

10:00 a.m . Call to Order – Canek Aguirre, Board Chairperson

- Welcome/Introductions
- Establishment of a Quorum
- Mission of the Board/Evacuation Procedures -----Page 3
- Adoption of Agenda

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.

Approval of Minutes

September 23, 2022 Board Meeting* ----- Page 5

Agency Director Report (Oral Report) - Arne Owens

Chair Report (Oral Report) – Mr. Aguirre

Presentation

“Association of Social Work Boards (ASWB) Exam Presentation” (Virtual Presentation) — Dr. Stacey Hardy-Chandler, CEO; Lavinia G. Harless, LCSW, Senior Director of Examination Services; Dale Atkinson, JD, Counsel to ASWB

Legislation and Regulatory Report – Erin Barrett, JD, Department of Health Professions (DHP) Sr. Policy Analyst

- Consideration of amendments to Guidance Document 140-3* -----Page 24
- Consideration of amendments to Guidance Document 140-5* -----Page 34
- Consideration of amendments to Guidance Document 140-12*-----Page 41
- Adoption of Proposed Regulations*-----Page 45

Staff Reports

- Executive Director’s Report – Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology, and Social Work -----Page 85
- Deputy Executive Director’s Report – Jennifer Lang, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work-----Page 101
- Deputy Executive Director’s Report, Licensing - Charlotte Lenart, Boards of Counseling, Psychology, and Social Work-----Page 103

Unfinished Business

- Discussion of Association of Social Work Boards (ASWB) Examination Data

Recommended Decisions*

Next Meeting Dates:

- Regulatory: March 9, 2023
- Full Board: March 10, 2023

Meeting Adjournment

*Indicates a Board vote is required.

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

DRAFT

MISSION STATEMENT

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

EMERGENCY EGRESS

Please listen to the following instructions about exiting these premises in the event of an emergency.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound. When the alarms sound, leave the room immediately. Follow any instructions given by the Security staff.

Board Room 1

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

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

Board Room 2

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

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

You may also exit the room using the side door **(Point)**, turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

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

Board Rooms 3 and 4

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

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

Training Room 1

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

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

Training Room 2

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

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



Virginia Board of Social Work
Public Hearing/ Quarterly Board Meeting Minutes
Friday, September 23, 2022 at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 4

- PRESIDING OFFICER:** Jaime Hoyle, JD, Executive Director
- BOARD MEMBERS PRESENT:** Eboni Bugg, MSW, LCSW (*virtually- via webex from Charlottesville, VA – Ms. Bugg was not in physical attendance due to health reasons*)
 Jamie Clancey, MSW, LCSW
 Elke Cox, MSW, LCSW
 Gloria Manns, MSW, LCSW (*arrived at 10:30am*)
 Denise Purgold, MSW, LCSW
 Sherwood, Randolph, MSW, LCSW
 Teresa Reynolds, MSW, LCSW
- BOARD MEMBERS ABSENT:** Canek Aguirre, Citizen Member
 Angelia Allen, Citizen Member
- BOARD STAFF PRESENT:** Latasha Austin, Licensing & Operations Manager
 Jennifer Lang, Deputy Executive Director- Discipline
 Cheyenne Upshaw, Administrative Assistant
 Sharniece Vaughan, Licensing Specialist
 Maya Weeks, Administrative Assistant
- DHP STAFF PRESENT:** Erin Barrett, JD, Senior Policy Analyst, Department of Health Professions
 David E. Brown, DC, Director, Department of Health Professions
- BOARD COUNSEL PRESENT:** James Rutkowski, Assistant Attorney General
- PRESENTATION SPEAKERS:** Keith Buckout, Research Associate, Council of State Government (*via webex*)
 Matt Shafer- Council of State Government (*via webex*)
 Yetty Shobo, PhD, Director, Healthcare Workforce Data Center, DHP
 Barbara Hodgdon, PhD, Deputy Director, Healthcare Workforce Data Center, DHP
- PUBLIC ATTENDEES:** Deneen Evans, LCSW
 Joseph G. Lynch, LCSW, Virginia Society for Clinical Social Work (VSCSW)
 Debra Riggs, National Association of Social Workers (NASW) -Virginia Chapter
 Sue Rowland
 Kim Young, LCSW
 Sade' Younger
- ADOPTION OF AGENDA:** **Motion:** Ms. Clancey made a motion, which Mr. Randolph properly seconded, to adopt the agenda with the change to move the Presentations after the Agency Director's Report. The motion passed unanimously.
- CALL TO ORDER (Public Hearing)** Ms. Hoyle welcomed new Board members and called the Public Hearing to order at 10:10 a.m.
- PUBLIC HEARING:** The Board conducted a Public Hearing to receive public comment on the Board's proposed regulatory change to amend its regulations for licensure by endorsement that would allow acceptance of a state examination rather than the national

examination, which is currently required for licensure in Virginia. A state examination would be acceptable only if another U. S. jurisdiction did not require the national examination at the time the social worker was initially licensed and if the examination was deemed to be a comparable level for the license being sought.

PUBLIC COMMENT: No public comment was provided.

The Public Hearing ended at 10:17 am.

CALL TO ORDER (*Board Meeting*): Ms. Hoyle called the Board Meeting to order at 10:18 a.m.

ROLL CALL/ESTABLISHMENT OF A QUORUM:

An introduction was done of all Board members and staff. Six members of the Board were present at roll call (5 in person and 1 virtual); therefore, a quorum was established.

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

PUBLIC COMMENT: Public Comment was provided by the following persons:

1. Joe Lynch provided written public comment on behalf of the VSCSW & GWSCSW. A copy was provided to everyone at the meeting. He provided public comment on three items contained in the meeting agenda packet. The first was a request for an administrative change on the Board-Approved Supervisor Registry form. The next was comment on the LMSW Survey data provided by the DHP Healthcare Workforce Data Center. The last was comment regarding the 2022 Pass Rate Analysis Examination Data Report provided by ASWB. (*See Attachment 1*)
2. Kim Young provided public comment on the 2022 Pass Rate Analysis Examination Data Report provided by ASWB. She commented that the data reflects that the exam is racially bias. She commented that we need to do away with the exam and feels the exam is a barrier to licensure for marginalized communities. She is recommending that alternative pathway be created toward licensure and is calling on the Virginia Board to release a public statement.
3. Debra Riggs provided written public comment on behalf of the NASW-Virginia Chapter. A copy was provided to everyone at the meeting. She commented on the 2022 Pass Rate Analysis Examination Data Report provided by ASWB requesting that all stakeholders from each of the collaborating organizations in the state of Virginia join together to work on, research and study possible and alternative options regarding the ASWB. She also provided comment regarding the intended compact and requesting that the ASWB language be removed from the draft. (*See Attachment 2*)

APPROVAL OF MINUTES: A draft of the minutes from the June 3, 2022 was left out of the agenda packet in error. A copy was provided to everyone at the meeting. (*See Attachment 3*)
Motion: Ms. Clancey made a motion, which Ms. Reynolds properly seconded, to approve the meeting minutes from the Board Meeting held on June 3, 2022 as presented. The motion passed unanimously.

AGENCY REPORT: Dr. Brown welcomed to new board members to the Board. He provided an update regarding virtual meetings and indicate he would like all Committee Meetings to have the authority to be held virtually. He is hoping this will be in the General

Assembly Session.

Dr. Brown also provided an updated regarding the Conference Center and indicated that the audio system in the Conference Center is being upgraded. However, there will be a delay as there are some supply chain issues.

Dr. Brown also discussed Govern Younkin's executive directive and order to reduce regulations and commented on how this Board has already begun to make several proposed changes toward that effort.

PRESENTATIONS:

- **Social Work Licensure Compact**

Mr. Shafer provided a virtual PowerPoint presentation on the overview of Council of State Governments (CSG) Social Work Licensure Compact. A copy of the PowerPoint presented was included in the agenda packet. He discussed what a compact was, occupational licenses that already have an active compact, and what occupational licenses have pending compacts. He provided the Board an overview of the compact development process and requirements to join the compact.

After the presentation Board members suggested the language in the draft compact allow for other exams in the future due to the current issue with the ASWB exam.

- **Virginia's Licensed Clinical Social Work Workforce**

Dr. Hodgdon presented a PowerPoint presentation on the Clinical Social Work Workforce in Virginia. The presentation concluded that there has been an increase in total licensees, workforce and full-time equivalency. It also concluded that there is a younger age distribution, racial diversity is low but increasing, and the median incoming is stabilizing, while debt is increasing.

- **Virginia's Licensed Master's Social Work Workforce**

Dr. Shobo presented a PowerPoint presentation on the Master's Social Work Workforce in Virginia. The presentation concluded that the Master's workforce is younger and only three-quarters work in the state of Virginia. It also concluded that there are some with macro concentration providing clinical services with supervision, 80% indicated they are working in exempt agencies, and that there is a high level of LMSW who indicated that they are interested in pursuing a LCSW license.

After the presentation Board members requested the following questions be asked in future surveys for LMSW:

1. Is the LMSW also registered as a Supervisee in Social Work?
2. Clarify what clinical services they are providing.
3. If providing clinical services, are they in an exempt setting?
4. If doing clinical work, who is providing the clinical supervision?

The Board took a break at 11:56am. The meeting reconvened at 12:18 pm

LEGISLATION & REGULATORY REPORT:

- **Chart of Regulatory Actions**

Ms. Barrett reviewed with the Board the current Social Work Regulation Actions that are underway. A copy was included in the agenda packet.

- **Consideration of Fast-Track Regulatory Action**

The Board reviewed and discussed recommended changes to 18VAC140-20-30 &

50 to remove outdated provisions. A copy of the recommended changes was included in the agenda packet.

Motion: Ms. Clancey made a motion, which Ms. Reynolds properly seconded to adopt fast track action reduction action. The motion passed unanimously.

- **Consideration of Amendments to Guidance Document 140-1**

The Board reviewed and discussed the recommended changes to Guidance Document 140-1 regarding Confidential Consent Agreements. A copy of the recommended changes was included in the agenda packet.

Motion: Ms. Clancey made a motion, which Ms. Manns properly seconded to adopt the amendments to Guidance Document 140-1. The motion passed unanimously.

- **Consideration of Amendments to Guidance Document 140-4.2**

The Board reviewed and discussed the recommended changes to Guidance Document 140-4.2 regarding possible disciplinary actions for non-compliance with continuing education requirements. A copy of the recommended changes was included in the agenda packet.

Motion: Ms. Clancey made a motion, which Ms. Reynolds properly seconded to adopt the amendments to Guidance Document 140-4.2. The motion passed unanimously.

- **Considerations of Petition for Rulemaking**

The Board reviewed and discussed a petition for rulemaking submitted by Mr. Lynch on behalf of the VSCSW & GWSCSW to require MSWs under supervision to obtain a license as a LMSW. A copy of the petition was included in the agenda packet. 41 public comments were received in favor of the petition and 14 comments were against the petition.

Motion: Ms. Clancey made a motion, which Ms. Manns properly seconded to take no action due to workforce issues, barriers to licensure and creating more regulations without any benefit. The motion passed unanimously.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle reported on the finances for the Board of Social Work. A copy of the financial report given was included in the agenda packet.

Ms. Hoyle also informed the Board that she has been working on a Committee with the Council of State Government to help draft the language for the Social Work Compact. She also informed the Board that the ASWB Annual Meeting of the Delegate Assembly would be held November 18- 19, 2022 and any board member interested in attending should let her know. Jaime also thanked Board staff for all the hard work they do for the Board.

DISCIPLINE REPORT:

Ms. Lang reported on the disciplinary statistics for the Board of Social Work from May 14, 2022 through August 31, 2022. A copy of the report was included in the agenda packet. She noted that she is working on the process of hiring a discipline reviewer for the board but, in the meantime, she will send cases out to the board members for probable cause review. Additionally, she advised the board that continuing education audits have begun and she will provide an update on the statistics at the first or second meeting of 2023.

LICENSING REPORT:

Ms. Austin reported on the satisfaction survey results for the Board of Social Work for the 2022 4th Quarter and the licensure statistics for the Board from April 2022-

August 2022. A copy of the report given was included in the agenda packet. Ms. Austin also informed the Board of the update and addition in staff.

COMMITTEE REPORTS:

- **Regulatory Committee Report**

Ms. Hoyle informed the Board that the Regulatory Committee is in need of a new Committee Chair due to the previous chair's expired term and that any board member interested should let her know.

- **Board of Health Professions Report**

Ms. Hoyle informed the Board that the Board of Health Professions is in need of a representative from the Board of Social Work due to the previous representative not being reappointed to the Board and that anyone board member interested should let her know.

ELECTION OF OFFICERS:

Ms. Hoyle informed the Board that at the last meeting Mr. Aguirre was nominated as Chairperson and Michael Hayter was voted as Vice-Chairperson but was not reappointed to the Board. Ms. Hoyle advised the Board that additional nominations for both the Chair and Vice-Chair could come from the floor.

Motion: Ms. Clancey made a motion, which Ms. Manns properly seconded, to elect Mr. Aguirre as the Chairperson for the Board. The motion passed unanimously.

Motion: Ms. Manns made a motion, which Ms. Cox properly seconded, to elect Ms. Clancey as the Vice-Chairperson for the Board. The motion passed unanimously.

NEW BUSINESS:

- **Discussion of Association of Social Work (ASWB) Examination Data**

The Board reviewed and discussed the ASWB Examination Pass Rate Data. The following questions/ comments were brought up by Board members during the discussion:

1. Is there any information on why there is a disparity?
2. What is the disparity between the schools?
3. Is there a problem with the Education?
4. Do the schools need more support?
5. Is the timing of the exam an issue? Should there be an option to test right after graduating?
6. If an applicant fails the exam the first time, what kind of access is there to prep courses?

Board agrees there should be a standard for licensure, but it should be equitable. The Board recommended that Board staff contact ASWB inviting them to attend the next Board meeting in December 2022.

The Board recommended that a statement be made from the Board informing the public that they are aware of their concerns and that the Board is interested in researching the issue further. The Board acknowledges the disparities and that it is unacceptable. The Board intends to look into the matter further to ensure there are equitable standards for licensure. Ms. Hoyle will draft a statement for final edits and review by the new Chair & Vice-Chair, Mr. Aguirre and Ms. Clancey.

NEXT MEETING DATES:

Ms. Hoyle announced that the next Regulatory Committee Meeting is scheduled for Thursday, December 8, 2022 and the next Board meeting is scheduled for Friday, December 9, 2022.

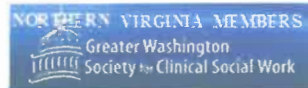
ADJOURNMENT:

Ms. Hoyle adjourned the September 23, 2022 Board meeting at 1:28 p.m.

DRAFT



AND



Virginia Society for Clinical Social Workers
1261 Abingdon Rd
North Chesterfield VA 23236

And

Greater Washington Society for Clinical Social Work
711 Garrisonville Rd
Garrisonville, VA 22463

PUBLIC COMMENT
September 23, 2022
Joseph G. Lynch LCSW
Legislative Vice President VSCSW

The Virginia Society for Clinical Social Workers (VSCSW) and the Northern Virginia members of the Greater Washington Society for Clinical Social Work (GWSCSW) appreciate the opportunity to make public comment to the Virginia Board of Social Work this morning. I would like to briefly comment on three items that are contained in your agenda packet for today’s Board meeting.

- 1. The item that I want to comment on first is a copy of my July 9, 2022 letter to the Board concerning a request for an administrative change in the Board-Approved Supervisor Registry.**

I think the professional associations and the VBSW are both interested in finding ways to streamline the process for MSWs that are interested in pursuing the LCSW license to quickly find Board-Approved supervisors for their required supervised experience. I wrote a letter to the Board previously suggesting that we follow the model of the Board of Medicine that has a “Doctor’s Profile” page only to learn that they had a statute that permitted them to do that. So, I kept on pondering some other solution to get the supervisor’s contact information to the MSWs that needed it. When I reviewed the minutes from several of your Board meetings, I realized that the Board-Approved Supervisor Registry was an administrative tool that staff developed at the request of the Board and that a supervisor’s name appearing on the registry was totally voluntary. I thought we could then easily modify the application and ask the supervisor if they wanted to voluntarily place some contact information on the Registry (mockup of revised form).

Apparently I was not the only person who thought this was a good idea because I learned that the Virginia Health Care Foundation (that is one of two groups that are offering MSWs grants to pay for two years of supervision) had made a request to the DHP for the Department to email a survey to the Board-Approved Supervisors and one question on the survey was getting permission to put some contact information on their website for MSWs to more quickly find supervisors (I have attached a copy of the 114 supervisors that gave permission- the list of Board approved supervisors that I received via a Virginia FOIA request in June had 429 names on it so 27% of the total names on the list). I think that is an indication that the idea of contact information being voluntarily added to the registry can work and we would encourage the Board and staff to keep looking at ways to implement some mechanism to get the Registry to be more user friendly by adding the option for contact information.

