
Call to Order – John Salay, LCSW, Board Chair

- Welcome and Roll Call
- Mission of the Board
- Emergency Egress Procedures
- Adoption of Agenda

Approval of Minutes

- Board Meeting - December 7, 2018* Page 3

Public Comment

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

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

Chair Report – John Salay, LCSW

Staff Reports

- Executive Director’s Report – **Jaime Hoyle, JD, Executive Director** Page 8
 - Budget Page 9
 - ASWB Letter Regarding HRSA Grant Page 18
 - Paperless License
- Discipline Report – **Jennifer Lang, Deputy Executive Director** Page 21
- Licensure Report – **Latasha Austin, Licensing Manager** Page 26

Board Counsel Report- James Rutkowski, Assistant Attorney General

Committee and Board Member Reports

- Board of Health Professions Report – **Jaime Hoyle**
- Regulatory Committee Report – **Joseph Walsh, LCSW, Ph.D, Committee Chair**

Legislation and Regulatory Actions – Elaine Yeatts, Senior Policy Analyst

- 2019 Legislative Report Page 36
- Report on Regulatory Actions Page 41
- Consideration of Policy Action on Conversion Therapy* Page 43

Unfinished Business

- None
-
-

New Business

- 2020 Meeting Dates
-
-

Next Meeting

- Friday, June 14, 2019
-
-

Meeting Adjournment

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3707(F).

DRAFT



Approval of
Quarterly Full Board
Meeting Minutes
December 7, 2018

**THE VIRGINIA BOARD OF SOCIAL WORK
FULL BOARD MEETING MINUTES
Friday, December 7, 2018**

The Virginia Board of Social Work ("Board") meeting convened at 9:30 a.m. on Friday, December 7, 2018 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia in Board Room 1.

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

BOARD MEMBERS PRESENT: Canek Aguirre, Citizen Member
Angelia Allen, Citizen Member (*arrived at 10:59am*)
Maria Eugenia del Villar, L.C.S.W.
Michael Hayter, L.C.S.W., C.S.A.C.
Gloria Manns, L.C.S.W.
Dolores Paulson, L.C.S.W., Ph.D., Vice-Chair
Joseph Walsh, L.C.S.W., Ph.D.

BOARD MEMBERS ABSENT: Jamie Clancey, L.C.S.W.

STAFF PRESENT: Latasha Austin, Licensing Manager
Christy Evans, Discipline Case Specialist
Jaime Hoyle, Executive Director
Jennifer Lang, Deputy Executive Director

OTHERS PRESENT: Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
David E. Brown, D.C., Director, Department of Health Professions
Megan Healy, Chief Workforce Development Advisor, Office of Governor Ralph Northam (*left meeting at 10:15am*)

BOARD COUNSEL PRESENT: James E. Rutkowski, Assistant Attorney General

IN THE AUDIENCE: Joseph G. Lynch, L.C.S.W.
Debra A. Riggs, Executive Director, NASW-Virginia Chapter

CALL TO ORDER:
Mr. Salay called the meeting to order at 9:33 a.m.

ROLL CALL/ESTABLISHMENT OF A QUORUM:
Mr. Salay requested a roll call. Ms. Austin announced that seven members of the Board were present; therefore, a quorum was established.

MISSION STATEMENT:
Mr. Salay read the mission statement of the Department of Health Professions, which was also the mission statement of the Board.

EMERGENCY EGRESS:
Mr. Salay announced the Emergency Egress procedures.

ADOPTION OF AGENDA:

Upon a motion by Ms. Manns, which was properly seconded by Dr. Walsh, the Board adopted the agenda with one amendment to move the supervisor directory discussion under New Business to the Committee and Board Member Reports under the Regulatory Committee Report. The motion passed with none abstaining.

APPROVAL OF MINUTES:

Upon a motion by Mr. Aguirre, which was properly seconded by Dr. Walsh, the meeting minutes from the Full Quarterly Board Meeting held on Sept 21, 2018 were approved as written. The motion passed with none abstaining.

PRESENTATION:

Megan Healy, Chief Workforce Development Advisor from the Office of Governor Ralph Northam presented a PowerPoint Presentation on the Virginia Workforce.

The Board took a break at 10:15am. The meeting re-convened at 10:25 a.m.

PUBLIC COMMENT:

There was public comment.

AGENCY REPORT:

Dr. Brown gave an update on the opioid crisis. Dr. Brown also informed the Board that the Workgroup on Conversion Therapy convened a meeting in October 2018. Dr. Brown indicated that a summary of that meeting would be sent to Board Executive Directors and Board Chairs.

Mr. Salay informed the Board that the State of Ohio has a guidance document related to conversion therapy. Mr. Salay will provide a copy to Board staff.

BOARD CHAIR REPORT:

Mr. Salay reported on the ASWB Annual Meeting he attended held in San Antonio, Texas, November 15-17, 2018. Mr. Salay reported that the timing of the examination was discussed at the conference, and he would obtain additional data regarding the exam to giving to the regulatory committee.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle discussed the Budget for the Board of Social Work. A copy of the report given was included in the agenda packet. Ms. Hoyle also informed the Board that the Department of Health Professions plans to move to paperless licenses sometime in 2019, to replace the permanent badges for Board members to temporary badges, and to provide more Board Member training.

DEPUTY DIRECTOR'S REPORT:

Ms. Lang reported on the disciplinary statistics for the Board of Social Work. A copy of the report given was included in the agenda packet. Ms. Lang also reported that Ms. Evans has conducted a discipline audit of CEUs for 57 LCSW and 56 LSW. The final report of the audit will be provided at the next meeting.

LICENSING MANAGER'S REPORT:

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

BOARD COUNSEL'S REPORT:

No report

COMMITTEE REPORTS:

- *Board of Health Professions Report*

Ms. Hoyle informed the Board that Mr. Salay had been appointed to the Board of Health Professions as the representative from the Board of Social Work

- *Legislative/Regulatory Committee Report*

Dr. Walsh made a motion that the Board adopt the following changes to Guidance Document 140-3 recommended by the Regulatory Committee:

1. Under Recommendations by the Board, bullet 3, change the wording from “the advantages and drawbacks of non-face-to face interactions” to **“the advantages and drawbacks of technology-assisted social work practice”**
 2. Under Recommendations by the Board, bullet 3, deleting the second sentence that reads: **“Traditional, face-to-face, in-person contact remains the preferred service delivery modality”**
 3. Under Recommendations by the Board, bullet 6, change the wording from “states prohibit” to **“states generally”**
 4. Under Recommendations by the Board, bullet 7, change the sentence from “Social Workers must follow the same code of ethics for technology-assisted therapy as they do in a traditional social work setting” to **“Social Workers must follow the same standards of practice for technology-assisted social work practice as they do in traditional social work setting”**
 5. Adding **Recommended Reference** to the document
- The motion passed with all in favor, with none opposed.

Dr. Walsh made a motion that the Board approve by fast track the following recommendation from the Regulatory Committee:

The Board amend the continuing education hours for supervisors from 14 hours of continuing education to 12 hours of continuing education and to delete from 18VAC140-20-50 (B)(2) that last sentence that reads: “The graduate course or hours of continuing education in supervision shall be obtained by a supervisor within five years immediately preceding registration of supervision”. The motion passed with one opposed.

Dr. Walsh informed the Board of the Regulatory Committee’s suggestion for Board staff to create a supervisory directory. After much discussion, it was determined that Board staff could not move forward with a supervisory directory until changes to the requirements for supervisors have been approved. The Regulatory Committee’s suggestion would have to be re-visited at a later time.

LEGISLATION & REGULATORY ACTIONS:

Ms. Yeatts provided an update on House Bill 614 that proposed to change Licensed Social Workers (LSW) to Licensed Baccalaureate Social Workers (LBSW) and Licensed Masters of Social Work (LMSW). Ms. Yeatts informed the Board that the regulations have been fast tracked and are at the Governor’s office.

Ms. Yeatts informed the Board that proposed regulatory action to increase the hours pertaining to ethics to a minimum of (6) for LCSWs and a minimum of (3) for LSWs is also at that Governor’s office.

Ms. Yeatts also provided the Board with a summary of legislative proposals approved for submission to the 2019 General Assembly by the Department of Health Professions.

UNFINISHED BUSINESS:

No unfinished business was discussed.

NEW BUSINESS:

No new business was discussed

NEXT MEETING:

Mr. Salay announced that the next quarterly scheduled full Board meeting would occur on March 15, 2019.

ADJOURNMENT:

Mr. Salay adjourned the meeting at 11:45 a.m.

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

Jaime Hoyle, Executive Director

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Virginia Department of
Health Professions
Board of Social Work

