	1,177.32
	Total Terminatn Personal Svce Costs	1,177.32
	Total Personal Services	310,927.55
5012000	Contractual Svcs	-
5012100	Communication Services	-
5012140	Postal Services	-
5012160	Telecommunications Svcs (VITA)	2,858.09
5012170	Telecomm. Svcs (Non-State)	540.00
5012190	Inbound Freight Services	12.50
	Total Communication Services	3,410.59
5012200	Employee Development Services	
5012210	Organization Memberships	165.00
5012240	Employee Trainng/Workshop/Conf	4,115.00

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20100 - Behavioral Science Exec
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Total
	Total Employee Development Services	4,280.00
5012600	Support Services	
5012630	Clerical Services	6,842.82
5012660	Manual Labor Services	1,970.00
	Total Support Services	8,812.82
5012800	Transportation Services	
5012820	Travel, Personal Vehicle	489.50
5012850	Travel, Subsistence & Lodging	950.48
5012880	Trvl, Meal Reimb- Not Rprtbl	209.50
	Total Transportation Services	1,649.48
	Total Contractual Svs	18,152.89
5013000	Supplies And Materials	
5013120	Office Supplies	958.88
	Total Administrative Supplies	958.88
5013700	Specific Use Supplies	
5013730	Computer Operating Supplies	44.50
	Total Specific Use Supplies	44.50
	Total Supplies And Materials	1,003.38
5015000	Continuous Charges	
5015300	Operating Lease Payments	
5015340	Equipment Rentals	4,187.56
5015390	Building Rentals - Non State	32,154.99
	Total Operating Lease Payments	36,342.55
	Total Continuous Charges	36,342.55
5022000	Equipment	

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20100 - Behavioral Science Exec
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Total
5022100	Computer Hrdware & Sftware	-
5022170	Other Computer Equipment	(1,416.50)
5022180	Computer Software Purchases	437.98
	Total Computer Hrdware & Sftware	(978.52)
5022300	Electrnc & Photographic Equip	
5022330	Voice & Data Transmissn Equip	290.00
	Total Electrnc & Photographic Equip	290.00
5022620	Office Furniture	1,678.40
5022640	Office Machines	928.00
	Total Office Equipment	2,606.40
	Total Equipment	<u>1,917.88</u>
	Total Expenditures	<u><u>368,344.25</u></u>

Virginia Department of Health Professions
Cash Balance
As of September 30, 2017

	<u>110- Social Work</u>
Board Cash Balance as June 30, 2017	\$ 401,802
YTD FY18 Revenue	67,332
Less: YTD FY18 Direct and Allocated Expenditures	<u>162,319</u>
Board Cash Balance as September 30, 2017	<u><u>\$ 306,814</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over) Budget	
4002400 Fee Revenue					
4002401	Application Fee	45,865.00	100,300.00	54,435.00	45.73%
4002406	License & Renewal Fee	13,957.00	602,865.00	588,908.00	2.32%
4002407	Dup. License Certificate Fee	460.00	850.00	390.00	54.12%
4002409	Board Endorsement - Out	1,750.00	2,750.00	1,000.00	63.64%
4002421	Monetary Penalty & Late Fees	5,300.00	1,100.00	(4,200.00)	481.82%
4002432	Misc. Fee (Bad Check Fee)	-	35.00	35.00	0.00%
	Total Fee Revenue	67,332.00	707,900.00	640,568.00	9.51%
	Total Revenue	67,332.00	707,900.00	640,568.00	9.51%
5011110 Employer Retirement Contrib.					
5011110	Employer Retirement Contrib.	1,899.60	6,580.00	4,680.40	28.87%
5011120 Fed Old-Age Ins- Sal St Emp					
5011120	Fed Old-Age Ins- Sal St Emp	1,131.97	4,361.00	3,229.03	25.96%
5011140 Group Insurance					
5011140	Group Insurance	184.49	639.00	454.51	28.87%
5011160 Retiree Medical/Hospitalizatn					
5011160	Retiree Medical/Hospitalizatn	166.18	576.00	409.82	28.85%
5011170 Long term Disability Ins					
5011170	Long term Disability Ins	92.91	322.00	229.09	28.85%
	Total Employee Benefits	3,475.15	12,478.00	9,002.85	27.85%
5011200 Salaries					
5011230	Salaries, Classified	14,140.90	48,772.00	34,631.10	28.99%
5011250	Salaries, Overtime	644.54	8,220.00	7,575.46	7.84%
	Total Salaries	14,785.44	56,992.00	42,206.56	25.94%
5011300 Special Payments					
5011340	Specified Per Diem Payment	100.00	2,800.00	2,700.00	3.57%
5011380	Deferred Compnstrn Match Prmts	-	480.00	480.00	0.00%
	Total Special Payments	100.00	3,280.00	3,180.00	3.05%
5011930 Turnover/Vacancy Benefits					
	Total Personal Services	18,360.59	72,750.00	54,389.41	25.24%
5012000 Contractual Svs					
5012100 Communication Services					
5012110	Express Services	-	537.00	537.00	0.00%
5012140	Postal Services	6,740.26	4,411.00	(2,329.26)	152.81%
5012150	Printing Services	76.73	67.00	(9.73)	114.52%
5012160	Telecommunications Svcs (VITA)	35.25	550.00	514.75	6.41%
	Total Communication Services	6,852.24	5,565.00	(1,287.24)	123.13%
5012200 Employee Development Services					
5012210	Organization Memberships	-	1,500.00	1,500.00	0.00%
5012250	Employee Tuition Reimbursement	600.00	-	(600.00)	0.00%
	Total Employee Development Services	600.00	1,500.00	900.00	40.00%
5012400 Mgmnt and Informational Svcs					
5012420	Fiscal Services	9,656.64	5,500.00	(4,156.64)	175.58%
5012440	Management Services	47.84	212.00	164.16	22.57%
	Total Mgmnt and Informational Svcs	9,704.48	5,712.00	(3,992.48)	169.90%
5012600 Support Services					
5012630	Clerical Services	5,582.81	66,208.00	60,625.19	8.43%
5012640	Food & Dietary Services	55.75	480.00	424.25	11.61%
5012660	Manual Labor Services	87.47	2,188.00	2,100.53	4.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over)	
5012670	Production Services	592.65	2,405.00	1,812.35	24.64%
5012680	Skilled Services	3,871.95	24,297.00	20,425.05	15.94%
	Total Support Services	10,190.63	95,578.00	85,387.37	10.66%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	150.87	2,809.00	2,658.13	5.37%
5012850	Travel, Subsistence & Lodging	-	1,607.00	1,607.00	0.00%
5012880	Trvl, Meal Reimb- Not Rprtbl	-	917.00	917.00	0.00%
	Total Transportation Services	150.87	5,333.00	5,182.13	2.83%
	Total Contractual Svcs	27,498.22	113,688.00	86,189.78	24.19%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	126.82	276.00	149.18	45.95%
5013130	Stationery and Forms	-	41.00	41.00	0.00%
	Total Administrative Supplies	126.82	317.00	190.18	40.01%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	21.00	21.00	0.00%
5013630	Food Service Supplies	-	82.00	82.00	0.00%
	Total Residential Supplies	-	103.00	103.00	0.00%
	Total Supplies And Materials	126.82	420.00	293.18	30.20%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	26.00	26.00	0.00%
	Total Insurance-Fixed Assets	-	26.00	26.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	88.18	540.00	451.82	16.33%
5015350	Building Rentals	1.89	-	(1.89)	0.00%
5015390	Building Rentals - Non State	2,478.22	11,584.00	9,105.78	21.39%
	Total Operating Lease Payments	2,568.29	12,124.00	9,555.71	21.18%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	97.00	97.00	0.00%
5015540	Surety Bonds	-	6.00	6.00	0.00%
	Total Insurance-Operations	-	103.00	103.00	0.00%
	Total Continuous Charges	2,568.29	12,253.00	9,684.71	20.96%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	43.00	43.00	0.00%
	Total Educational & Cultural Equip	-	43.00	43.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	21.00	21.00	0.00%
	Total Office Equipment	-	21.00	21.00	0.00%
	Total Equipment	-	64.00	64.00	0.00%
	Total Expenditures	48,553.92	199,175.00	150,621.08	24.38%

Allocated Expenditures

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
				Budget	
20100 Behavioral Science Exec		21,147.18	83,640.40	62,493.22	25.28%
30100 Data Center		19,507.65	62,774.11	43,266.46	31.08%
30200 Human Resources		102.51	12,398.73	12,296.22	0.83%
30300 Finance		12,914.36	37,114.95	24,200.58	34.80%
30400 Director's Office		5,196.89	18,746.21	13,549.32	27.72%
30500 Enforcement		30,357.18	135,174.90	104,817.72	22.46%
30600 Administrative Proceedings		8,046.95	25,905.73	17,858.78	31.06%
30700 Impaired Practitioners		351.50	913.02	561.52	38.50%
30800 Attorney General		677.01	1,111.31	434.30	60.92%
30900 Board of Health Professions		2,804.20	10,654.81	7,850.61	26.32%
31100 Maintenance and Repairs		-	417.32	417.32	0.00%
31300 Emp. Recognition Program		-	199.36	199.36	0.00%
31400 Conference Center		10,153.61	5,818.80	(4,334.81)	174.50%
31500 Pgm Devlpmt & Implmentn		2,506.43	10,459.04	7,952.60	23.96%
Total Allocated Expenditures		<u>113,765.48</u>	<u>405,328.67</u>	<u>291,563.19</u>	<u>28.07%</u>
Net Revenue in Excess (Shortfall) of Expenditures		<u>\$ (94,987.40)</u>	<u>\$ 103,396.33</u>	<u>\$ 198,383.73</u>	<u>91.87%</u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	July	August	September	Total
4002400	Fee Revenue				
4002401	Application Fee	13,950.00	16,350.00	15,565.00	45,865.00
4002406	License & Renewal Fee	11,247.00	2,105.00	605.00	13,957.00
4002407	Dup. License Certificate Fee	140.00	200.00	120.00	460.00
4002409	Board Endorsement - Out	650.00	510.00	590.00	1,750.00
4002421	Monetary Penalty & Late Fees	4,000.00	905.00	395.00	5,300.00
	Total Fee Revenue	29,987.00	20,070.00	17,275.00	67,332.00
	Total Revenue	29,987.00	20,070.00	17,275.00	67,332.00
5011000	Personal Services				
5011100	Employee Benefits				
5011110	Employer Retirement Contrib.	800.40	549.60	549.60	1,899.60
5011120	Fed Old-Age Ins- Sal St Emp	478.37	337.59	316.01	1,131.97
5011140	Group Insurance	77.73	53.38	53.38	184.49
5011160	Retiree Medical/Hospitalizatn	70.02	48.08	48.08	166.18
5011170	Long term Disability Ins	39.15	26.88	26.88	92.91
	Total Employee Benefits	1,465.67	1,015.53	993.95	3,475.15
5011200	Salaries				
5011230	Salaries, Classified	5,992.58	4,074.16	4,074.16	14,140.90
5011250	Salaries, Overtime	256.73	334.93	52.88	644.54
	Total Salaries	6,249.31	4,409.09	4,127.04	14,785.44
5011340	Specified Per Diem Payment	-	-	100.00	100.00
	Total Personal Services	7,714.98	5,424.62	5,220.99	18,360.59
5012000	Contractual Svcs				-
5012100	Communication Services				-
5012140	Postal Services	4,617.68	1,749.19	373.39	6,740.26
5012150	Printing Services	-	-	76.73	76.73
5012160	Telecommunications Svcs (VITA)	17.28	17.97	-	35.25
	Total Communication Services	4,634.96	1,767.16	450.12	6,852.24
5012200	Employee Development Services				
5012250	Employee Tuition Reimbursement	-	-	600.00	600.00
	Total Employee Development Services	-	-	600.00	600.00
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	4,756.93	4,622.31	277.40	9,656.64
5012440	Management Services	-	47.84	-	47.84
	Total Mgmnt and Informational Svcs	4,756.93	4,670.15	277.40	9,704.48
5012600	Support Services				
5012630	Clerical Services	-	2,250.00	3,332.81	5,582.81
5012640	Food & Dietary Services	-	55.75	-	55.75
5012660	Manual Labor Services	15.59	-	71.88	87.47
5012670	Production Services	91.10	62.20	439.35	592.65
5012680	Skilled Services	1,290.65	1,290.65	1,290.65	3,871.95

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	July	August	September	Total
	Total Support Services	1,397.34	3,658.60	5,134.69	10,190.63
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	-	-	150.87	150.87
	Total Transportation Services	-	-	150.87	150.87
	Total Contractual Svs	10,789.23	10,095.91	6,613.08	27,498.22
5013000	Supplies And Materials				
5013100	Administrative Supplies				-
5013120	Office Supplies	-	109.77	17.05	126.82
	Total Administrative Supplies	-	109.77	17.05	126.82
	Total Supplies And Materials	-	109.77	17.05	126.82
5015000	Continuous Charges				
5015300	Operating Lease Payments				
5015340	Equipment Rentals	-	44.09	44.09	88.18
5015350	Building Rentals	-	1.89	-	1.89
5015390	Building Rentals - Non State	775.85	908.18	794.19	2,478.22
	Total Operating Lease Payments	775.85	954.16	838.28	2,568.29
	Total Continuous Charges	775.85	954.16	838.28	2,568.29
	Total Expenditures	19,280.06	16,584.46	12,689.40	48,553.92
	Allocated Expenditures				
20100	Behavioral Science Exec	8,922.38	6,332.96	5,891.84	21,147.18
30100	Data Center	9,274.03	2,929.28	7,304.34	19,507.65
30200	Human Resources	31.31	40.01	31.19	102.51
30300	Finance	6,362.33	3,317.43	3,234.60	12,914.36
30400	Director's Office	2,056.96	1,635.11	1,504.82	5,196.89
30500	Enforcement	11,712.05	9,525.95	9,119.18	30,357.18
30600	Administrative Proceedings	6,894.83	239.25	912.87	8,046.95
30700	Impaired Practitioners	144.71	107.79	99.00	351.50
30800	Attorney General	-	-	677.01	677.01
30900	Board of Health Professions	1,193.05	849.55	761.60	2,804.20
31400	Conference Center	6.89	13.08	10,133.64	10,153.61
31500	Pgm Devlpmnt & Implmentn	930.86	820.39	755.18	2,506.43
	Total Allocated Expenditures	47,529.41	25,810.80	40,425.27	113,765.48
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (36,822.47)	\$ (22,325.26)	\$ (35,839.67)	\$ (94,987.40)

DEPUTY
EXECUTIVE
DIRECTOR'S
REPORT

BEHAVIORAL SCIENCE BOARDS

COUNSELING, PSYCHOLOGY, AND SOCIAL WORK

Discipline Reports

May 12, 2017 - October 5, 2017

CASES RECEIVED and ACTIVE INVESTIGATIONS

	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	62	29	28	119
Open Investigations in Enforcement	58	46	39	143

CASES CLOSED

Closure Category	Counseling	Psychology	Social Work	BSU Total
Closed – no violation	23	22	30	75
Closed – undetermined	9	2	0	11
Closed – violation	7	4	3	14
Credentials/Reinstatement – Denied	4	1	2	7
Credentials/Reinstatement – Approved	3	0	0	3
TOTAL CASES CLOSED	46	29	35	110

OPEN CASES AT BOARD LEVEL (as of October 5, 2017)

Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	27	13	10	50
Scheduled for Informal Conferences	5	0	1	6
Scheduled for Formal Hearings	0	2	1	3
Consent Orders offered	3	1	1	5
Cases with APD for processing	10	4	7	21
TOTAL OPEN CASES	45	20	20	85

BEHAVIORAL SCIENCE BOARDS

COUNSELING, PSYCHOLOGY, AND SOCIAL WORK

Discipline Reports

May 12, 2017 - October 5, 2017

HEARINGS HELD and CONSENT ORDERS ENTERED

Board Action	Counseling	Psychology	Social Work	BSU Total
Consent Orders Entered	0	4	2	6
Informal Conferences Held Agency Subordinate	5	0	0	5
Informal Conferences Held Special Conference Committee	5	1	3	9
Formal Hearings Held	1	0	0	1
Summary Suspension Hearings Held	0	1	1	2

UPCOMING HEARINGS (2017 - 2018)

Hearing/Conference Type	Counseling	Psychology	Social Work
Informal Conferences	December 8, 2017 February 23, 2018 June 1, 2018 July 27, 2018	November 14, 2017 February 27, 2018 June 5, 2018 July 24, 2018	November 17, 2017 March 2, 2018 June 8, 2018 July 20, 2018
Formal Hearings	---	February 6, 2018	October 27, 2017

LICENSING MANAGER'S REPORT



COUNT OF CURRENT LICENSES BOARD SUMMARY AND LAST FIVE FISCAL YEARS

FISCAL YEAR 2017, QUARTER 4 ENDING 06/30/2017

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

	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
Total Count – Social Work	6481	6590	6741	6306	6544	6690	6828	7057	8900	9144	9340	9559
Associate Social Worker	1	1	1	0	1	1	1	1	1	1	1	2
Licensed Clinical Social Worker	5903	5986	6104	5781	5948	6060	6170	6358	6458	6558	6684	6817
Licensed Social Worker	560	586	619	525	583	617	645	686	739	778	816	852
Licensed Social Worker Supervision	-	-	-	-	-	-	-	-	-	-	-	7
Registered Social Worker	17	17	17	0	12	12	12	12	12	12	12	13
Registration of Supervision	-	-	-	-	-	-	-	-	1690	1795	1827	1868

Occupation	FY13	Change Between FY14 & FY13	FY14	Change Between FY15 & FY14	FY15	Change Between FY16 & FY15	FY16	Change Between FY17 & FY16	FY17
Associate Social Worker	3	-66.7%	1	-	0	-	1	100%	2
Licensed Clinical Social Worker	5515	5.4%	5814	-0.6%	5781	10.0%	6358	7.2%	6817
Licensed Social Worker	469	10.4%	518	1.4%	525	30.7%	686	24.2%	852
Licensed Social Worker Supervision	-	-	-	-	-	-	-	-	7
Registered Social Worker	21	-19.0%	17	-	0	-	12	8.3	13
Registration of Supervision	21	-19%	17	-	0	-	12	1546.7%	1868