- 2. The second item from your agenda that I want to comment on is the *DHP Healthcare Workforce Data Center report on Virginia’s Licensed Master’s Social Workers Survey: 2022* .**

I am not sure, but I think this is the first time that the Data Center creating a report on the LMSWs. Some of the Board members and the staff may remember that when the Board voted in May 2017 to

take the LSW license and divide it into the LMSW and LBSW licenses I sent a survey to the 846 LSWs to find out information about them and the impact of dividing the LSW. At that time, we really did not know very much about this group of licensees. As I read the Data Center's report, I was very glad to see that their findings were very similar to my 2017 study. For example:

METRIC MEASURED		RESULTS OF DHP Healthcare Workforce Data Center report on Virginia's Licensed Master's Social Workers Survey: 2022 .			RESULTS OF VSCSW STUDY OF LSWs OCTOBER 2017				
1	TYPE OF SOCIAL WORK PRACTICE	1	Clinical	Clinical work role= 60% time clinical	Non-Clinical-Admin	1	Clinical	Mix of Clinical and Non-Clinical	Non-Clinical
			50%	38%	20%		39%	51%	10%
			88%				90%		
2	LIVE IN METRO AREA	2	90%			2	73%		
3	LIVE IN NOVA	3	33%			3	59%		
86% of LMSWs who are supervised at work have a supervisor who is a LCSW									
Two out of every five LMSWs pursued a LMSW in the belief that it was a prerequisite for licensure as a CSW.									
Nearly three-quarters of all LMSWs are employed at an agency						55% work in an exempt setting			

DHP QUARTERLY REPORT 4 TH QTR FY ENDING JUNE 30,2022		
LBSW	29	3%
LMSW	828	97%
TOTAL	857	100%

RESULTS OF VSCSW STUDY OF LSWs OCTOBER 2017		
BSW	5	5%
MSW	102	95%
TOTAL		100%

3. The third item from your agenda that I want to comment on is the Discussion of Association of Social Work Boards (ASWB) Examination Data

The entire social work professional community is disturbed by the ASWB report *2022 ASWB Exam Pass Rate Analysis* that shows a long history of alarming disparities in pass rates of Virginia Black, Indigenous, and people of color (BIPOC) first time test takers of the ASWB Clinical Exam.

As I pondered this social injustice, I had to admit to myself that I have known for more than 20 years that this disparity in the pass rate of based on race existed here in Virginia. The Higher Education Act of 1965 defines Historically Black Colleges and Universities (HBCU) as any accredited college or university that was established prior to 1964, whose principal mission was, and is, the education of black Americans. (HBCUs) provided an enrollment option for African American students who were excluded from enrolling in other colleges prior to the end of segregated education in the 1960s. NSU is one of 4 HBCU's in Virginia and the only one with an MSW program

ASWB had the information on the pass rate of the 4 Virginia MSW programs when I served on this Board from 1987 to 1997. I was chair of this board twice. One of the attorneys for this Board told me "If you ask ASWB to tell you the pass rates of first-time test takers from the 4 MSW programs in Virginia, then if

anyone ask to see that information, it is public information, and you must make it available to them. I never had the courage to ask ASWB for the information.

I believe it was when David Boehm was chair of this Board, he asked ASWB for the information and he made sure it was on the Board's website and available to the public. I have made public comment to this Board on many occasions. I have been down at the General Assembly many times advocating for legislation that concerned social workers. And for more than 20 years I kept track of the pass-rates of the 4 MSW programs in Virginia. But I did not take any actions to help make our licensing process be more equitable to the Black MSWs and other people of color who were trying to get licensed as an LCSW in Virginia.

I don't want any member of this Board today, to look back like I have had to do, and admit that you did not do the right thing when you had the opportunity to do so. I encourage VBSW delegates to ASWB to go to the next ASWB meeting with a respectful but determined voice of righteous indignation and demand that ASWB take swift corrective actions to address the discrepancies for Black, Indigenous, and people of color (BIPOC) first time test takers of the ASWB Clinical Exam.

Submitted by: Joseph G. Lynch LCSW

ATTACHMENTS:

1. Mockup of revised Board-Approved Supervisor Registry application.
2. Virginia Health Care Foundation -Board Approved Supervisor list with contact information (modified)
3. LSW Study 2017
4. Pass/Fail rate of the 4 Virginia MSW programs from 2000 to 2021.



APPLICATION TO BE A BOARD-APPROVED SUPERVISOR

Important Notice:

A fee is not required for this application process. You must complete the application in full, which includes submitting the required documentation at the same time you submit your application. This makes your application complete. Staff only reviews full and complete applications packets within the required timeline. The process is much easier, faster, and efficient if you submit a complete application at the outset. To remain on the registry, you must maintain an active, unrestricted LCSW license with the Board and your training must be current (within the last five years).

This application allows the Board to review and approve your credentials to provide supervision. Supervision may not begin until the Board approves your supervisee to begin supervision.

This form and your continuing education certificate(s) in supervision training should be emailed to the Board at swdocs@dhp.virginia.gov.

CURRENT INFORMATION

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Date of Birth: (MM/DD/YYYY)		Last 4 digits of Social Security Number:	
_____ / _____ / _____		XXX-XX-_____	
Email Address:			
Social Work License Number:			

Please answer the below questions:

I hold an active, unrestricted license as a Virginia LCSW and have at least two years of post-licensure clinical social work experience.	Yes	No
I have included evidence that I have <u>supervision</u> , consisting of a 3 credit-continuing education in supervision of 18VAC140-20-105.	Yes	No
I acknowledge that the professional to be supervised has given their consent to supervision prior to the applicant submitting their application.	Yes	No
I authorize the Board to publish my public information on the Social Work Supervisory Registry.	Yes	No

Below is a mock-up of the application for Board-Approved Supervisor Registry form to include the option for supervisor to consent to providing some contact information.



OPTIONAL INFORMATION: You MAY give permission for the VBSW to publish your work phone number, your work email and/or your work mailing address. This is NOT required but is allowed. If you give your permission check "YES". If you <u>do not</u> give your permission, then check "NO"			Yes <input type="checkbox"/>	No <input type="checkbox"/>
WORK PHONE NUMBER	WORK EMAIL ADDRESS	WORK MAILING ADDRESS		
_____	_____	_____		

My signature acknowledges that I understand the qualifications and responsibilities of a Board approved supervisor as listed in 18VAC140-20-50B and C and attest that the information contained within the application is true and accurate to the best of my knowledge and belief.

Signature of Licensee

Date

Last Name	First Name	Practice Locality - Primary	Supervision Method (F2F/Virtual/Both)	Individual/Group Supervision	Phone Number	Phone Number	Email Address
Bailey	Elizabeth	Fairfax	Virtually only	Individual Only	404-964-7598	404-964-7598	Embaileyjpc@gmail.com
Baumgardt	Gayla	Williamsburg	Both	Both	757-234-2409	(757) 234-2409	gayladarnell@gmail.com
Becker	Catherine	Richmond	Both	Both	703-987-5517	(703) 987-5517	cathy@tailoredcounseling.com
Bermingham	Sarah	Fairfax	Both	Both	703-581-2390	(703) 581-2390	shbermingham@hotmail.com
Bolden	LaTonya	Roanoke-City	Both	Individual Only	540-520-4780	540-520-4780	LBoldenLCSW@gmail.com
Bowman	Teressa	Prince William	Virtually only	Both	571-210-0268	(571) 210-0268	Therapywithms.bowman@gmail.com
Brown	Devann	Franklin County	Both	Individual Only	540-682-6493	(540) 682-6493	Shea.brown@franklincountycounseling.com
Bryan	Talia	Alexandria	Both	Both	757-358-1771	(757) 358-1771	
Burlar	Sarah	Fredericksburg	Both	Individual Only	540-834-8296	(540) 834-8296	admin@confidentialcounseling.care
Burney	Richelle	Norfolk	Both	Both	757-332-1065	(757) 332-1065	richelleburney@gmail.com
Camejo	Jenine	Winchester	Both	Both		30561:4702	Jenine@wcmhc.com
Carle	Carol	Arlington	Both	Individual Only	646-425-8890	(646) 425-8890	carolcarle225@gmail.com
Carson	Danielle	Gloucester	Both	Both	757-870-7763	(757) 870-7763	Familyofchoiceva@gmail.com
Carty	Kristen	Albemarle	Virtually only	Individual Only	917-406-5832	917-406-5832	Kdanas@gmail.com
Cephas	Joan	Stafford	Both	Both	540-850-8189	540-850-8189	dr.joancephas@gmail.com
Chhetri	Srijana	Harrisonburg	Both	Individual Only	540-830-3070	(540) 830-3070	laurelcounselingllc@gmail.com
Cook	Kimberly	Prince William	Virtually only	Both	877-358-2998	877-358-2998	kcook@eluccc.org
Darby	Barbara	Prince William	Both	Both	910-224-7512	910-224-7512	bdarby@barbaradarbyjpc.com
Davis	Nikkimah	Prince William	Virtually only	Both	571 229-7334	571 229-7334	info@saferoutescounseling.com
Davis	Trina	Richmond-City	Virtually only	Both	804-901-6928	804-901-6928	trina.b.davis@gmail.com
Dianas-Hughes	Noel	Augusta	Both	Both	540-255-6902	540-255-6902	ndianashughes@gmail.com
Dorman	Paula	Manassas	Virtually only	Individual Only	571-438-3498	(571) 438-3498	pdorman3@gmail.com
Dziewulski	Heather	Loudoun	Both	Both	571-498-0109	571-498-0109	Heather@resilience-network.net
Eberz	Jasen	Norfolk	Both	Both	757-500-0550	757-500-0550	jaseneberz.lcsw@icloud.com
Edwards	La'Toya	Norfolk	Both	Both	757-303-1795	757-303-1795	info@latoyaedwardslcsw.com
Edwards	Mary	Bedford	Both	Both	434-528-1115	(434) 528-1115	mlindaedwards@aol.com



Thank you for the opportunity to make comments regarding the ASWB data and report. I am Deb Riggs, the Executive Director of NASW VA Chapter representing thousands of professional social workers in the Commonwealth, of the NASW members. As you know, NASW is the largest professional association for social workers in the nation and works on behalf of our professionals and the clients we serve. As we are all experiencing, the entire social work professional community is extremely disturbed and concerned by the recent report and data: the 2022 *ASWB Exam Pass Rate Analysis*. *This analysis* is reflective of a long history of alarming disparities in pass rates of Black, Indigenous, people of color (BIPOC) and those “aging” who are first time test takers of the ASWB Exam.

There are social workers across our nation calling for the elimination of the ASWB examination. While the intensity of emotion is justified there is also a need for caution to protect the ability of the 9,000 plus Virginia licensees’ that depend on their license to earn a living. As well, it is vital that we be able to support our clients by removing obstacles to licensing. We all want solutions to this problem, but we ask that the baby is not thrown out with the bath water. There are too many variables and unanswered questions, which must have intentional study, research, and deliberation before making any conclusions and solutions that will impact the communities, clients and professionals that are served.

I do want to mention that as of today, I know of three states that do not require an MSW exam and five more that are moving quickly to waive the exam for the BSW and MSW license. I also acknowledge that all our colleagues have different rules and laws governing practice.

NASW chapters and perspectives have different ideas, suggestions, and recommendations depending on the will of their constituencies. Although yes, there are trends to remove the exam, I am requesting that all stakeholders from each collaborating organization in our State, including NASWVA, Deans and Directors/CSWE, ABSW, VSCSW, the Association of BSW faculty, and others to join to work on/research and study possible and alternative options regarding the ASWB exams. We must do what’s best for our constituents and get their input.

In closing, I want to mention one more thing; Our national NASW position as it relates to the intended compact, is not to support the ASWB exam, and remove that language from the draft. This could be one solution to alternative ways in which one can be licensed utilizing another option like some other health professions, who have more than one exam option

I look forward to collaborating with you soon, and having input into these serious decisions before us

Respectfully Submitted,
Debra A Riggs, CAE
Executive Director, NASWVA



**Virginia Board of Social Work
Full Board Meeting Minutes
Friday, June 3, 2022 at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 4**

- PRESIDING OFFICER:** Dolores Paulson, PhD, LCSW, Chair
- BOARD MEMBERS PRESENT:** Canek Aguirre, Citizen Member
Eboni Bugg, MSW, LCSW
Gloria Manns, MSW, LCSW (*arrived at 10:18am*)
Maria Eugenia Del Villar, MSW, LCSW
Michael Hayter, MSW, LCSW, CSAC
Teresa Reynolds, MSW, LCSW
- BOARD MEMBERS PRESENT:** Angelia Allen, Citizen Member
Jamie Clancey, MSW, LCSW
- BOARD STAFF PRESENT:** Charlotte Lenart, Deputy Executive Director- Licensing
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director- Discipline
Latasha Austin, Licensing & Operations Manager
Leoni Wells, Executive Assistant
Sharniece Vaughan, Licensing Specialist
- DHP STAFF PRESENT:** David E. Brown, D.C., Director, Department of Health Professions
Erin Barrett, Senior Policy Analyst, Department of Health Professions
- BOARD COUNSEL PRESENT:** James Rutkowski, Assistant Attorney General
- CALL TO ORDER:** Dr. Paulson called the board meeting to order at 10:02 a.m.
- ROLL CALL/ESTABLISHMENT OF A QUORUM:** Dr. Paulson requested a roll call. Ms. Austin announced that with six (6) members of the Board present at roll call; therefore, a quorum was established.
- MISSION STATEMENT:** Ms. Hoyle read the mission statement of the Department of Health Professions, which was also the mission statement of the Board.
- ADOPTION OF AGENDA:** **Motion:** Mr. Aguirre made a motion, which Ms. Reynolds properly seconded, to adopt the agenda with an addition for nominations from the Nomination Committee. The motion passed unanimously.
- PUBLIC COMMENT:** No public comment.
- APPROVAL OF MINUTES:** The Board approved the meeting minutes from the Board Meeting held on March 4, 2022 as presented.
- AGENCY DIRECTOR REPORT:** Dr. David Brown started his report with congratulating Dr. Paulson for her service and commitment to the Board.

Dr. Brown reported that the Governor's office is still in transition, but he is hopeful that he will be reappointed for another term.

Dr. Brown stated that the Board of Social Work in particular has worked very hard to make sure regulations are not too burdensome and to reduce barriers for licensure. If anyone has any suggestions to help better the workforce let Ms. Hoyle know so she can inform him.

BOARD CHAIR REPORT:

Dr. Paulson congratulated Mr. Hayter for being appointed to Board of Health Professions. Dr. Paulson expressed what an honor it has been to serve on the Board.

LEGISLATION & REGULATORY ACTIONS:

Legislation Update

Ms. Barrett went in detail and discussed each of the bills on the Report of the 2022 General Assembly with the Board. A copy of the report was provided with the agenda packet.

Chart of Regulatory Actions

Ms. Barrett discussed the chart of regulatory actions. A copy of the current actions was provided in the agenda packet

COMMITTEE REPORT:

Ms. Del Villar reported that the Regulatory Committee met yesterday and brought forth the following recommendations to the Board:

Changes to endorsement and reinstatement; standards of practice

Recommendation: The Committee reviewed and discussed the proposed action for changes to endorsement, reinstatement and standards of practice. The Committee recommends that the Board adopt the proposed changes as final action.

Motion: Mr. Aguirre made a motion, which Ms. Reynolds properly seconded, to adopt the proposed changes as a final action. The motion passed unanimously.

Reduction in CE hours for continuation of approval to be a supervisor

Recommendation: The Committee reviewed and discussed the proposed action for a reduction in CE hours for continuation of approval to be a supervisor. The Committee recommends that the Board adopt the proposed changes as a final action.

Motion: Ms. Reynolds made a motion, which Ms. Bugg properly seconded, to adopt the proposed changes as a final action. The motion passed unanimously.

Consideration of amendments to Guidance Documents

Guidance Document 140-7, Bylaws

Recommendation 3: The Committee reviewed and discussed Guidance Document 140-7, The Virginia Board of Social Work Bylaws. The Committee recommends

that the Board reaffirm the Guidance Document with the suggested changes and the following additional amendment to ARTICLE II (A) (1)

A. Membership

1. The Board shall consist of nine (9) members, appointed by the Governor pursuant to Va. Code § 54.1-3703 as follows:

a. Seven (7) shall be licensed social workers in Virginia, who have been in active practice of social work for at least five (5) years prior to appointment; and,

b. Two (2) shall be citizen members.

Motion: Ms. Bugg made a motion, which Ms. Reynolds properly seconded, to reaffirm the Guidance Document with the suggested changes and the additional amendment to ARTICLE II (A)(1). The motion passed with two opposed.

Consideration for Guidance Document 140-10, Supervised Experience for Clinical Social Work Licensure

Recommendation: The Committee reviewed and discussed Guidance Document 140-10, Supervised Experience for Clinical Social Work Licensure. The Committee recommends that the Board repeal the Guidance Document as it is no longer needed or necessary as the information in the document is covered in the Regulations. The Guidance Document became effective in 2010 and regulations have changed since then.