Executive Director's Report



Budget

Virginia Department of Health Professions
Cash Balance
As of January 31, 2019

	<u>110- Social Work</u>
Board Cash Balance as June 30, 2018	\$ 641,588
YTD FY19 Revenue	168,378
Less: YTD FY19 Direct and Allocated Expenditures	<u>327,972</u>
Board Cash Balance as January 31, 2019	<u><u>481,993</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	119,080.00	141,075.00	21,995.00	84.41%
4002406	License & Renewal Fee	36,267.50	593,730.00	557,462.50	6.11%
4002407	Dup. License Certificate Fee	1,010.00	850.00	(160.00)	118.82%
4002409	Board Endorsement - Out	3,550.00	4,625.00	1,075.00	76.76%
4002421	Monetary Penalty & Late Fees	8,375.00	780.00	(7,595.00)	1073.72%
4002432	Misc. Fee (Bad Check Fee)	70.00	35.00	(35.00)	200.00%
	Total Fee Revenue	168,352.50	741,095.00	572,742.50	22.72%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	25.00	-	(25.00)	0.00%
	Total Sales of Prop. & Commodities	25.00	-	(25.00)	0.00%
	Total Revenue	168,377.50	741,095.00	572,717.50	22.72%
5011110	Employer Retirement Contrib.	3,825.93	6,123.00	2,297.07	62.48%
5011120	Fed Old-Age Ins- Sal St Emp	2,092.54	3,465.00	1,372.46	60.39%
5011140	Group Insurance	370.80	594.00	223.20	62.42%
5011150	Medical/Hospitalization Ins.	5,132.50	8,244.00	3,111.50	62.26%
5011160	Retiree Medical/Hospitalizatn	331.38	530.00	198.62	62.52%
5011170	Long term Disability Ins	176.25	281.00	104.75	62.72%
	Total Employee Benefits	11,929.40	19,237.00	7,307.60	62.01%
5011200	Salaries				
5011230	Salaries, Classified	28,302.45	45,284.00	16,981.55	62.50%
	Total Salaries	28,302.45	45,284.00	16,981.55	62.50%
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,050.00	2,800.00	1,750.00	37.50%
5011380	Deferred Compnstn Match Pmts	150.00	480.00	330.00	31.25%
	Total Special Payments	1,200.00	3,280.00	2,080.00	36.59%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	41,431.85	67,801.00	26,369.15	61.11%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	537.00	537.00	0.00%
5012140	Postal Services	6,034.76	4,411.00	(1,623.76)	136.81%
5012150	Printing Services	62.25	67.00	4.75	92.91%
5012160	Telecommunications Svcs (VITA)	184.45	550.00	365.55	33.54%
	Total Communication Services	6,281.46	5,565.00	(716.46)	112.87%
5012200	Employee Development Services				
5012210	Organization Memberships	250.00	1,500.00	1,250.00	16.67%
	Total Employee Development Services	250.00	1,500.00	1,250.00	16.67%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	10,889.64	5,500.00	(5,389.64)	197.99%
5012440	Management Services	69.71	212.00	142.29	32.88%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description			Amount	% of Budget
		Amount	Budget	Under/(Over)	
	Total Mgmt and Informational Svcs	10,959.35	5,712.00	(5,247.35)	191.87%
5012500	Repair and Maintenance Svcs				
5012530	Equipment Repair & Maint Srvc	559.36	-	(559.36)	0.00%
	Total Repair and Maintenance Svcs	559.36	-	(559.36)	0.00%
5012600	Support Services				
5012630	Clerical Services	22,035.06	62,208.00	40,172.94	35.42%
5012640	Food & Dietary Services	686.10	480.00	(206.10)	142.94%
5012660	Manual Labor Services	17.81	2,188.00	2,170.19	0.81%
5012670	Production Services	234.33	2,405.00	2,170.67	9.74%
5012680	Skilled Services	6,505.18	24,297.00	17,791.82	26.77%
	Total Support Services	29,478.48	91,578.00	62,099.52	32.19%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	2,474.32	3,809.00	1,334.68	64.96%
5012830	Travel, Public Carriers	1,097.36	-	(1,097.36)	0.00%
5012850	Travel, Subsistence & Lodging	424.87	3,107.00	2,682.13	13.67%
5012880	Trvl, Meal Reimb- Not Rprtble	201.25	2,417.00	2,215.75	8.33%
	Total Transportation Services	4,197.80	9,333.00	5,135.20	44.98%
	Total Contractual Svs	51,726.45	113,688.00	61,961.55	45.50%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	477.81	276.00	(201.81)	173.12%
5013130	Stationery and Forms	-	41.00	41.00	0.00%
	Total Administrative Supplies	477.81	317.00	(160.81)	150.73%
5013200	Energy Supplies				
5013230	Gasoline	30.50	-	(30.50)	0.00%
	Total Energy Supplies	30.50	-	(30.50)	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	2.39	-	(2.39)	0.00%
	Total Repair and Maint. Supplies	2.39	-	(2.39)	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	510.70	420.00	(90.70)	121.60%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	38.32	26.00	(12.32)	147.38%
	Total Insurance-Fixed Assets	38.32	26.00	(12.32)	147.38%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	295.63	540.00	244.37	54.75%
5015350	Building Rentals	7.20	-	(7.20)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	Amount		Under/(Over)	
		Amount	Budget	Budget	% of Budget
5015390	Building Rentals - Non State	6,763.49	11,775.00	5,011.51	57.44%
	Total Operating Lease Payments	7,066.32	12,315.00	5,248.68	57.38%
5015500	Insurance-Operations				
5015510	General Liability Insurance	137.54	97.00	(40.54)	141.79%
5015540	Surety Bonds	8.12	6.00	(2.12)	135.33%
	Total Insurance-Operations	145.66	103.00	(42.66)	141.42%
	Total Continuous Charges	7,250.30	12,444.00	5,193.70	58.26%
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	100,919.30	194,417.00	93,497.70	51.91%
	Allocated Expenditures				
20100	Behavioral Science Exec	48,783.48	87,500.00	38,716.52	55.75%
30100	Data Center	53,450.76	89,238.58	35,787.81	59.90%
30200	Human Resources	3,399.57	6,815.37	3,415.79	49.88%
30300	Finance	20,784.08	39,190.32	18,406.24	53.03%
30400	Director's Office	9,498.85	15,075.30	5,576.45	63.01%
30500	Enforcement	62,270.36	104,367.62	42,097.26	59.66%
30600	Administrative Proceedings	8,154.85	29,295.20	21,140.35	27.84%
30700	Impaired Practitioners	559.01	1,681.09	1,122.08	33.25%
30800	Attorney General	7,003.38	2,253.29	(4,750.09)	310.81%
30900	Board of Health Professions	6,903.10	12,537.00	5,633.91	55.06%
31100	Maintenance and Repairs	-	2,748.01	2,748.01	0.00%
31300	Emp. Recognition Program	26.46	151.21	124.75	17.50%
31400	Conference Center	183.91	240.43	56.52	76.49%
31500	Pgm Devlpmnt & Implmentn	6,035.21	9,101.95	3,066.74	66.31%
	Total Allocated Expenditures	227,053.02	400,195.37	173,142.35	56.74%
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (159,594.82)	\$ 146,482.63	\$ 306,077.45	108.95%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January	Total
4002400	Fee Revenue								
4002401	Application Fee	19,790.00	17,280.00	14,310.00	17,545.00	17,115.00	12,730.00	20,310.00	119,080.00
4002406	License & Renewal Fee	30,802.50	1,840.00	1,235.00	825.00	470.00	515.00	580.00	36,267.50
4002407	Dup. License Certificate Fee	245.00	115.00	120.00	75.00	170.00	140.00	145.00	1,010.00
4002409	Board Endorsement - Out	475.00	725.00	450.00	425.00	560.00	415.00	500.00	3,550.00
4002421	Monetary Penalty & Late Fees	4,325.00	1,165.00	505.00	640.00	335.00	890.00	515.00	8,375.00
4002432	Misc. Fee (Bad Check Fee)	-	-	-	35.00	-	-	35.00	70.00
	Total Fee Revenue	55,637.50	21,125.00	16,620.00	19,545.00	18,650.00	14,690.00	22,085.00	168,352.50
4003000	Sales of Prop. & Commodities								
4003020	Misc. Sales-Dishonored Payments	-	-	-	-	-	-	25.00	25.00
	Total Sales of Prop. & Commodities	-	-	-	-	-	-	25.00	25.00
	Total Revenue	55,637.50	21,125.00	16,620.00	19,545.00	18,650.00	14,690.00	22,110.00	168,377.50
5011000	Personal Services								
5011100	Employee Benefits								
5011110	Employer Retirement Contrib.	764.73	510.20	510.20	510.20	510.20	510.20	510.20	3,825.93
5011120	Fed Old-Age Ins- Sal St Emp	424.59	277.99	277.99	277.99	277.99	278.00	277.99	2,092.54
5011140	Group Insurance	74.16	49.44	49.44	49.44	49.44	49.44	49.44	370.80
5011150	Medical/Hospitalization Ins.	1,010.50	687.00	687.00	687.00	687.00	687.00	687.00	5,132.50
5011160	Retiree Medical/Hospitalizatn	66.42	44.16	44.16	44.16	44.16	44.16	44.16	331.38
5011170	Long term Disability Ins	35.85	23.40	23.40	23.40	23.40	23.40	23.40	176.25
	Total Employee Benefits	2,376.25	1,592.19	1,592.19	1,592.19	1,592.19	1,592.20	1,592.19	11,929.40
5011200	Salaries								
5011230	Salaries, Classified	5,660.49	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	28,302.45
	Total Salaries	5,660.49	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	28,302.45
5011340	Specified Per Diem Payment	200.00	-	-	300.00	-	400.00	150.00	1,050.00
5011380	Deferred Compnstrn Match Pmts	30.00	20.00	20.00	20.00	20.00	20.00	20.00	150.00
	Total Special Payments	230.00	20.00	20.00	320.00	20.00	420.00	170.00	1,200.00
	Total Personal Services	8,266.74	5,385.85	5,385.85	5,685.85	5,385.85	5,785.86	5,535.85	41,431.85
5012000	Contractual Svs								-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January	Total
5012100	Communication Services								-
5012140	Postal Services	1,874.48	2,287.56	595.62	79.23	154.39	587.32	456.16	6,034.76
5012150	Printing Services	-	-	62.25	-	-	-	-	62.25
5012160	Telecommunications Svcs (VITA)	17.80	35.60	17.80	18.48	32.38	30.58	31.81	184.45
	Total Communication Services	1,892.28	2,323.16	675.67	97.71	186.77	617.90	487.97	6,281.46
5012200	Employee Development Services								
5012210	Organization Memberships	250.00	-	-	-	-	-	-	250.00
	Total Employee Development Services	250.00	-	-	-	-	-	-	250.00
5012400	Mgmnt and Informational Svcs								
5012420	Fiscal Services	10,486.04	-	280.98	69.76	-	19.32	33.54	10,889.64
5012440	Management Services	-	26.49	-	22.19	-	21.03	-	69.71
	Total Mgmnt and Informational Svcs	10,486.04	26.49	280.98	91.95	-	40.35	33.54	10,959.35
5012500	Repair and Maintenance Svcs								
5012530	Equipment Repair & Maint Srvc	-	-	-	-	693.83	(116.12)	(18.35)	559.36
	Total Repair and Maintenance Svcs	-	-	-	-	693.83	(116.12)	(18.35)	559.36
5012600	Support Services								
5012630	Clerical Services	2,381.26	3,067.94	2,198.25	1,292.25	7,590.36	2,376.60	3,128.40	22,035.06
5012640	Food & Dietary Services	182.40	-	-	187.50	-	316.20	-	686.10
5012660	Manual Labor Services	-	-	15.75	-	-	-	2.06	17.81
5012670	Production Services	-	-	70.25	10.03	94.65	-	59.40	234.33
5012680	Skilled Services	1,355.42	1,084.16	813.12	813.12	813.12	813.12	813.12	6,505.18
	Total Support Services	3,919.08	4,152.10	3,097.37	2,302.90	8,498.13	3,505.92	4,002.98	29,478.48
5012800	Transportation Services								
5012820	Travel, Personal Vehicle	393.49	-	-	675.81	-	761.92	643.10	2,474.32
5012830	Travel, Public Carriers	-	68.26	-	-	524.10	505.00	-	1,097.36
5012850	Travel, Subsistence & Lodging	-	-	-	-	-	106.50	318.37	424.87
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	-	-	-	51.75	149.50	201.25
	Total Transportation Services	393.49	68.26	-	675.81	524.10	1,425.17	1,110.97	4,197.80
	Total Contractual Svcs	16,940.89	6,570.01	4,054.02	3,168.37	9,902.83	5,473.22	5,617.11	51,726.45