NEW LICENSES ISSUED BOARD SUMMARY AND LAST FIVE FISCAL YEARS

FISCAL YEAR 2017, QUARTER 4 ENDING 06/30/2017

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

	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
Total Count – Social Work	124	110	139	169	171	125	131	207	277	353	352	343
Associate Social Worker	0	0	0	0	0	0	0	0	0	0	0	0
Licensed Clinical Social Worker	86	85	108	125	118	96	104	167	95	97	122	127
Licensed Social Worker	38	25	31	44	53	29	27	40	52	39	38	34
LSW Supervision	0	0	0	0	0	0	0	0	0	1	0	0
Registration of Supervision	-	-	-	-	-	-	-	-	130	216	192	182

Occupation	FY13	Change Between FY14 & FY13	FY14	Change Between FY15 & FY14	FY15	Change Between FY16 & FY15	FY16	Change Between FY17 & FY16	FY17
Associate Social Worker	0	-	0	-	0	--	0	--	0
Licensed Clinical Social Worker	300	25.0%	375	7.7%	404	20.0%	485	-9.1%	163
Licensed Social Worker	72	88.9%	136	1.5%	138	8.0%	149	9.4%	163
Licensed Social Workers Supervision	-	-	-	-	-	-	-	-	1
Registration of Supervision	-	-	-	-	-	-	-	-	734
Registered Social Worker	0	-	0	-	0	--	0	--	



APPLICANT SATISFACTION SURVEY RESULTS APPROVAL RATE AND LAST FIVE FISCAL YEARS

FISCAL YEAR 2017, QUARTER 4 ENDING 06/30/2017

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

	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017
Social Work	92.0%	92.0%	90.7%	92.6%	90.7%	94.4%	N/A	100.0%	97.2%	100%	91.2%	91.7%

	FY13	Change Between FY14 & FY13	FY14	Change Between FY15 & FY14	FY15	Change Between FY16 & FY15	FY16	Change Between FY16 & FY17	FY17
Social Work	88.2%	1.0%	89.1%	3.1%	91.9%	2.8%	94.4%	-1.3%	93.2%

**CUSTOMER SATISFACTION SURVEY
SOCIAL WORK FY 17**

Number of Responses	36	Satisfaction Percentage	93.2%
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1. The instructions for applying for a license were clear and easy to understand.	2. My application was processed promptly by the Department of Health Professions.	3. The forms were easy to complete.	4. My inquiry was promptly answered.	5. I was provided courteous service.	6. I was provided accurate information.	7. What one thing could we do to improve the Department of Health Profession's service to you?	8. Comments	9. My experience with the DHP examination vendor was satisfactory.	10. Comments on Examination Services
Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree			Strongly Agree	
Agree	Strongly Agree	Agree						Strongly Agree	
Agree	Strongly Agree	Agree	Agree	Agree	Agree	NA	NA	Agree	I would have liked to bring snacks (i.e. fruit, water, etc) to be placed in a locker to have during breaks from the exam.
Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	I can't think of anything, since the entire process was so flawless!	THANK YOU SO MUCH!!		
Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Have more staff to assist, as I read your minutes for the board of social work and see that there is a need.	Please let me know if I can assist, if volunteers are needed.	Agree	Approved by NJ board for examination, but was relocating so I took the exam in Virginia.
Agree	Agree	Agree	Agree	Agree	Agree	n/a	n/a	Agree	n/a
Agree	Agree	Agree	Agree	Agree	Agree	I honestly cant remember the entire process from start to finish. It, to my recollections, was an easy and simple process.		Agree	very secure
Agree	Agree	Agree				Somehow it would have been nice to be the first person to have seen my license posted. My employer was the first person which took that thrill away from me. I received notification to check in 24-48 hours and was going to check in 24 hours but my nosey employer checked first and then emailed me about it. I felt robbed by not seeing it first. May sound petty but I worked hard and studied hard for the license and didn't get to be the first to see it posted.		Strongly Agree	Very nice people at the site.

**CUSTOMER SATISFACTION SURVEY
SOCIAL WORK FY 17**

1. The instructions for applying for a license were clear and easy to understand.	2. My application was processed promptly by the Department of Health Professions.	3. The forms were easy to complete.	4. My inquiry was promptly answered.	5. I was provided courteous service.	6. I was provided accurate information.	7. What one thing could we do to improve the Department of Health Profession's service to you?	8. Comments	9. My experience with the DHP examination vendor was satisfactory.	10. Comments on Examination Services
Strongly Agree	Strongly Agree	Strongly Agree	Agree	Strongly Agree	Strongly Agree	N/A	My experience was flawless	Strongly Agree	It was very stringent I felt as though I was visiting an inmate in a state facility.
Agree	Agree	Agree	Agree	Agree	Agree			Agree	
Agree	Disagree	Agree				better communication	<p>I had initially applied and paid back in January. Virginia cashed the check within a week or two. I did the first steps and did not realize there were more steps because there was a website that I had to log into to see this and did not realize where I had to look for updates, so I did not realize there were additional steps. When I did not hear back by March, I tried calling but was unable to get a real person on the phone and decided to go back to the website to check. I logged in again to see what was maybe missing. That is when I realized I was missing the additional steps. It would have been nice to have gotten an email or phone call telling me to follow up if after a few months my money had been taken but nothing else happened. Once I knew what more needed to be done everything went smoothly, but that hiccup was frustrating.</p>		
Strongly Agree	Strongly Agree	Strongly Agree				Everything went well, but it feels like a long process to receive the actual license in hand.		Strongly Agree	Everything went well. The Staff were helpful, professional, and efficient. The computer system worked well.

CUSTOMER SATISFACTION SURVEY SOCIAL WORK FY 17

1. The instructions for applying for a license were clear and easy to understand.	2. My application was processed promptly by the Department of Health Professions.	3. The forms were easy to complete.	4. My inquiry was promptly answered.	5. I was provided courteous service.	6. I was provided accurate information.	7. What one thing could we do to improve the Department of Health Profession's service to you?	8. Comments	9. My experience with the DHP examination vendor was satisfactory.	10. Comments on Examination Services
Disagree	Disagree	Agree	Strongly Disagree	Disagree	Disagree	Ask staff to be more professional when dealing with professionals, courteous and patient, both in emails and on the phone.	This has been a four year process. I was initially denied because I could not find the supervisors I had in Indiana in the 1980's because they are now deceased; although I've had psychiatrists and PhD psychologists supervise me for years who were available - and had current supervisors (LCSW's and another PhD) who were willing to verify supervision but, your Health Professions Bureau said that was unacceptable. Further, the Bureau hadn't previously approved of my workplace setting and they wanted me to start my supervision from the beginning. I want you to know, I could not have held the positions I've had, without proper credentialing and licensure. I've been a director of a hospital IP psych unit, a private practitioner, a clinical director of a large facility, a Dean of Advisers (therapists) and a clinical and administrative supervisor for 30 years and held three licenses from Indiana since the early 1990's. All of which made absolutely no difference at all, causing me several times to reconsider moving from Va. and start the licensure process in another more compatible state. Most all of my clinical staff (out of state) at my last setting, were acutely aware of the history of difficulties and roadblocks of getting licensure here in VA. Your reputation is notorious.	Strongly Agree	Very professional organization.
Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree			Strongly Agree	
Agree	Disagree	Agree	Agree	Agree	Agree			Agree	
Agree	Agree	Agree	Agree	Strongly Agree	Strongly Agree			Agree	
Disagree	Agree	Agree				The process involves multiple parties, if the dept of health professions website could provide explicit, step by step instructions and "what to expect" it would be helpful and reassuring.		Agree	
Strongly Agree	Strongly Agree	Strongly Agree							n/a

CUSTOMER SATISFACTION SURVEY SOCIAL WORK FY 17

1. The instructions for applying for a license were clear and easy to understand.	2. My application was processed promptly by the Department of Health Professions.	3. The forms were easy to complete.	4. My inquiry was promptly answered.	5. I was provided courteous service.	6. I was provided accurate information.	7. What one thing could we do to improve the Department of Health Profession's service to you?	8. Comments	9. My experience with the DHP examination vendor was satisfactory.	10. Comments on Examination Services
Strongly Agree	Disagree	Strongly Agree	Strongly Agree	Disagree	Agree	Improvement of service was provided through legislation that was passed in 2013. This allowed my masters degree from an accredited school of social work to be recognized for registration of supervision. It would be helpful in the future for the Department of Health Professions to work with social workers to resolve matters such as this in a collaborative and solution oriented fashion.	My experience prior to Sept 2013 was extremely difficult and resulted in a very lengthy delay in getting registered for supervision. Contact with the office at that time was not of a courteous nature. During my supervision period and application for examination period, service was improved with respect to supportive and courteous communication.	Strongly Agree	PearsonVue in Vienna VA was a testing site I would use in the future. It was easy to access, a positive environment and easy to navigate.
Strongly Agree	Strongly Agree	Strongly Agree						Strongly Agree	
Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		This process was easier and more fluid than I anticipated, particularly, as I was applying from out-of-state. The prompt correspondence and assistance by staff was outstanding. Thank you!		
Agree	Agree	Agree	Agree	Agree	Agree			Agree	
Agree	Strongly Disagree	Agree	Strongly Disagree	Agree	Strongly Agree	The size of the staff needs to be increased. When I called the answering machine stated, "we are severely understaffed... please do not leave a message, we will not return your call." While I understand that internet log-in is preferred and it saves time to not communicate directly with applicants, this is not high quality customer service. Sometimes an applicant just needs a quick question answered and an automated system only does not meet the needs fully.		Agree	
Agree	Agree	Agree	Strongly Agree	Agree	Agree			Agree	

**CUSTOMER SATISFACTION SURVEY
SOCIAL WORK FY 17**

1. The instructions for applying for a license were clear and easy to understand.	2. My application was processed promptly by the Department of Health Professions.	3. The forms were easy to complete.	4. My inquiry was promptly answered.	5. I was provided courteous service.	6. I was provided accurate information.	7. What one thing could we do to improve the Department of Health Profession's service to you?	8. Comments	9. My experience with the DHP examination vendor was satisfactory.	10. Comments on Examination Services
Agree	Strongly Agree	Agree	Strongly Agree	Strongly Agree	Strongly Agree	The online instructions were confusing.	I can't say enough how everyone was professional and friendly and returned calls within a day. The individuals I spoke to made the process easy and they were gracious with my questions and efficient with helping to resolve my issue. Thanks so much	Strongly Agree	
Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Nothing. Compared to others, Virginia was a breeze.	Thank you for making the process fairly painless.		I did not take an examination.
Agree	Strongly Agree	Agree	Strongly Agree	Strongly Agree	Strongly Agree	Unsure		Agree	
Agree	Strongly Agree	Agree				I was pleased with service.		Strongly Agree	Vein scan while taking NCLEX was not functioning properly so it caused unnecessary stress on test taker and staff running the test center.
Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree				
Agree	Strongly Agree	Agree	Agree	Strongly Agree	Agree	Hire more staff to field calls.			NA
Strongly Agree	Strongly Agree	Strongly Agree	Agree	Agree	Agree	I have called the Social Work Board Office numerous times and my phone calls were never answered. Phone calls are often easier to have conversations and questions answered than emails, but when I emailed the office I was given a response.		Strongly Agree	
Disagree	Agree	Agree	Strongly Agree	Strongly Agree	Strongly Agree			Strongly Agree	
Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		The staff is fantastic and great at responding. All of my questions were responded to in a timely manner as well as my information processed. Thank you!	Agree	
Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree			Strongly Agree	
Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree				
Agree	Strongly Agree	Strongly Agree	Agree	Agree	Strongly Agree			Strongly Agree	

COMMITTEE REPORTS

REGULATORY/ LEGISLATIVE COMMITTEE'S REPORT

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

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

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

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

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

CALL TO ORDER:

Dr. Walsh called the meeting to order.

ESTABLISHMENT OF A QUORUM:

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

MISSION STATEMENT:

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

EMERGENCY EGRESS:

Dr. Walsh announced the Emergency Egress Procedures.

ADOPTION OF AGENDA:

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

PUBLIC COMMENT:

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

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

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

Joseph Lynch, LCSW provided written public comment.

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

APPROVAL OF MINUTES:

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

UNFINISHED BUSINESS:

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

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

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

NEW BUSINESS:

There was no new business.

NEXT MEETING:

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

ACTION ITEMS:

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

ADJOURNMENT:

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

Joseph Walsh, Chair

Jaime Hoyle, Executive Director

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

18VAC140-20-10. Definitions.

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

Board

Casework

Casework management and supportive services

Clinical social worker

Practice of social work

Social worker

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**VIRGINIA BOARD OF SOCIAL WORK
SPECIAL CONFERENCE COMMITTEE
June 16, 2017
MINUTES**

CALL TO ORDER: A Special Conference Committee ("Committee") of the Board of Social Work ("Board") convened on June 16, 2017 at 10:12 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Training Room 2.

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

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

RESPONDENT: Frederick Levy, LCSW
License No.: 0904-000943
Case No.: 168960
Witness(es): Arnold Stolberg, Ph.D., LCP

DISCUSSION: Mr. Levy appeared before the Committee, in person, in accordance with the Notice of the Board dated March 29, 2017. He was represented by Richard Samet, Esquire.

The Committee fully discussed the allegations in the Notice with Mr. Levy.

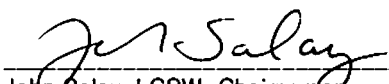
CLOSED MEETING: Upon a motion by Dr. Paulson, and duly seconded by Mr. Salay, the Committee voted to convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Frederick Levy, LCSW. Additionally, she moved that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

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

DECISION: Upon a motion by Dr. Paulson, and duly seconded by Mr. Salay, the Committee made certain findings of facts and conclusions of law and voted to place Mr. Levy under indefinite probation, with certain terms and conditions. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 11:39 a.m.

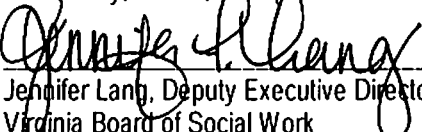
As provided by law this decision shall become a Final Order thirty (30) days after service of such Order on the respondent, unless the respondent makes a written request to the Board within such time for a formal hearing on the allegations made. If service of the Order is made by mail, three (3) additional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



John Salay, LCSW, Chairperson

6-16-17

Date



Jennifer Lang, Deputy Executive Director
Virginia Board of Social Work

6/16/17

Date

**VIRGINIA BOARD OF SOCIAL WORK
SPECIAL CONFERENCE COMMITTEE
INFORMAL CONFERENCE – September 15, 2017
MINUTES**

CALL TO ORDER: A Special Conference Committee ("Committee") of the Board of Social Work ("Board") convened on September 15, 2017 at 10:20 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Training Room 2.

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

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Bd. of Social Work
Anne Joseph, Deputy Director, Administrative Proceedings Division

RESPONDENT: Patricia Herrity, LCSW Applicant
License No.: n/a
Case No.: 168866

DISCUSSION: Ms. Herrity appeared in person before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated June 30, 2017.

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

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

DECISION: Upon a motion by Dr. Paulson, and duly seconded by Mr. Salay, the Committee made certain findings of facts and conclusions of law and voted to deny Ms. Herrity's application for licensure by examination. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 10:50 a.m.

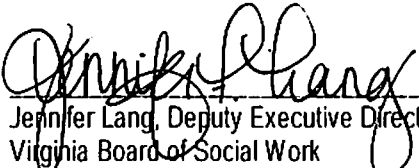
As provided by law this decision shall become a Final Order thirty (30) days after service of such Order on the respondent, unless the respondent makes a written request to the Board within such time for a formal hearing on the allegations made. If service of the Order is made by mail, three (3) additional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



John Salay, LCSW
Special Conference Committee Chairman

9-15-17

Date



Jennifer Lang, Deputy Executive Director
Virginia Board of Social Work

9/15/17

Date

**VIRGINIA BOARD OF SOCIAL WORK
SPECIAL CONFERENCE COMMITTEE
INFORMAL CONFERENCE – September 15, 2017
MINUTES**

CALL TO ORDER: A Special Conference Committee ("Committee") of the Board of Social Work ("Board") convened on September 15, 2017 at 11:35 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Training Room 2.

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

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Social Work
Anne Joseph, Deputy Director, Administrative Proceedings Division

RESPONDENT: Janet Abraham, LCSW Applicant
License No.: n/a
Case No.: 181642

DISCUSSION: Ms. Abraham appeared in person before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated July 18, 2017.

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

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

DECISION: Upon a motion by Dr. Paulson, and duly seconded by Mr. Salay, the Committee made certain findings of facts and conclusions of law and voted to deny Ms. Abraham's application for licensure by examination. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 11:55 a.m.

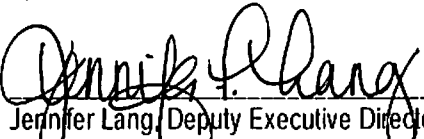
As provided by law this decision shall become a Final Order thirty (30) days after service of such Order on the respondent, unless the respondent makes a written request to the Board within such time for a formal hearing on the allegations made. If service of the Order is made by mail, three (3) additional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



John Salay, LCSW
Special Conference Committee Chairman

9-15-17

Date



Jennifer Lang, Deputy Executive Director
Virginia Board of Social Work

9/15/17

Date

**COMMITTEE
REPORTS**

**BOARD OF HEALTH
PROFESSIONS
REPORT**

Board of Health Professions Full Board Meeting

August 31, 2017

10:00 a.m. - Board Room 4

9960 Mayland Dr, Henrico, VA 23233

In Attendance

Helene D. Clayton-Jeter, OD, Board of Optometry
Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
Yvonne Haynes, LCSW, Board of Social Work
Mark Johnson, DVM, Board of Veterinary Medicine
Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy
Ryan Logan, RPh, Board of Pharmacy
Trula E. Minton, MS, RN, Board of Nursing
Herb Stewart, PhD, Board of Psychology
Laura P. Verdun, MA, CCC-SLP, Board of Audiology & Speech-Language Pathology
James Wells, RPh, Citizen Member
Junius Williams, Jr., MA, Board of Funeral Directors and Embalmers

Absent

Barbara Allison-Bryan, MD, Board of Medicine
Marvin Figueroa, Citizen Member
Derrick Kendall, NHA, Board of Long-Term Care Administrators
Martha S. Perry, MS, Citizen Member
Jacquelyn M. Tyler, RN, Citizen Member
James D. Watkins, DDS, Board of Dentistry

DHP Staff

Lisa R. Hahn, MPA, Chief Deputy DHP
Elizabeth A. Carter, Ph.D., Executive Director BHP
Elaine Yeatts, Senior Policy Analyst DHP
Jay Douglas, Executive Director Board of Nursing
Matt Treacy, Communications Associate DHP
Laura L. Jackson, BHSA, Operations Manager BHP

Presenters

Neal Kauder, VisualResearch, Inc.

