
Call to Order – *John Salay, LCSW, Board Chair*

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

Approval of Minutes

- Board Meeting – June 14, 2019*

Pages 4- 8

Public Comment

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

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

Chair Report – *John Salay, LCSW*

Presentation - *Elizabeth Carter, Phd., Executive Director, Board of Health Professions*

Director, DHP HealthCare Workforce Data Center

- “Virginia’s Licensed Clinical Social Worker Workforce: 2019” Pages 13-43

Legislation and Regulatory Actions – *Elaine Yeatts, DHP, Sr. Policy Analyst*

- Report on Status of Regulatory Actions Page 45
- Reduction in CE Requirement for Supervisors* Pages 46-70
- Adoption of Proposed Regulation on Unprofessional conduct/practice of conversion therapy* Pages 71-148
- Edits to Guidance Documents that Reference “LSW”* Pages 149-154

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

- Amending Code of Virginia §32.1-127.1:03(F) (Health Records Privacy)

Committee and Board Member Reports

- Board of Health Professions Report – *John Salay, LCSW*
 - Music Therapy
- Regulatory Committee Report – *Joseph Walsh, PhD, LCSW, Committee Chair*

Staff Reports

- | | |
|---|----------------------|
| ▪ Executive Director's Report - <i>Jaime Hoyle, JD</i> | Pages 156-170 |
| ▪ Discipline Report - <i>Jennifer Lang, Deputy Executive Director</i> | Pages 172-175 |
| ▪ Licensing Report - <i>Latasha Austin, Licensing Manager</i> | Pages 177-184 |
-
-

Next Meeting - December 6, 2019

Meeting Adjournment

Probable Cause Review

*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

Approval of
Quarterly Full Board
Meeting Minutes
June 14, 2019

THE VIRGINIA BOARD OF SOCIAL WORK
FULL BOARD MEETING MINUTES
Friday, June 14, 2019

The Virginia Board of Social Work ("Board") meeting convened at 10:00 a.m. on Friday, June 14, 2019 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia in Board Room 1.

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

BOARD MEMBERS PRESENT: Canek Aguirre, Citizen Member
Angelia Allen, Citizen Member (*arrived at 11:14am*)
Michael Hayter, L.C.S.W., C.S.A.C.
Gloria Manns, L.C.S.W.
Dolores Paulson, Ph.D., L.C.S.W., Vice-Chair
Joseph Walsh, Ph.D., L.C.S.W.

BOARD MEMBERS ABSENT: Jamie Clancey, L.C.S.W.
Maria Eugenia del Villar, L.C.S.W.

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

OTHERS PRESENT: Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
Barbara Allison-Bryan, M.D., Deputy Director, Department of Health Professions

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

PRESENTATION SPEAKERS: Dwight Hymans, M.S.W., L.C.S.W., Chief Operating Officer, ASWB
Lavina Harless, Director of Examination Development, ASWB
Sandy Chung, MD,FAAP,FACHE, Medical Director, Virginia Mental Health Access Program

IN THE AUDIENCE: Joseph G. Lynch, L.C.S.W., Virginia Society for Clinical Social Work
Debra A. Riggs, Executive Director, NASW-Virginia Chapter
Frances B. Goddard, L.C.S.W., Virginia Society for Clinical Social Work
Kathryn Zapach, Virginia Association of Free & Charitable Clinics
Nicole Densmore, Virginia Association of Free & Charitable Clinics
Martha Ann Spruill, Case Intake Analyst, Department of Health Professions
Tom Intorcio, Virginia Catholic Conference
Adam Trimmer, Born Perfect

CALL TO ORDER:

Mr. Salay called the meeting to order at 10:01 a.m.

ROLL CALL/ESTABLISHMENT OF A QUORUM:

Mr. Salay requested a roll call. Six members of the Board were present at roll call; therefore, a quorum was established.

MISSION STATEMENT:

Mr. Salay read the mission statement of the Department of Health Professions, which is also the mission statement of the Board.

EMERGENCY EGRESS:

Mr. Salay announced the Emergency Egress procedures.

ADOPTION OF AGENDA:

Upon a motion by Mr. Canek, which was properly seconded by Mr. Hayter, the Board unanimously adopted the agenda with one correction. The item titled 2019 Legislative Report was corrected to Final Action on Legislation.

APPROVAL OF MINUTES:

Upon a motion by Dr. Paulson, which was properly seconded by Dr. Walsh, the meeting minutes from the Full Quarterly Board Meeting held on March 15, 2019 were approved as written. The motion passed unanimously, with no abstentions.

PUBLIC COMMENT:

Public comment was provided by Mr. Lynch. A copy of the public comment provided by Mr. Lynch follows the minutes.

AGENCY REPORT:

Dr. Allison-Bryan provided the agency report on behalf of Dr. Brown. Dr. Allison-Bryan reported that two new work groups would be forming at the Agency this summer. One regarding telemedicine, which is due to have its first meeting on August 5, 2019, and the other work group will deal with international medical graduates.