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January	Total
5013000	Supplies And Materials								
5013100	Administrative Supplies								-
5013120	Office Supplies	9.03	73.39	82.89	41.47	105.18	87.60	78.25	477.81
	Total Administrative Supplies	9.03	73.39	82.89	41.47	105.18	87.60	78.25	477.81
5013200	Energy Supplies								
5013230	Gasoline	-	30.50	-	-	-	-	-	30.50
	Total Energy Supplies	-	30.50	-	-	-	-	-	30.50
5013500	Repair and Maint. Supplies								
5013520	Custodial Repair & Maint Matrl	-	-	-	-	-	-	2.39	2.39
	Total Repair and Maint. Supplies	-	-	-	-	-	-	2.39	2.39
	Total Supplies And Materials	9.03	103.89	82.89	41.47	105.18	87.60	80.64	510.70
5015000	Continuous Charges								
5015100	Insurance-Fixed Assets								-
5015160	Property Insurance	38.32	-	-	-	-	-	-	38.32
	Total Insurance-Fixed Assets	38.32	-	-	-	-	-	-	38.32
5015300	Operating Lease Payments								
5015340	Equipment Rentals	42.98	42.19	41.87	42.98	41.87	41.87	41.87	295.63
5015350	Building Rentals	-	3.60	-	-	3.60	-	-	7.20
5015390	Building Rentals - Non State	950.01	970.56	949.86	949.86	1,033.94	959.40	949.86	6,763.49
	Total Operating Lease Payments	992.99	1,016.35	991.73	992.84	1,079.41	1,001.27	991.73	7,066.32
5015500	Insurance-Operations								
5015510	General Liability Insurance	137.54	-	-	-	-	-	-	137.54
5015540	Surety Bonds	8.12	-	-	-	-	-	-	8.12
	Total Insurance-Operations	145.66	-	-	-	-	-	-	145.66
	Total Continuous Charges	1,176.97	1,016.35	991.73	992.84	1,079.41	1,001.27	991.73	7,250.30

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2018 and Ending January 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January	Total
Total Expenditures		26,393.63	13,076.10	10,514.49	9,888.53	16,473.27	12,347.95	12,225.33	100,919.30
Allocated Expenditures									
20100	Behavioral Science Exec	9,633.23	6,603.74	6,379.57	6,387.47	6,553.71	6,567.96	6,657.80	48,783.48
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	-	-	-	-	-	-	-	-
20600	Funeral\LTCA\PT	-	-	-	-	-	-	-	-
30100	Data Center	12,135.95	7,292.28	6,689.83	9,944.31	3,119.03	7,331.20	6,938.15	53,450.76
30200	Human Resources	541.90	62.03	69.60	2,239.23	372.25	55.26	59.31	3,399.57
30300	Finance	3,606.15	2,850.93	2,725.00	2,565.28	2,917.73	2,716.00	3,402.99	20,784.08
30400	Director's Office	1,926.91	1,263.01	1,283.89	1,229.08	1,267.33	1,255.25	1,273.38	9,498.85
30500	Enforcement	13,172.07	9,521.28	9,804.30	8,110.05	7,129.81	6,965.07	7,567.77	62,270.36
30600	Administrative Proceedings	2,329.84	-	-	631.68	4,664.45	157.40	371.47	8,154.85
30700	Impaired Practitioners	122.15	61.65	58.32	87.80	61.17	62.77	105.14	559.01
30800	Attorney General	-	-	2,334.46	2,334.46	-	-	2,334.46	7,003.38
30900	Board of Health Professions	1,214.31	1,099.62	949.17	1,036.18	990.09	642.93	970.79	6,903.10
31000	SRTA	-	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-	-	-	-	-
31300	Emp. Recognition Program	1.45	-	-	5.96	1.76	17.28	-	26.46
31400	Conference Center	8.28	27.83	13.66	8.36	20.07	5.49	100.23	183.91
31500	Pgm Devlpmnt & Implmentn	1,397.89	823.32	965.39	708.40	933.46	653.34	553.41	6,035.21
98700	Cash Transfers	-	-	-	-	-	-	-	-
Total Allocated Expenditures		46,090.13	29,605.67	31,273.20	35,288.29	28,030.86	26,429.96	30,334.90	227,053.02
Net Revenue in Excess (Shortfall) of Expenditures		\$ (16,846.26)	\$ (21,556.77)	\$ (25,167.69)	\$ (25,631.82)	\$ (25,854.13)	\$ (24,087.91)	\$ (20,450.23)	\$ (159,594.82)



Letter from ASWB regarding HRSA Grant



Association of Social Work Boards



BOARD OF DIRECTORS

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Culpeper, VA 22701

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aswb.org

February 11, 2019

Dear Administrators of Member State Boards:

An opportunity to apply for a [grant](#) to fund development of multistate collaborations in support of telehealth, what our profession calls electronic social work services, was recently announced through the Licensure Portability Program of the U.S. Health Resources and Services Administration (HRSA). ASWB contacted HRSA and learned that our organization was eligible to apply although the grant identified eligible applicants as state professional licensing boards.

After exhaustive review, in consultation with ASWB's legal counsel, we determined that this grant is not the right fit with our organization's strategic framework and the mobility strategy implementation that is under way. I would like to share with you the reasons that ASWB has decided not to pursue this funding opportunity for telehealth services in the United States.

The preferred solution identified in the grant is for multistate compacts. This approach, had we pursued it to secure the grant, would have been counter to the decisions that delegates made in 2017 when adopting Mobility Resolution 2017-1 and the Mobility Strategy and in 2018 when adopting Licensure by Endorsement as the implementation model to accomplish social work practice mobility.

Other health care professions have implemented compacts with varying degrees of success. Some of the challenges being reported:

- Compacts may not solve the portability issue because most states require applicants to meet state-specific regulations before a license is issued.
- Compacts have the potential to interrupt the flow of licensure revenues to states where the licensee is seeking additional licensure.
- Compacts can create challenges around enforcement and disciplinary procedures, which can be costly and legally complex.

The mobility goal of our strategic framework is centered on licensure by endorsement. Our members are committed to following the Model Social Work Practice Act to guide legislative efforts to achieve social work practice mobility. In addition, ASWB is investing in the development of the centralized database of licensees that was promised as part of the Mobility Strategy.

- A centralized database offers members the ability to access information about applicants and licensees without having to maintain separate records if permitted in regulations.
- As the database is populated and a licensee's credentials are aggregated in a single record, we anticipate that member boards will be able to use this information to connect providers to underserved populations.

(continues)

We need more research into telehealth services. There are still many questions about how social workers are providing telehealth services. One of the objectives of the research goal of our strategic framework is centered on providing information to member boards about best practices for public protection.

- Research into the impact of telehealth on consumers and regulatory boards will help identify the path that is best for social work regulation. Understanding where telehealth practice is occurring—intra- or interjurisdictionally, for example—will most likely result in different solutions.

Your association is your best solution for responding to federal funding opportunities because the organization represents the unified voice of its members. When the organization responds on behalf of membership, individual boards do not have to invest their resources and pull staff away from the board's mission of public protection.

Be assured that we will continue to review funding opportunities for practice mobility and license portability and apply on behalf of our membership so that the benefit can be shared.

Sincerely,

A handwritten signature in blue ink that reads "Mary Jo Monahan, MSW, LCSW". The signature is written in a cursive style.

Mary Jo Monahan, MSW, LCSW
ASWB Chief Executive Officer



Deputy Executive Director's Discipline Report

Staff Discipline Reports

November 23, 2018 - February 28, 2019

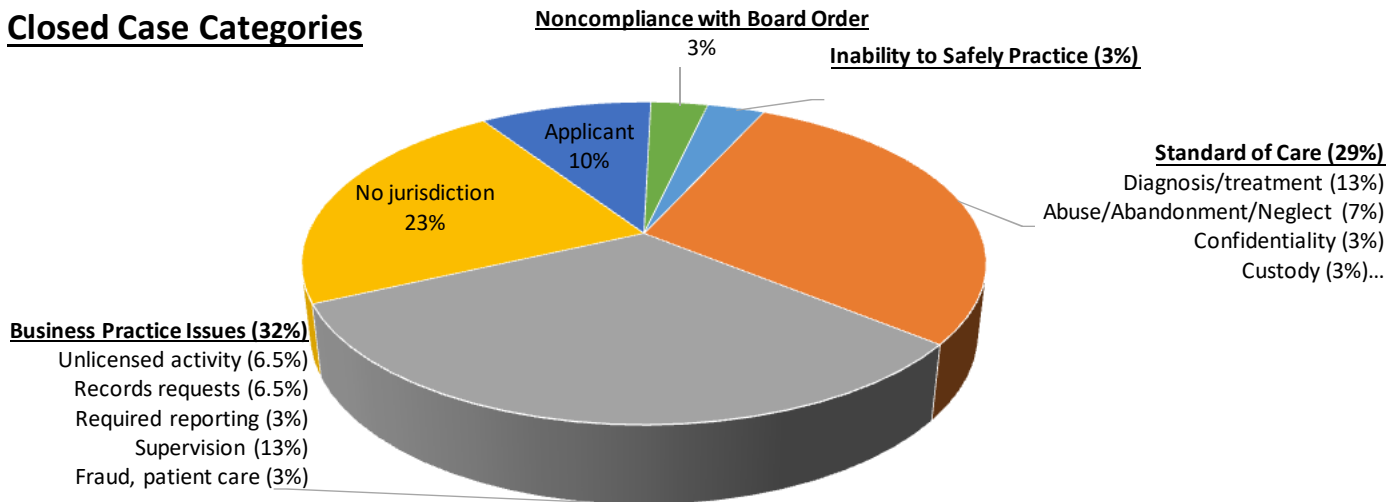
OPEN CASES AT BOARD LEVEL (as of 02/28/2019)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	80	23	52	<i>155</i>
Scheduled for Informal Conferences	8	1	0	<i>9</i>
Scheduled for Formal Hearings	1	1	0	<i>2</i>
Consent Orders (offered and pending)	8	5	3	<i>16</i>
Cases with APD for processing (IFC, FH, Consent Order)	16	6	6	<i>28</i>
TOTAL OPEN CASES	113	36	61	<i>210</i>

NEW CASES RECEIVED AND ACTIVE INVESTIGATIONS				
	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	63	32	23	<i>118</i>
Open Investigations in Enforcement	80	41	41	<i>162</i>

UPCOMING CONFERENCES AND HEARINGS	
Informal Conferences	August 9, 2019 October 25, 2019 November 15, 2019
Formal Hearings	June 14, 2019

CASES CLOSED (November 23, 2018 - February 28, 2019)	
Closed – no violation	25
Closed – undetermined	3
Closed – violation	0
Credentials/Reinstatement – Denied	0
Credentials/Reinstatement – Approved	3
TOTAL CASES CLOSED	31

Closed Case Categories



AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	248
Avg. time in Enforcement (investigations)	82.67
Avg. time in APD (IFC/FH preparation)	192
Avg. time in Board (includes hearings, reviews, etc).	170
Avg. time with board member (probable cause review)	10