Speakers

Maxine Lee, MD, Virginia Society of Anesthesiologists
Swen Laser, MD, Augusta Anesthesia Associates
Michael Jawer, CAE, Alliance for Natural Health
Jerrol Wallace, VANA
Michele Satterlund, McGuire Woods Consulting

Leila Saadeh, MS, ATR-BC, VATA
Gretchen Graves, MS, ATR-BC, CDATA, VATA
Carol Olson, VATA

Observers

Cathy Harrison, CRNA, VANA
Adrienne Hartgerink, CRNA, VANA
Ashleigh Harris, SRNA, VANA
Tressie Turner, SRNA, VANA
Kayla Katz, SRNA, VANA
W. Scott Johnson, Medical Society of Virginia
Sarah Anderson, SRNA, VANA
Anna Lenczyk, SRNA, VANA
Joseph Biscardi, SRNA, VANA
Kevin Pyne, SRNA, VANA
Katie Payne, Virginia Society of Anesthesiologists
Patricia Diefenbach, VAANP
Sara Heisler, VHHA
Christina Wingate, VANA
Kyu Kim, SRNA, VANA
Nadia Cefton, VANA
Amber Coleman, SRNA, VANA
Lee Bakhxar, SRNA, VANA
Eric Fries, SRNA, VANA
Julie Garces, SRNA, VANA
Mark Wallu, VANA
Erin Grimm, VANA
Rebekah Pipp, VANA
Mark Hickman, CSG

Emergency Egress

Dr. Carter

Call to Order

Chair: Dr. Clayton-Jeter **Time** 10:01 a.m.

Quorum Established

Public Comment

Discussion

Maxine Lee, MD, stated that she is the immediate past president of the Virginia Society of Anesthesiologists (VSA) and is from the southwestern area of the state. She said that VSA represents more than 900 physician anesthesiologist in Virginia and supports licensure of CAAs. Dr. Lee stated that there is a shortage of anesthesiology providers and that licensing CAAs would provide an additional workforce that could be utilized. Dr. Lee asked that the Board either reject the recommendation of the Regulatory Research Committee or send the issue back to the Committee for further study.

Swen Laser, MD stated he was with Anesthesiologist Associates of Augusta and has been practicing anesthesiology for 17 years. He noted that Augusta Health currently offers CAA rotation. Dr. Laser stated that the CAAs are superbly trained and are exported out of the state for employment even though they live in Virginia. Dr. Laser recommends licensure of CAAs.

Michael Jawer, CAE reported that he is the Deputy Director at Alliance for Natural Health. Mr. Jawer submitted a request for a Board study of the value of licensing Naturopathic Doctors (NDs).

Patricia Diefenbach, ND, MS, CNC, CNS, CPT, president of the Virginia Association of Naturopathic Physicians (VAANP), had submitted a request for a board study into the need for licensure of Naturopathic Doctors. On August 17, 2017, she informed the Board office by email that the VAANP is no longer requesting the Board's review because the organization is currently pursuing legislative action.

Jerrold Wallace from the Virginia Association of Nurse Anesthetists was accompanied by Michele Satterlund of McGuire Woods Consulting. Mr. Wallace acknowledged the attending Certified Registered Nurse Anesthetists (CRNAs) in the audience and stated that licensure of another anesthesia provider group would impact CRNAs and there is no proven shortage at this time. He also stated that CRNAs have some restrictions based on scope of practice. Ms. Satterlund stated that licensing another provider would be detrimental as there is no shortage and no need for another anesthesia provider. Ms. Satterlund asked that the Board support the recommendation of the Regulatory Research Committee.

Leila Saadeh, MS, ATR-BC from the Virginia Art Therapy Association spoke regarding the letter and application for study submitted to the Board for consideration of the need for regulation of the practice of art therapy in Virginia.

Approval of Minutes

Presenter Dr. Clayton-Jeter

Discussion

The May 9, 2017 Full Board meeting minutes were approved with no revisions. All members in favor, none opposed.

Directors Report

Presenter Ms. Hahn

Discussion

Ms. Hahn provided an update on multiple activities related to addressing the opioid crisis and described DHP's evolving role and coordination with multiple partners. She provided an overview of proposed legislation along with information regarding the Board of Counseling's requirement to register Qualified Mental Health Professionals (QMHPs -Adult and Child) and Peer Recovery Specialists. She noted that workgroups have convened to discuss transforming the delivery system for community-based Substance Use Disorder services that leverage evidence based treatment approaches demonstrated to improve recovery rates substantially. The Department is also currently working with the Department of Behavioral Health and Developmental Services and the Attorney General's Office in establishing standards for mental health dockets. She further noted that the Board of Medicine has issued a letter to prescribers regarding the recently passed legislation and regulations on opioid prescribing and Buprenorphine.

Legislative and Regulatory Report

Presenter Ms. Yeatts

Discussion

Ms. Yeatts advised the Board of updates to the laws and regulations that affect DHP currently.

Communications Report

Presenter Dr. Carter

Discussion

Dr. Carter reviewed the meeting materials provided by the agency's Communications Department. These items included the July 14, 2017 *Virginian-Pilot* article regarding the Healthcare Workforce Data Center's *Health Care Occupation Roadmap*; collaboration with VCU in the redesign of DHPs logo; and Bayview Physicians Groups opting into Appriss Health's NarxCare Platform offered by the agency's Prescription Monitoring Program (PMP).

Sanction Reference Point Update

Presenter Mr. Kauder

Discussion

Mr. Kauder discussed the agency's Sanction Reference Point (SRP) agreement rates by board and provided a status report on SRP update research underway for the Boards of Long-Term Care Administrators, Funeral Directors and Embalmers, and Physical Therapy. He stated that some of the boards have requested more formal training on the SRP program as many board members feel that the "on the job" training they are currently getting is not adequate. The Board asked if Mr. Kauder would be willing to work with DHPs Communications Department to create a training video. He agreed. This information will be forwarded to the Board's Education Committee and Communications Department for further discussion.

Break 11:11 a.m. to 11:16 a.m.

Executive Directors Report

Presenter Dr. Carter

Board Budget

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

Agency Performance

Dr. Carter reviewed the agencies performance measures in relation to clearance rate, age of pending caseload and time to disposition. She noted that while the key performance measures for patient care cases meet the goals, the length of time to resolve overall cases is on the rise. The agency is instituting a new internal tracking to assess the relative impact on performance of down time due to continuances.

Virginia Association of Naturopathic Physicians (VAANP)

Dr. Carter provided information regarding VAANP wish to rescind their original request for a study to evaluate the need for regulation of naturopathic physicians, received May 31, 2017.

Dr. Diefenbach noted that VAANP is currently pursuing legislative action directly.

Mr. Jawer from the Alliance for Natural Health (ANH) discussed his association's request for the Board's study, and provided an overview of the rationale for the request.

VAANP and ANH are acting independently from each other.

Dr. Carter stated that it would take approximately 18 months for a study to be conducted given the existing workload. She noted the previous evaluation study was done in 2005. At that time, the Board concluded the criteria to justify regulation were not met.

Upon further discussion, Chair Dr. Clayton-Jeter proposed a motion to be made on moving forward with the request made by Alliance for Natural Health to perform the study of Naturopathic Doctors (NDs) in Virginia.

Motion

No motion was made. Failing a motion, the Board concluded that no study would be conducted at this time.

Virginia Art Therapy Association

Dr. Carter provided information regarding the request from the Virginia Art Therapy Association to perform a sunrise review. Ms. Graves, Ms. Saadeh and Ms. Olson all provided information regarding the profession and the need for some form of regulation to distinguish them from other professions. After much discussion, Chair Dr. Clayton-Jeter proposed that the matter be tabled until later in the meeting to allow Board members more time to review the information provided before making a decision.

Motion

A motion was made to table the decision concerning the review of Art Therapists until later in the meeting. The motion was properly seconded. Eight (8) members were in favor, three (3) opposed.

Practitioner Self-Referral – AnuVa Diagnostics, LLC

Presenter Dr. Carter

Dr. Carter provided information regarding the Practitioner Self-Referral (PSR) request made by AnuVa Diagnostics, LLC on May 26, 2017. The request was reviewed and accepted by Mr. Wells, Agency Subordinate on August 10, 2017. Details are provided in the meeting documents and the request is being presented to the Full Board for consideration and ratification today.

Motion

A motion was made to ratify the Practitioner Self-Referral request presented by AnuVa Diagnostics, LLC. The motion was made and properly seconded by Ms. Haynes. All members were in favor, none opposed.

Regulatory Research Committee

Presenter Mr. Wells

Mr. Wells provided information regarding the Committee’s recommendation to not license Certified Anesthesiology Assistants (CAAs) in Virginia. He stated that the burden of regulation was not justified due to the lack of proof of a statewide shortage of anesthesia providers, the fact that AA students would be competing for already limited training sites and slots needed by Anesthesiologist and Nurse Anesthetist students, and since they cannot practice without on-site direct Anesthesiologist supervision, it was deemed unlikely that they could meaningfully address the needs of medically underserved and other rural areas. The burden on the Board of Medicine to establish a regulatory program and administer the licensure program was also taken into consideration.

Motion

A motion was made to accept the recommendation of the Regulatory Research Committee to not license Certified Anesthesiology Assistants (CAAs) in Virginia. The motion was made and properly seconded by Ms. Minton. All members in favor, none opposed.

Lunch break 12:30 p.m. – 1:01 p.m.

Virginia Art Therapy Association

Discussion regarding regulation of Art Therapists in Virginia resumed and a motion offered.

Motion

A motion to accept the Virginia Art Therapy Associations request for a sunrise review was made and properly seconded by Mr. Stewart. All members in favor, none opposed.

Healthcare Workforce Data Center

Dr. Carter provided an update on the Data Center. She described work being done with Virginia Commonwealth University (VCU), Virginia Longitudinal Data System (VLDS) and the Federal of State Boards of Physical Therapy (FSBPT) in regards to the use of Virginia’s healthcare workforce data.

Board Reports

Presenter Dr. Clayton-Jeter

Board of Nursing

Ms. Minton stated that the Board of Nursing is currently seeking changes to regulations and that the Board has four (4) newly appointed members. The board is taking action on the opioid crisis by providing education outreach and working with the Board of Medicine on opioid prescribing. The Interstate Nurse Licensure Compact is in transition to a new version in 2018. Once completed, there could be 30 states participating.

Board of Pharmacy

Mr. Logan reported that the Board of Pharmacy is supporting the legislative proposal to require the dispensing of Schedule V drugs and naloxone to be reported to the PMP. He advised that the Board has requested that the Healthcare Workforce Data Center amend question #22 within the pharmacist healthcare workforce survey to read "Do you provide any of the following services at this location?" as it relates to better assessing pharmacist involvement in collaborative practice agreements. Mr. Logan was appointed Board Chairman and Mr. Elliott Vice-Chairman at the June 27, 2017 meeting.

Board of Veterinary Medicine

Dr. Johnson stated that teaching schools were previously not required to have a license to practice veterinary medicine and that a new facility/intern resident license is being proposed. Regulations affecting the prescribing of opioids are also under review.

Board of Psychology

Dr. Stewart stated that a few more states have joined the Psychology Interjurisdictional Compact (PSYPACT) bringing the total to four (4). The Board of Psychology's Regulatory Committee will recommend items identified and reviewed for inclusion in a Notice of Intended Regulatory Action (NOIRA). The Association of State and Provincial Psychology Boards (ASPBD) is reviewing standards of practice, as well. The Board of Psychology also voted to support DHP introducing legislation that would allow requiring up to 2 hours per annual renewal cycle in a specific continuing education area. Dr. Stewart has also been reappointed Chair of the Board of Psychology.

Board of Counseling

Dr. Doyle announced that the Board of Counseling had four (4) new board members appointed. He stated that it had passed emergency regulations for registering Qualified Mental Health Professionals (QMHPs -Adult and Child) and Peer Recover Specialists and had proposed education program accreditation be done through the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

Board of Social Work

Ms. Haynes stated that the Board of Social Work's July meeting was canceled. The Board of Social Work's Regulatory Review Committee is reviewing the definition of "social work" and also revising the requirements for reactivation and reinstatement.

Board of Physical Therapy

Dr. Jones provided a written report that was read by Dr. Carter. The Board of Physical Therapy's Regulatory Advisory Panel (RAP) met on June 29, 2017 to discuss "dry needling". This information was shared with the Full Board August 22, 2017 and the board agreed to reconvene the RAP to discuss the number of training hours for dry needling. Dr. Jones and Ms. Tillman-Wolf, Executive Director for the Board, attended a leadership forum in Alexandria, VA in June that was held by FSBPT that focused on compact licensure and telehealth continuing competence. The Board has three (3) newly appointed board members. Election of Officers was held and Dr. Jones was reelected President and Dr. Dailey reelected Vice President. The annual meeting and delegate assembly of FSBPT will be held in November in New Mexico. Elected delegates include Dr. Jones and alternate delegate Dr. Locke. Dr. Dailey will attend as a member of the Education Task Force.

Board of Optometry

Dr. Clayton-Jeter reported that at the July Board of Optometry meeting an overview of the draft emergency regulations on Prescribing Opioids were considered and approved. An amendment to the regulations was made that a prescription for Naloxone should be considered for any risk factor of prior overdose, substance abuse, or concomitant use of benzodiazepine present. Dr. Clayton-Jeter was appointed Board Vice-President. At the August meeting regulations were reviewed and more specific language was added.

Board Committee Structures

Presenter Dr. Carter

Dr. Carter provided an overview of the Board's Committees and their purpose. Dr. Clayton-Jeter asked for two Board members to volunteer for the vacancies on the Education Committee. Dr. Stewart and Mr. Logan agreed to fill those vacancies. The Enforcement Committee added Mr. Williams.

Dr. Clayton-Jeter asked the Education Committee to assist in the Agency's logo branding. She also asked that the Education Committee aid in creating a Sanction Reference Point (SRP) video to be added to new board member training. She also asked that Boards be identified that need SRP training and have webinars or vignettes created. Mr. Wells recommended that "refresher" training should also be provided to existing board members.

Dr. Carter advised that the Board of Health Professions Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions manual be revised (last revised in 1998). She requested that more time needs to be added to the time-line for the completion of a study; the recommendation was for 12 to 18 months. Dr. Clayton-Jeter asked for a motion to have the Full Board review and comment on the draft policy and procedure manual.

Motion

A motion was made to have the Full Board review the Board of Health Professions Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions manual. The motion was made and properly seconded by Mr. Stewart. All in favor, none opposed.

New Business

Presenter Dr. Clayton-Jeter

The proposed 2018 meeting dates were discussed and agreed upon.

December 7, 2017 Full Board Meeting

Presenter Dr. Clayton-Jeter

Chair and Vice Chair elections will be held at this meeting. The Nominating Committee will meet to propose a slate of officers.

Adjourned

Adjourned 1:57 p.m.

Chair Helene Clayton-Jeter, OD

Signature: _____ Date: ____/____/____

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

Signature: _____ Date: ____/____/____

UNFINISHED BUSINESS

VIRGINIA BOARD OF SOCIAL WORK BYLAWS

ARTICLE I: AUTHORIZATION

A. Statutory Authority

The Virginia Board of Social Work (“Board”) is established and operates pursuant to §§ 54.1-2400 and 54.1-3700, et seq., of the *Code of Virginia*. Regulations promulgated by the Virginia Board of Social Work may be found in 18VAC140-20-10 et seq., “Regulations Governing the Practice of Social Work”.

B. Duties

The Virginia Board of Social Work is charged with promulgating and enforcing regulations governing the licensure and practice of social work and clinical social work in the Commonwealth of Virginia. This includes, but is not limited to: setting fees; creating requirements for and issuing licenses, certificates, or registrations; setting standards of practice; and implementing a system of disciplinary action.

C. Mission

To ensure the delivery of safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public.

ARTICLE II: THE BOARD

A. Membership

1. The Board shall consist of nine (9) members, appointed by the Governor as follows:
 - a. Seven (7) shall be licensed social workers in Virginia, who have been in active practice of social work for at least five years prior to appointment and,
 - b. Two (2) shall be citizen members.
2. The terms of the members of the Board shall be four (4) years.
3. Members of the Board of Social Work holding a voting office in any related professional association or one that takes a policy position on the regulations of the Board shall abstain from voting on issues where there may be a conflict of interest present.

B. Officers

1. The Chairperson or designee shall preserve order and conduct all proceedings according to parliamentary rules, the Virginia Freedom of Information Act, and the Administrative Process Act. Roberts Rules of Order will guide parliamentary procedure for the meetings. Except where specifically provided otherwise by the law or as otherwise ordered by the Board, the Chairperson shall appoint all committees, and shall sign as Chairperson to the certificates authorized to be signed by the Chairperson.

2. The Vice-Chairperson shall act as Chairperson in the absence of the Chairperson and assume the duties of Chairperson in the event of an unexpired term.
3. In the absences of the Chairperson and Vice-Chairperson, the Chairperson shall appoint another board member to preside at the meeting and/or formal administrative hearing.
4. The Executive Director shall be the custodian of all Board records. He/she shall preserve a correct list of all applicants and licensees, shall manage the correspondence of the Board, and shall perform all such other duties as naturally pertain to this position.