Motion: Ms. del Villar made a motion, which Ms. Reynolds properly seconded, to repeal the Guidance Document as it is no longer needed or necessary as the information in the document is covered in the Regulations. The motion passed unanimously.

Decision regarding periodic review results and consideration of regulatory action following Periodic review.

Recommendation: The Committee reviewed and discussed the Regulations Governing the Practice of Social Work [18 VAC140-20]. The Committee recommends that the Board retain Chapter 20 and amend it. The Committee further recommends that a Notice of Regulatory Action be drafted following the periodic review defining terms, professional conduct and other clean up as necessary.

Motion: Mr. Aguirre made a motion, which Ms. del Villar properly seconded, to retain Chapter 20 and amend it and for a Notice of Regulatory Action be drafted following the periodic review defining terms, professional conduct and other clean up as necessary. The motion passed unanimously.

The Board took a break at 11:02 am. The meeting reconvene at 11:13am.

Nomination Committee Report:

The nomination committee recommends the following candidates for Chair and Vice Chair for the Board:

Chair: Mr. Canek Aguirre

Vice-Chair: Mr. Michael Hayter

Motion: Ms. Manns made a motion, which was properly seconded, for Mr. Aguirre and Mr. Hayter to be presented as slate of candidates to be voted on at the next

Board meeting scheduled in September 2022.

Board of Health Professions – Michael Hayter, LCSW, CSAC

Mr. Hayter reported on the March 29, 2022 meeting of the Board of Health Professions. A copy of the report given was included in the agenda packet.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle reported on the budget for the Board. A copy of the financial report given was included in the agenda packet.

Ms. Hoyle remains on the Finance Committee for ASWB and the last meeting was held in April.

Ms. Hoyle reported that her staff has been productive and has been diligently working. Ms. Hoyle remains pleased with the diligence and dedication from staff.

Ms. Hoyle reported that the Compact meeting is quickly approaching and she will have an update after the Compact meeting take place.

Ms. Hoyle thanked and recognized Dr. Paulson and Ms. del Villar, for their dedication and commitment to the Board. Ms. Hoyle reported that both Dr. Paulson and Ms. del Villar second terms were expiring and their leadership would be missed.

DISCIPLINE REPORT:

Ms. Lang reported on the disciplinary statistics for the Board of Social Work from February 17, 2022– May 13, 2022. A copy of the report given was included in the agenda packet. Ms. Lang added that Ms. Reynolds and Ms. Bugg have both volunteered to take over the special conference committee. She thanked Dr. Paulson and Ms. del Villar who are rotating off the Board who have served for the past 4 years.

BOARD OFFICE REPORT:

Ms. Lenart reported on the licensure statistics for the Board from December 2021-April 2022 and the satisfaction survey results. A copy of the report given was included in the agenda packet. Ms. Lenart also discussed new technology that will be used to notify applicants about the status of their application. Ms. Lenart stated that information about temporary licensure and continuity of care were available on the website.

NEXT MEETING DATES:

Dr. Paulson announced that the next Regulatory Committee Meeting is scheduled for Thursday, September 22, 2022 and the next Board meeting is scheduled for Friday, September 23, 2022.

ADJOURNMENT:

Dr. Paulson adjourned the June 3, 2022 Board meeting at 11:45 am.

Dolores Paulson, PhD, LCSW, Chair

Jaime Hoyle, JD, Executive Director

Agenda Items: Revision of Guidance Document 140-3

Included in your agenda package are:

- Guidance Document 140-3, with proposed changes as a clean copy and redlined.

Action needed:

- Motion to adopt revisions to Guidance Document 140-3.

Board of Social Work

Guidance on Technology-Assisted Therapy and the Use of Social Media

BACKGROUND

Social workers are currently engaged in a variety of online contact methods with clients. The use of social media, telecommunication therapy, and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms, and applications. These applications include blogs, social networking sites, video sites, and online chat rooms and forums. Social workers often use electronic media both personally and professionally.

Social media and technology-assisted therapy can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with clients and family members, and educating and informing consumers and health care professionals.

Social workers are increasingly using blogs, forums and social networking sites to share workplace experiences, particularly events that have been challenging or emotionally charged. These outlets provide a venue for the practitioner to express his or her feelings, and reflect or seek support from friends, colleagues, peers, or others on the Internet. Journaling and reflective practice are effective tools in health care practice. The Internet provides an alternative media for practitioners to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the practitioner disclosing too much information and violating client privacy and confidentiality.

This document is intended to provide guidance to practitioners using electronic therapy or media in a manner that maintains client privacy and confidentiality. 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. Therefore, the standards of practice set forth in section 18VAC140-20-150 of the regulations and in the Code of Virginia apply regardless of the method of delivery.

RECOMMENDATIONS BY THE BOARD

The Board recommends the following when a licensee uses technology-assisted services as the delivery method:

- Provision of services takes place where the client is located, regardless of where the social worker is located. Therefore, a social worker providing services to a client located in Virginia through technology-assisted therapy must be licensed to practice in Virginia.
- Additionally, the social worker should make every effort to verify the client's geographic location to ensure the social worker holds the appropriate license to provide services. States generally prohibit social work services to a client in the state by an individual who

is unlicensed by that state.

- Social workers should strive to become and remain knowledgeable about the dynamics of online relationships, the advantages and drawbacks of technology-assisted social work practice, and the ways in which such practice can be safely and appropriately conducted.
- Social workers must follow the same standards of practice for technology-assisted social work practice as they do in a traditional social work setting.
- Recognize the ethical and legal obligations to maintain client privacy and confidentiality at all times.
- Client-identifying information transmitted electronically should be done in accordance with established policies and state and federal law.
- Do not share, post, or otherwise disseminate any information, including images, about a client or information gained in the practitioner-client relationship with anyone unless permitted or required by applicable law.
- Do not identify clients by name or post or publish information that may lead to the identification of a client. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to clients in a disparaging manner, or otherwise degrade or embarrass the client, even if the client is not identified.
- Do not take photos or videos of clients on personal devices, including cell phones. Follow employer policies for taking photographs or video of clients for treatment or other legitimate purposes using employer-provided devices.
- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the practitioner has the obligation to establish, communicate and enforce professional boundaries with clients in the online environment. Use caution when having online social contact with clients or former clients. Online contact with clients or former clients blurs the distinction between a professional and personal relationship. The fact that a client may initiate contact with the practitioner does not permit the practitioner to engage in a personal relationship with the client.
- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Promptly report any identified breach of confidentiality or privacy in accordance with state and federal laws.

ETHICS AND VALUES

Social workers providing technology-assisted therapy must act ethically, ensure professional competence, protect client confidentiality, and uphold the values of the profession.

TECHNICAL COMPETENCIES

Social workers are responsible for becoming proficient in the technological skills and tools required for competent and ethical practice and for seeking appropriate training and consultation to stay current with emerging technologies.

CONFIDENTIALITY AND PRIVACY

Social workers must protect client privacy when using technology in their practice and document all services, taking special safeguards to protect client information in the electronic record.

During the initial session, social workers should provide clients with information on the use of technology in service delivery. Social workers should ensure that the client has received notice of privacy practices and should obtain any authorization for information disclosure and consent for treatment or services as documented in the client record. Social workers should be aware of privacy risks involved when using wireless devices and other future technological innovations and take proper steps to protect client privacy.

Social workers should adhere to the privacy and security standards of applicable federal and state laws when performing services with the use of technology.

Social workers should give special attention to documenting services performed via the Internet and other technologies. They should be familiar with applicable laws that may dictate documentation standards in addition to licensure boards, third-party payers, and accreditation bodies. All practice activities should be documented and maintained in a safe, secure file with safeguards for electronic records.

BOARD OF SOCIAL WORK IMPLICATIONS

Instances of inappropriate use of social and electronic media or technology-assisted therapy may be reported to the Board. The Department of Health Professions is required by law to investigate all complaints.

If the complaints are substantiated, the social worker may face disciplinary action by the Board. Disciplinary action may include a reprimand, probation with terms, assessment of a monetary fine, or temporary or permanent loss of licensure, certification, or registration, or a combination of those sanctions.

GUIDING PRINCIPLES

Social networks and the Internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. Social workers and students have an obligation to understand the nature, benefits, and consequences of participating in social networking or providing technology-assisted therapy of all types. Online content and behavior has the potential to enhance or undermine not only the individual practitioner's career, but also the profession.

RECOMMENDED REFERENCE

The Board recommends any social worker considering the use of technology-assisted practice read and become familiar with the most recent resource document adopted by the National Association of Social Workers, the Association of Social Work Boards, the Council of Social Work Education and the Clinical Social Work Association, entitled *Technology Standards in Social Work Practice*.

CONCLUSION

Social or electronic media and technology-assisted therapy possess tremendous potential for strengthening professional relationships and providing valuable information to health care consumers. Social workers should ensure licensing, confidentiality, and standards of care requirements are met, as well as ensure appropriate boundaries are maintained. Regulations of the Board apply to technology-assisted therapy in the same manner as in-person therapy.

VIRGINIA BOARD OF SOCIAL WORK
Board of Social Work

Guidance on Technology-Assisted Therapy and the Use of Social Media

BACKGROUND

Social workers are currently engaged in a variety of online contact methods with clients. The use of social media, telecommunication therapy, and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms, and applications. ~~These applications including include~~ blogs, social networking sites, video sites, and online chat rooms and forums. ~~Some social~~ Social workers often use electronic media both personally and professionally.

Social media and technology-assisted therapy can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with clients and family members, and educating and informing consumers and health care professionals.

Social workers are increasingly using blogs, forums and social networking sites to share workplace experiences, particularly events that have been challenging or emotionally charged. These outlets provide a venue for the practitioner to express his or her feelings, and reflect or seek support from friends, colleagues, peers, or ~~virtually anyone~~ others on the Internet. Journaling and reflective practice ~~have been identified as~~ are effective tools in health care practice. The Internet provides an alternative media for practitioners to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the practitioner disclosing too much information and violating client privacy and confidentiality.

This document is intended to provide guidance to practitioners using electronic therapy or media in a manner that maintains client privacy and confidentiality. 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. ~~Therefore, the standards of practice set forth in section 18VAC140-20-150 of the regulations and in the Code of Virginia apply regardless of the method of delivery.~~

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RECOMMENDATIONS BY THE BOARD

The Board of Social Work ~~recommends~~ the following when a licensee uses technology-assisted services as the delivery method:

- ~~Provision of services takes place where the client is located, regardless of where the social worker is located. Therefore, A social worker providing services to a client located in Virginia through technology-assisted therapy must be licensed to practice in Virginia by the Virginia Board of Social Work.~~

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- Additionally, the social worker should make every effort to verify the client's geographic location to ensure the social worker holds the appropriate license to provide services. States generally prohibit social work services to a client in the state by an individual who is unlicensed by that state.
- ~~The service is deemed to take place where the client is located. Therefore, the social worker should make every effort to verify the client's geographic location.~~
- ~~Social workers shall should strive to become and remain knowledgeable about the dynamics of online relationships, the advantages and drawbacks of technology-assisted social work practice, and the ways in which such practice can be safely and appropriately conducted.~~
- ~~The social worker must take steps to ensure client confidentiality and the security of client information in accordance with state and federal law.~~
- ~~The social worker should seek training or otherwise demonstrate expertise in the use of technology assisted devices, especially in the matter of protecting confidentiality and the security of client information.~~
- ~~When working with a client who is not in Virginia, social workers are advised to check the regulations of the state board in which the client is located. It is important to be mindful that states generally prohibit social work services to a client in the state by an individual who is unlicensed by that state.~~
- Social workers must follow the same standards of practice for technology-assisted social work practice as they do in a traditional social work setting. _____
- Recognize the ethical and legal obligations to maintain client privacy and confidentiality at all times.
- Client-identifying information transmitted electronically should be done in accordance with established policies and state and federal law.
- Do not share, post, or otherwise disseminate any information, including images, about a client or information gained in the practitioner-client relationship with anyone unless permitted or required by applicable law.
- Do not identify clients by name or post or publish information that may lead to the identification of a client. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to clients in a disparaging manner, or otherwise degrade or embarrass the client, even if the client is not identified.
- Do not take photos or videos of clients on personal devices, including cell phones. Follow employer policies for taking photographs or video of clients for treatment or other legitimate purposes using employer-provided devices.

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- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the practitioner has the obligation to establish, communicate and enforce professional boundaries with clients in the online environment. Use caution when having online social contact with clients or former clients. Online contact with clients or former clients blurs the distinction between a professional and personal relationship. The fact that a client may initiate contact with the practitioner does not permit the practitioner to engage in a personal relationship with the client.
- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Promptly report any identified breach of confidentiality or privacy in accordance with state and federal laws.

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ETHICS AND VALUES

Social workers providing technology-assisted therapy ~~shall~~ must act ethically, ensure professional competence, protect client confidentiality, and uphold the values of the profession.

TECHNICAL COMPETENCIES

Social workers ~~shall~~ bear responsibility for becoming proficient in the technological skills and tools required for competent and ethical practice and for seeking appropriate training and consultation to stay current with emerging technologies.

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CONFIDENTIALITY AND PRIVACY

Social workers ~~shall~~ must protect client privacy when using technology in their practice and document all services, taking special safeguards to protect client information in the electronic record.

Commented [VP2]: Same – removed one bullet point above because it's covered in this section

During the initial session, social workers should provide clients with information on the use of technology in service delivery. Social workers should ~~assure~~ ensure that the client has received notice of privacy practices and should obtain any authorization for information disclosure and consent for treatment or services, as documented in the client record. Social workers should be aware of privacy risks involved when using wireless devices and other future technological innovations and take proper steps to protect client privacy.

Social workers should adhere to the privacy and security standards of applicable federal and state laws when performing services with the use of technology.

Social workers should give special attention to documenting services performed via the Internet and other technologies. They should be familiar with applicable laws that may dictate documentation standards in addition to licensure boards, third-party payers, and accreditation

bodies. All practice activities should be documented and maintained in a safe, secure file with safeguards for electronic records.

BOARD OF SOCIAL WORK IMPLICATIONS

Instances of inappropriate use of social ~~and~~ electronic media or technology-assisted therapy may be reported to the Board. The Department of Health Professions is required by law to investigate all complaints, and it may investigate such reports, including reports of inappropriate disclosures on social media by a social worker, on the grounds of:

- ~~Unprofessional conduct;~~
- ~~Unethical conduct;~~
- ~~Moral turpitude;~~
- ~~Mismanagement of client records;~~
- ~~Revealing a privileged communication; and~~
- ~~Breach of confidentiality.~~

Commented [VP3]: Not advisable to include a list like this.

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If the ~~allegations are found to be true~~complaints are substantiated, the social worker may face disciplinary action by the Board. Disciplinary action may include, ~~including a reprimand or sanction, probation with terms,~~ assessment of a monetary fine, or temporary or permanent loss of licensure, certification, or registration, or a combination of those sanctions.

GUIDING PRINCIPLES

Social networks and the Internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. Social workers and students have an obligation to understand the nature, benefits, and consequences of participating in social networking or providing technology-assisted therapy of all types. Online content and behavior has the potential to enhance or undermine not only the individual practitioner’s career, but also the profession.

HOW TO AVOID PROBLEMS USING SOCIAL MEDIA

It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, social workers can avoid inadvertently disclosing confidential or private information about clients.

The following guidelines are intended to minimize the risks of using social media:

- Recognize the ethical and legal obligations to maintain client privacy and confidentiality at all times.

- ~~Client identifying information transmitted electronically should be done in accordance with established policies and state and federal law.~~
- ~~Do not share, post, or otherwise disseminate any information, including images, about a client or information gained in the practitioner-client relationship with anyone unless permitted or required by applicable law.~~
- ~~Do not identify clients by name or post or publish information that may lead to the identification of a client. Limiting access to postings through privacy settings is not sufficient to ensure privacy.~~
- ~~Do not refer to clients in a disparaging manner, or otherwise degrade or embarrass the client, even if the client is not identified.~~
- ~~Do not take photos or videos of clients on personal devices, including cell phones. Follow employer policies for taking photographs or video of clients for treatment or other legitimate purposes using employer-provided devices.~~
- ~~Maintain professional boundaries in the use of electronic media. Like in-person relationships, the practitioner has the obligation to establish, communicate and enforce professional boundaries with clients in the online environment. Use caution when having online social contact with clients or former clients. Online contact with clients or former clients blurs the distinction between a professional and personal relationship. The fact that a client may initiate contact with the practitioner does not permit the practitioner to engage in a personal relationship with the client.~~
- ~~Consult employer policies or an appropriate leader within the organization for guidance regarding work-related postings.~~
- ~~Promptly report any identified breach of confidentiality or privacy in accordance with state and federal laws.~~

RECOMMENDED REFERENCE

The Board recommends any social worker considering the use of technology-assisted practice read and become familiar with the most recent resource document adopted by the National Association of Social Workers, the Association of Social Work Boards, the Council of Social Work Education and the Clinical Social Work Association, entitled *Technology Standards in Social Work Practice*.