AGENCY REPORTS

CASES RECEIVED, OPEN, & CLOSED REPORT SUMMARY BY BOARD FISCAL YEAR 2019, QUARTER ENDING SEPTEMBER 30

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

COUNSELING	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019
Number of Cases Received	21	32	26	27	17	40	35	28	37	31	45	56
Number of Cases Open	108	117	116	98	69	58	56	61	72	84	102	124
Number of Cases Closed	11	25	27	44	43	60	42	26	29	23	33	29

PSYCHOLOGY	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019
Number of Cases Received	18	19	14	18	26	13	22	23	23	28	26	20
Number of Cases Open	84	74	68	76	87	49	34	46	44	52	57	64
Number of Cases Closed	12	32	20	9	17	52	38	16	24	19	24	13

SOCIAL WORK	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019
Number of Cases Received	31	19	15	19	12	28	21	14	27	15	34	35
Number of Cases Open	126	120	127	78	70	54	39	39	48	52	71	93
Number of Cases Closed	8	27	8	62	17	46	39	15	19	11	18	13

AGENCY REPORTS

AVERAGE TIME TO CLOSE A CASE (IN DAYS) PER QUARTER FISCAL YEAR 2019, QUARTER ENDING SEPTEMBER 30

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

BOARD	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019
Counseling	193.5	415.6	323.7	375.5	292.8	247.9	106.1	251.5	128.2	153.7	185.0	164.2
Psychology	287.0	437.0	287.3	380.0	291.7	357.7	252.7	119.5	183.3	118.8	175.2	170.4
Social Work	132.5	342.0	226.0	469.7	407.6	366.2	228.8	292.7	123.6	277.5	237.2	113.8
Agency Totals	190.8	201.6	188.5	202.7	207.7	222.8	194.1	255.7	186.5	196.4	201.1	173.8

PERCENTAGE OF CASES OF ALL TYPES CLOSED WITHIN 365 CALENDAR DAYS* FISCAL YEAR 2019, QUARTER ENDING SEPTEMBER 30

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

BOARD	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019
Counseling	72.7%	36.0%	55.6%	45.5%	78.6%	84.7%	97.5%	76.9%	97.0%	91.3%	84.8%	89.7%
Psychology	50.0%	37.5%	50.0%	44.4%	50.0%	44.2%	81.6%	92.9%	85.2%	100.0 %	90.5%	92.3%
Social Work	87.5%	46.2%	75.0%	30.7%	62.5%	41.3%	92.3%	73.3%	100.0 %	81.8%	66.7%	84.2%
Agency Totals	85.8%	84.8%	85.6%	82.0%	85.1%	81.7%	86.7%	82.2%	86.7%	87.6%	80.6%	85.5%



Licensing Manager's Report



Licensure Stats

2018 STATISTICAL LICENSURE INFORMATION

(January 1, 2018- December 31, 2018)

- Number of Social Work Licenses/Registrations Issued in 2018

2018 (Jan 1- Dec 31)	Licensed Clinical Social Workers	Endorsement	238	
		Examination	329	
		Reinstatement	16	
	Licensed Social Worker	Endorsement	90	
		Examination	67	
		Reinstatement	2	
	LSW Supervision	Application	3	
	LCSW Registration of Supervision	Add/Change	405	
		Initial Application	507	
	Total # of Social Work Licenses/Registrations Issued:			1,657

- 2018 Online Applications Received

(Jan 1- Dec 31)	By Endorsement	By Examination	Total
LCSW	287	390	677
LSW	108	184	292

(Jan 1- Dec 31)	Initial Application	By Add/Change	Total
LSW Supervision	1	0	1
LCSW Registration of Supervision	617	501	1,118

Total # of online applications received: 2,088

- Current active & current inactive Social Work Licenses/Registrations as of 12/31/18:

	Current Active	Current Inactive	Total
Associate Social Worker	2	0	2
Licensed Clinical Social Worker	6,759	190	6,949
Licensed Social Worker	746	18	764
LSW Supervision	7	0	7
Registered Social Worker	11	0	11
Registration of Supervision	2,108	2	2,110
Total			9,843

Social Work 2018 Total Count- all license types (January 1, 2018- December 31, 2018)

New Applications (initial, add/change, exam & endorsement- paper & online)	2,127
Duplicate License Request (LCSW- 79; LSW- 3)	82
Duplicate Wall Certificate Request (LCSW- 12; LSW- 0)	12
Verification of VA License Request (LCSW- 176; LSW- 42)	218
Inactive Renewal (LCSW- 187; LSW- 18)	205
Inactive to Active (LCSW- 9; LSW- 1)	10
Reinstatement Applications (LCSW- 18; LSW- 3)	21
Renewals (LCSW- 5,948; LSW- 524; Registered SW- 10; Associate SW-1)	6,483
Late Renewals (LCSW-185; LSW-31)	216
Address Changes	466

2019 STATISTICAL LICENSURE INFORMATION
(January 1, 2019- January 31, 2019)

- Number of Social Work Licenses/Registrations Issued in January 2019

2019 (Jan 1- Jan 31)	Licensed Clinical Social Workers	Endorsement	18	
		Examination	19	
		Reinstatement	1	
	Licensed Social Worker	Endorsement	3	
		Examination	14	
		Reinstatement	0	
	LSW Supervision	Application	0	
	LCSW Registration of Supervision	Add/Change	21	
		Initial Application	35	
	Total # of Social Work Licenses/Registrations Issued:			111

- 2019 Online Applications Received

(Jan 1- Jan 31)	By Endorsement	By Examination	Total
LCSW	29	38	67
LSW	11	14	25

(Jan 1- Jan 31)	Initial Application	By Add/Change	Total
LSW Supervision	0	0	0
LCSW Registration of Supervision	63	52	115

Total # of online applications received in January: 207

- Current active & current inactive Social Work Licenses/Registrations as of 1/31/2019:

	Current Active	Current Inactive	Total
Associate Social Worker	2	0	2
Licensed Clinical Social Worker	6,804	191	6,995
Licensed Social Worker	766	18	784
LSW Supervision	6	0	6
Registered Social Worker	10	0	10
Registration of Supervision	2,103	2	2,105
Total			9,902

Social Work 2019 Total Count- all license types (January 1, 2019- January 31, 2019)

New Applications (initial, add/change, exam & endorsement- paper & online)	216
Duplicate License Request (LCSW- 8; LSW- 0)	8
Duplicate Wall Certificate Request (LCSW- 1; LSW- 0)	1
Verification of VA License Request (LCSW- 19; LSW- 3)	22
Inactive Renewal (LCSW- 0; LSW- 0)	0
Inactive to Active (LCSW- 0; LSW- 0)	0
Reinstatement Applications (LCSW- 0; LSW- 1)	1
Renewals (LCSW- 5; LSW- 2; Registered SW- 0; Associate SW-0)	7
Late Renewals (LCSW-5; LSW-2)	7
Address Changes	14

2019 STATISTICAL LICENSURE INFORMATION
(February 1, 2019- February 28, 2019)

- Number of Social Work Licenses/Registrations Issued in February 2019

2019 (Feb 1- Feb 28)	Licensed Clinical Social Workers	Endorsement	26	
		Examination	23	
		Reinstatement	0	
	Licensed Social Worker	Endorsement	11	
		Examination	5	
		Reinstatement	1	
	LSW Supervision	Application	0	
	LCSW Registration of Supervision	Add/Change	29	
		Initial Application	43	
	Total # of Social Work Licenses/Registrations Issued:			138

- 2019 Online Applications Received

(Feb 1- Feb 28)	By Endorsement	By Examination	Total
LCSW	26	34	60
LSW	10	8	18

(Feb 1- Feb 28)	Initial Application	By Add/Change	Total
LSW Supervision	0	0	0
LCSW Registration of Supervision	61	54	115

Total # of online applications received in February: 193

- Current active & current inactive Social Work Licenses/Registrations as of 02/28/2019:

	Current Active	Current Inactive	Total
Associate Social Worker	2	0	2
Licensed Clinical Social Worker	6,858	190	7,048
Licensed Social Worker	786	18	804
LSW Supervision	6	0	6
Registered Social Worker	10	0	10
Registration of Supervision	2,161	2	2,163
Total			10,033

Social Work 2019 Total Count- all license types (February 1, 2019- February 28, 2019)

New Applications (initial, add/change, exam & endorsement- paper & online)	195
Duplicate License Request (LCSW- 8; LSW- 1)	9
Duplicate Wall Certificate Request (LCSW- 2; LSW- 0)	2
Verification of VA License Request (LCSW- 17; LSW- 5; ROS- 1)	23
Inactive Renewal (LCSW- 0; LSW- 0)	0
Inactive to Active (LCSW- 1; LSW- 0)	1
Reinstatement Applications (LCSW- 2; LSW- 0)	2
Renewals (LCSW- 2; LSW- 3; Registered SW- 0; Associate SW-0)	5
Late Renewals (LCSW-2; LSW-3)	5
Address Changes	50



Examination Stats

2019 STATISTICAL EXAMINATION INFORMATION
(January 1, 2019- February 28, 2019)

- Number of Social Work Applicants approved to test

2019 (Jan 1- Jan 31)	Licensed Clinical Social Workers Applicants	Clinical Exam	59
	Licensed Social Worker Applicants	Bachelors Exam	8
Total # of Social Work Applicants Approved to test:			67

2019 (Feb 1- Feb 28)	Licensed Clinical Social Workers Applicants	Clinical Exam	40
	Licensed Social Worker Applicants	Bachelors Exam	12
Total # of Social Work Applicants Approved to test:			52

GRAND TOTAL 2019 (Jan 1- Feb 28)	Licensed Clinical Social Workers Applicants	Clinical Exam	99
	Licensed Social Worker Applicants	Bachelors Exam	20
Total # of Social Work Applicants Approved to test:			119



Virginia Department of
Health Professions
Board of Social Work

General Assembly Legislative Report

Report of the 2019 General Assembly

Board of Social Work

HB 1970 Telemedicine services; payment and coverage of services.

Chief patron: Kilgore

Summary as passed House:

Telemedicine services; coverage. Requires insurers, corporations, or health maintenance organizations to cover medically necessary remote patient monitoring services as part of their coverage of telemedicine services to the full extent that these services are available. The bill defines remote patient monitoring services as the delivery of home health services using telecommunications technology to enhance the delivery of home health care, including monitoring of clinical patient data such as weight, blood pressure, pulse, pulse oximetry, blood glucose, and other condition-specific data; medication adherence monitoring; and interactive video conferencing with or without digital image upload. The bill requires the Board of Medical Assistance Services to include in the state plan for medical assistance services a provision for the payment of medical assistance for medically necessary health care services provided through telemedicine services.

02/15/19 House: Impact statement from DPB (HB1970ER)

02/15/19 House: Signed by Speaker

02/15/19 Senate: Signed by President

02/19/19 House: Enrolled Bill communicated to Governor on February 19, 2019

02/19/19 Governor: Governor's Action Deadline Midnight, March 25, 2019

HB 1971 Health professions and facilities; adverse action in another jurisdiction.