C. Duties of Members

1. Each member shall participate in all matters before the Board.
2. Members shall attend all regular and special meetings of the Board unless prevented by illness or similar unavoidable cause. In the event of two (2) consecutive unexcused absences at any meeting of the Board or its committees, the Chairperson 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.
3. The Governor may remove any Board member for cause, and the Governor shall be sole judge of the sufficiency of the cause for removal pursuant to §2.2-108.

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 odd 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 two years, and may serve no more than two consecutive terms.

E. Meetings

1. The full Board shall meet quarterly, unless a meeting is not required to conduct Board business.
2. Order of Business at Meetings:
 - a. Period of Public Comment

- b. Approval of Minutes of preceding regular Board meeting and any called meeting since the last regular meeting of the Board.
 - c. Reports of Officers and staff
 - d. Reports of Committees
 - e. Election of Officers (as needed)
 - f. Unfinished Business
 - g. New Business
3. The order of business may be changed at any meeting by a majority vote.

ARTICLE III: COMMITTEES

A. Duties and Frequency of Meetings.

1. Members appointed to a committee shall faithfully perform the duties assigned to the committee.
2. All standing committees shall meet as necessary to conduct the business of the Board.

B. Standing Committees

Standing committees of the Board shall consist of the following:

Regulatory/Legislative Committee
 Special Conference Committee
 Credentials Committee
 Nomination Committee
 Any other Standing Committees created by the Board.

1. Regulatory/Legislative Committee
 - a. The Regulatory/Legislative Committee shall consist of at least two (2) Board members appointed by the Chairperson of the Board.
 - b. The Chairperson of the Committee shall be appointed by the Chairperson of the Board.
 - c. The Committee shall consider all questions bearing upon state legislation and regulation governing the professions regulated by the Board.
 - d. The Committee shall recommend to the Board changes in law and regulations as it may deem advisable and, at the direction of the Board, shall take such steps as may further the desire of the Board in matters of legislation and regulation.
 - e. The Chairperson of the Committee shall submit proposed changes in applicable laws and regulations in writing to the Board prior to any scheduled meeting.
2. Special Conference Committee
 - a. The Special Conference Committee shall consist of two (2) Board members.
 - b. The Special Conference Committee shall conduct informal conferences pursuant to §§2.2-4019, 2.2-4021, and 54.1-2400 of the *Code of Virginia* as necessary to adjudicate cases in a timely manner in accordance with the agency standards for case resolution.

- c. The Special Conference Committee shall hold informal conferences at the request of the applicant or licensee to determine if Board requirements have been met.
 - d. The Chairperson of the Board shall designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date.
 - e. Should the caseload increase to the level that additional special conference committees are needed, the Chairperson of the Board may appoint additional committees.
3. Credentials Committee
- a. The Credentials Committee shall consist of at least two (2) Board members appointed by the Chairman of the Board, with the Chairman of the Committee to be appointed by the Chairman of the Board.
 - b. The members of the committee shall review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.
 - c. The Committee member who conducted the initial review shall provide guidance to staff on action to be taken.
 - d. The Credentials Committee shall not be required to meet collectively to conduct initial reviews.
4. Nomination Committee
- a. The Nomination Committee shall be composed of at least two members of the Board appointed by the Chairman of the Board, with the Chairman of the Committee to be appointed by the Chairman of the Board.
 - b. The Nomination Committee shall consult with Board members and staff to recommend nominee(s) for the Board positions of Chairman and Vice-Chairman.
 - c. Sitting officers shall not serve on the Nomination Committee.

ARTICLE IV: GENERAL DELEGATION OF AUTHORITY

The Board delegates the following functions:

1. The Board delegates to Board staff the authority to issue and renew licenses or certificates and to approve supervision applications for which regulatory and statutory qualifications have been met. If there is basis upon which the Board could refuse to issue or renew the license or certification or to deny the supervision application, the Executive Director may only issue a license, certificate, or registration upon consultation with a member of the Credentials Committee, or in accordance with delegated authority provided in a guidance document of the Board.

2. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of Board business, to include, but not be limited to, licensure and registration applications, renewal forms, and documents used in the disciplinary process.
3. The Board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for Board-required examinations pursuant to the Americans with Disabilities Act, provided the candidate provides documentation that supports such an accommodation.
4. The Board delegates to the Executive Director authority to grant an extension for good cause of up to one (1) year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date.
5. The Board delegates to the Executive Director authority to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee or certificate holder, such as temporary disability, mandatory military service, or officially declared disasters.
6. The Board delegates to the Executive Director the authority to reinstate a license or certificate when the reinstatement is due to the lapse of the license or certificate rather than a disciplinary action and there is no basis upon which the Board could refuse to reinstate.
7. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.
8. The Board delegates to the Executive Director, who may consult with a member of the Special Conference Committee, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.
9. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee dispute cases without review by a Board member.
10. The Board delegates to the Executive Director the authority to review alleged violations of law or regulations with at least one board member on a rotating basis to make a determination as to whether probable cause exists to proceed with possible disciplinary action.
11. In accordance with established Board guidance documents, the Board delegates to the Executive Director the determination of probable cause, for the purpose of offering a confidential consent agreement, a pre-hearing consent order, or for scheduling an informal conference.

12. The Board delegates to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.
13. The Board delegates to the Executive Director the convening of a quorum of the Board by telephone conference call, for the purpose of considering the summary suspension of a license or for the purpose of considering settlement proposals.
14. The Board delegates to the Chairperson, the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.
15. The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Virginia Code § 54.1-2400.2(F), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.
16. Delegated tasks shall be summarized and reported to the Board at each regularly scheduled meeting.
17. The Board delegates authority to the Executive Director to delegate tasks to the Deputy Executive Director, as necessary.

ARTICLE V: AMENDMENTS

Proposed amendments to these bylaws shall be presented in writing to all Board members, the Executive Director of the Board, and the Board's legal counsel prior to any scheduled Board meeting. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the members present at that regular meeting.

Adopted: 12/17/96

Revised: 10/3/2008; 4/17/2009; 10/25/2013; 10/27/2017

NEW BUSINESS

2018 MEETING
DATES
CONFIRMATION

2018 Board Meeting Dates Confirmation

Date	Type
February 1, 2018 1:00 p.m.	Regulatory Committee Meeting
February 2, 2018 10:00 a.m.	Board Meeting
May 10, 2018 1:00 p.m.	Regulatory Committee Meeting
May 11, 2018 10:00 a.m.	Board Meeting
August 9, 2018 1:00 p.m.	Regulatory Committee Meeting
August 10, 2018 10:00 a.m.	Board Meeting
November 1, 2018 1:00 p.m.	Regulatory Committee Meeting
November 2, 2018 10:00 a.m.	Board Meeting

HEALTHCARE
WORKFORCE
DATA CENTER
PRESENTATION

Virginia's Licensed Clinical Social Worker Workforce: 2017

Healthcare Workforce Data Center

August 2017

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233
804-367-2115, 804-527-4466(fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

5,745 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, D.C.
Director

Lisa Hahn, MPA
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, Ph.D.
Executive Director

Yetty Shobo, Ph.D.
Deputy Director

Laura Jackson
Operations Manager

Christopher Coyle
Research Assistant

Virginia Board of Social Work

Chair

Yvonne Haynes, LCSW
Midlothian

Vice-Chair

John Salay, LCSW
Midlothian

Members

Canek Aguirre
Alexandria

Angelia Allen
Portsmouth

Jamie Clancey, LCSW
Culpeper

Maria Eugenia del Villar, LCSW
Fairfax

Gloria Manns, LCSW
Roanoke

Dolores Paulson, LCSW
McLean

Joseph Walsh, LCSW
Richmond

Executive Director

Jaime H. Hoyle, J.D.

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The Licensed Clinical Social Worker Workforce: At a Glance:

The Workforce

Licensees:	6,569
Virginia's Workforce:	5,465
FTEs:	4,587

Background

Rural Childhood:	22%
HS Degree in VA:	44%
Prof. Degree in VA:	52%

Current Employment

Employed in Prof.:	90%
Hold 1 Full-time Job:	55%
Satisfied?:	96%

Survey Response Rate

All Licensees:	87%
Renewing Practitioners:	95%

Education

Masters:	96%
Doctorate:	4%

Job Turnover

Switched Jobs:	6%
Employed over 2 yrs:	71%

Demographics

Female:	85%
Diversity Index:	31%
Median Age:	53

Finances

Median Income:	\$60k-\$70k
Health Benefits:	65%
Under 40 w/ Ed debt:	67%

Time Allocation

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

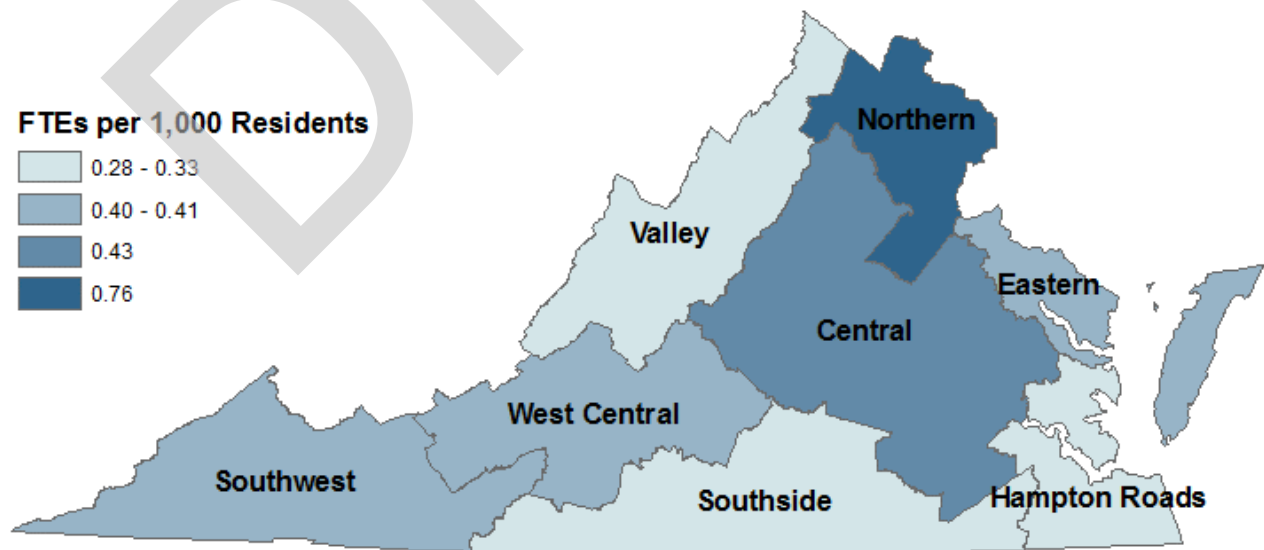
Source: Va. Healthcare Workforce Data Center

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

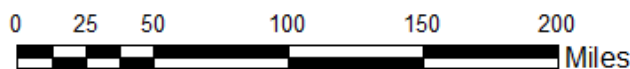
Source: Va Healthcare Work force Data Center

FTEs per 1,000 Residents

0.28 - 0.33
0.40 - 0.41
0.43
0.76



Annual Estimates of the Resident Population: July 1, 2015
Source: U.S. Census Bureau, Population Division



5,745 Licensed Clinical Social Workers (LCSWs) voluntarily took part in the 2017 Licensed Clinical Social Worker Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which now takes place every June for LCSWs; renewal previously occurred in June on odd-numbered years. These survey respondents represent 87% of the 6,569 LCSWs who are licensed in the state and 95% of renewing practitioners.

The HWDC estimates that 5,465 LCSWs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an LCSW at some point in the future. Between July 2016 and June 2017, Virginia's LCSW workforce provided 4,587 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

85% of all LCSWs are female, including 91% of those LCSWs who are under the age of 40. In a random encounter between two LCSWs, there is a 31% chance that they would be of different races or ethnicities, a measure known as the diversity index. For those LCSWs who are under the age of 40, this value increased to 42%. However, this is still less diverse than Virginia's population, which has a diversity index of 56%.

Nearly one-quarter of all LCSWs grew up in a rural area of Virginia, but only 14% of these professionals currently work in non-Metro areas of the state. Overall, just 5% of Virginia's LCSWs work in rural areas of the state. With respect to education, 44% of all LCSWs graduated from high school in Virginia, while 52% received their initial professional degree in the state.

Nearly all LCSWs have a Master's degree as their highest professional degree, while most of the remaining LCSWs have gone on to earn a doctoral degree. 55% of all LCSWs have a primary specialty in mental health, while another 9% specialize in issues related to children. 32% of all LCSWs currently carry educational debt, including 67% of those under the age of 40. The median debt burden for those LCSWs with educational debt is between \$40,000 and \$50,000.

90% of LCSWs are currently employed in the profession. 55% currently hold one full-time position, while another 20% hold multiple positions. 71% of all LCSWs have been at their primary work location for more than two years, while 6% of the workforce has switched jobs in the past 12 months. In addition, 2% of LCSWs have been underemployed at some point in the past year, while 1% have experienced involuntary unemployment.

The median annual income for LCSWs is between \$60,000 and \$70,000. In addition, 61% of all LCSWs receive at least one employer-sponsored benefit, including 77% of those who work as a wage or salaried employee. 96% of LCSWs indicate they are satisfied with their current employment situation, including 69% who indicate they are "very satisfied".

Nearly 40% of all LCSWs work in Northern Virginia, while another 28% work in Central Virginia. Two-thirds of all LCSWs work in the private sector, including 47% who work at a for-profit institution. Approximately 30% of all LCSWs work in either a solo or group private practice at their primary work location, while another 14% work at an outpatient mental health facility.

A typical LCSW spends approximately three-quarters of her time treating patients. In addition, 63% also serve a patient care role, meaning that at least 60% of their time is spent in patient care activities. Meanwhile, approximately three-quarters of the patients seen by the typical LCSW are adults, and 56% of LCSWs serve an adult patient care role, meaning that at least 60% of their patients were adults.

A quarter of all LCSWs expect to retire by the age of 65. 28% of the current workforce expect to retire in the next ten years, while half the current workforce expect to retire by 2037. Over the next two years, only 2% of LCSWs plan on leaving the state, while just 1% plan on leaving the profession entirely. Meanwhile, 11% of LCSWs plan on increasing patient care activities, and 10% plan on pursuing additional educational opportunities.

Summary of Trends

The licensed clinical social worker (LCSW) workforce has witnessed consistent and significant growth in many areas in the past four years. Both the total number of LCSWs and the number working in Virginia increased by 14% when compared to 2013. The number of licensed LCSW increased from 5,784 to 6,569 between 2013 and 2017. Similarly, the number of LCSW who work in the state increased from 4,969 in 2013 to 5,465 in 2017. This increase has brought about an increase in the full time equivalency units (FTE) provided; FTEs have increased from 4,391 to 4,587 between 2013 and 2017.

The LCSW workforce has also witnessed increasing racial diversity in the past few years. The diversity index increased from 27% in 2013 to 31% in 2017. For LCSWs under age 40, the index increased even more significantly, from 36% to 42% between 2013 and 2017.

Unfortunately, this increasing diversity is not recorded for age and gender. There has been limited changes in age distribution over the years. The median age has hovered between 53 and 54 years in the past four years. The percent under age 40 has increased only slightly, from 18% in 2013 to 20% in 2017. Similarly, the percent over age 55 has declined only slightly, from 46% in 2013 to 44% in 2017. Similarly, LCSWs' location in non-metro areas of the state has barely changed. The percent working in non-metro area increased from 5% in 2013 to 6% in 2015 and then back to 5% in 2017.

There has not been much change with regards to educational attainment and education debt. Most LCSWs have a Master's degree as their higher educational attainment. In 2013, 95% reported their highest educational attainment as a Master's degree and, in 2017, 96% did. The specialty reported by LCSWs has also barely changed; of the top three specialties reported only mental health specialty increased from 54% to 56% between 2013 and 2017. The other two specialties – Children and family – were reported by the same proportion, 9% and 6%, respectively, in both 2013 and 2017. The percent reporting education debt increased from 27% in 2013 to 32% in 2017. The percent under 40 with education debt increased from 68% in 2013 to 70% in 2015 and then was back down to 67% in 2017.

The median education debt has, however, increased from \$30,000-\$40,000 in 2013 to \$40,000-\$50,000 since 2015. A higher proportion also hold more in debt as the percent with more than \$90,000 in education debt increased from 2.3% to 6.0% in the period examined. This rising debt has been, thankfully, accompanied by an increase in income in the same period. In 2013, the median income was \$50,000-\$60,000 compared to \$60,000-\$70,000 in 2017. The percent reporting more than \$90,000 in income also increased from 9% in 2013 to 14.6% in 2017.

Labor force participation has changed very little over the years for LCSWs. About 90% of LCSWs are employed in the profession; about 55% hold one full time position whereas about 20% hold multiple positions over the past four years. Involuntary unemployment is below 1% for the LCSW workforce. Job satisfaction too has barely changed. Over the years between 95% and 96% of LCSWs report being satisfied with their current employment.

Close to half of all LCSWs are employed in the private sector consistently over the years. In 2013, 66% were employed in the private sector whereas in 2017, 68% were. The percent employed by state or local governments declined from 25% to 22%. The establishments that LCSWs worked also remain unchanged over the years.

The geographic distribution of LCSWs has barely changed over the past four years. About 80% are located in three areas of the state: Northern and Central Virginia, and Hampton Roads. Northern Virginia has consistently had at least 40% of LCSWs employed in the past years.

The retirement expectations have also barely changed over the past four years for LCSWs. In 2013, 7% planned to retire in 2 years compared to 8% in 2017. Similarly, the percent planning to retire within a decade of the survey year declined only slightly from 29% in 2013 to 28% in 2017. About half of the workforce plan to retire within two decades of both survey years.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	5,886	90%
New Licensees	192	3%
Non-Renewals	491	7%
All Licensees	6,569	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LCSWs

Number:	6,569
New:	3%
Not Renewed:	7%

Response Rates

All Licensees:	87%
Renewing Practitioners:	95%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 95% of renewing LCSWs submitted a survey. These represent 87% of LCSWs who held a license at some point during the survey time period.