CONCLUSION

Social ~~or~~ electronic media and technology-assisted therapy possess tremendous potential for strengthening professional relationships and providing valuable information to health care consumers. ~~Social workers should ensure licensing, confidentiality, and standards of care requirements are met, as well as ensure appropriate boundaries are maintained. Regulations of the Board apply to technology-assisted therapy in the same manner as in-person therapy. need to be aware of the potential ramifications of disclosing client-related information via social media or through technology-assisted therapy. Social workers should be mindful of relevant state and federal laws, professional standards regarding confidentiality, and the application of those standards. Social workers should also ensure the standards of practice set forth in 18 VAC 140-20-150 are met when performing technology-assisted therapy.~~

Agenda Items: Repeal of Guidance Document 140-5

Included in your agenda package are:

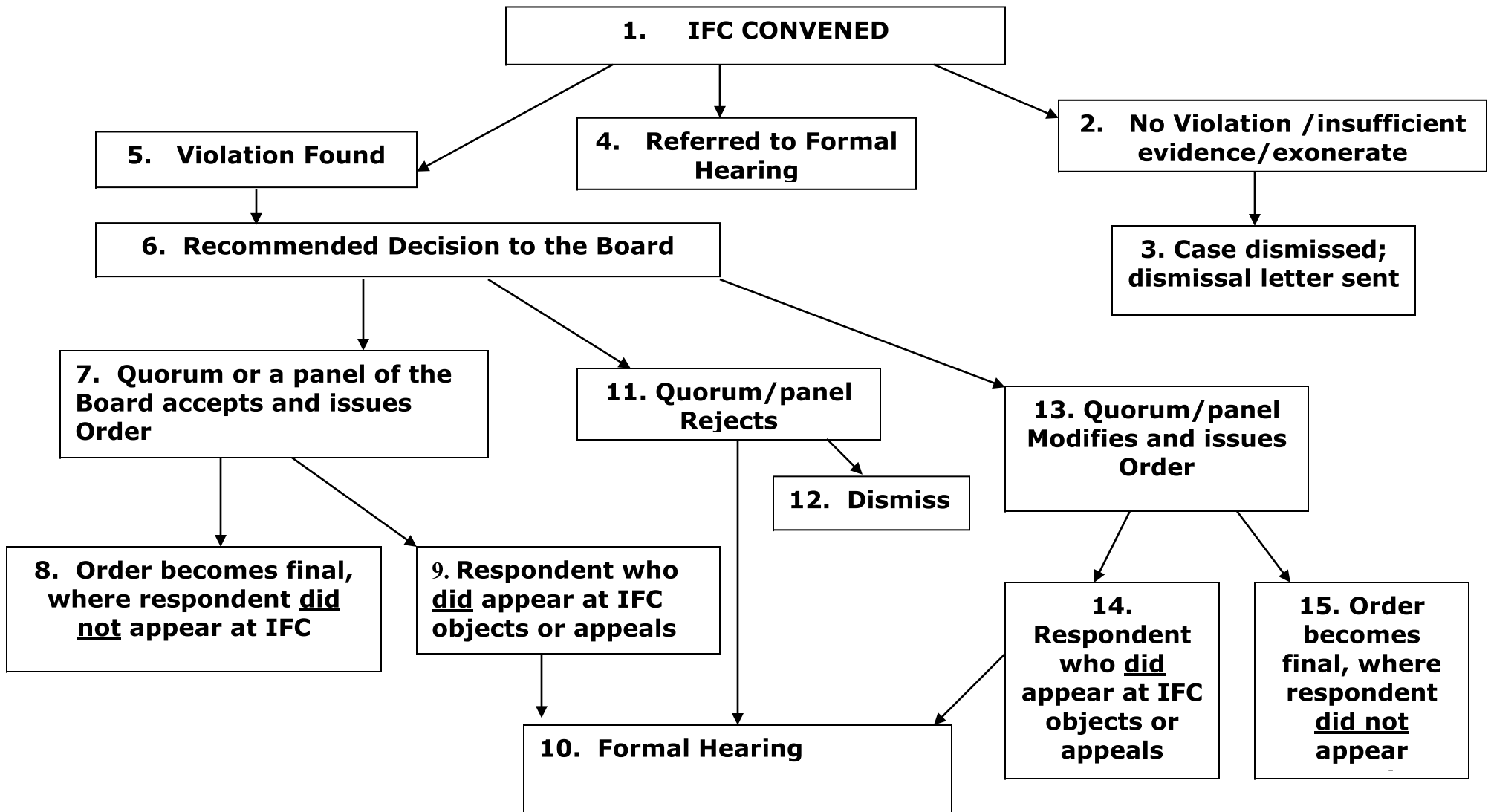
- Guidance Document 140-5.
- Agency Guidance Document 76-10.01

Staff Note: DHP adopted Guidance Document 76-10.01, which applies to all boards. Individual board guidance documents on this topic are no longer necessary.

Action needed:

- Motion to repeal Guidance Document 140-5.

Guidance for Conduct of an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the Department of Health Professions



Narrative explanation of Flow Chart on Delegation to an Agency Subordinate

This describes the process in which a subordinate hears a case at an informal conference up to a case that may be referred to a formal hearing.

- 1.** Pursuant to a notice, the designated agency subordinate (“subordinate”) will convene the informal conference (“IFC”). An IFC before a subordinate is conducted in the same manner as an IFC before a committee of the board. Following the presentation of information by the parties, the subordinate will consider the evidence presented and render a recommended decision regarding the findings of fact, conclusions of law, and if appropriate, the sanction to be imposed.
- 2.** The subordinate may recommend that the respondent be exonerated, that there be a finding of no violation, or that insufficient evidence exists to determine that a statutory and/or regulatory violation has occurred.
 - 3.** If the subordinate makes such a finding, the case is dismissed and a dismissal letter is issued to the respondent notifying him of the determination.
- 4.** The subordinate may decide that the case should be referred to a formal hearing. A hearing before the board would then be scheduled and notice sent to the respondent.
- 5.** The subordinate may determine that a violation has occurred and recommend the findings of fact and conclusions of law along with an appropriate sanction.
 - 6.** With the assistance of APD, the subordinate drafts a recommended decision, which includes the findings of fact, conclusions of law and sanction. The recommendation is provided to the respondent and to the board and must be ratified by a quorum of the board or a panel consisting of at least five members of the board.
- 7.** If the quorum or panel of the board accepts the recommended decision and:
 - 8.** If the respondent did not appear at the IFC, the board’s decision becomes a final order that can only be appealed to a circuit court; or
 - 9-10.** If the respondent did appear at the IFC and objects to and appeals the order, he may request a

formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

11. A quorum or panel of the board may reject the recommended decision of the subordinate, in which case:

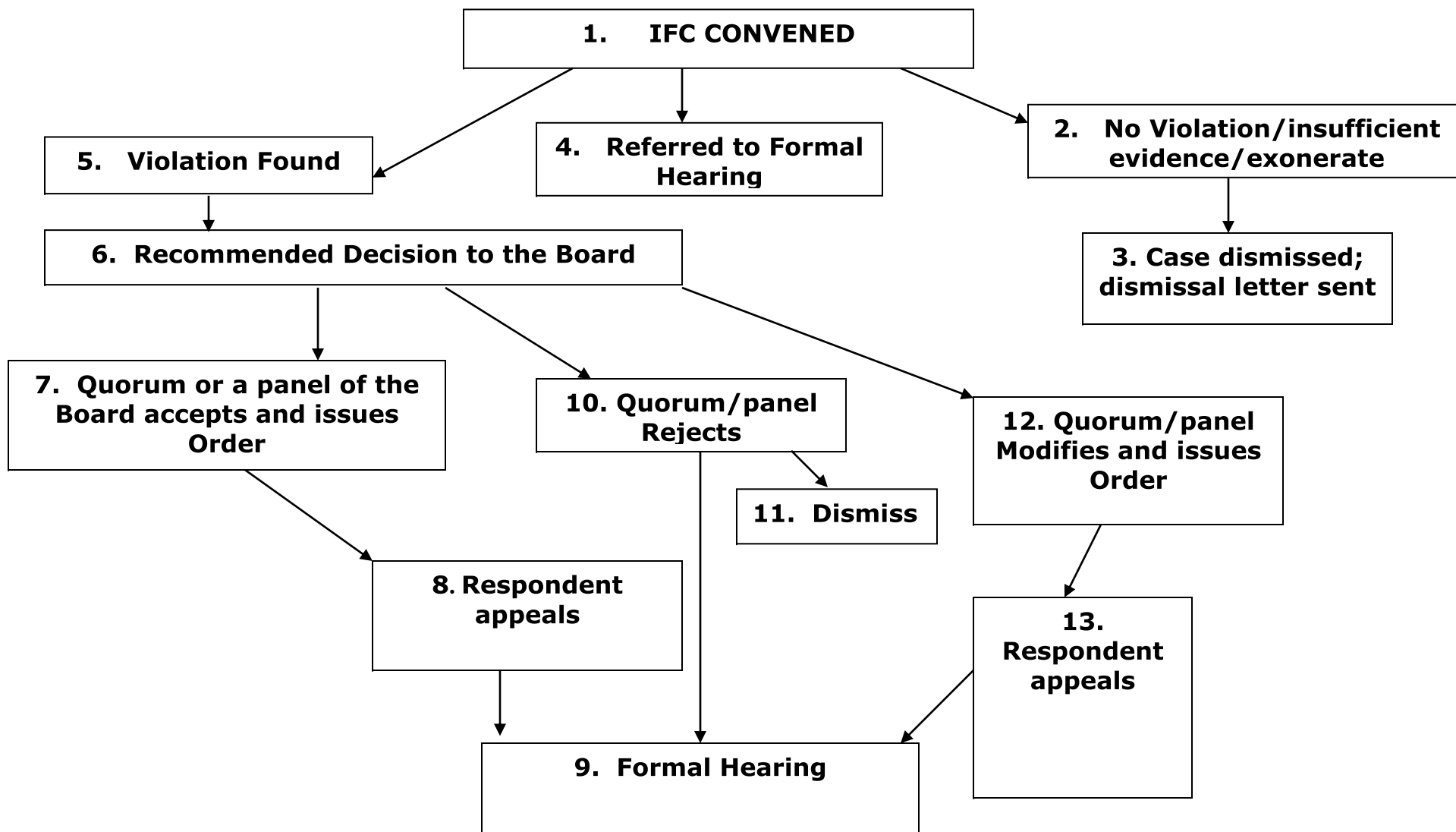
The quorum/panel may decide to refer the case for a formal hearing **(10)**; or the quorum/panel may decide to dismiss the case and a dismissal letter is issued to the respondent notifying him of the decision of the board **(12)**.

13. A quorum or panel of the board may modify the subordinate's recommended decision and issue an order reflecting the modified decision to the respondent.

15. If the respondent did not appear at the informal conference, then the board's decision becomes a final order that can only be appealed to a circuit court.

14-10. If the respondent did appear at the informal conference and objects to and appeals the order, he may request a formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

Guidance for Conduct of an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the Department of Health Professions



Narrative explanation of Flow Chart on Delegation to an Agency Subordinate

This describes the process in which a subordinate hears a case at an informal conference up to a case that may be referred to a formal hearing.

- 1:** Pursuant to a notice, the designated agency subordinate (“subordinate”) will convene the informal conference (“IFC”). An IFC before a subordinate is conducted in the same manner as an IFC before a committee of the board. Following the presentation of information by the parties, the subordinate will consider the evidence presented and render a recommended decision regarding the findings of fact, conclusions of law, and if appropriate, the sanction to be imposed.
- 2:** The subordinate may recommend that the respondent be exonerated, that there be a finding of no violation, or that insufficient evidence exists to determine that a statutory or regulatory violation has occurred.
 - 3:** If the subordinate makes such a finding, the case is dismissed and a dismissal letter is issued to the respondent notifying him of the determination.
- 4:** The subordinate may decide that the case should be referred to a formal hearing. A formal hearing before the board would then be scheduled and notice sent to the respondent.
- 5:** The subordinate may determine that a violation has occurred and recommend the findings of fact and conclusions of law along with an appropriate sanction.
 - 6:** With the assistance of APD, the subordinate drafts a recommended decision that includes findings of fact, conclusions of law and a recommended sanction. The recommendation is provided to the respondent and to the board and must be ratified by a quorum of the board or a panel consisting of at least five members of the board.
- 7 through 9:** If the quorum or panel of the board accepts the recommended decision (**7**) and the respondent objects to and appeals the order (**8**), the matter proceeds to a formal hearing (**9**). A case appealed to a formal hearing proceeds in the same manner as cases considered by special conference committees and appealed to a formal hearing.
- 10:** A quorum or panel of the board may reject the recommended decision of the subordinate, in which case:

The quorum or panel may decide to refer the case for a formal hearing **(9)**; or

The quorum or panel may decide to dismiss the case. A dismissal letter is issued to the respondent notifying him of the decision of the board **(11)**.

12: A quorum or panel of the board may modify the subordinate's recommended decision and issue an order reflecting the modified decision to the respondent.

13: If the respondent objects to and appeals the order, the matter proceeds to a formal hearing. A case appealed to a formal hearing proceeds in the same manner as cases considered by special conference committees and appealed to a formal hearing.

Agenda Items: Repeal of Guidance Document 140-12

Included in your agenda package are:

- Guidance Document 140-12
- Virginia Code § 54.1-2409.5

Staff Note: This Guidance Document, which states that certain conversion therapy practices may violate Board unprofessional conduct regulations, is outdated with the codification of Virginia Code § 54.1-2409.5 in 2020. The language in this Guidance Document related to unprofessional conduct is no longer accurate or needed.

Action needed:

- Motion to repeal Guidance Document 140-12.

Virginia Board of Social Work

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 any gender. "Conversion therapy" does not include social work services that provide assistance to a person undergoing gender transition or provide acceptance, support, and understanding of a person or facilitate 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 services do not seek to change an individual's sexual orientation or gender identity in any direction.

In 18VAC140-20-150 of the Regulations Governing the Practice of Social Work, the Virginia Board of Social Work ("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 telephone, or electronically, these standards shall apply to the practice of social work."*

In 18VAC140-20-160 (Grounds for disciplinary action or denial of issuance of a license or registration), it is stated that "(t)he board may refuse to admit an applicant to an examination; refuse to issue a license or registration to an applicant; or reprimand, impose a monetary penalty, place on probation, impose such terms as it may designate, suspend for a stated period of time or indefinitely, or revoke a license or registration for one or more of the following grounds:...

3. Conducting one's practice in such a manner so as to make the practice a danger to the health and welfare of one's clients or to the public..."

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. In its Position Statement on "Sexual Orientation Change Efforts ("SOCE") and Conversion Therapy," published in May 2015, the National Association of Social Workers (NASW) has stated that: "The practice of SOCE violates the very tenets of the social work profession as outlined in the NASW Code of Ethics."

In a similar statement regarding conversion/reparative therapy, the Virginia Chapter of NASW stated that "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 demonstrated 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.”

Consistent with the established position of the NASW, the Board considers “conversion therapy” or “sexual orientation change efforts” (as defined above) to be services that have the potential to be a danger to clients, especially minors. Thus, under regulations governing practitioners 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.

Code of Virginia

Title 54.1. Professions and Occupations

Subtitle III. Professions and Occupations Regulated by Boards within the Department of Health Professions

Chapter 24. General Provisions

§ 54.1-2409.5. Conversion therapy prohibited

A. As used in this section, "conversion therapy" means 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 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.

B. No person licensed pursuant to this subtitle or who performs counseling as part of his training for any profession licensed pursuant to this subtitle shall engage in conversion therapy with a person under 18 years of age. Any conversion therapy efforts with a person under 18 years of age engaged in by a provider licensed in accordance with the provisions of this subtitle or who performs counseling as part of his training for any profession licensed pursuant to this subtitle shall constitute unprofessional conduct and shall be grounds for disciplinary action by the appropriate health regulatory board within the Department of Health Professions.

2020, cc. 41, 721.

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

Agenda Items: Adoption of proposed regulatory amendments following periodic review

Included in your agenda package are:

- Draft amendments to 18VAC140-20 based on the Board's periodic review of regulations

Staff Note: The NOIRA for this stage stated the following:

Following a periodic review initiated November 17, 2021, the Board identified several areas of Chapter 20 it will consider amending. Those areas include: clarifying terminology and requirements for LCSWs, LMSWs, and LBSWs within the regulations; reviewing the definition of "ancillary services" for comprehensiveness and clarity; amending 18VAC140-20-150 to include diagnosing third parties and providing children sex education without express parental consent as actions that constitute unprofessional conduct; removing redundant provisions, terms, and definitions; clarify responsibilities of supervisors of LCSW candidates; and include additional organizations for approval of continuing education.

Public comment was accepted on the NOIRA from September 26, 2022 to October 26, 2022. No public comment was received.

Action needed:

- Motion to adopted proposed regulations following periodic review of Chapter 20.