Chief patron: Stolle

Summary as introduced:

Health professions and facilities; adverse action in another jurisdiction. Provides that the mandatory suspension of a license, certificate, or registration of a health professional by the Director of the Department of Health Professions is not required when the license, certificate, or registration of a health professional is revoked, suspended, or surrendered in another jurisdiction based on disciplinary action or mandatory suspension in the Commonwealth. The bill extends the time by which the Board of Pharmacy (Board) is required to hold a hearing after receiving an application for reinstatement from a nonresident pharmacy whose registration has been suspended by the Board based on revocation or suspension in another jurisdiction from not later than its next regular meeting after the expiration of 30 days from receipt of the reinstatement application to not later than its next regular meeting after the expiration of 60 days from receipt of the reinstatement application.

02/13/19 House: Impact statement from DPB (HB1971ER)
02/13/19 House: Signed by Speaker
02/14/19 Senate: Signed by President
02/15/19 House: Enrolled Bill communicated to Governor on February 15, 2019
02/15/19 Governor: Governor's Action Deadline Midnight, February 22, 2019

HB 2282 Issuance of temporary licenses; individuals engaged in counseling residency.

Chief patron: Filler-Corn

Summary as passed House:

Issuance of temporary licenses; individuals engaged in counseling residency. Directs the Board of Counseling to promulgate emergency regulations for the issuance of temporary licenses to individuals engaged in a counseling residency so that they may acquire the supervised, postgraduate experience required for licensure.

02/15/19 Senate: Constitutional reading dispensed (37-Y 0-N)
02/18/19 Senate: Read third time
02/18/19 Senate: Passed Senate (40-Y 0-N)
02/21/19 House: Bill text as passed House and Senate (HB2282ER)
02/21/19 House: Impact statement from DPB (HB2282ER)

HB 2693 Qualified mental health professionals; regulations for registration.

Chief patron: Price

Summary as introduced:

Qualified mental health professionals. Requires the Board of Counseling to promulgate regulations for the registration of persons receiving supervised training in order to qualify as a qualified mental health professional. The bill defines the terms "qualified mental health professional-adult," "qualified mental health professional-child," and "qualified mental health professional-trainee." This bill is identical to SB 1694.

02/14/19 House: Impact statement from DPB (HB2693ER)
02/14/19 House: Signed by Speaker
02/15/19 Senate: Signed by President
02/18/19 House: Enrolled Bill communicated to Governor on February 18, 2019
02/18/19 Governor: Governor's Action Deadline Midnight, March 25, 2019

SB 1106 Physical therapists & physical therapist assistants; licensure, Physical Therapy Licensure Compact.

Chief patron: Peake

Summary as introduced:

Licensure of physical therapists and physical therapist assistants; Physical Therapy Licensure Compact. Authorizes Virginia to become a signatory to the Physical Therapy Licensure Compact. The Compact permits eligible licensed physical therapists and physical therapist assistants to practice in Compact member states, provided they are licensed in at least one member state. In addition, the bill requires each applicant for licensure in the Commonwealth as a physical therapist or physical therapist assistant to submit fingerprints and provide personal descriptive information in order for the Board to receive a state and federal criminal history record report for each applicant. The bill has a delayed effective date of January 1, 2020, and directs the Board of Physical Therapy to adopt emergency regulations to implement the provisions of the bill.

02/18/19 Senate: Impact statement from DPB (SB1106ER)

02/18/19 House: Signed by Speaker

02/19/19 Senate: Signed by President

02/20/19 Senate: Enrolled Bill Communicated to Governor on February 20, 2019

02/20/19 Governor: Governor's Action Deadline Midnight, March 25, 2019

SB 1209 Patient care team; podiatrists and physician assistants.

Chief patron: Peake

Summary as passed Senate:

Patient care team podiatrist definition; physician assistant supervision requirements.

Establishes the role of "patient care team podiatrist" as a provider of management and leadership to physician assistants in the care of patients as part of a patient care team. The bill modifies the supervision requirements for physician assistants by establishing a patient care team model. The bill directs the Board of Medicine to adopt emergency regulations to implement the provisions of the bill and is identical to HB 1952.

02/12/19 Senate: Impact statement from DPB (SB1209ER)

02/12/19 House: Signed by Speaker

02/13/19 Senate: Signed by President

02/14/19 Senate: Enrolled Bill Communicated to Governor on February 14, 2019

02/14/19 Governor: Governor's Action Deadline Midnight, February 21, 2019

SB 1547 Music therapists; use of title, registration.

Chief patron: Vogel

Summary as passed Senate:

Music therapy. Creates a process for registration of musical therapists by the Board of Medicine and provides that no person shall use or assume the title "music therapist" unless he is registered with the Board of Medicine.

02/18/19 House: VOTE: PASSAGE (93-Y 4-N)
02/19/19 Senate: House substitute rejected by Senate (2-Y 38-N)
02/20/19 House: House insisted on substitute
02/20/19 House: House requested conference committee
02/21/19 Senate: Senate acceded to request (39-Y 0-N)

SB 1694 Qualified mental health professionals; regulations for registration.

Chief patron: Barker

Summary as introduced:

Qualified mental health professionals. Requires the Board of Counseling to promulgate regulations for the registration of persons receiving supervised training in order to qualify as a qualified mental health professional. The bill defines the terms "qualified mental health professional-adult," "qualified mental health professional-child," and "qualified mental health professional-trainee." This bill is identical to HB 2693.

02/12/19 House: Signed by Speaker
02/13/19 Senate: Impact statement from DPB (SB1694ER)
02/13/19 Senate: Signed by President
02/14/19 Senate: Enrolled Bill Communicated to Governor on February 14, 2019
02/14/19 Governor: Governor's Action Deadline Midnight, February 21, 2019



Chart of Regulatory Actions

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of February 20, 2019**

Chapter		Action / Stage Information
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>Hours of ethics for continuing education</u> [Action 5010] Proposed - Register Date: 1/7/19 Comment closes: 3/8/19
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>BSW and LSW licensure</u> [Action 5070] Fast-Track - At Governor's Office for 98 days
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>Reduction in CE requirement for supervisors</u> [Action 5191] Fast-Track - AT Attorney General's Office for 48 days



Conversion Therapy

Agenda Item: Consideration of guidance document and Notice of Intended Regulatory Action – Conversion Therapy

Included in the agenda package:

Copy of the legislation from the 2018 and 2019 Sessions of the General Assembly **(Page 45)**

Report from Conversion Therapy Workgroup – October 5, 2018 **(Page 48)**

Copy of position statements on conversion therapy from NASW **(Page 55)**

Copies of guidance documents adopted by Boards of Counseling and Psychology **(Page 68 and 71)**

Copy of Guidance document from Ohio **(Page 75)**

Action:

Adoption of Guidance Document and/or Notice of Intended Regulatory Action to propose amendments to regulations



Virginia Department of
Health Professions
Board of Social Work

Legislation from the 2018 & 2019 Session of the General Assembly

19103910D

SENATE BILL NO. 1773

Offered January 18, 2019

A BILL to direct certain health regulatory boards to promulgate regulations or guidance documents defining conversion therapy.

Patron—Dunnavant

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. § 1. The Board of Counseling, the Board of Medicine, the Board of Nursing, the Board of Psychology, and the Board of Social Work shall each promulgate regulations or guidance documents defining conversion therapy and unprofessional conduct in the practice of conversion therapy with any person under 18 years of age. Such regulations or guidance documents shall ensure any interventions in such practice are patient-centered and align with relevant primary sources or policy statements from the relevant professional association.

INTRODUCED

SBI1773

19106131D

1 **SENATE BILL NO. 1778**
 2 **AMENDMENT IN THE NATURE OF A SUBSTITUTE**
 3 **(Proposed by the Senate Committee on Education and Health**
 4 **on January 31, 2019)**
 5 **(Patron Prior to Substitute—Senator Newman)**

6 *A BILL to authorize certain health regulatory boards to promulgate certain regulations regarding*
7 *counseling minors.*

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

9 1. § 1. *The Board of Counseling, the Board of Medicine, the Board of Nursing, the Board of*
 10 *Psychology, and the Board of Social Work may each promulgate regulations prohibiting the use of*
 11 *electroshock therapy or other similar non-speech therapy in the practice of counseling any person under*
 12 *18 years of age, provided, however, that each such health regulatory board, in promulgating such*
 13 *regulations, shall protect the fundamental rights of the practitioner or patient protected under the*
 14 *United States Constitution and shall not promulgate regulations that remove the fundamental right of an*
 15 *individual to select for himself, based on an informed and voluntary choice, a form of counseling that*
 16 *involves nothing more than "talk therapy," regardless of the age of the individual, including in situations*
 17 *where the patient is seeking such counseling to assist him in reducing or eliminating unwanted*
 18 *attractions or behaviors or concerns about gender identity.*

SENATE SUBSTITUTE

SB1778S1

2/9/19 8:39



Virginia Department of
Health Professions
Board of Social Work

DHP Conversion Therapy Workgroup Report

DHP Conversion Therapy Workgroup

Friday, October 5, 2018
Perimeter Center, 2nd Floor Conference Center, Board Room 2
Henrico, Virginia

MEETING MINUTES

In Attendance:

Workgroup Convener

David E. Brown, DC
Director, Department of Health Professions

Workgroup Members

Jamie Clancey, LCSW
Member, Board of Social Work

Jay Douglas, MSM, RN, CSAC, FRE
Executive Director, Board of Nursing

Kevin Doyle, EdD, LPC, LSATP
Chairperson, Board of Counseling

William Harp, MD
Executive Director, Board of Medicine

Patrick A. Hope
Delegate, Virginia General Assembly

Jaime Hoyle
Executive Director, Boards of Counseling, Psychology and Social Work

Trula Minton
Member, Board of Nursing

Jennifer Morgan, PsyD

Kevin O'Connor, MD
President, Board of Medicine

Jennifer Phelps, BS, LPN, QMHPA
First Vice President, Board of Nursing

Jane Probst, LCSW

Herb Stewart, PhD
Chairperson, Board of Psychology

Terry Tinsley, PhD, LPC, LMFT, NCC, CSOTP
Member, Board of Counseling

Elaine Yeatts
Senior Policy Analyst, Department of Health Professions

Staff

Laura Z. Rothrock
Executive Assistant to Director David E. Brown, DC, Department of Health Professions

Opening Remarks and Approval of Agenda:

At 10:00am, prior to calling the meeting to order, Dr. Brown asked the workgroup members to take some time to review the documents that were not sent to them previously:

- Letter dated October 4, 2018 from Senator Scott Surovell re: Adding Conversion Therapy to the Standards of Practice; Unprofessional Conduct
- American Counseling Association (ACA) Resolution on Reparative Therapy/Conversion Therapy/Sexual Orientation Change Efforts (SOCE) as a Significant and Serious Violation of the ACA Code of Ethics.
- Letter dated October 4, 2018 from Alliance Defending Freedom re: Proposed Regulation to Limit Counseling and Therapeutic Freedom

NOTE: Prior to the meeting, the workgroup had been provided with a letter dated October 1, 2018 from the National Task Force for Therapy Equality.