Response Rates	
Completed Surveys	5,745
Response Rate, all licensees	87%
Response Rate, Renewals	95%

Source: Va. Healthcare Workforce Data Center

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
By Age			
Under 35	54	479	90%
35 to 39	56	636	92%
40 to 44	50	697	93%
45 to 49	76	772	91%
50 to 54	56	680	92%
55 to 59	73	679	90%
60 to 64	97	675	87%
65 and Over	362	1,127	76%
Total	824	5,745	87%
New Licenses			
Issued Since July 2016	26	166	86%
Metro Status			
Non-Metro	35	274	89%
Metro	527	4,578	90%
Not in Virginia	263	893	77%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted in June 2017.
- 2. Target Population:** All LCSWs who held a Virginia license at some point between July 2016 and June 2017.
- 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 2017.

At a Glance:

Workforce

Virginia's LCSW Workforce: 5,465
 FTEs: 4,587

Utilization Ratios

Licensees in VA Workforce: 83%
 Licensees per FTE: 1.43
 Workers per FTE: 1.19

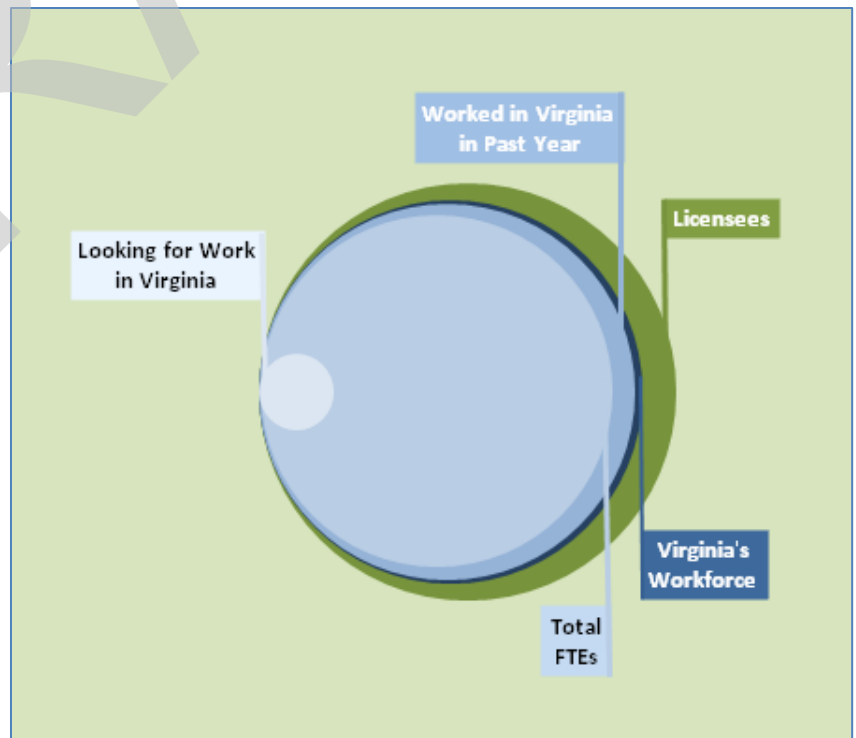
Source: Va. Healthcare Workforce Data Center

Virginia's LCSW Workforce		
Status	#	%
Worked in Virginia in Past Year	5,255	96%
Looking for Work in Virginia	210	4%
Virginia's Workforce	5,465	100%
Total FTEs	4,587	
Licensees	6,569	

Source: Va. Healthcare Workforce Data Center

Definitions

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



Source: Va. Healthcare Workforce Data Center

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

www.dhp.virginia.gov/hwdc

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	35	8%	405	92%	440	9%
35 to 39	50	9%	486	91%	537	11%
40 to 44	45	8%	517	92%	561	11%
45 to 49	91	14%	561	86%	653	13%
50 to 54	68	13%	466	87%	534	11%
55 to 59	77	14%	467	86%	544	11%
60 to 64	94	17%	469	83%	564	12%
65 +	253	24%	798	76%	1,051	22%
Total	713	15%	4,171	85%	4,884	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 85%
 % Under 40 Female: 91%

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Median Age: 53
 % Under 40: 20%
 % 55+: 44%

Diversity

Diversity Index: 31%
 Under 40 Div. Index: 42%

Source: Va. Healthcare Workforce Data Center

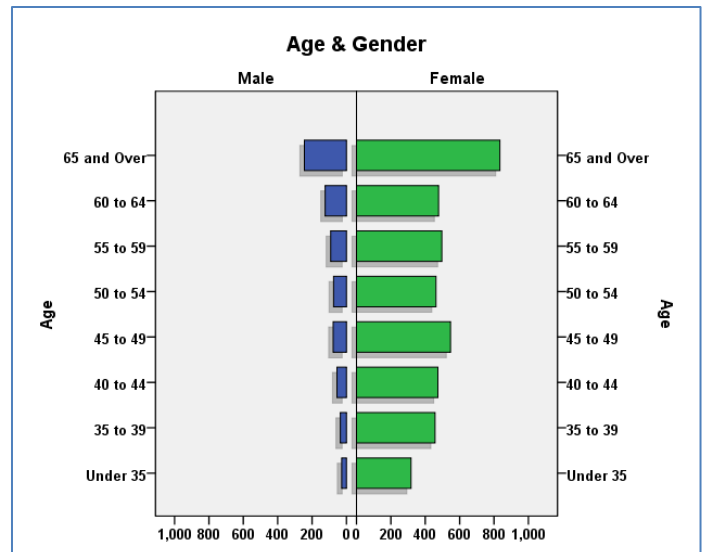
Race & Ethnicity					
Race/ Ethnicity	Virginia*	LCSWs		LCSWs under 40	
	%	#	%	#	%
White	63%	4,020	82%	726	74%
Black	19%	591	12%	171	17%
Asian	6%	76	2%	25	3%
Other Race	0%	32	1%	3	0%
Two or more races	3%	62	1%	19	2%
Hispanic	9%	131	3%	39	4%
Total	100%	4,912	100%	983	100%

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2015.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LCSWs, there is a 31% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index).

20% of all LCSWs are under the age of 40, and 91% of these professionals are female. In addition, the diversity index among LCSWs who are under the age of 40 is 42%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 17%
 Rural Childhood: 22%

Virginia Background

HS in Virginia: 44%
 Prof. Ed. in VA: 52%
 HS or Prof. Ed. in VA: 62%

Location Choice

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

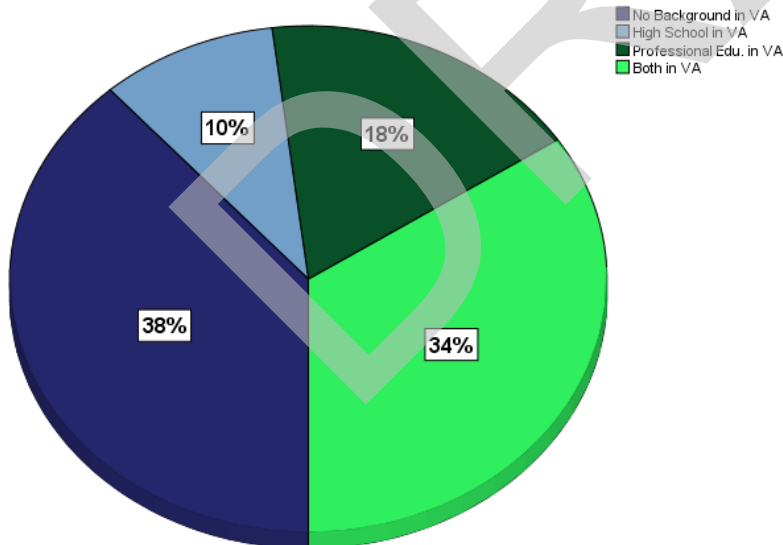
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 million+	17%	65%	18%
2	Metro, 250,000 to 1 million	45%	43%	12%
3	Metro, 250,000 or less	30%	54%	16%
Non-Metro Counties				
4	Urban pop 20,000+, Metro adj	35%	44%	21%
6	Urban pop, 2,500-19,999, Metro adj	54%	43%	4%
7	Urban pop, 2,500-19,999, nonadj	85%	10%	4%
8	Rural, Metro adj	45%	42%	12%
9	Rural, nonadj	57%	37%	7%
Overall		22%	61%	17%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

22% of LCSWs grew up in self-described rural areas, and 14% of these professionals currently work in non-Metro counties. Overall, just 5% of all LCSWs in the state currently work in non-Metro counties.

Top Ten States for Licensed Clinical Social Worker Recruitment

Rank	All LCSWs			
	High School	#	Init. Prof Degree	#
1	Virginia	2,148	Virginia	2,541
2	New York	407	Washington, D.C.	436
3	Maryland	282	New York	282
4	Pennsylvania	237	Maryland	233
5	New Jersey	189	Pennsylvania	146
6	North Carolina	150	Massachusetts	134
7	Ohio	103	North Carolina	112
8	Outside U.S./Canada	100	Michigan	93
9	California	95	Illinois	83
10	Massachusetts	88	Florida	83

44% of licensed LCSWs received their high school degree in Virginia, and 52% received their initial professional degree in the state.

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in the Past 5 Years			
	High School	#	Init. Prof Degree	#
1	Virginia	755	Virginia	813
2	New York	121	New York	116
3	Maryland	89	Washington, D.C.	97
4	New Jersey	63	Maryland	73
5	North Carolina	62	Pennsylvania	62
6	Pennsylvania	61	North Carolina	57
7	Outside U.S./Canada	43	Florida	41
8	Florida	32	Illinois	34
9	California	32	Massachusetts	33
10	Michigan	29	California	30

Among LCSWs who received their initial license in the past five years, 46% received their high school degree in Virginia, while 49% received their initial professional degree in the state.

Source: Va. Healthcare Workforce Data Center

17% of Virginia's licensees did not participate in the state's LCSW workforce during the past year. 82% of these professionals worked at some point in the past year, including 72% who worked in a behavioral sciences-related job.

At a Glance:

Not in VA Workforce

Total:	1,103
% of Licensees:	17%
Federal/Military:	23%
Va. Border State/DC:	26%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
Bachelor's Degree	0	0%
Master's Degree	4,627	96%
Doctor of Psychology	29	1%
Other Doctorate	177	4%
Total	4,834	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

Master's Degree: 96%

Doctorate: 4%

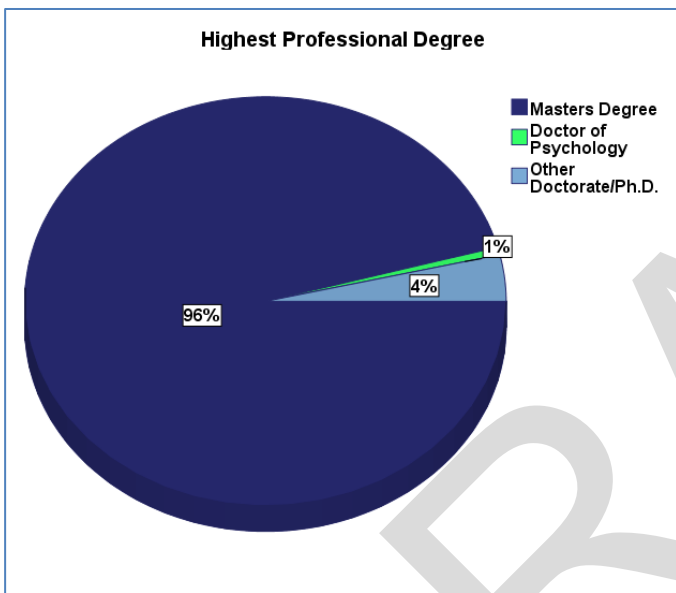
Educational Debt

Carry debt: 32%

Under age 40 w/ debt: 67%

Median debt: \$40k-\$50k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

32% of LCSWs carry educational debt, including 67% of those under the age of 40. The median debt burden among LCSWs with educational debt is between \$40,000 and \$50,000.

Amount Carried	All LCSWs		LCSWs under 40	
	#	%	#	%
None	2,869	68%	288	33%
Less than \$10,000	155	4%	54	6%
\$10,000-\$19,999	164	4%	65	7%
\$20,000-\$29,999	186	4%	74	8%
\$30,000-\$39,999	150	4%	50	6%
\$40,000-\$49,999	129	3%	60	7%
\$50,000-\$59,999	102	2%	39	4%
\$60,000-\$69,999	86	2%	52	6%
\$70,000-\$79,999	86	2%	53	6%
\$80,000-\$89,999	63	1%	39	4%
\$90,000-\$99,999	53	1%	23	3%
\$100,000-\$109,999	75	2%	32	4%
\$110,000-\$119,999	21	0%	8	1%
\$120,000-\$129,999	24	1%	10	1%
\$130,000-\$139,999	23	1%	8	1%
\$140,000-\$149,999	4	0%	2	0%
\$150,000 or More	56	1%	18	2%
Total	4,244	100%	873	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

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

Secondary Specialty

Mental Health:	15%
General Practice:	14%
Family:	12%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Specialty	Specialties			
	Primary		Secondary	
	#	%	#	%
Mental Health	2,681	56%	639	15%
Child	418	9%	433	10%
Health/Medical	276	6%	237	6%
Behavioral Disorders	247	5%	442	10%
General Practice (Non-Specialty)	227	5%	592	14%
Family	226	5%	502	12%
Substance Abuse	158	3%	469	11%
School/Educational	148	3%	163	4%
Gerontologic	102	2%	100	2%
Marriage	64	1%	227	5%
Social	31	1%	42	1%
Sex Offender Treatment	23	0%	42	1%
Forensic	22	0%	34	1%
Vocational/Work Environment	13	0%	20	0%
Industrial-Organizational	10	0%	11	0%
Rehabilitation	8	0%	26	1%
Neurology/Neuropsychology	5	0%	9	0%
Experimental or Research	2	0%	3	0%
Public Health	2	0%	14	0%
Other Specialty Area	156	3%	284	7%
Total	4,820	100%	4,292	100%

Source: Va. Healthcare Workforce Data Center

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

At a Glance:

Employment

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

Positions Held

1 Full-time: 55%
2 or More Positions: 20%

Weekly Hours:

40 to 49: 47%
60 or more: 4%
Less than 30: 20%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	4	0%
Employed in a behavioral sciences-related capacity	4,385	90%
Employed, NOT in a behavioral sciences-related capacity	194	4%
Not working, reason unknown	0	0%
Involuntarily unemployed	12	0%
Voluntarily unemployed	164	3%
Retired	128	3%
Total	4,887	100%

Source: Va. Healthcare Workforce Data Center

90% of LCSWs are currently employed in their profession. 55% of LCSWs hold one full-time job, and nearly half work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 hours	304	6%
1 to 9 hours	140	3%
10 to 19 hours	355	7%
20 to 29 hours	444	9%
30 to 39 hours	647	13%
40 to 49 hours	2,241	47%
50 to 59 hours	493	10%
60 to 69 hours	146	3%
70 to 79 hours	25	1%
80 or more hours	13	0%
Total	4,809	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	304	6%
One Part-Time Position	897	19%
Two Part-Time Positions	205	4%
One Full-Time Position	2,650	55%
One Full-Time Position & One Part-Time Position	678	14%
Two Full-Time Positions	13	0%
More than Two Positions	75	2%
Total	4,822	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	68	2%
Less than \$20,000	278	7%
\$20,000-\$29,999	181	5%
\$30,000-\$39,999	246	7%
\$40,000-\$49,999	375	10%
\$50,000-\$59,999	577	15%
\$60,000-\$69,999	642	17%
\$70,000-\$79,999	503	13%
\$80,000-\$89,999	366	10%
\$90,000-\$99,999	189	5%
\$100,000-\$109,999	174	5%
\$110,000 or More	207	5%
Total	3,806	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

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

Benefits
(Salary & Wage Employees only)
Health Insurance: 65%
Retirement: 61%

Satisfaction
Satisfied: 96%
Very Satisfied: 69%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	3,223	69%
Somewhat Satisfied	1,262	27%
Somewhat Dissatisfied	153	3%
Very Dissatisfied	54	1%
Total	4,692	100%

Source: Va. Healthcare Workforce Data Center

The typical LCSW earned between \$60,000 and \$70,000 per year. Among LCSWs who received either a wage or salary as compensation at their primary work location, 65% received health insurance and 61% also had access to some form of a retirement plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,413	55%	72%
Paid Sick Leave	2,271	52%	68%
Health Insurance	2,202	50%	65%
Dental Insurance	2,091	48%	62%
Retirement	2,083	48%	61%
Group Life Insurance	1,726	39%	52%
Signing/Retention Bonus	136	3%	4%
Receive At Least One Benefit	2,675	61%	77%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	48	1%
Experience Voluntary Unemployment?	306	6%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	109	2%
Work two or more positions at the same time?	1,156	21%
Switch employers or practices?	333	6%
Experienced at least one	1,695	31%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's LCSWs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 3.9% during the past 12 months.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	104	2%	57	5%
Less than 6 Months	185	4%	125	10%
6 Months to 1 Year	343	8%	134	11%
1 to 2 Years	677	15%	229	19%
3 to 5 Years	999	22%	249	21%
6 to 10 Years	843	18%	174	14%
More than 10 Years	1,419	31%	242	20%
Subtotal	4,571	100%	1,210	100%
Did not have location	216		4,162	
Item Missing	678		93	
Total	5,465		5,465	

Source: Va. Healthcare Workforce Data Center

59% of LCSWs are salaried employees, while 17% receive income from their own business/practice.

At a Glance:

Unemployment Experience
 Involuntarily Unemployed: 1%
 Underemployed: 2%

Turnover & Tenure
 Switched Jobs: 6%
 New Location: 17%
 Over 2 years: 71%
 Over 2 yrs, 2nd location: 55%

Employment Type
 Salary/Commission: 59%
 Business/Practice Income: 17%

Source: Va. Healthcare Workforce Data Center

71% of LCSWs have worked at their primary location for more than two years, while 6% have switched jobs during the past 12 months.