Project 7250 - Proposed

Board of Social Work

Amendments resulting from 2022 periodic review

Chapter 20

Regulations Governing the Practice of Social Work

18VAC140-20-10. Definitions.

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

Baccalaureate social worker

Board

Casework

Casework management and supportive services

Clinical social worker

Master's social worker

Practice of social work

Social worker

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

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

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

"Ancillary services" means activities such as ~~case management~~, recordkeeping, referral, and coordination of services, intervention into situations on a client's behalf with the objectives of meeting the client's needs, and participation in required staff meetings.

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

"Clinical social work services" include the application of social work principles and methods in performing assessments and diagnoses based on a recognized manual of mental and emotional disorders or recognized system of problem definition, preventive and early intervention services, and treatment services, including psychosocial interventions, psychotherapy, and counseling for mental disorders, substance abuse, marriage and family dysfunction, and problems caused by social and psychological stress or health impairment.

~~"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 A of the Code of Virginia.~~

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

"Face-to-face " means the physical presence of the individuals involved in the supervisory relationship during either individual or group supervision or in the delivery of clinical social work services by a supervisee and may include the use of technology that provides real-time, interactive contact among the individuals involved.

"LBSW" means a licensed baccalaureate social worker.

"LCSW" means a licensed clinical social worker.

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

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

"NPDB" means the U.S. Department of Health and Human Services National Practitioner Data Bank.

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

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

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

18VAC140-20-30. Fees.

A. The board has established fees for the following:

1. Registration of supervision	\$50
2. Addition to or change in registration of supervision	\$25
3. Application processing	
a. Licensed clinical social worker <u>LCSW</u>	\$165
b. LBSW	\$100
c. LMSW	\$115
4. Annual license renewal	

a. Registered social worker	\$25
b. Associate social worker	\$25
c. LBSW	\$55
d. LMSW	\$65
e. Licensed clinical social worker <u>LCSW</u>	\$90
5. Penalty for late renewal	
a. Registered social worker	\$10
b. Associate social worker	\$10
c. LBSW	\$20
d. LMSW	\$20
e. Licensed clinical social worker <u>LCSW</u>	\$30
6. Verification of license to another jurisdiction	\$25
7. Additional or replacement licenses	\$15
8. Additional or replacement wall certificates	\$25
9. Handling fee for returned check or dishonored credit or debit card	\$50
10. Reinstatement following disciplinary action	\$500

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

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

18VAC140-20-37. Licensure; general.

~~LBSWs and LMSWs may practice in exempt practice settings under appropriate supervision. In accordance with § 54.1-3700 of the Code of Virginia, an LBSW shall engage in the practice of social work under the supervision of a master's social worker. Only licensed clinical social workers may practice at the autonomous level.~~

A. In accordance with § 54.1-3700 of the Code of Virginia, an LBSW shall engage in the practice of social work under the supervision of an LMSW.

B. LBSWs and LMSWs may practice in exempt settings under appropriate supervision.

C. LMSWs may practice generalist social work.

D. Only LCSWs may practice at the autonomous level.

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

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

1. Meet the education requirements prescribed in 18VAC140-20-49 and experience requirements prescribed in 18VAC140-20-50.
2. Submit a completed application to the board office within two years of completion of supervised experience to include:
 - a. Documentation, on the appropriate forms, of the successful completion of the supervised experience requirements of 18VAC140-20-50 along with documentation of the supervisor's out-of-state license where applicable. Applicants whose former supervisor is deceased, or whose whereabouts is unknown, shall submit to the board a notarized affidavit from the present chief executive officer of the agency, corporation or partnership in which the applicant was supervised. The affidavit shall specify dates of employment, job responsibilities, supervisor's name and last known address, and the total number of hours spent by the applicant with the supervisor in face-to-face supervision;
 - b. The application fee prescribed in 18VAC140-20-30;

- c. Official transcript or documentation submitted from the appropriate institutions of higher education that verifies successful completion of educational requirements set forth in 18VAC140-20-49;
 - d. Documentation of any other health or mental health licensure or certification, if applicable; and
 - e. A current report from the ~~U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB)~~.
3. Provide evidence of passage of the examination prescribed in 18VAC140-20-70.

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

- A. Every applicant for licensure by endorsement shall submit in one package:
- 1. A completed application and the application fee prescribed in 18VAC140-20-30.
 - 2. Documentation of active social work licensure in good standing obtained by standards required for licensure in another jurisdiction as verified by the out-of-state licensing agency. Licensure in the other jurisdiction shall be of a comparable type as the licensure that the applicant is seeking in Virginia.
 - 3. Verification of a passing score on a board-approved national exam at the level for which the applicant is seeking licensure in Virginia. The board may accept evidence that a national examination was not required for licensure by the other jurisdiction at the time the applicant was initially licensed.
 - 4. Documentation of any other health or mental health licensure or certification, if applicable.
 - 5. A current report from the ~~U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB)~~.

6. Certification that the applicant is not the respondent in any pending or unresolved board action in another jurisdiction or in a malpractice claim.

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

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

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

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

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

A. Supervised experience. Supervised post-master's degree experience without prior written board approval will not be accepted toward licensure, except supervision obtained in another United States jurisdiction may be accepted if it met the requirements of that jurisdiction. Prior to registration for supervised experience, a person shall satisfactorily complete the educational requirements of 18VAC140-20-49.

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

- a. Register on a form provided by the board;
- b. Submit a copy of a supervisory contract completed by the supervisor and the supervisee;
- c. Submit an official transcript documenting a graduate degree and clinical practicum as specified in 18VAC140-20-49; and
- d. Pay the registration of supervision fee set forth in 18VAC140-20-30.

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

- a. Supervised experience shall be acquired in no less than two nor more than four consecutive years.
 - b. Supervisees shall obtain throughout their hours of supervision a minimum of 1,380 hours of supervised experience in face-to-face client contact in the delivery of clinical social work services. The remaining hours may be spent in ancillary services supporting the delivery of clinical social work services.
3. An individual who does not complete the supervision requirement after four consecutive years of supervised experience may request an extension of up to 12 months. The request for an extension shall include evidence that demonstrates extenuating circumstances that prevented completion of the supervised experience within four consecutive years.

B. Requirements for supervisors for candidates for LCSW.

1. The supervisor shall hold an active, unrestricted license as a ~~licensed clinical social worker~~ an LCSW in the jurisdiction in which the clinical services are being rendered with at least two years of post-licensure clinical social work experience. The board may consider supervisors with commensurate qualifications if the applicant can demonstrate an undue burden due to geography or disability or if supervision was obtained in another United States jurisdiction.
2. The supervisor shall have received professional training in supervision, consisting of a three credit-hour graduate course in supervision or at least 14 hours of continuing education offered by a provider approved under 18VAC140-20-105. The graduate course or hours of continuing education in supervision shall be obtained by a supervisor within five years immediately preceding registration of supervision.
3. The supervisor shall not provide supervision for a family member or provide supervision for anyone with whom he has a dual relationship.

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

C. Responsibilities of supervisors for candidates for LCSW. The supervisor shall:

1. Be responsible for the social work activities of the supervisee as set forth in this subsection once the supervisory arrangement is accepted;
2. Review and approve the diagnostic assessment and treatment plan of a representative sample of the clients assigned to the applicant during the course of supervision. The sample should be representative of the variables of gender, age, diagnosis, length of treatment and treatment method within the client population seen by the applicant. It is the applicant's responsibility to assure the representativeness of the sample that is presented to the supervisor;
3. Provide supervision only for those social work activities for which the supervisor has determined the applicant is competent to provide to clients;
4. Provide supervision only for those activities for which the supervisor is qualified by education, training and experience;
5. Evaluate the supervisee's knowledge and document minimal competencies in the areas of an identified theory base, application of a differential diagnosis, establishing and monitoring a treatment plan, development and appropriate use of the professional relationship, assessing the client for risk of imminent danger, understanding the requirements of law for reporting any harm or risk of harm to self or others, and implementing a professional and ethical relationship with clients;

6. Be available to the applicant on a regularly scheduled basis for supervision;
7. Maintain documentation, for five years post-supervision, of which clients were the subject of supervision; ~~and~~
8. Ensure that the board is notified of any change in supervision or if supervision has ended or been terminated by the supervisor; and
9. Ensure that the supervisor clarifies the billing fee for supervision.

D. Responsibilities of supervisees.

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

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

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

1. Meet the education requirements prescribed in 18VAC140-20-60.

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

- a. The application fee prescribed in 18VAC140-20-30; and
- b. Official transcripts submitted from the appropriate institutions of higher education.

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

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

18VAC140-20-70. Examination requirement.

A. An applicant for licensure by the board as an LBSW, an LMSW, or ~~clinical social worker~~ an LCSW shall pass a written examination prescribed by the board.

- ~~1. The examination prescribed for licensure as a clinical social worker shall be the licensing examination of the Association of Social Work Boards at the clinical level.~~
- ~~2.~~ 2. The examination prescribed for licensure as an LBSW shall be the licensing examination of the Association of Social Work Boards at the bachelor's level.
- ~~3.~~ 2. The examination prescribed for licensure as an LMSW shall be the licensing examination of the Association of Social Work Boards at the master's level.

3. The examination prescribed for licensure as an LCSW shall be the licensing examination of the Association of Social Work Boards at the clinical level.

B. An applicant approved by the board to sit for an examination shall take that examination within two years of the date of the initial board approval. If the applicant has not passed the examination by the end of the two-year period here prescribed, the applicant shall reapply according to the requirements of the regulations in effect at that time in order to be approved for another two years in which to pass the examination.

C. If an LCSW applicant ~~for clinical social work licensure~~ has not passed the examination within the second two-year approval period, the applicant shall be required to register for supervision and complete one additional year as a supervisee before approval for another two-year period in which to re-take the examination may be granted.

18VAC140-20-100. Licensure renewal.

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

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

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

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

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

A. In order to renew an active license, LBSWs shall complete a minimum of 10 contact hours of continuing education prior to the renewal date for even years. A minimum of two of those hours must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in the Commonwealth.

B. In order to renew an active license, LMSWs shall complete a minimum of 15 contact hours of continuing education prior to the renewal date for even years. A minimum of four of those hours must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in the Commonwealth.

~~C. Licensed clinical social workers shall be required to have completed~~ In order to renew an active license, LCSWs shall complete a minimum of 30 contact hours of continuing education prior to the renewal date in even years. A minimum of six of those hours must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in the Commonwealth. ~~LBSWs and LMSWs shall be required to have completed a minimum of 15 contact hours of continuing education prior to licensure renewal in even years.~~

~~D. Courses or activities~~ for all license types shall be directly related to the practice of social work or another behavioral health field. ~~A minimum of six of those hours for licensed clinical social workers and a minimum of three of those hours for licensed social workers must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice~~

~~of social work in Virginia.~~ Up to two continuing education hours required for renewal may be satisfied through delivery of social work services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services, as verified by the department or clinic. Three hours of volunteer service is required for one hour of continuing education credit.

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

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

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

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

- a. Regionally accredited university or college academic courses in a behavioral health discipline. A maximum of 15 hours will be accepted for each academic course.
- b. Continuing education programs offered by universities or colleges accredited by the Council on Social Work Education.

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

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

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

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

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

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

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

(6) The American Association for Psychoanalysis in Clinical Social Work and its state and local affiliates.

(7) The Virginia Association of Sex Offender Treatment Providers.

~~(6)~~ (8) The Association of Social Work Boards.

~~(7)~~ (9) Any state social work board.

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

a. Participation in an Association of Social Work Boards item writing workshop.

~~(Activity~~ This activity will count for a maximum of two hours.)

- b. Publication of a professional social work-related book or initial preparation or presentation of a social work-related course. (~~Activity~~ This activity will count for a maximum of 10 hours.)
- c. Publication of a professional social work-related article or chapter of a book, or initial preparation or presentation of a social work-related in-service training, seminar, or workshop. (~~Activity~~ This activity will count for a maximum of five hours.)
- d. Provision of a continuing education program sponsored or approved by an organization listed under Category I. (~~Activity~~ This activity will count for a maximum of two hours and will only be accepted one time for any specific program.)
- e. Field instruction of graduate students in a Council on Social Work Education-accredited school. (~~Activity~~ This activity will count for a maximum of two hours.)
- f. Serving as an officer or committee member of one of the national professional social work associations listed under subdivision B 1 d of this section or as a member of a state social work licensing board. (~~Activity~~ This activity will count for a maximum of two hours.)
- g. Attendance at formal staffings at federal, state, or local social service agencies, public school systems, or licensed health facilities and licensed hospitals. (~~Activity~~ This activity will count for a maximum of five hours.)
- h. Individual or group study including listening to audio tapes, viewing video tapes, or reading professional books or articles. (~~Activity~~ This activity will count for a maximum of five hours.)

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

A. An LBSW, LMSW, or ~~clinical social worker~~ LCSW whose license has expired may renew that license within one year after its expiration date by:

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

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

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

C. An LBSW, LMSW, or ~~clinical social worker~~ LCSW wishing to reactivate an inactive license shall submit the difference between the renewal fee for active licensure and the fee for inactive licensure renewal and document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years.

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

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

1. Each registrant shall return the completed application before the expiration date, accompanied by the payment of the renewal fee prescribed by the board.
2. Failure to receive the renewal notice shall not relieve the registrant from the renewal requirement.

18VAC140-20-150. Professional conduct.

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

B. Persons licensed as LBSWs, LMSWs, and ~~clinical social workers~~ LCSWs shall:

1. Be able to justify all services rendered to or on behalf of clients as necessary for diagnostic or therapeutic purposes.
2. Provide for continuation of care when services must be interrupted or terminated.
3. Practice only within the competency areas for which they are qualified by education and experience.
4. Report ~~to the board~~ any known or suspected violations of the laws and regulations governing the practice of social work to the board.
5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services.
6. Ensure that clients are aware of fees and billing arrangements before rendering services. Billing arrangements must clearly state the credentials of the person rendering services. Supervisees in social work may not bill clients directly for the supervisee's services.

7. Inform clients of potential risks and benefits of services and the limitations on confidentiality and ensure that clients have provided informed written consent to diagnosis and treatment.
8. Keep ~~confidential their~~ therapeutic relationships with clients confidential and disclose client records to others only with written consent of the client, with the following exceptions:
(i) when the client is a danger to self or others; or (ii) as required by law.
9. When advertising their services to the public, ensure that such advertising is neither fraudulent nor misleading.
10. As treatment requires and with the written consent of the client, collaborate with other health or mental health providers concurrently providing services to the client.
11. Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.
12. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.
13. ~~Not engage in conversion therapy with any person younger than 18 years of age.~~
44. Not engage in physical contact with a client when there is a likelihood of psychological harm to the client. Social workers who engage in physical contact are responsible for setting clear and culturally sensitive boundaries.
- ~~15-16.~~ 16. Not sexually harass clients. Sexual harassment includes sexual advances; sexual solicitation; requests for sexual favors; and other verbal, written, electronic, or physical contact of a sexual nature.

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

1. Maintain written or electronic clinical records for each client to include identifying information and assessment that substantiates diagnosis and treatment plans. Each record shall include: (i) a diagnosis and treatment plan; (ii) progress notes for each case activity; (iii) information received from all collaborative contacts and the treatment implications of that information; and (iv) the termination process and summary.
2. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.
3. Disclose or release records to others only with ~~clients'~~ a client's expressed written consent, the express written consent of a client's ~~or that of their~~ legally authorized representative, or as mandated by law.
4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third-party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations.
5. Maintain client records for a minimum of six years or as otherwise required by law from the date of termination of the therapeutic relationship with the following exceptions:
 - a. At minimum, records of a minor child shall be maintained for six years after attaining the age of majority or 10 years following termination, whichever comes later.
 - b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time.