Dr. Brown called the meeting to order at 10:07am. He welcomed everyone, provided emergency egress information, and asked the workgroup members to introduce themselves. He also provided background of events leading to formation of the workgroup and what he hopes to accomplish during the meeting.

During the 2018 General Assembly session, Delegate Hope introduced HB 363 which would prohibit a person licensed by a health regulatory board from engaging in sexual orientation change efforts with a person under 18 years of age. During discussion before a subcommittee of the House, the question arose as to why licensing boards had not addressed this issue in regulation. Subsequently, Dr. Herb Stewart, President of the Board of Psychology, made the recommendation to Dr. Brown to convene a workgroup to discuss the issue. The workgroup will discuss the big picture and will not have authority to do anything but make a recommendation to the boards (i.e., Counseling, Medicine, Nursing, Psychology, and Social Work). Each board would have to make the decision whether to promulgate regulation. The process would take approximately 1½ to 2 years to go through all of the regulatory process steps, and there will be more than one opportunity for public comment during the process. Dr. Brown emphasized that this meeting is an initial step in the process.

Call for Public Comment:

Dr. Brown indicated that he will try to enforce a three minute time limit per speaker. Twenty-eight (28) people (24 signed-up plus and an additional 4 people) provided comment, including Senator Amanda Chase. Senator Chase spoke to the events during the 2018 General Assembly session where both the House and Senate (SB 245 - Surovell) bills were passed by indefinitely, indicated that regulations should conform to the actions of the General Assembly, and told the attendees that it was important to have a constructive and respectful conversion.

The comments from the public included personal experiences of how conversion therapy either helped the individual or did more harm (e.g., feelings of helplessness, fear and low-self-esteem) that took years of healing to overcome. One individual told the workgroup that no one should have to go through therapy because of therapy. One individual noted that as far back as 1973 the APA (American Psychiatric Association) indicated that homosexuality was not to be classified as a mental disorder.

Some comments expressed concerns about potential regulations in areas such as “fluidity,” freedom of speech of counselors, access to treatment, parental rights, minors’ rights to treatment, religious freedom rights, suicide/suicidal thoughts among LGBTQ youths. Other comments noted issues such as science versus morals, conversion therapy is not evidence-based treatment, and need for regulations to protect a vulnerable population.

Dr. Brown thanked Senator Chase for setting a respectful tone and thanked all of the speakers for coming forward with their comments. He indicated that some comments were outside the scope of the workgroup (e.g., legislative intent, constitutionality) and the boards would have legal counsel to advise them before moving forward. He also indicated that the need to regulate would not be determined by vote in the meeting but by consensus, if there was one.

Dr. Brown announced a 10 minute break before continuing. The meeting resumed at 11:49am.

Discussion of Public Comment and Agenda Packet Materials:

Dr. Brown asked the workgroup members to provide their thoughts on what they had heard from the public.

Delegate Hope thanked Dr. Brown for convening the workgroup and indicated he wanted to clarify three items: 1) In regards to the General Assembly, the committee votes do not represent the whole General Assembly because of the makeup of the committees. 2) He has brought a bill forward in each of the past 4 years. 3) The scope of the legislation is limited to children under 18 years of age and only deals with licensed professionals. He feels the government's role is to protect children and asked the workgroup to give the following questions thought: Do these therapies work? Do they cause harm? What does science/evidence suggest?

The workgroup members found the public comment to be compelling and emotional on both sides and indicated that youths and adults need therapies that are not harmful. Dr. Stewart put together the chart of policy and position statements in the agenda packet (pages 103 – 105) and asked for regulations to be considered. Dr. O'Connor felt that it is important to separate science from emotion. Dr. Doyle asked if the regulations currently offer adequate protection.

Several of the board representatives concurred with the need to regulate, as the mission of the boards is to protect the public; and they also reported that they do not recall receiving any complaints related to conversion therapy. Ms. Clancey felt that the public may need to be educated about filing complaints and suggested reevaluating accessibility to the public possibly through use of social media. Ms. Yeatts stated the expectation of getting complaints from a child/youth is unrealistic.

Dr. Tinsley brought up concern with the title "conversion" which could bring up issues and deflect from options parents have in seeking treatment. Other common terms were discussed by the workgroup: reparative therapy and Sexual Orientation Change Efforts (SOCE). Ms. Yeatts indicated that the legislation defines what conversion therapy is and is not and that the workgroup should look at the total definition.

Dr. Stewart discussed a recent Williams Institute Study based on a national survey which showed that more than 20,000 LGBT youths will receive conversion therapy from a licensed health care professional in 41 states that don't ban the practice. He asked that this information be included with the meeting materials.

Ms. Phelps spoke to the freedom of speech issue and indicated that conversion therapy is only one side of freedom of speech. Ethics practices say to put religious beliefs aside in professional practice. Other workgroup members indicated that conversion therapy may be done by non-licensed therapists.

Prior to breaking for lunch, Dr. Brown invited Senator Chase to make further comments. Senator Chase indicated the Senate committee did not advance the legislation, and no floor vote was taken. The workgroup heard from the public as to where conversion therapy went wrong, and she agrees that the general public needs a reporting mechanism for complaints. She indicated there could be unintended consequences to a regulatory ban on conversion therapy in that parents may not take their children to professionals for help. She feels that more options need to be allowed for children.

The workgroup broke for lunch at 12:38pm and resumed at 1:11pm.

Dr. Brown asked for any further comments from the workgroup on the need to regulate and the ability of conversion therapy to occur under current regulations. Discussion took place as to the fact that minors would not report complaints for themselves and concerning treatment plans, consent and a child's right to confidentiality.

There was not a complete consensus among the workgroup members. Most saw the need to regulate in regards to conversion therapy, but existing regulations may be adequate; and some felt there may be some negative connotations as to the term "conversion therapy."

Review of Potential Regulatory Language:

Dr. Brown asked Ms. Yeatts to review the regulatory language that she drafted (page 107 of the agenda packet). Ms. Yeatts indicated that the draft is identical to what is in the legislation on pages 1 and 3. She referred to lines 17 – 20 in both HB 363 and SB 245. Different terms were used (HB 363 used "sexual orientation change efforts," and SB 245 used "conversion therapy"), but the rest of the language is the same.

It was noted that licensees sometimes read things differently than intended, so whatever language is used should be clearly stated.

The draft language on page 107 has three parts: 1) the first sentence related to the practitioners specified in the regulation; 2) the definition of conversion therapy; and 3) what conversion therapy does not include.

Some felt that the term used (i.e., conversion therapy) is not important, but rather describe the behavior because practitioners could call it by a different name. The wording “this practice” or something similar could be used. Others felt that a label was needed, and it was pointed out that the media uses “conversion therapy.”

Another item of discussion in the draft was the word “seeks” on the third line. Patients have a right to explore, and the draft indicates in the third part that conversion therapy does not include identity exploration. Ms. Yeatts suggested using “that is aimed at changing” instead of “seeks to change.”

Dr. Brown indicated that Ms. Yeatts will work on the language that will be presented to the boards.

Closing Comments:

Dr. Brown discussed the next steps. There will be a report to the boards and interested stakeholders concerning the workgroup’s discussions with alternate proposed regulatory language. The boards can elect to promulgate regulations or not.

Delegate Hope thanked Dr. Brown for allowing him to be part of the process. He expressed his appreciation for everyone’s diligence and indicated there was discussion that was missing from previous discussions on the topic.

Dr. Brown informed the public that the boards will post agendas for upcoming meetings on their websites.

Adjourn:

With no further business to discuss, Dr. Brown adjourned the meeting at 2:09pm.



Position Statement from NASW on Conversion Therapy

Dear Mr. Chairman and Members of the Committee,

On behalf of the National Association of Social Workers Virginia Chapter, thank you for the opportunity to express comment regarding Conversion/Reparative Therapy.

Conversion therapy has been discredited and highly criticized by all major medical, psychiatric, psychological and professional mental health organizations, including the National Association of Social Workers. Data demonstrates that conversion therapy negatively impacts the mental health and self-esteem of the individual.

The NASW Virginia strongly asserts its stance against therapies and treatments designed to change sexual orientation or gender-identity and against referring clients to practitioners or programs that claim to do so.

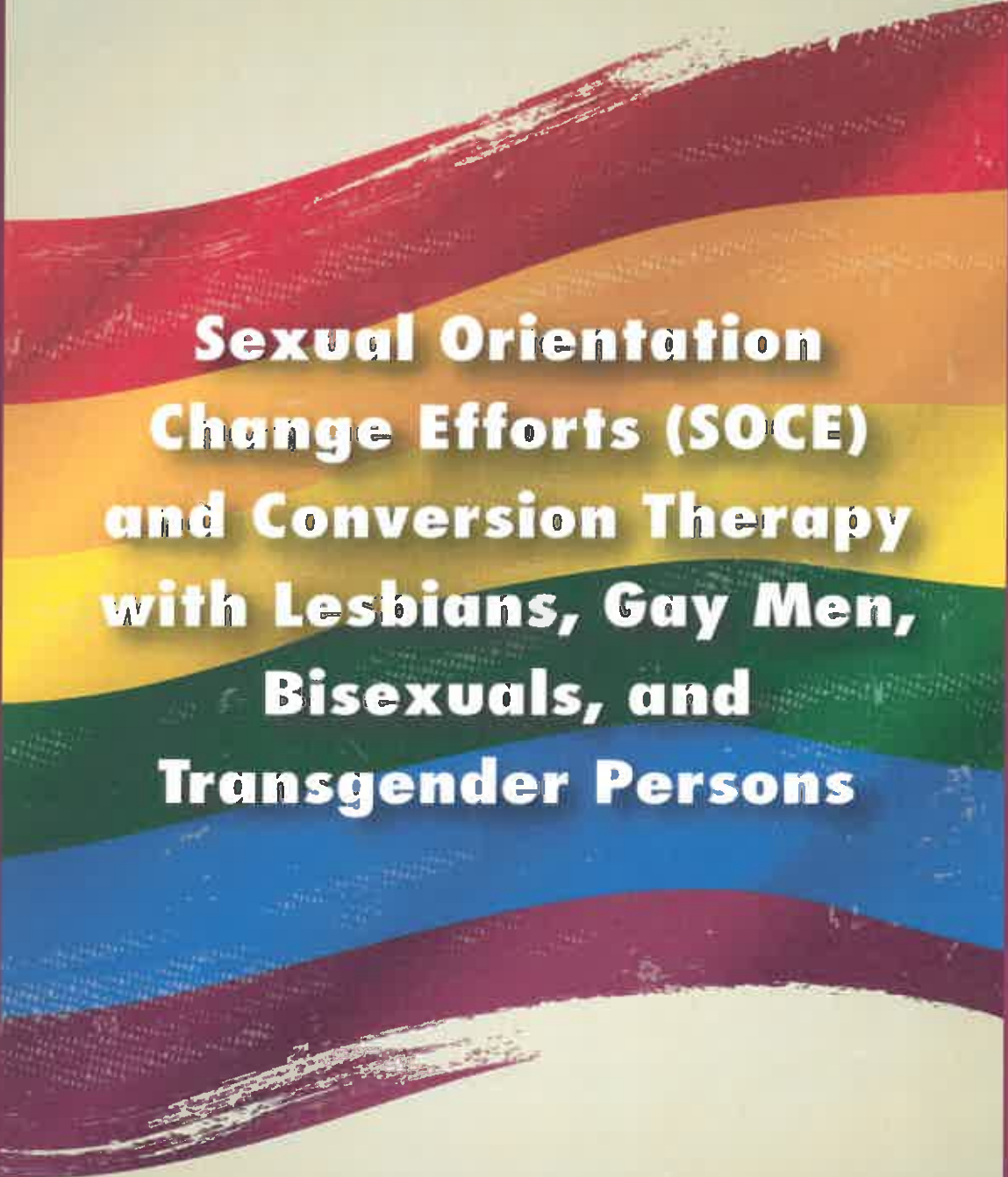
All legislation calls for a shift or transformation from reparative to affirmative practice and interventions. Additionally, it gives the Department of Health Professions leverage in eliminating behavioral health and health practitioners from utilizing this unscrupulous form of practice.