Employment Type		
Primary Work Site	#	%
Salary/ Commission	2,153	59%
Business/ Practice Income	622	17%
Hourly Wage	561	15%
By Contract	266	7%
Unpaid	27	1%
Subtotal	3,629	100%
Did not have location	216	
Item Missing	1,620	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 3.6% in April 2017 to 4.2% in January 2017. The rate for June 2017, the last month used in this calculation, is preliminary.

At a Glance:

Concentration

Top Region:	38%
Top 3 Regions:	82%
Lowest Region:	1%

Locations

2 or more (Past Year):	27%
2 or more (Now*):	25%

Source: Va. Healthcare Workforce Data Center

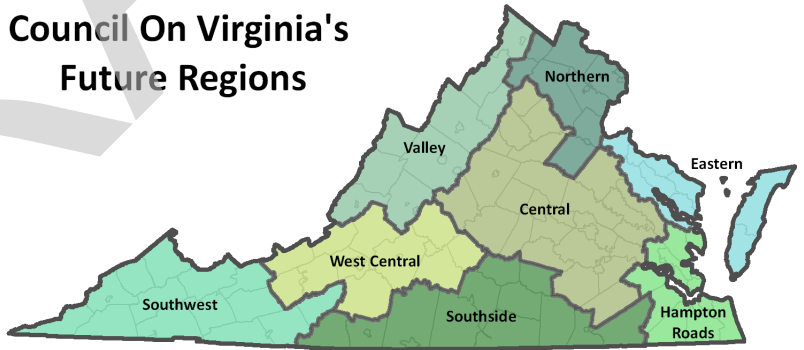
38% of LCSWs work in Northern Virginia, the most of any region in the state. In addition, another 28% of LCSWs work in Central Virginia.

A Closer Look:

Regional Distribution of Work Locations				
COVF Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,261	28%	340	27%
Eastern	40	1%	17	1%
Hampton Roads	747	16%	210	17%
Northern	1,750	38%	416	33%
Southside	89	2%	32	3%
Southwest	146	3%	37	3%
Valley	167	4%	38	3%
West Central	329	7%	85	7%
Virginia Border State/DC	30	1%	46	4%
Other US State	22	0%	45	4%
Outside of the US	1	0%	5	0%
Total	4,583	100%	1,270	100%
Item Missing	666		33	

Source: Va. Healthcare Workforce Data Center

Council On Virginia's Future Regions



Source: Va. Healthcare Workforce Data Center

25% of all LCSWs currently have multiple work locations, while 27% had multiple work locations over the course of the past year.

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	208	4%	296	6%
1	3,269	68%	3,307	69%
2	656	14%	620	13%
3	552	12%	504	11%
4	38	1%	18	0%
5	14	0%	12	0%
6 or More	37	1%	17	0%
Total	4,775	100%	4,775	100%

*At the time of survey completion, June 2017.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,998	47%	712	64%
Non-Profit	892	21%	223	20%
State/Local Government	938	22%	136	12%
Veterans Administration	193	5%	15	1%
U.S. Military	181	4%	17	2%
Other Federal Government	45	1%	8	1%
Total	4,248	100%	1,111	100%
Did not have location	216		4162	
Item Missing	1,001		192	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

For Profit: 47%

Federal: 10%

Top Establishments

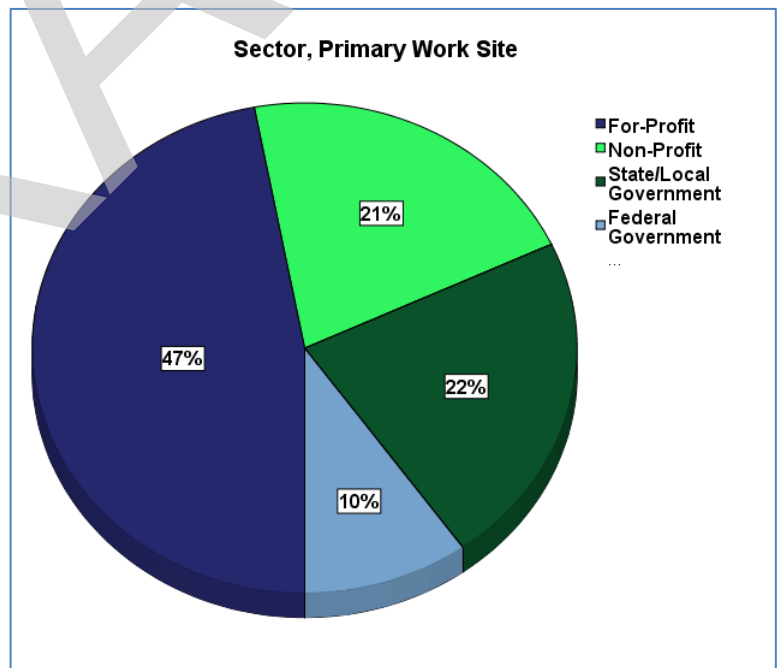
Private Practice, Solo: 16%

Mental Health Facility: 14%

Private Practice, Group: 12%

Source: Va. Healthcare Workforce Data Center

Two-thirds of LCSWs work in the private sector, including 47% who work at for-profit establishments. Meanwhile, 22% of LCSWs work for state or local governments, and 10% work for the federal government.



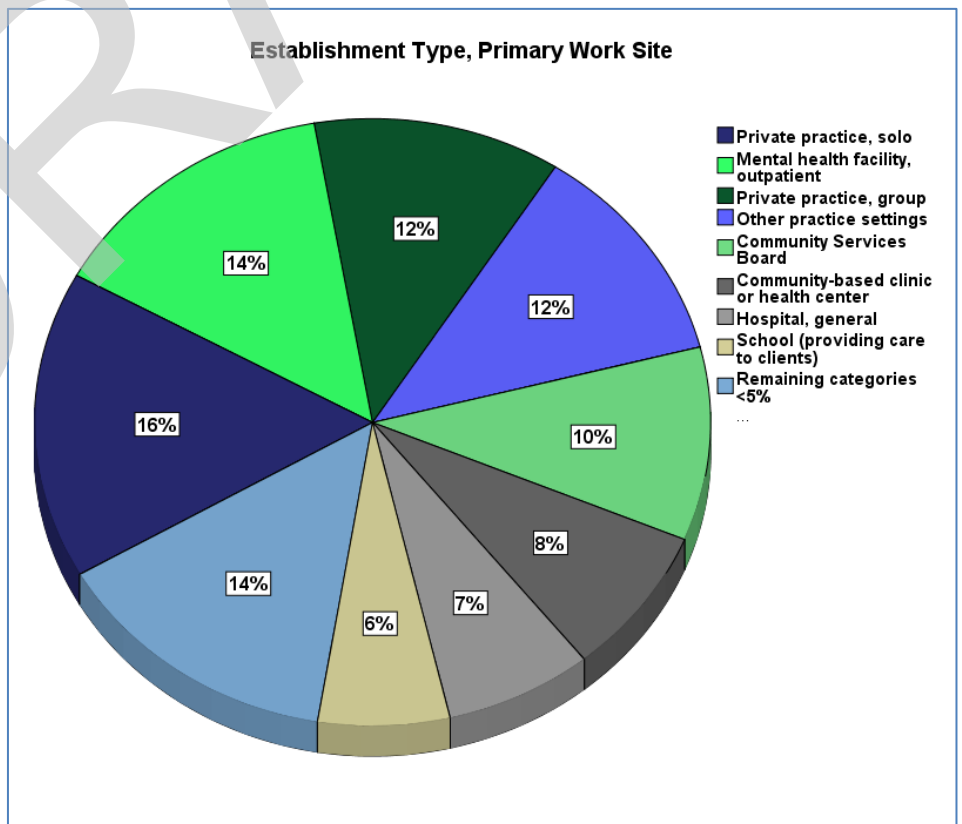
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Solo	658	16%	191	18%
Mental Health Facility, Outpatient	570	14%	148	14%
Private Practice, Group	476	12%	183	17%
Community Services Board	413	10%	64	6%
Community-Based Clinic or Health Center	319	8%	92	9%
Hospital, General	285	7%	35	3%
School (Providing Care to Clients)	253	6%	26	2%
Hospital, Psychiatric	141	4%	30	3%
Residential Mental Health/Substance Abuse Facility	82	2%	19	2%
Administrative or Regulatory	79	2%	12	1%
Academic Institution (Teaching Health Professions Students)	73	2%	53	5%
Other practice setting	668	17%	200	19%
Total	4,017	100%	1,055	100%
Did Not Have a Location	216		4,162	

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

Source: Va. Healthcare Workforce Data Center

Among those LCSWs who also have a secondary work location, 35% work at either a solo or group private practice, while 14% work at an outpatient mental health facility.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

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

Roles

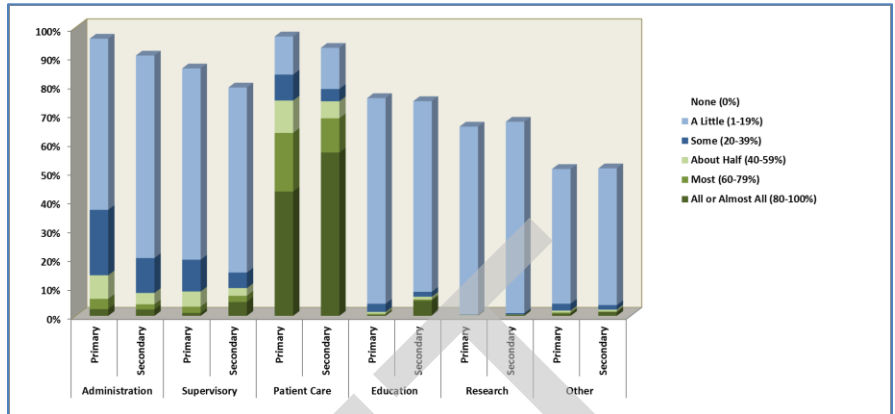
Patient Care: 63%
Administrative: 6%
Supervisory: 3%

Patient Care LCSWs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



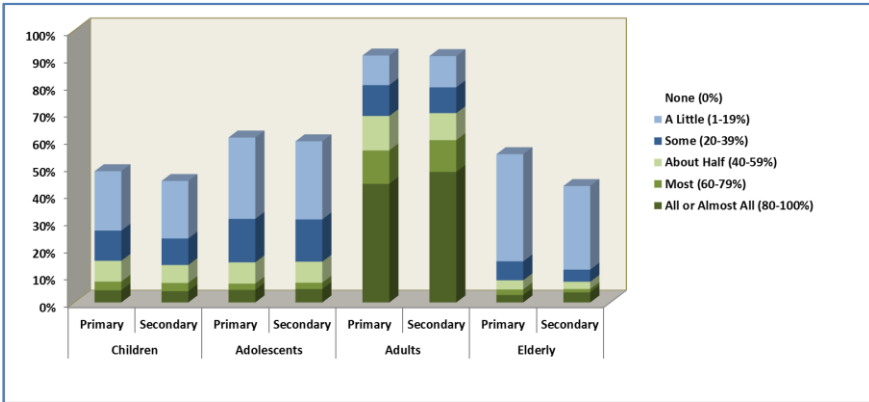
Source: Va. Healthcare Workforce Data Center

63% of all LCSWs fill a patient care role, defined as spending 60% or more of their time on patient care activities. Another 6% of LCSWs fill an administrative role, while 3% fill a supervisory role.

Time Spent	Time Allocation											
	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	2%	2%	1%	5%	43%	57%	0%	5%	0%	0%	1%	1%
Most (60-79%)	4%	2%	2%	2%	20%	12%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	8%	4%	5%	3%	11%	6%	1%	1%	0%	0%	1%	1%
Some (20-39%)	23%	12%	11%	5%	9%	4%	3%	2%	0%	0%	2%	2%
A Little (1-19%)	59%	70%	66%	64%	13%	14%	71%	66%	65%	66%	47%	47%
None (0%)	4%	10%	14%	21%	3%	7%	25%	26%	34%	33%	49%	49%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Patient Allocation

Children: None
 Adolescents: 1%-9%
 Adults: 70%-79%
 Elderly: 1%-9%

Roles

Children: 8%
 Adolescents: 7%
 Adults: 56%
 Elderly: 5%

Source: Va. Healthcare Workforce Data Center

Approximately three-quarters of all patients seen by a typical LCSW at her primary work location are adults. In addition, 56% of LCSWs serve an adult patient care role, meaning that at least 60% of their patients are adults.

Time Spent	Patient Allocation							
	Children		Adolescents		Adults		Elderly	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	4%	4%	5%	5%	44%	48%	3%	4%
Most (60-79%)	3%	3%	2%	2%	12%	12%	2%	1%
About Half (40-59%)	8%	7%	8%	8%	13%	10%	3%	3%
Some (20-39%)	11%	10%	16%	16%	11%	9%	7%	4%
A Little (1-19%)	22%	21%	30%	29%	11%	11%	39%	31%
None (0%)	52%	55%	39%	41%	9%	9%	46%	57%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Patients Per Week

Primary Location: 1-24

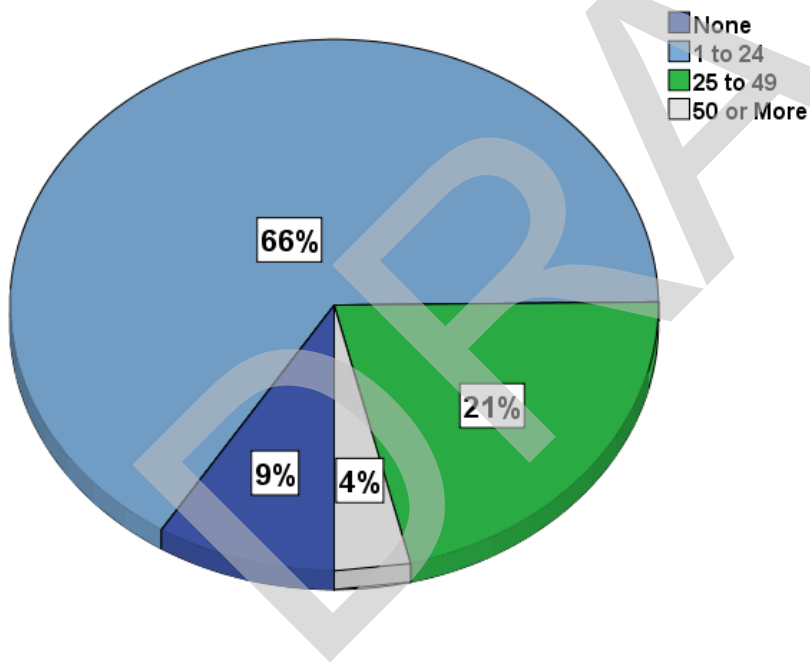
Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	395	9%	154	14%
1 to 24	2,703	65%	825	76%
25 to 49	944	23%	85	8%
50 to 74	98	2%	10	1%
75 or More	49	1%	5	0%
Total	4,188	100%	1,079	100%

Source: Va. Healthcare Workforce Data Center

Patients Per Week, Primary Work Site



Source: Va. Healthcare Workforce Data Center

Close to 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.

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LCSWs		LCSWs over 50	
	#	%	#	%
Under age 50	26	1%	-	-
50 to 54	58	1%	3	0%
55 to 59	224	6%	50	2%
60 to 64	712	18%	249	11%
65 to 69	1,337	33%	704	32%
70 to 74	871	21%	597	27%
75 to 79	326	8%	251	11%
80 or over	100	2%	83	4%
I do not intend to retire	413	10%	294	13%
Total	4,065	100%	2,230	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LCSWs

Under 65: 25%
Under 60: 8%

LCSWs 50 and over

Under 65: 14%
Under 60: 2%

Time until Retirement

Within 2 years: 8%
Within 10 years: 28%
Half the workforce: By 2037

Source: Va. Healthcare Workforce Data Center

Although 25% of LCSWs expect to retire by the age of 65, this percentage falls to 14% for those LCSWs who are already at least 50 years old. Meanwhile, 42% of all LCSWs expect to work until at least age 70, including 10% who do not plan on retiring at all.

Within the next two years, only 2% of Virginia’s LCSWs plan on leaving the state and another 1% plan on leaving the profession entirely. Meanwhile, 11% plan on increasing patient care hours, and 10% expect to pursue additional educational opportunities.

Future Plans

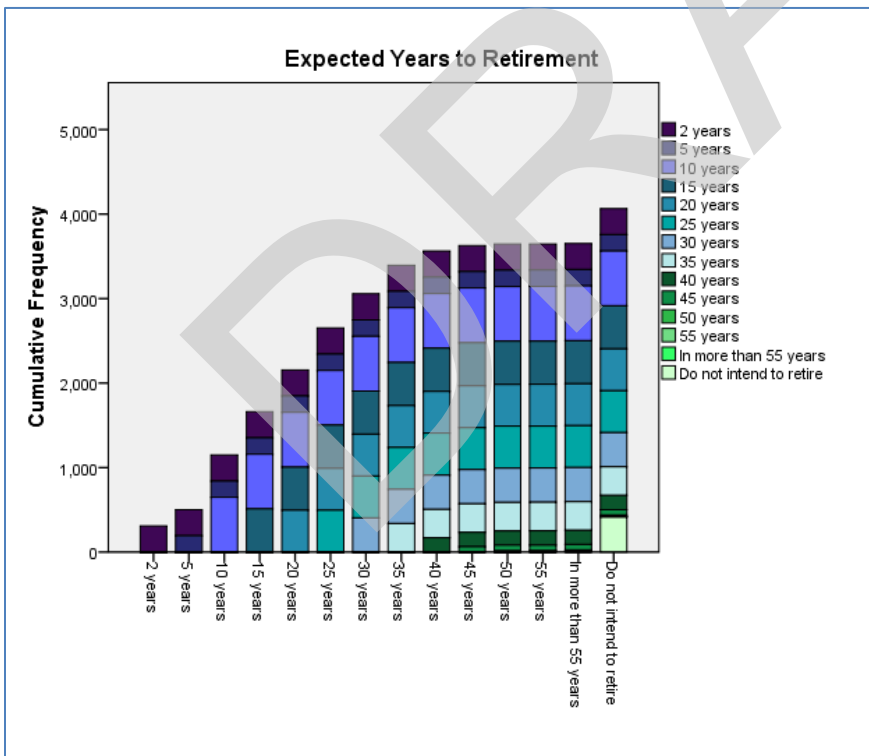
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	68	1%
Leave Virginia	118	2%
Decrease Patient Care Hours	442	8%
Decrease Teaching Hours	26	0%
Increase Participation		
Increase Patient Care Hours	604	11%
Increase Teaching Hours	301	6%
Pursue Additional Education	541	10%
Return to Virginia’s Workforce	84	2%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LCSWs. 8% of LCSWs expect to retire in the next two years, while nearly one-third plan on retiring in the next ten years. More than half of the current LCSW workforce expects to retire by 2037.