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

D. In regard to ~~dual relationships~~ maintaining professional boundaries, persons licensed by the board shall:

1. Not engage in a dual relationship with a client or a supervisee that could impair professional judgment or increase the risk of exploitation or harm to the client or supervisee. (Examples of such a relationship include: familial relationships; social relationships; financial, or business relationships; bartering; inappropriate physical contact such as cradling or caressing; assuming the role of a parent without consent; or a close personal relationship with a client, former client, or supervisee.) Social workers shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

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

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

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

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

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

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

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

1. Conviction of a felony or of a misdemeanor involving moral turpitude;
2. Procurement of license by fraud or misrepresentation;

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

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

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

Virginia Department of Health Professions
Cash Balance
As of June 30, 2021

	<u>110- Social Work</u>
Board Cash Balance as June 30, 2020	\$ 1,331,348
YTD FY21 Revenue	1,011,363
Less: YTD FY21 Direct and Allocated Expenditures	<u>657,662</u>
Board Cash Balance as June 30, 2021	<u><u>\$ 1,685,049</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
4002400 Fee Revenue					
4002401	Application Fee	297,030.00	141,075.00	(155,955.00)	210.55%
4002406	License & Renewal Fee	691,552.50	653,767.50	(37,785.00)	105.78%
4002407	Dup. License Certificate Fee	4,100.00	850.00	(3,250.00)	482.35%
4002409	Board Endorsement - Out	9,800.00	4,625.00	(5,175.00)	211.89%
4002421	Monetary Penalty & Late Fees	8,805.00	780.00	(8,025.00)	1128.85%
4002432	Misc. Fee (Bad Check Fee)	50.00	35.00	(15.00)	142.86%
	Total Fee Revenue	1,011,337.50	801,132.50	(210,205.00)	126.24%
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	1,011,362.50	801,132.50	(210,230.00)	126.24%
5011110 Employer Retirement Contrib.					
5011120	Fed Old-Age Ins- Sal St Emp	7,605.02	7,340.48	(264.54)	103.60%
5011140	Group Insurance	1,229.92	1,285.78	55.86	95.66%
5011150	Medical/Hospitalization Ins.	14,083.50	29,868.00	15,784.50	47.15%
5011160	Retiree Medical/Hospitalizatn	1,029.84	1,074.68	44.84	95.83%
5011170	Long term Disability Ins	560.51	585.32	24.81	95.76%
	Total Employee Benefits	36,988.16	54,029.22	17,041.06	68.46%
5011200 Salaries					
5011230	Salaries, Classified	93,355.26	95,954.00	2,598.74	97.29%
5011250	Salaries, Overtime	9,183.88	-	(9,183.88)	0.00%
	Total Salaries	102,539.14	95,954.00	(6,585.14)	106.86%
5011300 Special Payments					
5011340	Specified Per Diem Payment	1,600.00	-	(1,600.00)	0.00%
5011380	Deferred Compnstn Match Pmts	336.00	1,056.00	720.00	31.82%
	Total Special Payments	1,936.00	1,056.00	(880.00)	183.33%
5011600 Terminatn Personal Svce Costs					
5011660	Defined Contribution Match - Hy	776.47	-	(776.47)	0.00%
	Total Terminatn Personal Svce Costs	776.47	-	(776.47)	0.00%
5011930 Turnover/Vacancy Benefits					
	Total Personal Services	142,239.77	151,039.22	8,799.45	94.17%
5012000 Contractual Svs					
5012100 Communication Services					
5012110	Express Services	-	537.00	537.00	0.00%
5012120	Outbound Freight Services	10.38	-	(10.38)	0.00%
5012140	Postal Services	6,263.41	4,411.00	(1,852.41)	142.00%
5012150	Printing Services	2.79	67.00	64.21	4.16%
5012160	Telecommunications Svcs (VITA)	361.02	550.00	188.98	65.64%
5012190	Inbound Freight Services	34.46	-	(34.46)	0.00%
	Total Communication Services	6,672.06	5,565.00	(1,107.06)	119.89%
5012200 Employee Development Services					

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over)	
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	Mgmt and Informational Svcs	-			
5012420	Fiscal Services	12,202.26	5,500.00	(6,702.26)	221.86%
5012440	Management Services	149.71	212.00	62.29	70.62%
	Total Mgmt and Informational Svcs	12,351.97	5,712.00	(6,639.97)	216.25%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	352.60	-	(352.60)	0.00%
5012530	Equipment Repair & Maint Srvc	1,018.68	-	(1,018.68)	0.00%
	Total Repair and Maintenance Svcs	1,371.28	-	(1,371.28)	0.00%
5012600	Support Services				
5012630	Clerical Services	-	62,208.00	62,208.00	0.00%
5012640	Food & Dietary Services	-	480.00	480.00	0.00%
5012660	Manual Labor Services	349.53	2,188.00	1,838.47	15.97%
5012670	Production Services	1,241.87	2,405.00	1,163.13	51.64%
5012680	Skilled Services	4,074.14	24,297.00	20,222.86	16.77%
	Total Support Services	5,665.54	91,578.00	85,912.46	6.19%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	-	3,809.00	3,809.00	0.00%
5012850	Travel, Subsistence & Lodging	-	3,107.00	3,107.00	0.00%
5012880	Trvl, Meal Reimb- Not Rprtble	-	2,417.00	2,417.00	0.00%
	Total Transportation Services	-	9,333.00	9,333.00	0.00%
	Total Contractual Svcs	26,310.85	113,688.00	87,377.15	23.14%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013110	Apparel Supplies	12.49	-	(12.49)	0.00%
5013120	Office Supplies	1,444.32	276.00	(1,168.32)	523.30%
5013130	Stationery and Forms	-	41.00	41.00	0.00%
	Total Administrative Supplies	1,456.81	317.00	(1,139.81)	459.56%
5013400	Medical and Laboratory Supp.				
5013420	Medical and Dental Supplies	1.75	-	(1.75)	0.00%
	Total Medical and Laboratory Supp.	1.75	-	(1.75)	0.00%
5013500	Repair and Maint. Supplies				
5013510	Building Repair & Maint Materl	4.60	-	(4.60)	0.00%
5013520	Custodial Repair & Maint Matr	0.64	-	(0.64)	0.00%
	Total Repair and Maint. Supplies	5.24	-	(5.24)	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	21.00	21.00	0.00%
5013630	Food Service Supplies	-	82.00	82.00	0.00%
	Total Residential Supplies	-	103.00	103.00	0.00%
	Total Supplies And Materials	1,463.80	420.00	(1,043.80)	348.52%
5015000	Continuous Charges				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	26.00	26.00	0.00%
	Total Insurance-Fixed Assets	-	26.00	26.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	594.82	540.00	(54.82)	110.15%
5015350	Building Rentals	19.20	-	(19.20)	0.00%
5015390	Building Rentals - Non State	12,566.14	11,888.00	(678.14)	105.70%
	Total Operating Lease Payments	13,180.16	12,428.00	(752.16)	106.05%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	97.00	97.00	0.00%
5015540	Surety Bonds	-	6.00	6.00	0.00%
	Total Insurance-Operations	-	103.00	103.00	0.00%
	Total Continuous Charges	13,180.16	12,557.00	(623.16)	104.96%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	408.20	-	(408.20)	0.00%
	Total Computer Hrdware & Sftware	408.20	-	(408.20)	0.00%
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%
5022700	Specific Use Equipment				
5022710	Household Equipment	14.03	-	(14.03)	0.00%
5022740	Non Power Rep & Maint- Equip	1.03	-	(1.03)	0.00%
	Total Specific Use Equipment	15.06	-	(15.06)	0.00%
	Total Equipment	423.26	64.00	(359.26)	661.34%
	Total Expenditures	183,617.84	277,768.22	94,150.38	66.10%
	Allocated Expenditures				
20100	Behavioral Science Exec	91,474.13	92,066.00	591.87	99.36%
30100	Data Center	65,530.61	83,092.99	17,562.38	78.86%
30200	Human Resources	9,860.13	8,985.15	(874.98)	109.74%
30300	Finance	57,495.61	56,353.91	(1,141.70)	102.03%
30400	Director's Office	19,386.06	20,248.44	862.37	95.74%
30500	Enforcement	94,408.01	105,678.88	11,270.87	89.33%
30600	Administrative Proceedings	109,684.30	32,147.18	(77,537.12)	341.19%
30700	Impaired Practitioners	296.06	1,600.94	1,304.88	18.49%
30800	Attorney General	1,502.18	761.48	(740.71)	197.27%
30900	Board of Health Professions	15,488.41	15,241.40	(247.01)	101.62%
31100	Maintenance and Repairs	246.88	1,542.21	1,295.34	16.01%
31300	Emp. Recognition Program	146.53	603.84	457.30	24.27%

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 11000 - Social Work
 For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
31400	Conference Center	1,082.20	223.45	(858.76)	484.32%
31500	Pgm Devlpmnt & Implmentn	7,443.03	9,078.26	1,635.23	81.99%
	Total Allocated Expenditures	<u>474,044.15</u>	<u>427,624.13</u>	<u>(46,420.02)</u>	<u>110.86%</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u>\$ 353,700.51</u>	<u>\$ 95,740.16</u>	<u>\$ (257,960.35)</u>	<u>369.44%</u>

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
	Total Special Payments	42.00	28.00	28.00	28.00	128.00	578.00	228.00	28.00	278.00	478.00
5011600	Terminatn Personal Svce Costs										
5011660	Defined Contribution Match - Hy	57.06	38.04	67.50	67.50	67.50	67.50	96.98	67.50	70.54	70.54
	Total Terminatn Personal Svce Costs	57.06	38.04	67.50	67.50	67.50	67.50	96.98	67.50	70.54	70.54
	Total Personal Services	12,373.23	11,777.09	12,390.29	12,486.91	12,385.62	11,407.86	12,928.99	11,782.41	12,690.21	13,155.55
5012000	Contractual Svcs										
5012100	Communication Services										
5012120	Outbound Freight Services	-	-	-	-	-	10.38	-	-	-	-
5012140	Postal Services	661.12	289.62	374.26	540.07	232.78	1,027.77	374.87	406.44	542.70	375.51
5012150	Printing Services	-	-	-	-	-	2.79	-	-	-	-
5012160	Telecommunications Svcs (VITA)	28.39	28.78	30.52	30.90	30.79	34.31	28.78	30.15	28.78	28.78
5012190	Inbound Freight Services	0.20	-	0.37	-	3.20	15.20	0.24	-	-	-
	Total Communication Services	689.71	318.40	405.15	570.97	266.77	1,090.45	403.89	436.59	571.48	404.29
5012200	Employee Development Services										
5012210	Organization Memberships	-	-	-	-	-	-	-	-	-	-
	Total Employee Development Services	-	-	-	-	-	-	-	-	-	-
5012400	Mgmnt and Informational Svcs										
5012420	Fiscal Services	6,213.50	257.98	40.61	18.85	-	32.98	21.64	-	53.38	11.14
5012440	Management Services	60.05	-	29.31	-	13.98	-	15.76	-	8.31	-
	Total Mgmnt and Informational Svcs	6,273.55	257.98	69.92	18.85	13.98	32.98	37.40	-	61.69	11.14
5012500	Repair and Maintenance Svcs										
5012510	Custodial Services	-	29.38	29.38	-	88.16	-	58.78	29.38	29.38	29.38
5012530	Equipment Repair & Maint Srvc	-	2.20	-	1,009.88	2.20	-	-	2.20	-	-
	Total Repair and Maintenance Svcs	-	31.58	29.38	1,009.88	90.36	-	58.78	31.58	29.38	29.38
5012600	Support Services										
5012660	Manual Labor Services	-	108.35	-	-	10.93	69.02	-	23.40	-	-
5012670	Production Services	11.10	-	-	-	-	-	164.90	129.69	-	-
5012680	Skilled Services	287.55	287.55	389.82	414.14	412.18	388.76	413.24	296.18	296.18	296.18

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
	Total Support Services	298.65	395.90	389.82	414.14	423.11	457.78	578.14	449.27	296.18	296.18
	Total Contractual Svcs	7,261.91	1,003.86	894.27	2,013.84	794.22	1,581.21	1,078.21	917.44	958.73	740.99
5013000	Supplies And Materials										
5013100	Administrative Supplies										
5013110	Apparel Supplies	3.81	-	4.25	-	-	-	4.43	-	-	-
5013120	Office Supplies	87.54	101.35	101.02	-	189.03	268.49	146.41	44.34	34.76	211.95
	Total Administrative Supplies	91.35	101.35	105.27	-	189.03	268.49	150.84	44.34	34.76	211.95
5013400	Medical and Laboratory Supp.										
5013420	Medical and Dental Supplies	-	-	-	-	-	1.75	-	-	-	-
	Total Medical and Laboratory Supp.	-	-	-	-	-	1.75	-	-	-	-
5013500	Repair and Maint. Supplies										
5013510	Building Repair & Maint Materl	-	4.60	-	-	-	-	-	-	-	-
5013520	Custodial Repair & Maint Matr	-	0.64	-	-	-	-	-	-	-	-
	Total Repair and Maint. Supplies	-	5.24	-	-	-	-	-	-	-	-
	Total Supplies And Materials	91.35	106.59	105.27	-	189.03	270.24	150.84	44.34	34.76	211.95
5015000	Continuous Charges										
5015300	Operating Lease Payments										
5015340	Equipment Rentals	51.40	48.70	48.70	2.51	97.40	48.70	51.40	-	97.40	51.21
5015350	Building Rentals	-	-	-	4.80	-	4.80	-	-	4.80	4.80
5015390	Building Rentals - Non State	1,072.80	1,091.93	1,047.75	995.97	1,056.70	995.12	987.49	1,037.59	989.05	1,049.38
	Total Operating Lease Payments	1,124.20	1,140.63	1,096.45	1,003.28	1,154.10	1,048.62	1,038.89	1,037.59	1,091.25	1,105.39
	Total Continuous Charges	1,124.20	1,140.63	1,096.45	1,003.28	1,154.10	1,048.62	1,038.89	1,037.59	1,091.25	1,105.39
5022000	Equipment										
5022170	Other Computer Equipment	-	-	96.49	(37.66)	47.37	-	-	-	-	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
	Total Computer Hrdware & Sftware	-	-	96.49	(37.66)	47.37	-	-	-	-	-
5022710	Household Equipment	-	-	-	-	-	-	-	-	-	-
5022740	Non Power Rep & Maint- Equip	-	-	-	-	-	-	1.03	-	-	-
	Total Specific Use Equipment	-	-	-	-	-	-	1.03	-	-	-
	Total Equipment	-	-	96.49	(37.66)	47.37	-	1.03	-	-	-
	Total Expenditures	20,850.69	14,028.17	14,582.77	15,466.37	14,570.34	14,307.93	15,197.96	13,781.78	14,774.95	15,213.88

Allocated Expenditures

20100	Behavioral Science Executive Director	10,768.24	7,247.75	7,292.72	7,591.50	7,646.62	6,960.25	7,869.34	7,962.52	7,742.17	7,848.73
20200	Opt\Vet-Med\ASLP Executive Director	-	-	-	-	-	-	-	-	-	-
20400	Nursing / Nurse Aide	-	-	-	-	-	-	-	-	-	-
20600	Funeral\LTCA\PT Executive Director	-	-	-	-	-	-	-	-	-	-
30100	Technology and Business Services	6,699.39	4,836.15	5,511.40	4,231.99	3,311.52	7,677.20	7,857.75	4,842.73	5,241.01	3,774.68
30200	Human Resources	40.87	48.00	56.66	8,658.64	84.00	152.61	159.90	127.05	126.92	137.26
30300	Finance	5,615.21	4,349.26	4,591.83	7,314.07	2,313.82	4,475.69	5,002.74	5,194.05	5,166.46	4,848.68
30400	Director's Office	2,056.73	1,541.32	1,547.37	1,561.27	1,781.00	1,480.64	1,772.50	1,630.81	1,620.97	1,692.29
30500	Enforcement	16,123.19	11,980.00	11,700.80	9,669.37	6,658.18	5,344.68	5,911.78	6,591.95	6,451.23	6,719.69
30600	Administrative Proceedings	13,979.84	635.66	7,581.71	5,241.92	9,904.27	12,648.80	12,458.35	7,910.09	13,685.55	10,136.05
30700	Health Practitioners' Monitoring Program	35.89	240.03	1.91	2.49	2.13	2.00	1.60	1.61	2.04	2.15
30800	Attorney General	159.28	-	-	359.32	-	-	624.26	-	-	359.32
30900	Board of Health Professions	1,653.52	1,040.74	1,882.22	974.11	2,096.71	868.11	1,125.20	1,718.54	1,097.59	1,368.79
31000	SRTA	-	-	-	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	246.88	-	-	-	-	-	-	-
31300	Employee Recognition Program	-	3.09	-	-	1.05	0.65	-	44.07	7.61	27.44
31400	Conference Center	2.17	10.39	78.18	(2.12)	(7.75)	(156.42)	2.60	219.89	634.50	150.77
31500	Program Development and Implementation	796.95	535.80	654.96	514.90	739.52	754.83	753.34	605.08	574.37	580.38

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
31600	Healthcare Workforce	-	-	-	-	-	-	-	-	-	-
31800	CBC (Criminal Background Check Unit)	-	-	-	-	-	-	-	-	-	-
98700	Cash Transfers	-	-	-	-	-	-	-	-	-	-
	Total Allocated Expenditures	57,931.27	32,468.19	41,146.62	46,117.48	34,531.09	40,209.03	43,539.38	36,848.39	42,350.42	37,646.23
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (40,661.96)	\$ (16,696.36)	\$ (28,454.39)	\$ (33,293.85)	\$ (28,031.43)	\$ (32,331.96)	\$ (31,477.34)	\$ (23,555.17)	\$ (24,995.37)	\$ (26,890.11)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	May	June	Total
4002400	Fee Revenue			
4002401	Application Fee	27,010.00	29,870.00	297,030.00
4002406	License & Renewal Fee	265,665.00	403,292.50	691,552.50
4002407	Dup. License Certificate Fee	655.00	1,225.00	4,100.00
4002409	Board Endorsement - Out	1,200.00	1,050.00	9,800.00
4002421	Monetary Penalty & Late Fees	780.00	1,365.00	8,805.00
4002432	Misc. Fee (Bad Check Fee)	50.00	-	50.00
	Total Fee Revenue	295,360.00	436,802.50	1,011,337.50
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	295,385.00	436,802.50	1,011,362.50
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	1,098.26	549.13	12,479.37
5011120	Fed Old-Age Ins- Sal St Emp	671.80	333.28	7,605.02
5011140	Group Insurance	108.30	54.15	1,229.92
5011150	Medical/Hospitalization Ins.	1,374.00	687.00	14,083.50
5011160	Retiree Medical/Hospitalizatn	90.52	45.26	1,029.84
5011170	Long term Disability Ins	49.32	24.66	560.51
	Total Employee Benefits	3,392.20	1,693.48	36,988.16
5011200	Salaries			
5011230	Salaries, Classified	8,083.12	4,041.56	93,355.26
5011250	Salaries, Overtime	994.46	458.98	9,183.88
	Total Salaries	9,077.58	4,500.54	102,539.14
5011340	Specified Per Diem Payment	50.00	-	1,600.00
5011380	Deferred Compnstn Match Pmts	28.00	14.00	336.00