NASW supports the adoption of local, state, federal, and international policies and legislation that ban all forms of discrimination based on sexual orientation and gender identity". "NASW condemns the use of SOCE or so-called reparative therapy by any person identifying as a social worker or any agency that identifies as providing social work services. Public dollars should not be spent on programs that support SOCE. The National Association of Social Workers reaffirms its stance against therapies and treatments designed to change sexual orientation or gender identity and against referring clients to practitioners or programs that claim to do so

Respectfully,

Debra A Riggs, CAE
Executive Director, NASWVA

National Association of Social Workers
National Committee on Lesbian, Gay,
Bisexual, and Transgender Issues
Position Statement



**Sexual Orientation
Change Efforts (SOCE)
and Conversion Therapy
with Lesbians, Gay Men,
Bisexuals, and
Transgender Persons**



MAY 2015

The National Association of Social Workers (NASW) is the largest membership organization of professional social workers in the world. NASW works to enhance the professional growth and development of its members, to create and maintain standards for the profession, and to advance sound social policies. NASW also contributes to the well-being of individuals, families and communities through its advocacy.

The National Association of Social Workers (NASW) is located at 750 First Street, NE, Suite 800, Washington, DC 20002. Telephone: 202.408.8600. Website: SocialWorkers.org

Approved by the National Association of Social Workers Board of Directors. May 1, 2015.

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BACKGROUND

In 1992, the NASW National Committee on Lesbian and Gay Issues (NCLGI) issued a ground-breaking document focused on the negative and stigmatizing impact of the use of 'transformational ministries' or 'conversion or reparative therapies' in an attempt to change or modify a person's sexual orientation (NASW, 1992). Later that decade, the NASW National Committee on Lesbian, Gay, and Bisexual Issues (NCLGBI) updated the position statement. In 2000 the National NASW Board of Directors passed a 'motion to adopt' the *Reparative and Conversion Therapies for Lesbians and Gay Men Position Statement* (NASW, 2000). As advocacy efforts have grown, both for and against the use of conversion therapy, so has the need to educate clients and communities about the impact of these practices on individuals and families, and the implications for social work practice. In 2015, the NASW National Committee on Lesbian, Gay, Bisexual, and Transgender Issues (NCLGBTI) updated the position statement utilizing the umbrella term *sexual orientation change efforts (SOCE)*.

INTRODUCTION

Reparative therapy, conversion therapy, or transformational ministries (increasingly included within the term *sexual orientation change efforts (or SOCE)*, received wider attention against the backdrop of a growing conservative religious political climate in the 1990s, and through ongoing social media supported by the Focus on the Family and affiliates (NASW, 1992; Johnston, J., 2011). Proponents of reparative therapy and conversion therapy claim that their processes are supported by scientific data. Of note is that an often cited researcher, Robert Spitzer, admitted flaws in his research and in 2012 formally retracted his 2001 study that claimed gay men and lesbians could switch their sexual orientation (Hein, L. & Matthews, A., 2010). Despite the lack of scientific evidence, supporters of these practices continue to believe sexual orientation can be successfully changed (Panozzo, D., 2013). While there is increased effort at the state and local level to pass laws against the use of *SOCE*, there is a growing movement to pass

legislation that will limit implementation of state law banning the use of SOCE with minors. Under the guise of 'parental and family rights', the proposed legislation will limit the ability for state governments to prohibit certain types of counseling for minors, with specific reference to the parental right to access SOCE for 'counseling' (Southern Poverty Law Center, 2014; Kern, S., and Brecheen, J., 2015). *SOCE, conversion therapy and reparative therapy* have been discredited or highly criticized by all major medical, psychiatric, psychological and professional mental health organizations, including the National Association of Social Workers.

What are sexual orientation change efforts?

The term *sexual orientation change efforts (or SOCE)* include any practice seeking to change a person's sexual orientation, including, but not limited to, efforts to change behaviors, gender identity, or gender expressions, or to reduce or eliminate sexual or romantic attractions or feelings toward a person of the same gender. Within this position statement, SOCE includes any form of *reparative therapy, conversion therapy, and/or transformational ministries* that use interventions claiming to "repair" or "convert" a person in order to reduce or eliminate a person's sexual desire for a member of his or her own gender. The use of SOCE can include use of psychotherapy, medical approaches, aversion therapy, religious and spiritual approaches, as well as the use of sexual violence (referred to as 'corrective rape'). There are no studies of adequate scientific rigor to conclude whether or not SOCE or conversion therapy can modify or change sexual orientation or gender identity or expression (APA, 2009).

What are sexual orientation, sexual identity, gender identity, and gender expression?

According to NASW's "**Definitions: A Primer**" (2009), *sex* is assigned at birth and determined usually by external, physical genitals. Additional sex markers include chromosomes and internal and external reproductive organs. *Gender* is an ascribed social status assigned at birth, which is

assumed to be congruent with the assigned birth sex, but may or may not be congruent with the anatomical sexual identifiers.

Sexual orientation is defined by whom people are emotionally, romantically, and erotically attracted to, for the most part and over a period of time. It exists on a continuum of feelings and attractions, and is not necessarily congruent with behavior.

Sexual identity refers to a person's self-perception of his or her sexual orientation, and *sexual behavior* refers to a person's sexual activities.

Gender Identity refers to the gender with which one identifies regardless of one's assigned sex at birth. *Gender expression* is the communication of gender through behaviors (mannerisms, speech patterns, etc.) and appearance (clothing, hair, accessories, etc.) culturally associated with a particular gender.

Can therapy change sexual orientation or gender identity?

People seek mental health services for many reasons. Accordingly, it is fair to assert that people who have same-sex attraction seek therapy for the same reasons that heterosexual people do. However, media campaigns, often coupled with coercive messages from family and community members, can create an environment in which LGBT persons are pressured to seek conversion therapy. The stigmatization of LGBT persons creates a threat to the health and well-being of those affected which, in turn, produces the social climate that pressures some people to seek change in sexual orientation or gender identity (Haldeman, D., 1994; HRC, 2015). However, no data demonstrate that SOCE or reparative therapy or conversion therapy is effective, rather have succeeded only in short term reduction of same-sex sexual behavior and negatively impact the mental health and self-esteem of the individual (Davison, G., 1991; Haldeman, D., 1994, APA, 2009).

The NASW National Committee on Lesbian, Gay, Bisexual, and Transgender Issues believes that SOCE can negatively affect one's mental health and cannot and will not change sexual orientation or gender identity.

Why is this issue relevant to the social work profession?

Social workers should have a broad-based knowledge about human sexuality, human sexual development across the life cycle, a high degree of comfort and skill in communicating and responding to such issues, and knowledge of appropriate community services (Harrison, D., 1995).

Social workers across fields of practice, including foster care, mental health, corrections, substance abuse, school social work, and prevention education, will encounter lesbian, gay, bisexual and transgender (LGBT) clients. Providing culturally competent services with LGBT youth and adults calls for a shift or transformation from reparative to affirmative practice and interventions (Hunter, S. & Hickerson, J., 2003; Mallon, G., 2009).

What are the value and ethical implications for social workers?

In discussing ethical decisions for social work practice, Loewenberg & Dolgoff (1996) stress "the priority of professional intervention at the individual level will be to help people achieve self-actualization, rather than helping them to learn how to adjust to the existing social order."

The practice of SOCE violates the very tenets of the social work profession as outlined in the *NASW Code of Ethics*. The *NASW Code of Ethics* (1998) enunciates principles that address ethical decision making in social work practice with lesbians, gay men, bisexual, and transgender people; for example: 1) social workers' commitment to clients' self-determination and competence, and to achieving cultural competence and understanding social diversity, 2) social workers' ethical responsibilities to colleagues, their commitment to interdisciplinary collaboration, and their responsibility to report unethical conduct of colleagues, 3) social workers' ethical responsibilities as professionals—maintaining competence, fighting discrimination, and avoiding misrepresentation, and 4) social workers' ethical responsibilities to the social work profession, to evaluation, and to research.

The National Committee on LGBT Issues asserts that conversion therapy or SOCE are an infringement of the guiding principles inherent to social worker ethics and values; a position affirmed by the NASW policy statement on “Lesbian, Gay, and Bisexual Issues” (NASW 2014).

How can I practice the nondiscrimination tenets of my profession?

As stated in the original NASW National Committee on Gay and Lesbian Issues - Position Statement on Reparative Therapy, “If a client is uncomfortable about his/her sexual orientation, the sources of discomfort must be explored, but without prior assumption that same-sex attraction is dysfunctional” (1992). Social workers must advocate against policy or practice interventions that create or reinforce the prejudice and discrimination towards gay men, lesbians, bisexual, and transgender persons and their families. Social workers are obligated to use nonjudgmental attitudes and to encourage nurturing practice environments for lesbians, gay men, bisexual, and transgender persons.

What policy exists to help guide social work practice?

The NASW Policy Statement on Lesbian, Gay, and Bisexual (LGB) Issues and the NASW Policy Statement on Transgender and Gender Identity Issues provide a “blueprint” for social work practice with gay, lesbian, bisexual, transgender clients and communities.

The policies state, “NASW supports the adoption of local, state, federal, and international policies and legislation that ban all forms of discrimination based on sexual orientation and gender identity” (NASW 2008), and further adds “NASW condemns the use of SOCE or so-called reparative therapy by any person identifying as a social worker or any agency that identifies as providing social work services. Public dollars should not be spent on programs that support SOCE” (NASW, 2014). The National Association of Social Workers reaffirms its stance against therapies and treatments designed to change sexual orientation or gender identity and against referring clients to practitioners or programs that claim to do so (NASW, 2014).