Time to Retirement			
Expect to retire within...	#	%	Cumulative %
2 years	309	8%	8%
5 years	194	5%	12%
10 years	647	16%	28%
15 years	511	13%	41%
20 years	495	12%	53%
25 years	496	12%	65%
30 years	404	10%	75%
35 years	338	8%	83%
40 years	168	4%	88%
45 years	65	2%	89%
50 years	17	0%	90%
55 years	1	0%	90%
In more than 55 years	7	0%	90%
Do not intend to retire	413	10%	100%
Total	4,065	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach over 10% of the current workforce every five years by 2027. Retirements will peak at 16% of the current workforce around the same time period before declining to under 10% of the current workforce again around 2052.

At a Glance:

FTEs

Total: 4,587
 FTEs/1,000 Residents: 0.547
 Average: 0.87

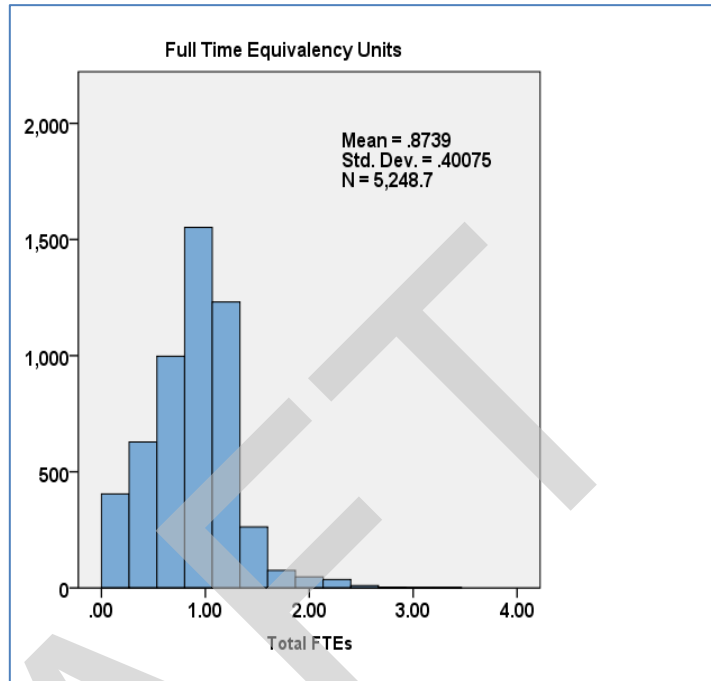
Age & Gender Effect

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

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

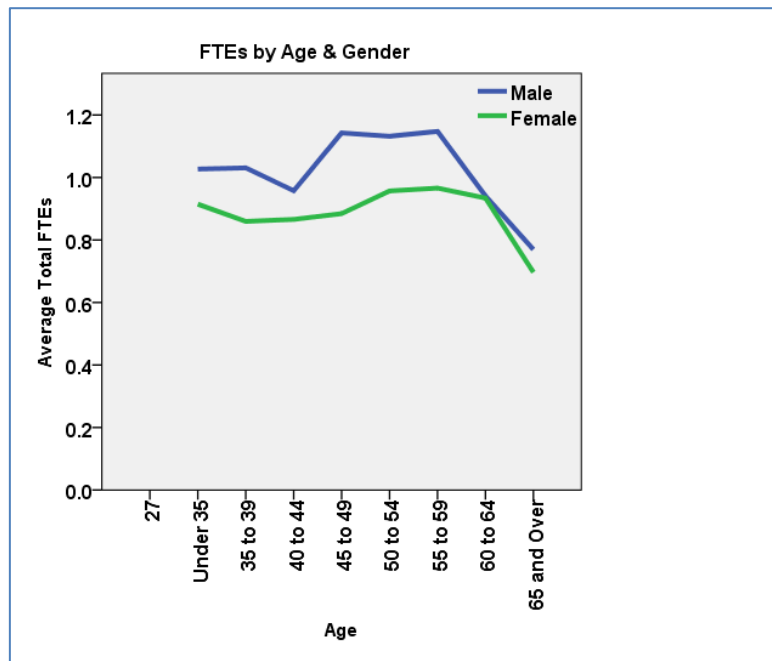


Source: Va. Healthcare Workforce Data Center

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

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 35	0.92	1.03
35 to 39	0.88	0.97
40 to 44	0.84	0.93
45 to 49	0.92	0.94
50 to 54	0.98	0.99
55 to 59	0.97	0.99
60 to 64	0.95	1.05
65 and Over	0.70	0.58
Gender		
Male	0.96	1.01
Female	0.87	0.94

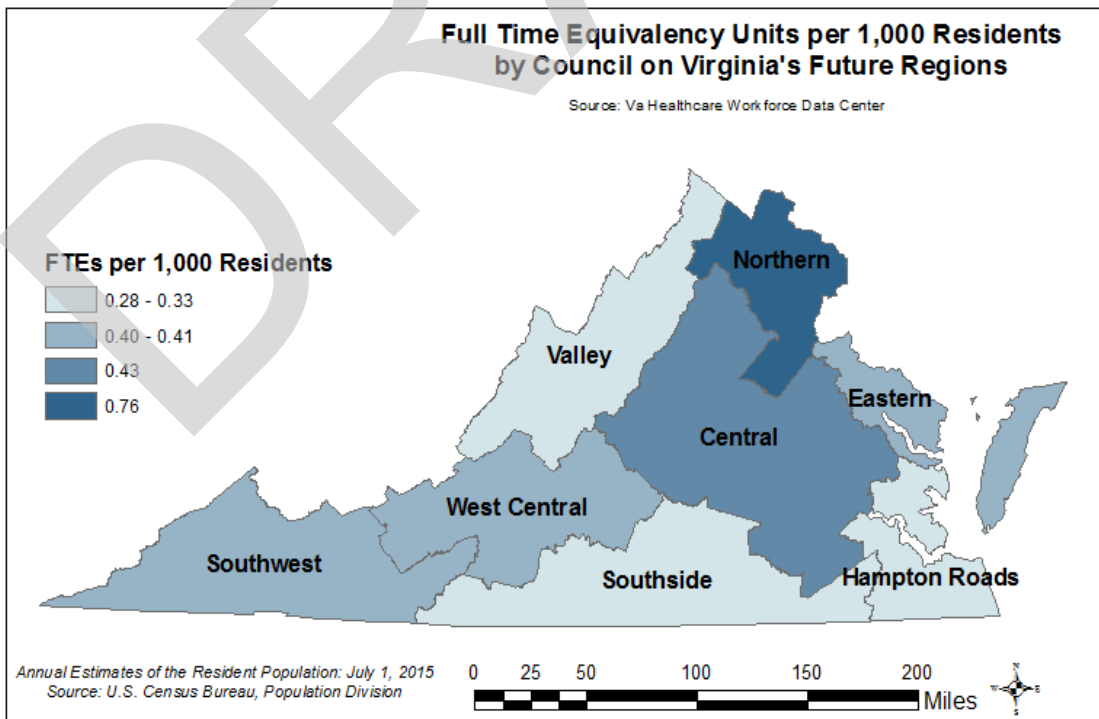
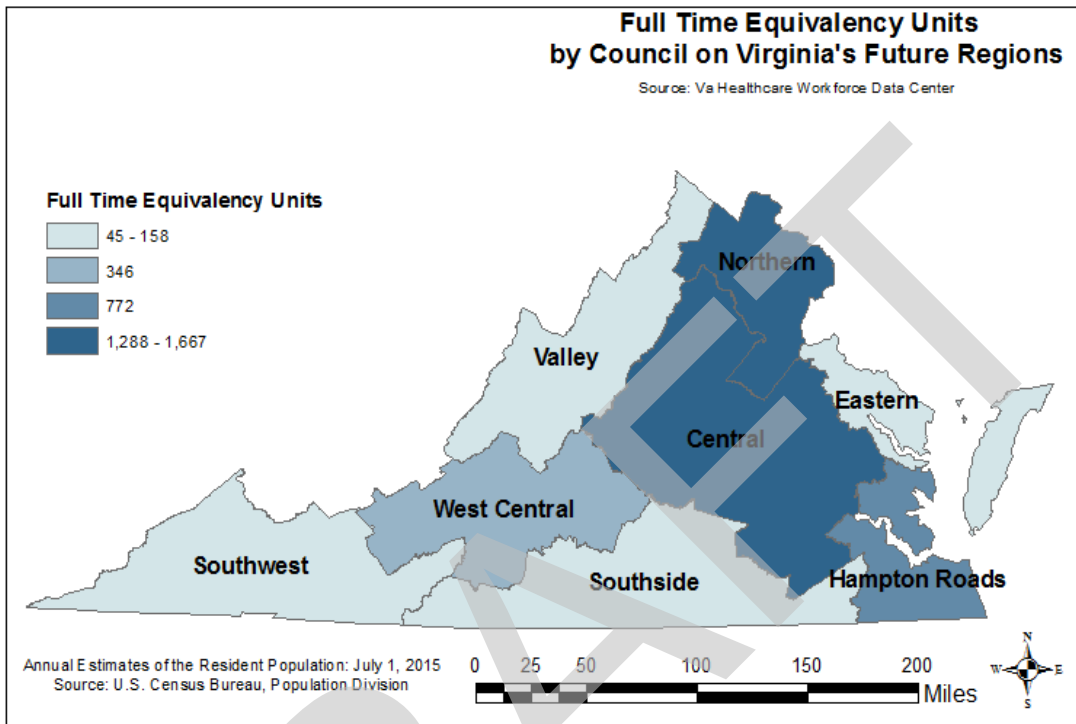
Source: Va. Healthcare Workforce Data Center



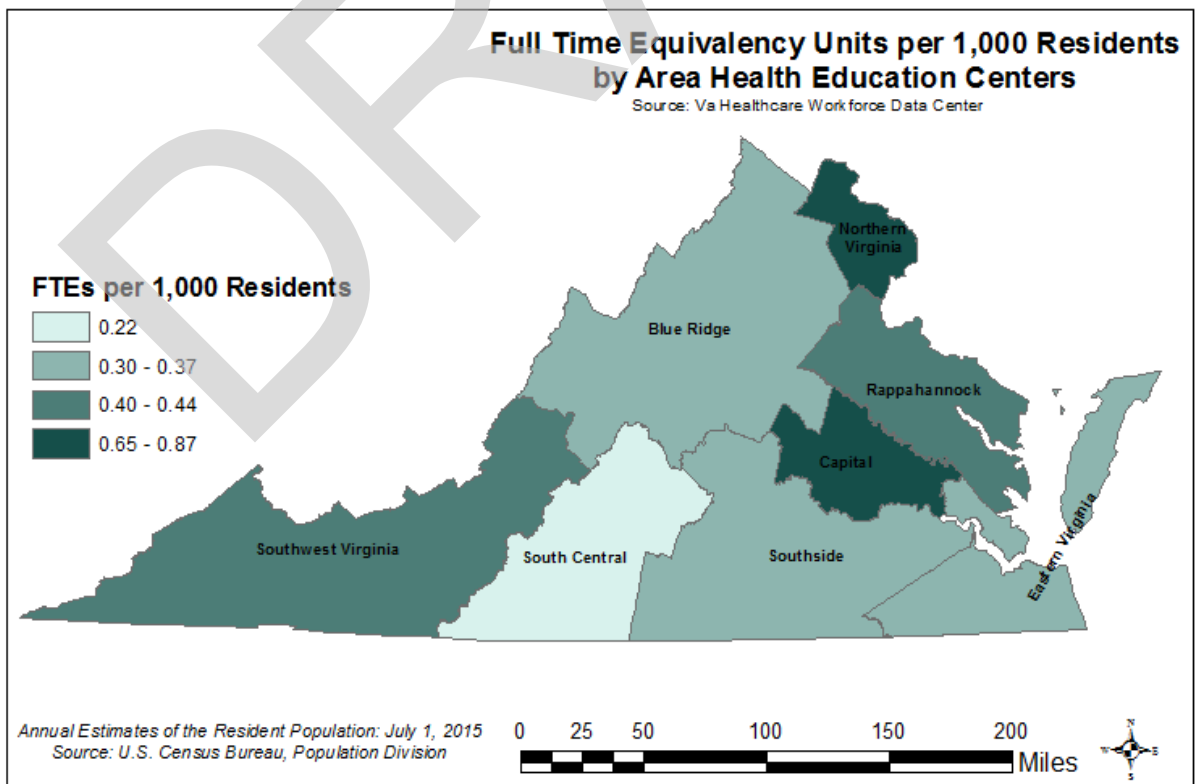
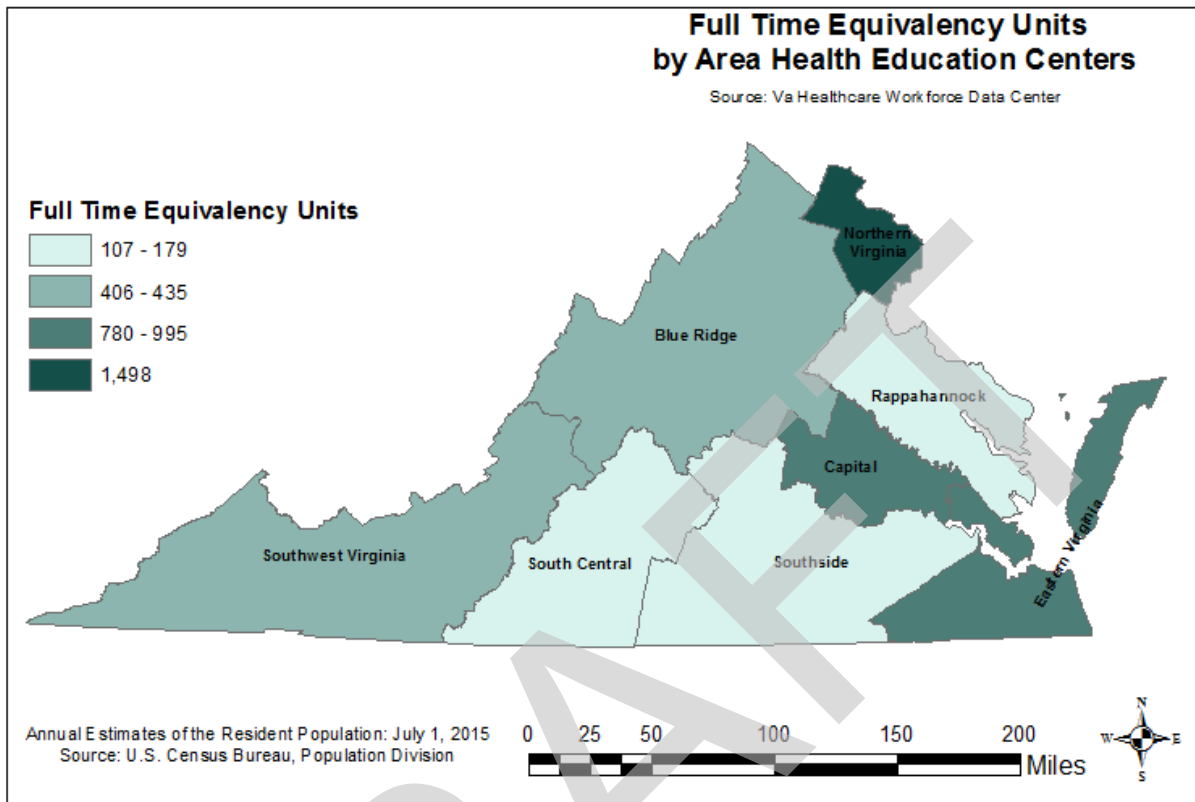
Source: Va. Healthcare Workforce Data Center