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	May	June	Total
	Total Special Payments	78.00	14.00	1,936.00
5011600	Terminatn Personal Svce Costs			
5011660	Defined Contribution Match - Hy	70.54	35.27	776.47
	Total Terminatn Personal Svce Costs	70.54	35.27	776.47
	Total Personal Services	12,618.32	6,243.29	142,239.77
5012000	Contractual Svcs			-
5012100	Communication Services			-
5012120	Outbound Freight Services	-	-	10.38
5012140	Postal Services	716.61	721.66	6,263.41
5012150	Printing Services	-	-	2.79
5012160	Telecommunications Svcs (VITA)	32.06	28.78	361.02
5012190	Inbound Freight Services	0.25	15.00	34.46
	Total Communication Services	748.92	765.44	6,672.06
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	21.73	5,530.45	12,202.26
5012440	Management Services	22.30	-	149.71
	Total Mgmnt and Informational Svcs	44.03	5,530.45	12,351.97
5012500	Repair and Maintenance Svcs			
5012510	Custodial Services	29.38	29.38	352.60
5012530	Equipment Repair & Maint Srvc	2.20	-	1,018.68
	Total Repair and Maintenance Svcs	31.58	29.38	1,371.28
5012600	Support Services			
5012660	Manual Labor Services	116.29	21.54	349.53
5012670	Production Services	779.55	156.63	1,241.87
5012680	Skilled Services	296.18	296.18	4,074.14

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	May	June	Total
	Total Support Services	1,192.02	474.35	5,665.54
	Total Contractual Svcs	2,016.55	7,049.62	26,310.85
5013000	Supplies And Materials			
5013100	Administrative Supplies			-
5013110	Apparel Supplies	-	-	12.49
5013120	Office Supplies	76.86	182.57	1,444.32
	Total Administrative Supplies	76.86	182.57	1,456.81
5013400	Medical and Laboratory Supp.			
5013420	Medical and Dental Supplies	-	-	1.75
	Total Medical and Laboratory Supp.	-	-	1.75
5013500	Repair and Maint. Supplies			
5013510	Building Repair & Maint Materl	-	-	4.60
5013520	Custodial Repair & Maint Matrl	-	-	0.64
	Total Repair and Maint. Supplies	-	-	5.24
	Total Supplies And Materials	76.86	182.57	1,463.80
5015000	Continuous Charges			
5015300	Operating Lease Payments			
5015340	Equipment Rentals	48.70	48.70	594.82
5015350	Building Rentals	-	-	19.20
5015390	Building Rentals - Non State	1,131.97	1,110.39	12,566.14
	Total Operating Lease Payments	1,180.67	1,159.09	13,180.16
	Total Continuous Charges	1,180.67	1,159.09	13,180.16
5022000	Equipment			
5022170	Other Computer Equipment	-	302.00	408.20

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	May	June	Total
	Total Computer Hrdware & Sftware	-	302.00	408.20
5022710	Household Equipment	14.03	-	14.03
5022740	Non Power Rep & Maint- Equip	-	-	1.03
	Total Specific Use Equipment	14.03	-	15.06
	Total Equipment	14.03	302.00	423.26
	Total Expenditures	15,906.43	14,936.57	183,617.84
	Allocated Expenditures			
20100	Behavioral Science Executive Director	7,592.62	4,951.69	91,474.13
20200	Opt\Vet-Med\ASLP Executive Director	-	-	-
20400	Nursing / Nurse Aide	-	-	-
20600	Funeral\LTCA\PT Executive Director	-	-	-
30100	Technology and Business Services	2,922.72	8,624.08	65,530.61
30200	Human Resources	132.37	135.85	9,860.13
30300	Finance	5,298.37	3,325.41	57,495.61
30400	Director's Office	1,698.88	1,002.28	19,386.06
30500	Enforcement	4,312.59	2,944.55	94,408.01
30600	Administrative Proceedings	12,033.18	3,468.87	109,684.30
30700	Health Practitioners' Monitoring Program	1.64	2.56	296.06
30800	Attorney General	-	-	1,502.18
30900	Board of Health Professions	1,059.07	603.82	15,488.41
31000	SRTA	-	-	-
31100	Maintenance and Repairs	-	-	246.88
31300	Employee Recognition Program	60.40	2.22	146.53
31400	Conference Center	88.80	61.18	1,082.20
31500	Program Development and Implementation	580.28	352.63	7,443.03

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	May	June	Total
31600	Healthcare Workforce	-	-	-
31800	CBC (Criminal Background Check Unit)	-	-	-
98700	Cash Transfers	-	-	-
	Total Allocated Expenditures	35,780.92	25,475.13	474,044.15
	Net Revenue in Excess (Shortfall) of Expenditures	\$ 243,697.65	\$ 396,390.80	\$ 353,700.51

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2021 and Ending June 30, 2022

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget
4002400	Fee Revenue			
4002401	Application Fee	338,960.00	141,075.00	(197,885.00)
4002406	License & Renewal Fee	777,107.50	705,357.50	(71,750.00)
4002407	Dup. License Certificate Fee	3,710.00	850.00	(2,860.00)
4002409	Board Endorsement - Out	12,350.00	4,625.00	(7,725.00)
4002421	Monetary Penalty & Late Fees	9,810.00	780.00	(9,030.00)
4002432	Misc. Fee (Bad Check Fee)	150.00	35.00	(115.00)
	Total Fee Revenue	<u>1,142,087.50</u>	<u>852,722.50</u>	<u>(289,365.00)</u>
	Total Revenue	1,142,087.50	852,722.50	(289,365.00)
5011110	Employer Retirement Contrib.	13,810.70	14,728.00	917.30
5011120	Fed Old-Age Ins- Sal St Emp	9,791.62	12,213.00	2,421.38
5011140	Group Insurance	1,361.93	1,365.00	3.07
5011150	Medical/Hospitalization Ins.	16,994.00	30,816.00	13,822.00
5011160	Retiree Medical/Hospitalizatn	1,138.68	1,141.00	2.32
5011170	Long term Disability Ins	620.13	622.00	1.87
	Total Employee Benefits	<u>43,717.06</u>	<u>60,885.00</u>	<u>17,167.94</u>
5011200	Salaries			
5011230	Salaries, Classified	101,846.88	101,848.00	1.12
5011250	Salaries, Overtime	2,365.05	-	(2,365.05)
	Total Salaries	<u>104,211.93</u>	<u>101,848.00</u>	<u>(2,363.93)</u>
5011300	Special Payments			
5011310	Bonuses and Incentives	74.00	-	(74.00)
5011340	Specified Per Diem Payment	950.00	1,600.00	650.00
5011380	Deferred Compnstn Match Pmts	336.00	1,056.00	720.00
	Total Special Payments	<u>1,360.00</u>	<u>2,656.00</u>	<u>1,296.00</u>
5011400	Wages			
5011410	Wages, General	27,398.50	57,787.00	30,388.50
	Total Wages	<u>27,398.50</u>	<u>57,787.00</u>	<u>30,388.50</u>
5011600	Terminatn Personal Svce Costs			
5011660	Defined Contribution Match - Hy	887.42	-	(887.42)
	Total Terminatn Personal Svce Costs	<u>887.42</u>	<u>-</u>	<u>(887.42)</u>
5011930	Turnover/Vacancy Benefits			
	Total Personal Services	<u>177,574.91</u>	<u>223,176.00</u>	<u>45,601.09</u>
5012000	Contractual Svs			
5012100	Communication Services			
5012110	Express Services	-	537.00	537.00
5012120	Outbound Freight Services	13.00	-	(13.00)
5012130	Messenger Services	9.12	-	(9.12)

5012140 Postal Services	9,039.45	12,500.00	3,460.55
5012150 Printing Services	-	67.00	67.00
5012160 Telecommunications Svcs (VITA)	368.56	550.00	181.44
5012190 Inbound Freight Services	2.78	-	(2.78)
Total Communication Services	9,432.91	13,654.00	4,221.09
5012200 Employee Development Services			
5012210 Organization Memberships	-	1,500.00	1,500.00
Total Employee Development Services	-	1,500.00	1,500.00
5012400 Mgmnt and Informational Svcs	-		
5012420 Fiscal Services	8,291.81	7,300.00	(991.81)
5012440 Management Services	161.67	212.00	50.33
5012460 Public Infrmtl & Relatn Svcs	1.88	-	(1.88)
Total Mgmnt and Informational Svcs	8,455.36	7,512.00	(943.36)
5012500 Repair and Maintenance Svcs			
5012510 Custodial Services	374.98	-	(374.98)
5012530 Equipment Repair & Maint Srvc	9.24	-	(9.24)
Total Repair and Maintenance Svcs	384.22	-	(384.22)
5012600 Support Services			
5012640 Food & Dietary Services	1,439.28	480.00	(959.28)
5012660 Manual Labor Services	154.23	2,188.00	2,033.77
5012670 Production Services	1,763.63	2,405.00	641.37
5012680 Skilled Services	3,601.12	24,297.00	20,695.88
Total Support Services	6,958.26	29,370.00	22,411.74
5012800 Transportation Services			
5012820 Travel, Personal Vehicle	2,743.13	3,809.00	1,065.87
5012850 Travel, Subsistence & Lodging	547.20	3,107.00	2,559.80
5012880 Trvl, Meal Reimb- Not Rprtbl	365.25	2,417.00	2,051.75
Total Transportation Services	3,655.58	9,333.00	5,677.42
Total Contractual Svs	28,886.33	61,369.00	32,482.67
5013000 Supplies And Materials			
5013100 Administrative Supplies			
5013120 Office Supplies	1,820.02	276.00	(1,544.02)
5013130 Stationery and Forms	-	41.00	41.00
Total Administrative Supplies	1,820.02	317.00	(1,503.02)
5013400 Medical and Laboratory Supp.			
5013420 Medical and Dental Supplies	1.49	-	(1.49)
Total Medical and Laboratory Supp.	1.49	-	(1.49)
5013600 Residential Supplies			
5013620 Food and Dietary Supplies	-	21.00	21.00
5013630 Food Service Supplies	-	82.00	82.00
Total Residential Supplies	-	103.00	103.00
Total Supplies And Materials	1,821.51	420.00	(1,401.51)
5015000 Continuous Charges			
5015100 Insurance-Fixed Assets			
5015160 Property Insurance	42.19	26.00	(16.19)
Total Insurance-Fixed Assets	42.19	26.00	(16.19)

5015300 Operating Lease Payments			
5015340 Equipment Rentals	848.40	540.00	(308.40)
5015350 Building Rentals	12.00	-	(12.00)
5015390 Building Rentals - Non State	14,178.37	13,884.00	(294.37)
Total Operating Lease Payments	<u>15,038.77</u>	<u>14,424.00</u>	<u>(614.77)</u>
5015500 Insurance-Operations			
5015510 General Liability Insurance	264.25	97.00	(167.25)
5015540 Surety Bonds	8.93	6.00	(2.93)
Total Insurance-Operations	<u>273.18</u>	<u>103.00</u>	<u>(170.18)</u>
Total Continuous Charges	<u>15,354.14</u>	<u>14,553.00</u>	<u>(801.14)</u>
5022000 Equipment			
5022100 Computer Hrdware & Sftware			
5022170 Other Computer Equipment	560.52	-	(560.52)
Total Computer Hrdware & Sftware	<u>560.52</u>	<u>-</u>	<u>(560.52)</u>
5022200 Educational & Cultural Equip			
5022240 Reference Equipment	-	43.00	43.00
Total Educational & Cultural Equip	<u>-</u>	<u>43.00</u>	<u>43.00</u>
5022600 Office Equipment			
5022610 Office Appurtenances	-	21.00	21.00
Total Office Equipment	<u>-</u>	<u>21.00</u>	<u>21.00</u>
Total Equipment	<u>560.52</u>	<u>64.00</u>	<u>(496.52)</u>
Total Expenditures	<u>224,197.41</u>	<u>299,582.00</u>	<u>75,384.59</u>
Allocated Expenditures			
20100 Behavioral Science Exec	171,580.51	185,656.93	14,076.41
30100 Data Center	128,576.98	74,816.01	(53,760.98)
30200 Human Resources	21,060.53	26,946.31	5,885.78
30300 Finance	63,877.12	61,361.68	(2,515.43)
30400 Director's Office	22,111.32	23,396.31	1,285.00
30500 Enforcement	118,488.83	109,335.27	(9,153.56)
30600 Administrative Proceedings	9,837.94	123,206.52	113,368.58
30700 Impaired Practitioners	186.93	236.73	49.79
30800 Attorney General	5,126.15	6,320.90	1,194.75
30900 Board of Health Professions	2,723.85	2,939.88	216.03
31100 Maintenance and Repairs	148.45	1,969.19	1,820.74
31300 Emp. Recognition Program	1,579.31	2,442.82	863.51
31400 Conference Center	2,640.17	4,959.98	2,319.81
31500 Pgm Devlpmnt & Implmentn	7,097.58	10,390.35	3,292.78
31600 Healthcare Work Force	13,207.33	16,894.83	3,687.50
Total Allocated Expenditures	<u>568,243.00</u>	<u>650,873.70</u>	<u>82,630.70</u>
Net Revenue in Excess (Shortfall) of Expenditures	<u>349,647.09</u>	<u>(97,733.20)</u>	<u>(447,380.29)</u>

% of Budget

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110.17%

436.47%

267.03%

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433.69%

162.27%

162.27%

157.11%

0.00%

102.12%

104.26%

272.42%

148.83%

265.22%

105.50%

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875.81%

74.84%

92.42%

171.86%

78.16%

104.10%

94.51%

108.37%

7.98%

78.97%

81.10%

92.65%

7.54%

64.65%

53.23%

68.31%

78.17%

87.30%

357.76%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2021 and Ending June 30, 2022

Account Number	Account Description	July	August	September
4002400	Fee Revenue			
4002401	Application Fee	29,465.00	32,055.00	28,485.00
4002406	License & Renewal Fee	24,132.50	4,040.00	2,220.00
4002407	Dup. License Certificate Fee	325.00	305.00	225.00
4002409	Board Endorsement - Out	1,875.00	1,325.00	800.00
4002421	Monetary Penalty & Late Fees	885.00	1,695.00	510.00
4002432	Misc. Fee (Bad Check Fee)	-	-	-
	Total Fee Revenue	56,682.50	39,420.00	32,240.00
	Total Revenue	56,682.50	39,420.00	32,240.00
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	1,702.31	1,153.18	1,153.18
5011120	Fed Old-Age Ins- Sal St Emp	1,284.61	838.65	809.98
5011140	Group Insurance	167.87	113.72	113.72
5011150	Medical/Hospitalization Ins.	2,105.00	1,418.00	1,418.00
5011160	Retiree Medical/Hospitalizatn	140.34	95.08	95.08
5011170	Long term Disability Ins	76.44	51.78	51.78
	Total Employee Benefits	5,476.57	3,670.41	3,641.74
5011200	Salaries			
5011230	Salaries, Classified	12,730.86	8,487.24	8,487.24
5011250	Salaries, Overtime	1,454.73	642.58	267.74
	Total Salaries	14,185.59	9,129.82	8,754.98
5011310	Bonuses and Incentives	-	-	-
5011340	Specified Per Diem Payment	-	-	-
5011380	Deferred Compnstn Match Pmts	42.00	28.00	28.00
	Total Special Payments	42.00	28.00	28.00
5011400	Wages			
5011410	Wages, General	3,071.00	2,146.00	2,146.00
	Total Wages	3,071.00	2,146.00	2,146.00
5011600	Terminatn Personal Svce Costs			
5011660	Defined Contribution Match - Hy	109.37	74.10	74.10
	Total Terminatn Personal Svce Costs	109.37	74.10	74.10
	Total Personal Services	22,884.53	15,048.33	14,644.82
5012000	Contractual Svcs			
5012100	Communication Services			
5012120	Outbound Freight Services	-	-	-
5012130	Messenger Services	-	-	-
5012140	Postal Services	645.34	699.62	176.53
5012160	Telecommunications Svcs (VITA)	28.78	29.04	30.87