Position statement authored by members of the National Committee on Lesbian, Gay, Bisexual, and Transgender Issues (NCLGBTI), National Association of Social Workers (NASW) and NASW staff.¹

¹ Paula Foster, LCSW, Kristina Smith, LCSW, James Martin, PhD, Zander Keig, MSW, ASW, Marshall Wong, MSW; and (past members): Heather Craig-Oldsen, MSW, Josephine Tittsworth, LMSW, Eleni Carr, MSW. (Staff): Evelyn Tomaszewski, MSW

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RESOURCES

Gay and Lesbian Alliance Against Defamation

121 West 27th Street, Suite 804, New York, NY 10001; 212.629.3322 or 212.727.0135; glaad.org

Gay and Lesbian Medical Association

1326 18th Street NW, Washington, DC 20036; 202.600.8037; glma.org

Gay, Lesbian and Straight Education Network

90 Broad St., New York, NY 10004; 212.727.0135; glsen.org

Healthy Lesbian, Gay, and Bisexual Youth Project, American Psychological

Association: Public Interest Directorate

750 First Street, NE, Washington, DC 20002-4242; 202.336.5977;
apa.org/pi/lgbt/programs/hlgbsp/index.aspx

Human Rights Campaign

1640 Rhode Island Ave., NW, Washington, DC 20036; 202.628.4160; hrc.org

National Association of Social Workers, National Committee on Lesbian, Gay, Bisexual and Transgender Issues

750 First Street, NE, Suite 800, Washington, DC 20002-4241;
202.408.8600; socialworkers.org

National Center for Lesbian Rights

870 Market Street, Suite 370, San Francisco, CA 94102; 415.392.6257;
nclrights.org; Born Perfect Project: nclrights.org/explore-the-issues/bornperfect/

Sexuality Information and Education Council of the United States

130 West 42nd Street, Suite 350, New York, NY 10036;
212.819.9770; siecus.org; siecus@siecus.org

World Health Organization (WHO)/Pan American Health Organization (PAHO).

(2012). *"Therapies" to change sexual orientation lack medical justification and threaten health*; paho.org



Virginia Department of
Health Professions
Board of Social Work

Board of Counseling

Guidance Document on the Practice of Conversion Therapy
GD 115-10

Virginia Board of Counseling

Guidance Document on the Practice of Conversion Therapy

For the purposes of this guidance "conversion therapy" or "sexual orientation change efforts" is defined as any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the any gender.

"Conversion therapy" does not include counseling that provides assistance to a person undergoing gender transition or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity in any direction.

In 18VAC115-20-130 of the *Regulations Governing the Practice of Counseling*, the Virginia Board of Counseling ("Board") has stated that: "The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by phone, or electronically, these standards shall apply to the practice of counseling."

One of the standards of practice established in regulation is that persons licensed, certified or registered by the Board shall:

"Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare"

See 18VAC115-20-130(B)(1) of the Regulations Governing the Practice of Counseling; 18VAC115-30-140(B)(1) of the Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants; 18VAC115-50-110(B)(1) of the Regulations Governing the Practice of Marriage and Family Therapy; and 18VAC15-60-130(B)(1) of the Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners.

Many national behavioral health and medical associations have issued position and policy statements regarding conversion therapy/sexual orientation change efforts, especially with minors. Such statements have typically noted that conversion therapy has not been shown to be effective or safe. The American Counseling Association (ACA) opposes conversion therapy because "it does not work, can cause harm, and violates our Code of Ethics. ACA will continue to support state legislation that bans this discredited practice."

The consensus opinion of the ACA Ethics Committee is that the basic goal of reparative/conversion therapy is to change an individual's sexual orientation from homosexual to heterosexual. The ACA Ethics Committee states that counselors who conduct this type of

therapy view same-sex attractions and behaviors as abnormal and unnatural and, therefore, in need of "curing." The belief that same-sex attraction and behavior is abnormal and in need of treatment is in opposition to the position taken by national mental health organizations, including the ACA.

Consistent with the established position of the ACA, the Board considers "conversion therapy" or "sexual orientation change efforts" (as defined above) to be services that have the potential to harm patients or clients, especially minors. Thus, under regulations governing practitioners licensed, certified, or registered by the Board, practicing conversion therapy/sexual orientation change efforts with minors could result in a finding of misconduct and disciplinary action against the licensee, certificate holder, or registrant.



Virginia Department of
Health Professions
Board of Social Work

Board of Psychology

Guidance Document on the Practice of Conversion Therapy
GD 125-9

Virginia Board of Psychology

Guidance Document on the Practice of Conversion Therapy

For the purposes of this guidance "conversion therapy" or "sexual orientation change efforts" is defined as any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of any¹ gender. "Conversion therapy" does not include counseling that provides assistance to a person undergoing gender transition or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity in any direction.

In 18VAC125-20-150 of the *Regulations Governing the Practice of Psychology* ("Regulations"), the Virginia Board of Psychology ("Board") has stated that "[t]he protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Psychologists respect the rights, dignity and worth of all people, and are mindful of individual differences."

One of the standards of practice established in the Regulations is that persons licensed or registered by the Board shall:

"Avoid harming patients or clients, research participants, students and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable."
18VAC125-20-150(B)(5).

Many national behavioral health and medical associations have issued position and policy statements regarding conversion therapy/sexual orientation change efforts, especially with minors. Such statements have typically noted that conversion therapy has not been shown to be effective or safe.

Consistent with established positions by the American Psychological Association, National Association of School Psychologists, and Virginia Academy of Clinical Psychologists (see below), the Board considers "conversion therapy" or "sexual orientation change efforts" (as defined above) to be services that have the potential to harm patients or clients, especially minors. Thus, under the Regulations governing applied, clinical, and school psychologists and others licensed or registered by the Board, practicing conversion therapy/sexual orientation change efforts with minors could result in a finding of misconduct and disciplinary action against the licensee or registrant.

An email communication to the Board, dated May 7, 2018, stated the position of the Virginia Academy of Clinical Psychologists (VACP).

The following was unanimously approved by the VACP Board of Directors and represents the official position statement of VACP:

- *Significant research by both the American Psychological Association and the American Psychiatric Association substantiates that “conversion therapy” should be prohibited in that it has the potential to be harmful to patients. “Conversion therapy,” or, “efforts to change a person’s sexual orientation” shall mean any practice or treatment that seeks to change an individual’s sexual orientation or gender identity, including efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. “Conversion therapy” does not include counseling that provides assistance to a person undergoing gender transition, or counseling that provides acceptance, support, and understanding of a person, or facilitates a person’s coping, social support, and identity exploration and development. This includes sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual’s sexual orientation or gender identity.*
- *It is the stance of VACP that “Conversion therapy” should be considered as a violation of standards of practice in that rendering such services is considered to have real potential of jeopardizing the health and well-being of patients.*

The American Psychological Association has issued several statements related to this subject, including:

“Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts” (2010) [<https://www.apa.org/about/policy/sexual-orientation.pdf>] :

... On the basis of the Task Force’s findings, the APA encourages mental health professionals to provide assistance to those who seek sexual orientation change by utilizing affirmative multiculturally competent and client-centered approaches that recognize the negative impact of social stigma on sexual minorities and balance ethical principles of beneficence and nonmaleficence, justice, and respect for people’s rights and dignity. [note: internal footnotes and references deleted for readability]

... Be it further resolved that the [American Psychological Association] concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation;

...Be it further resolved that the [American Psychological Association] advises patients, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support, and educational services that provide accurate information on sexual orientation and sexuality, increase family and social support, and reduce rejection of sexual minority youth....

The National Association of School Psychologists stated in its Position Statement on “Safe and Supportive Schools for LGBTQ+ Youth” (2017) that:

The National Association of School Psychologists (NASP) believes school psychologists are ethically obligated to ensure all youth with diverse sexual orientations, gender identities, and/or gender expressions, are able to develop and express their personal identities in a school climate that is safe, accepting, and respectful of all persons and free from discrimination, harassment, violence, and abuse. Specifically, NASP's ethical guidelines require school psychologists to promote fairness and justice, help to cultivate safe and welcoming school climates, and work to identify and reform both social and system-level patterns of injustice (NASP, 2010, pp. 11–12). NASP further asserts all youth are entitled to equal opportunities to participate in and benefit from affirming and supportive educational and mental health services within schools. As such, any efforts to change one's sexual orientation or gender identity are unethical, are illegal in some states, and have the potential to do irreparable damage to youth development (Just the Facts Coalition, 2008 (*emphasis added*)). The acronym LGBTQ+ is intended to be inclusive of students of diverse sexual orientations, gender identities, and/or gender expressions, and the term youth is inclusive of all children, adolescents, and young adults.

ⁱ Because of the evolving nature of terminology in this area, both the American Psychological Association and National Association of School Psychologists have included definitions in their documents related to sexual orientation and gender expression. Of special note, these definitions have made it clear that adhering to a binary construction of gender (male OR female) is inconsistent with evolving descriptions of self and others. For example, in its "Guidelines for Psychological Practice with Transgender and Gender Nonconforming People," the American Psychological Association stated in Guideline 1 that "Psychologists understand that gender is a nonbinary construct that allows for a range of gender identities and that a person's gender identity may not align with sex assigned at birth." (p. 3) [<https://www.apa.org/practice/guidelines/transgender.pdf>]. Thus, the definition above refers to "any" gender and "in any direction" instead of referring specifically to "same" gender attraction.



Virginia Department of
Health Professions
Board of Social Work

Guidance Document from the Ohio CSWMFT Board

Counselor, Social Work & Marriage and Family Therapist



Ohio Counselor, Social Worker & Marriage and Family Therapist Board

77 South High Street, 24th Floor, Room 2468

Columbus, Ohio 43215-6171

614-466-0912 & Fax 614-728-7790

<http://cswmft.ohio.gov> & cswmft.info@cswb.ohio.gov

Sexual Orientation Change Efforts and Gender Identity Guidance

The practice of Counseling, Social Work and Marriage and Family Therapy does not include sexual orientation change efforts (SOCE, also sometimes referred to as “conversion therapy”) or efforts to change gender identity. Attempts to “change” sexual orientation or gender identity can be harmful, particularly when the client is a minor. However, supporting clients in exploring their questions and concerns about their sexual orientation or gender identity is appropriate assistance for a Counselor, Social Worker, or Marriage and Family Therapist to provide to a client. The CSWMFT Board expects its licensees to practice their professions by relying upon the best evidence-based research available. Licensees should be aware that the Board can discipline licensees (up to and including license revocation) when they use a practice or intervention that results in harm to a client.

Licensees seeking additional information regarding the issues covered in this statement may wish to review the statements and guidance from the following behavioral and medical healthcare associations: American Association of Marriage and Family Therapy, the National Association of Social Workers, the American Counseling Association, the American Psychological Association, the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, and the American Medical Association.