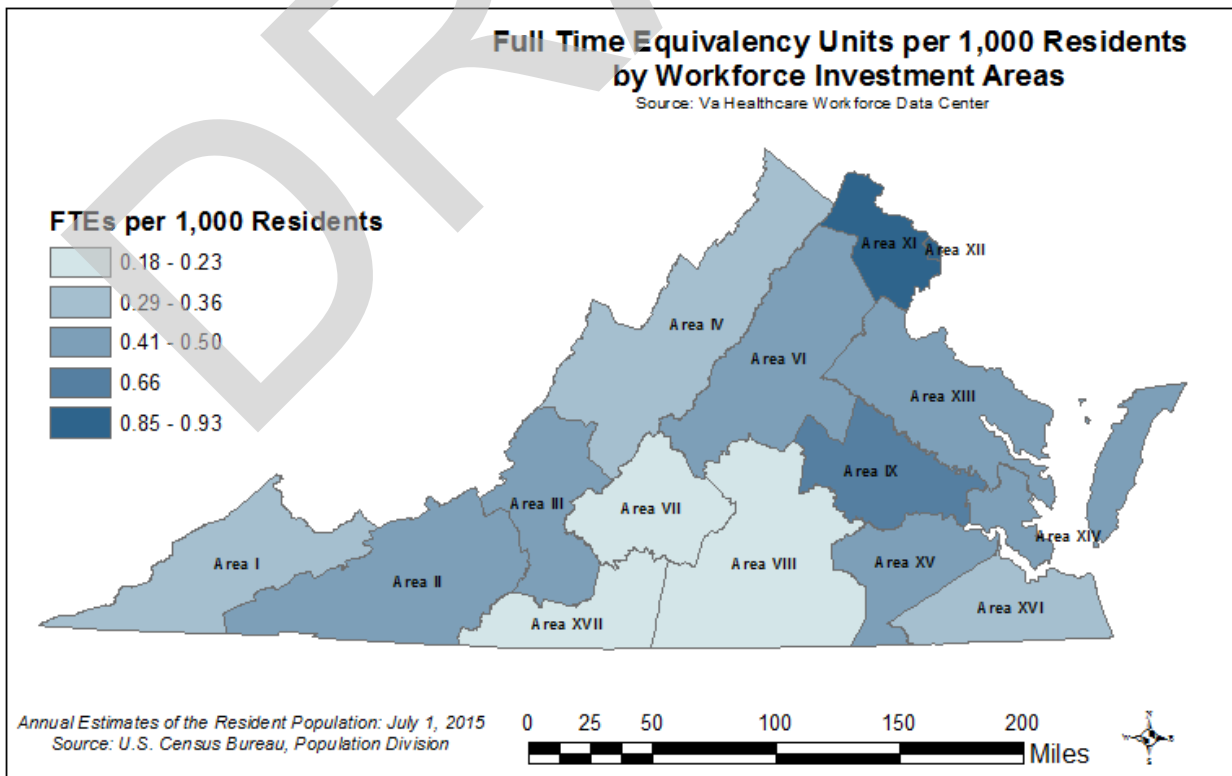
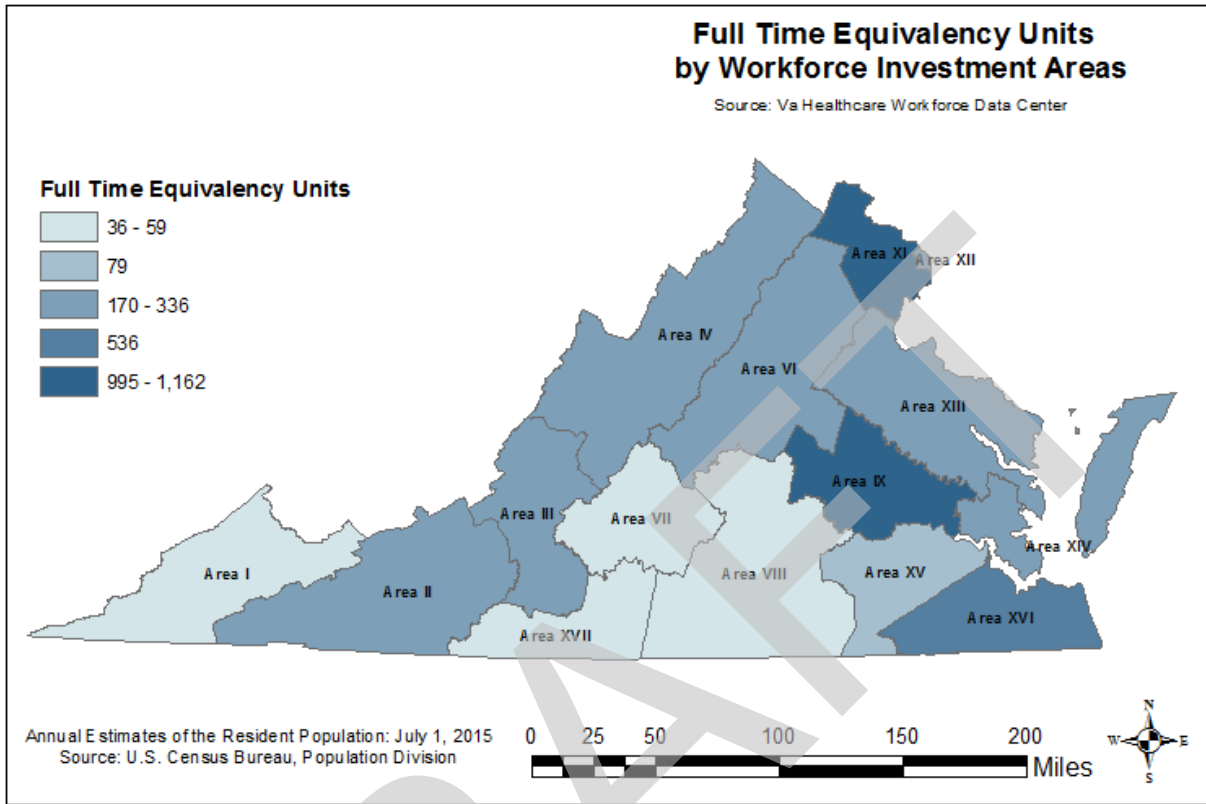
² Due to assumption violations in Mixed between-within ANOVA (Levene's Test is significant)

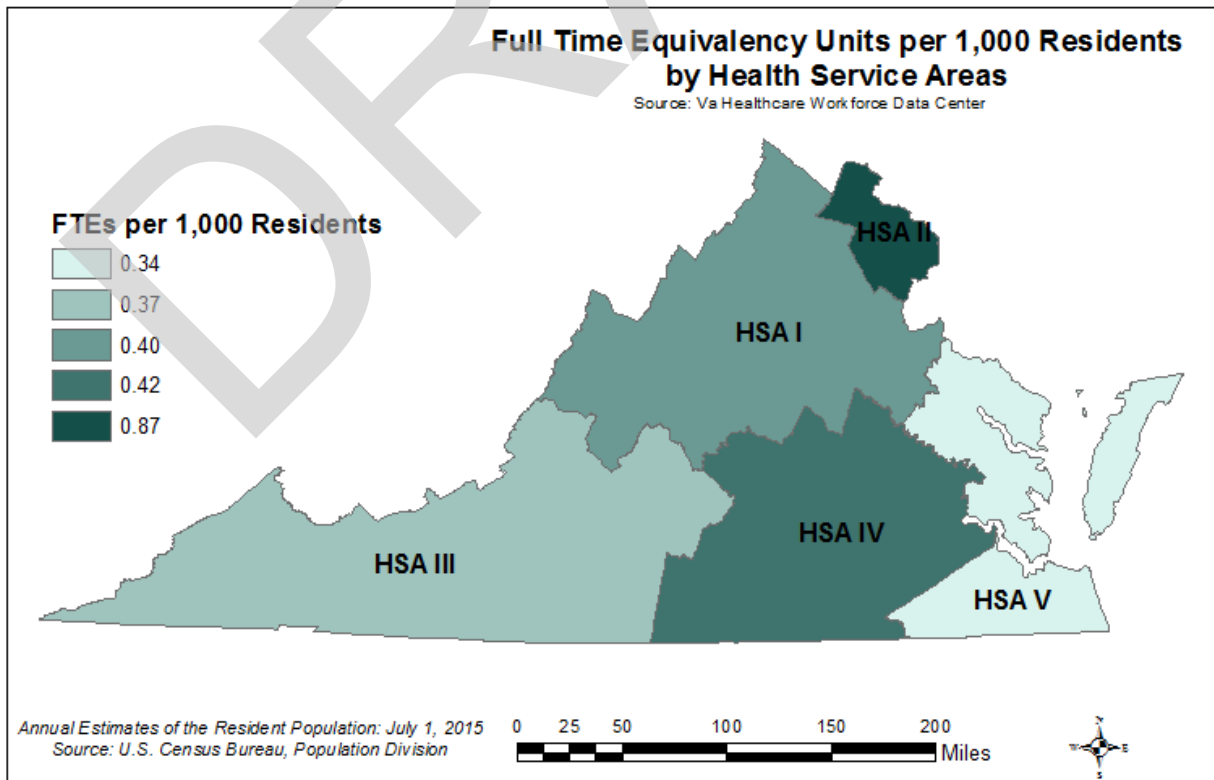
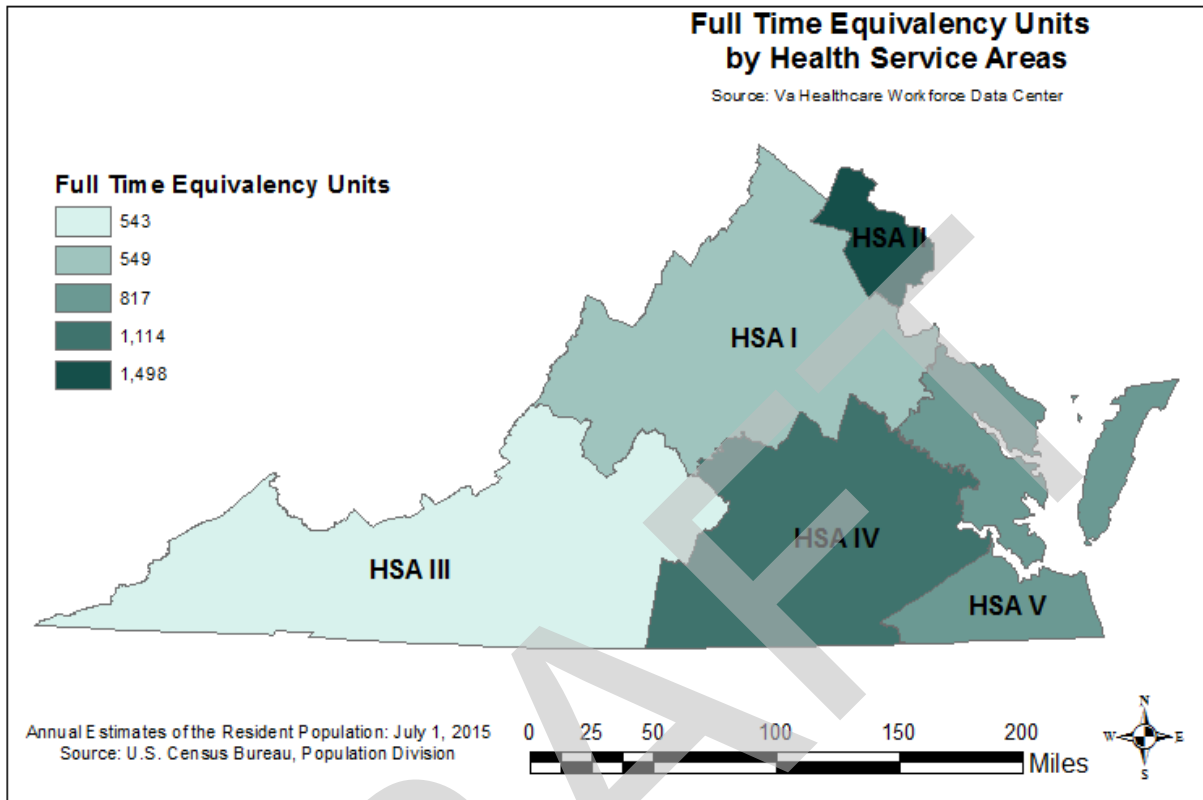
Council on Virginia's Future Regions³

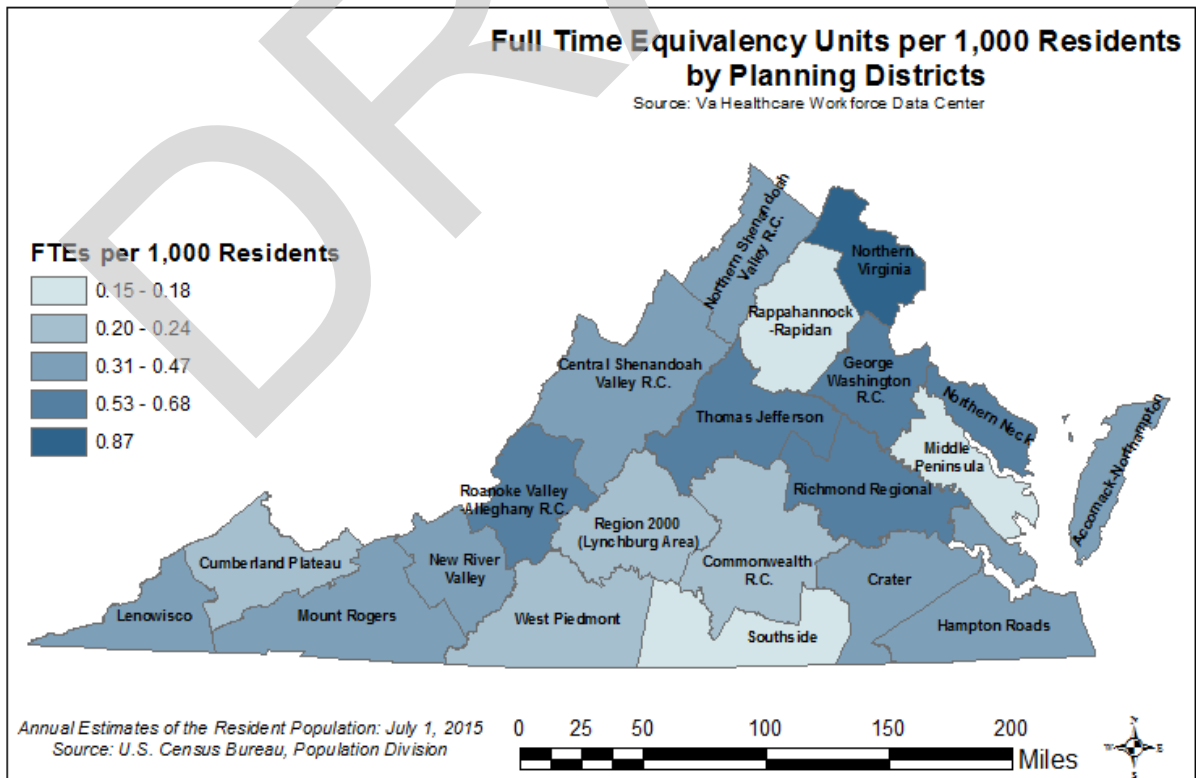
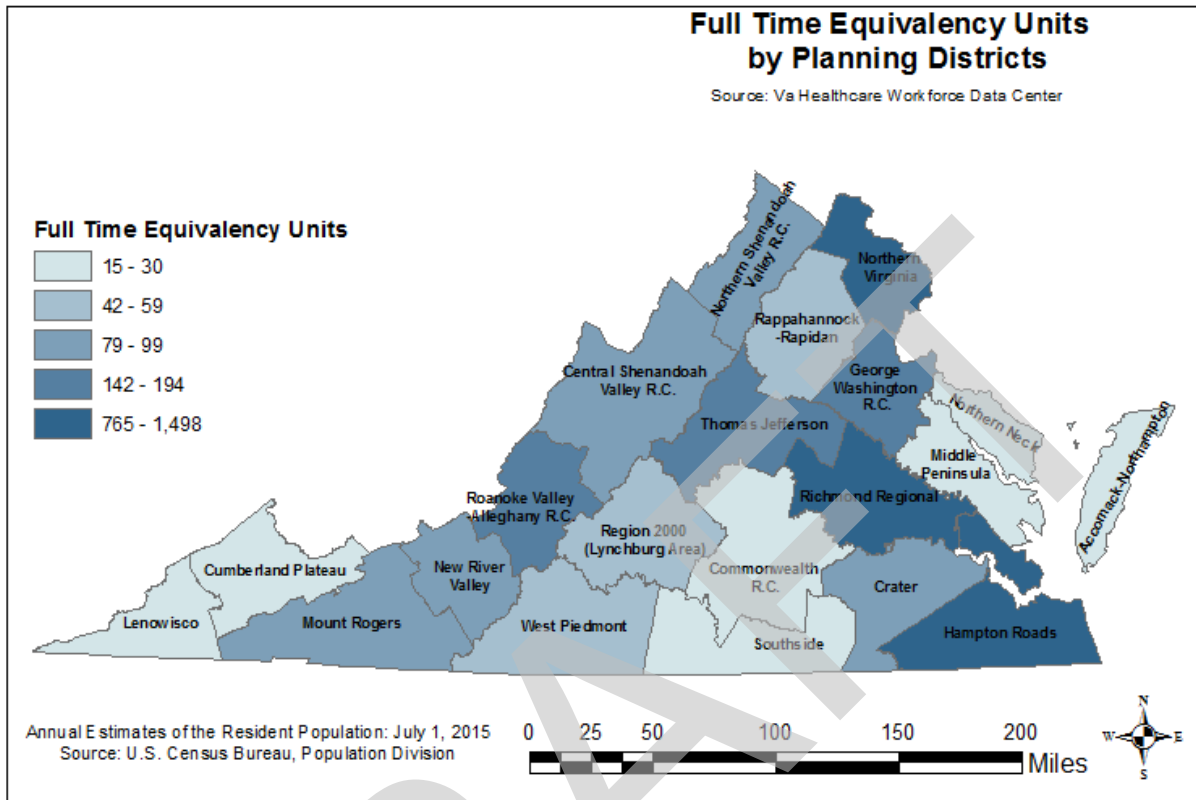


³ These are now referred to as VA Perform's regions: <http://vaperforms.virginia.gov/Regions/regionalScorecards.php>









Appendix A: Weights

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

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

Source: Va. Healthcare Workforce Data Center

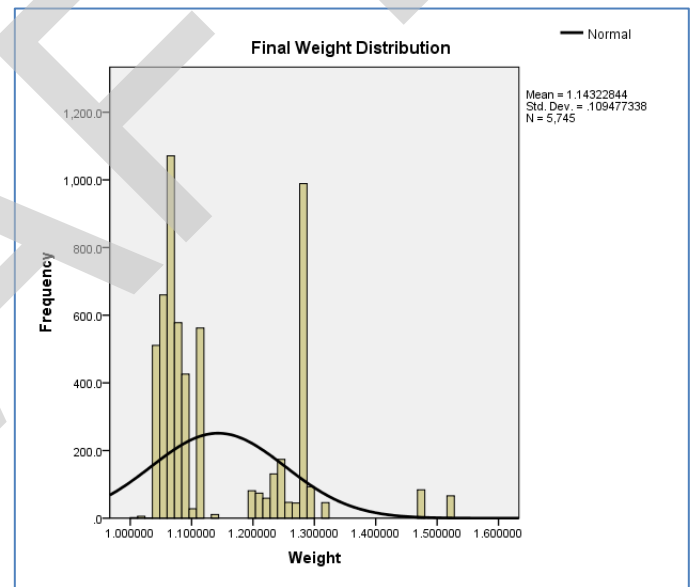
See the Methods section on the HWDC website for details on HWDC Methods:

www.dhp.virginia.gov/hwdc/

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

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

Overall Response Rate: 0.803423



Source: Va. Healthcare Workforce Data Center