5012190	Inbound Freight Services	-	-	-
	Total Communication Services	674.12	728.66	207.40
5012400	Mgmnt and Informational Svcs			
5012420	Fiscal Services	6,924.29	592.64	87.48
5012440	Management Services	95.37	-	31.43
5012460	Public Infrmtnl & Relatn Svcs	-	1.55	-
	Total Mgmnt and Informational Svcs	7,019.66	594.19	118.91
5012500	Repair and Maintenance Svcs			
5012510	Custodial Services	30.91	30.91	-
5012530	Equipment Repair & Maint Srvc	-	2.31	-
	Total Repair and Maintenance Svcs	30.91	33.22	-
5012600	Support Services			
5012640	Food & Dietary Services	-	360.48	-
5012660	Manual Labor Services	131.46	22.77	-
5012670	Production Services	695.94	180.29	-
5012680	Skilled Services	296.83	298.04	296.18
	Total Support Services	1,124.23	861.58	296.18
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	-	-	-
5012850	Travel, Subsistence & Lodging	-	-	-
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	-
	Total Transportation Services	-	-	-
	Total Contractual Svcs	8,848.92	2,217.65	622.49
5013000	Supplies And Materials			
5013100	Administrative Supplies			
5013120	Office Supplies	61.77	73.82	412.61
	Total Administrative Supplies	61.77	73.82	412.61
5013400	Medical and Laboratory Supp.			
5013420	Medical and Dental Supplies	-	-	-
	Total Medical and Laboratory Supp.	-	-	-
	Total Supplies And Materials	61.77	73.82	412.61
5015000	Continuous Charges			
5015100	Insurance-Fixed Assets			
5015160	Property Insurance	42.19	-	-
	Total Insurance-Fixed Assets	42.19	-	-
5015300	Operating Lease Payments			
5015340	Equipment Rentals	48.70	317.32	48.70
5015350	Building Rentals	4.80	-	-
5015390	Building Rentals - Non State	1,019.58	1,327.97	1,122.24
	Total Operating Lease Payments	1,073.08	1,645.29	1,170.94
5015400	Service Charges			
5015470	Private Vendor Service Charges:	-	-	-
	Total Service Charges	-	-	-
5015500	Insurance-Operations			

5015510	General Liability Insurance	264.25	-	-
5015540	Surety Bonds	8.93	-	-
	Total Insurance-Operations	273.18	-	-
	Total Continuous Charges	1,388.45	1,645.29	1,170.94
5022000	Equipment			
5022170	Other Computer Equipment	-	-	-
	Total Computer Hrdware & Sftware	-	-	-
	Total Equipment	-	-	-
5023000	Plant and Improvements			
5023200	Construction of Plant and Improvements			
5023280	Construction, Buildings Improvements	-	-	-
	Total Construction of Plant and Improvements	-	-	-
	Total Plant and Improvements	-	-	-
	Total Expenditures	33,183.67	18,985.09	16,850.86
	Allocated Expenditures			
20100	Behavioral Science Executive Director	19,324.48	13,547.28	13,449.19
20200	Opt\Vet-Med\ASLP Executive Director	-	-	-
20400	Nursing / Nurse Aide	-	-	-
20600	Funeral\LTCAIPT Executive Director	-	-	-
30100	Technology and Business Services	11,544.93	9,875.18	9,743.35
30200	Human Resources	1,888.82	175.36	177.93
30300	Finance	7,520.13	5,734.58	5,865.44
30400	Director's Office	2,793.54	1,935.42	1,940.56
30500	Enforcement	8,482.52	8,147.58	10,292.41
30600	Administrative Proceedings	239.46	-	1,384.94
30700	Health Practitioners' Monitoring Program	2.08	1.80	1.48
30800	Attorney General	1,594.64	-	-
30900	Board of Health Professions	302.78	706.12	186.18
31000	SRTA	-	-	-
31100	Maintenance and Repairs	-	-	-
31300	Employee Recognition Program	28.35	184.49	5.57
31400	Conference Center	18.94	189.68	112.73
31500	Program Development and Implementation	835.36	634.72	611.51
31600	Healthcare Workforce	1,254.83	885.47	885.75
31800	CBC (Criminal Background Check Unit)	-	-	-
31900	31900 Not in Use	-	-	-
32000	32000 Not in Use	-	-	-
32100	32100 Not in Use	-	-	-
98700	Cash Transfers	-	-	-
	Total Allocated Expenditures	55,830.86	42,017.69	44,657.06
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (32,332.03)	\$ (21,582.78)	\$ (29,267.92)

October	November	December	January	February	March	April	May
26,025.00	25,350.00	23,185.00	30,205.00	30,965.00	31,275.00	24,410.00	29,110.00
1,835.00	1,445.00	920.00	1,417.50	650.00	1,635.00	4,880.00	279,760.00
270.00	140.00	135.00	165.00	235.00	185.00	205.00	615.00
1,050.00	725.00	775.00	1,075.00	775.00	1,325.00	800.00	850.00
-	795.00	585.00	720.00	390.00	915.00	975.00	780.00
50.00	-	-	-	-	-	-	100.00
29,230.00	28,455.00	25,600.00	33,582.50	33,015.00	35,335.00	31,270.00	311,215.00
29,230.00	28,455.00	25,600.00	33,582.50	33,015.00	35,335.00	31,270.00	311,215.00
1,153.18	1,153.18	1,153.18	1,153.18	1,153.18	1,153.18	1,153.18	1,153.18
789.49	868.74	783.78	775.36	789.55	789.53	789.53	877.26
113.72	113.72	113.72	113.72	113.72	113.72	113.72	113.72
1,418.00	1,418.00	1,418.00	1,418.00	1,418.00	1,418.00	1,418.00	1,418.00
95.08	95.08	95.08	95.08	95.08	95.08	95.08	95.08
51.78	51.78	51.78	51.78	51.78	51.78	51.78	51.78
3,621.25	3,700.50	3,615.54	3,607.12	3,621.31	3,621.29	3,621.29	3,709.02
8,487.24	8,487.24	8,487.24	8,487.24	8,487.24	8,487.24	8,487.24	8,487.24
-	-	-	-	-	-	-	-
8,487.24	8,487.24	8,487.24	8,487.24	8,487.24	8,487.24	8,487.24	8,487.24
-	-	-	-	-	-	-	74.00
200.00	-	-	350.00	-	250.00	50.00	-
28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00
228.00	28.00	28.00	378.00	28.00	278.00	78.00	102.00
2,146.00	3,182.00	2,016.50	1,961.00	2,146.00	2,146.00	2,146.00	3,219.00
2,146.00	3,182.00	2,016.50	1,961.00	2,146.00	2,146.00	2,146.00	3,219.00
74.10	74.10	74.10	74.10	74.10	74.10	74.10	74.10
74.10	74.10	74.10	74.10	74.10	74.10	74.10	74.10
14,556.59	15,471.84	14,221.38	14,507.46	14,356.65	14,606.63	14,406.63	15,591.36
-	-	9.72	-	-	-	-	-
-	-	-	-	-	-	-	9.12
1,281.59	810.07	845.22	1,014.62	523.17	837.47	822.96	608.09
31.04	33.27	31.26	32.37	30.61	29.04	31.98	31.26

-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
1,183.62	1,357.28	1,211.24	1,228.44	1,241.48	1,136.78	1,210.49	1,363.56
-	-	58.02	-	-	-	-	4.66
-	-	58.02	-	-	-	-	4.66
-	-	58.02	-	-	-	-	4.66
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
17,780.91	18,537.64	16,823.45	18,764.37	17,227.70	18,351.04	17,800.79	18,314.72
14,092.30	15,568.50	14,221.68	14,168.35	13,221.42	13,343.21	15,152.15	16,657.04
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
6,999.14	13,226.88	12,932.79	13,436.17	5,985.02	9,645.31	9,780.65	16,133.07
1,425.82	211.99	98.93	241.17	8,216.38	3,327.45	1,309.83	1,487.80
5,324.42	3,893.35	7,422.92	4,900.29	5,112.75	3,416.64	5,171.27	6,295.20
1,973.17	1,834.64	1,638.70	2,031.25	2,043.99	1,721.59	1,936.01	1,541.78
12,356.52	11,384.45	8,911.32	8,373.02	9,677.04	10,994.01	11,517.56	12,691.77
4,372.31	2,158.49	306.72	246.05	119.13	383.10	-	543.03
3.27	27.51	23.49	23.67	21.37	24.97	34.99	22.31
134.45	0.00	-	1,787.60	-	-	1,609.46	-
424.93	288.06	480.55	208.13	(537.55)	9.32	298.99	231.82
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	116.80
36.18	-	349.03	2.68	3.83	1.50	163.43	709.19
17.76	11.76	11.67	11.66	22.97	(4.57)	4,185.06	(1,949.80)
578.88	361.80	407.04	460.30	411.32	675.41	830.88	745.34
1,514.90	905.51	875.32	879.94	1,836.79	1,210.32	1,162.82	1,147.34
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
49,254.07	49,872.92	47,680.17	46,770.29	46,134.47	44,748.25	53,153.11	56,372.71
\$ (37,804.98)	\$ (39,955.56)	\$ (38,903.62)	\$ (31,952.16)	\$ (30,347.17)	\$ (27,764.29)	\$ (39,683.90)	\$ 236,527.57

June	Total
28,430.00	338,960.00
454,172.50	777,107.50
905.00	3,710.00
975.00	12,350.00
1,560.00	9,810.00
-	150.00
<hr/> 486,042.50	<hr/> 1,142,087.50
486,042.50	1,142,087.50
576.59	13,810.70
395.14	9,791.62
56.86	1,361.93
709.00	16,994.00
47.54	1,138.68
25.89	620.13
<hr/> 1,811.02	<hr/> 43,717.06
4,243.62	101,846.88
-	2,365.05
<hr/> 4,243.62	<hr/> 104,211.93
-	74.00
100.00	950.00
14.00	336.00
<hr/> 114.00	<hr/> 1,360.00
	-
<hr/> 1,073.00	<hr/> 27,398.50
1,073.00	27,398.50
<hr/> 37.05	<hr/> 887.42
37.05	887.42
<hr/> 7,278.69	<hr/> 177,574.91
	-
	-
3.28	13.00
-	9.12
774.77	9,039.45
29.04	368.56

-	2.78
807.09	9,432.91
247.50	8,291.81
-	161.67
-	1.88
247.50	8,455.36
30.91	374.98
-	9.24
30.91	384.22
439.50	1,439.28
-	154.23
-	1,763.63
305.07	3,601.12
744.57	6,958.26
537.03	2,743.13
109.44	547.20
56.25	365.25
702.72	3,655.58
2,532.79	28,886.33
-	-
51.28	1,820.02
51.28	1,820.02
-	1.49
-	1.49
51.28	1,821.51
-	-
-	42.19
-	42.19
46.27	848.40
2.40	12.00
1,151.97	14,178.37
1,200.64	15,038.77
15.93	-
15.93	-

-	264.25
-	8.93
-	273.18
1,216.57	15,354.14

497.84	560.52
497.84	560.52
497.84	560.52

-	-
-	-
-	-
11,577.17	224,197.41

8,834.89	171,580.51
-	-
-	-
-	-
9,274.48	128,576.98
2,499.05	21,060.53
3,220.13	63,877.12
720.66	22,111.32
5,660.63	118,488.83
84.70	9,837.94
-	186.93
-	5,126.15
124.51	2,723.85
-	-
31.65	148.45
95.05	1,579.31
12.30	2,640.17
545.01	7,097.58
648.33	13,207.33
-	-
-	-
-	-
-	-
-	-
31,751.40	568,243.00
\$ 442,713.93	\$ 349,647.09

**DHP
Board Cash Balance Report**

**110 - Social
Work**

Cash Balance as of June 30, 2021	\$ 1,685,049
YTD FY 2022 Revenue	1,142,088
Less: YTD FY 2022 Direct and Allocated Expenditures	<u>792,440</u>
Cash Balance as of June 30, 2022	<u><u>\$ 2,034,696</u></u>

Staff Discipline Reports

09/01/2022 - 11/11/2022

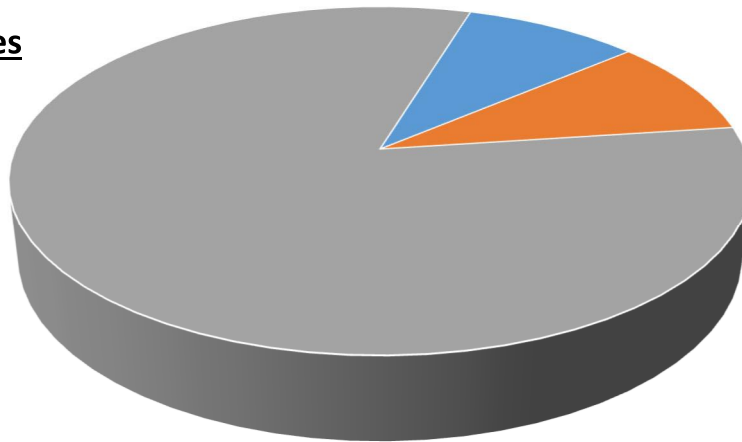
NEW CASES RECEIVED IN BOARD FROM ENFORCEMENT				
	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review 09/01/2022 - 11/11/2022	101	18	22	141
Case Received Year-to-date	343	111	94	548

OPEN CASES (as of 11/11/2022)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	72	125	53	
Scheduled for Informal Conferences	29	3	15	
Scheduled for Formal Hearings	4	4	0	
Other (on hold, pending settlement, etc)	22	9	6	
Cases with APD for processing (IFC, FH, Consent Order)	10	0	1	
TOTAL CASES AT BOARD LEVEL	137	141	75	353
OPEN INVESTIGATIONS	103	23	29	155
TOTAL OPEN CASES	240	164	104	508

UPCOMING CONFERENCES AND HEARINGS	
Informal Conferences	Conferences Held: October 21, 2022 (Agency Subordinate) Scheduled Conferences: TBD
Formal Hearings	Hearings Held: n/a Scheduled Hearings: Following scheduled board meetings, as necessary

CASES CLOSED (09/01/2022 - 11/11/2022)	
Closed – no violation	9
Closed – undetermined	2
Closed – violation	0
Credentials/Reinstatement – Denied	0
Credentials/Reinstatement – Approved	0
TOTAL CASES CLOSED	11

Closed Case Categories



■ Business Practice Issues (1)

■ CE Noncompliance (1)

■ No jurisdiction (9)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	49
Avg. time in Enforcement (investigations)	35
Avg. time in APD (IFC/FH preparation)	0
Avg. time in Board (includes hearings, reviews, etc).	17
Avg. time with board member (probable cause review)	0



DEPUTY EXECUTIVE DIRECTOR OF LICENSING REPORT

Satisfaction Survey Results	
2023 1st Quarter (July1 – September 30, 2022)	97.0%

Total as of November 30, 2022*

Current Licenses	
Associate Social Worker	1
Licensed Baccalaureate Social Worker	47
Licensed Clinical Social Work	9,196
Licensed Master's Social Worker	1,090
Registered Social Worker	6
Supervisees in Social Work	3,119
Total	13,459

*Unofficial numbers (for informational purposes only)



Virginia Department of
Health Professions
Board of Social Work

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

Email: socialwork@dhp.virginia.gov
Phone: (804) 367-4441
E-Fax: (804) 977-9915
Website: www.dhp.virginia.gov/social

Licenses and Registrations Issued

Licenses and Registrations Issued	July 2022	August 2022	September 2022	October 2022	November 2022*
Licensed Baccalaureate Social Worker (LBSW)	5	0	2	1	2
Licensed Clinical Social Worker (LCSW)	84	88	103	101	142
Licensed Master's Social Worker (LMSW)	29	20	43	19	32
Supervisees in Social Work	101	180	65	220	106
Total	219	288	213	341	282

Applications Received

Licenses and Registrations Issued	July 2022*	August 2022*	September 2022*	October 2022*	November 2022*
Licensed Baccalaureate Social Worker (LBSW)	5	2	8	4	1
Licensed Clinical Social Worker (LCSW)	109	140	110	135	127
Licensed Master's Social Worker (LMSW)	42	41	53	46	21
Supervisees in Social Work	135	149	159	144	97
Total	291	332	330	329	246

*Unofficial numbers (for informational purposes only)



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Health Professions
Board of Social Work

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Henrico, VA 23233-1463

Email: socialwork@dhp.virginia.gov
Phone: (804) 367-4441
E-Fax: (804) 977-9915
Website: www.dhp.virginia.gov/social

Additional Information:

- **Board of Social Work Staffing Information:**

- The Board currently has two full-time and two part-time staff members to answer phone calls, emails and to process applications across all license types.
 - Licensing Staff:
 - Latasha Austin – Licensing Manager (Full-Time)
 - Sharniece Vaughan – Licensing Specialist (Full-Time)
 - Darlene Graham – Licensing Administration Assistant (Part-Time)
 - Maya Weekes – Licensing Administration Assistant (Part-Time)