Additionally, Dr. Allison-Bryan reported that at the next Board of Health Professions meeting they will be discussing Music Therapists, and if their work should require a license.

Dr. Allison-Bryan also informed the Board that the Board of Pharmacy has approved five conditional permits for Cannabidiol oil extraction and that the five processors should be set up by the end of the year.

BOARD CHAIR REPORT:

Mr. Salay reported that he would like to add a discussion regarding Music Therapy to the agenda for the next Regulatory Committee Meeting.

LEGISLATION & REGULATORY ACTIONS:***Consideration of Public Comment on Guidance Document on Conversion Therapy***

- Ms. Yeatts informed the Board that the Guidance Document on Conversation Therapy received over 700 comments during the public comment period. 455 Comments were in support of the Board's Guidance Document and 273 were in opposition of the document.

Motion: A motion was made by Dr. Walsh to retain the guidance document as published. The motion was properly seconded by Ms. Manns. The motion passed unanimously, with no abstentions.

Ms. Yeatts discussed with the Board the next steps that would occur in the next 30 days regarding the Guidance Document on Conversation Therapy. Ms. Yeatts recommended that the Board give authority for staff to draft a response to the public comment received. Each Board member would have an opportunity to provide comment on the draft and the Board Chair and Regulatory Committee Chair would give final approval of the response.

Motion: A motion was made by Mr. Canek for the process to be followed to respond to the public comment. The motion was properly seconded by Dr. Paulson. The motion passed unanimously, with no abstentions.

Final Action on Regulation

- Ms. Yeatts updated the Board on the proposed regulations to increase the continuing education hours pertaining to ethics to a minimum of (6) for LCSWs and a minimum of (3) for LSWs. Ms. Yeatts reported that the public comment period closed March 8, 2019 and there was no public comment.

Motion: A motion was made by Dr. Walsh and properly seconded by Mr. Canek to adopt the final amendments to these proposed regulations as included in the agenda package. The motion passed unanimously, with no abstentions.

Regulatory Actions

- Ms. Yeatts informed the Board that regulations to implement House Bill 614, which changes Licensed Social Workers (LSW) to Licensed Baccalaureate Social Workers (LBSW) and Licensed Masters of Social Work (LMSW) has been approved by the Governor and will become effective August 8, 2019.
- The proposed regulatory action to reduce the Continuing Education requirement for supervisors was approved for publication and would become effective on August 8, 2019 if there are not 10 or more objections to the fast-track action.

PRESENTATIONS:

- Dr. Sandy Chung was invited and gave a PowerPoint presentation informing the Board about the Virginia Mental Health Access Program. A copy of the PowerPoint presented was included in the agenda packet.

Following Dr. Chung's presentation, the Board took a break at 11:25 a.m. and the meeting reconvened at 11:35 a.m.

- The Association of Social Work Boards (ASWB) was invited by the Board to give a presentation and provide clarity to the Board about ASWB's Examination Policies. Mr. Hymans & Mrs. Harless gave a PowerPoint Presentation to the Board and answered questions.

BOARD COUNSEL'S REPORT:

There was no report from Board Counsel

COMMITTEE REPORTS:

- *Board of Health Professions Report*

John Salay gave a report from the Board of Health Professions. Mr. Salay reported that the Department of Health Professions website has been re-designed and that each Board's website is being re-designed as well to make them more user-friendly. The first Board's website to be re-designed was the Board of Nursing. Websites for the Boards of Social Work, Counseling, Psychology and other Boards are coming soon.

Mr. Salay also informed the Board of Social Work that Megan Healy presented her workforce presentation at the Board of Health Professions last meeting at the request of Dr. Brown. Mr. Salay also informed the Board of Social Work that the agency will begin to update the Sanction Reference Points to address cases that are closed with Advisory Letters and Confidential Consent Agreements. The Board of Health Professions will begin this project in 2020. Lastly, Mr. Salay reported that there was discussion and a task force is being formed to revise the Agency's Mission statement.

- *Regulatory Committee Report*

Dr. Walsh informed the Board that the Regulatory Committee did not meet on Thursday, June 13, 2019 as previously scheduled. Dr. Walsh proposed that a sub-committee be created to review the Virginia Regulations Governing the Practice of Social Work for updates that are needed. The proposed sub-committee would then

present their findings to Regulatory Committee. Meetings would be conducted in person. Dr. Walsh and Dr. Paulson volunteered to work on this project.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle discussed the budget for the Board of Social Work. A copy of the financial report given was included in the agenda packet. Ms. Hoyle also reported how the number of new applications received has increased and has exceeded staff anticipation. Ms. Hoyle informed the Board that we have gone over in overtime because Ms. Austin has been covering the Board solo since the end of March and has been doing overtime to cover the loss in staff and increase in applications. A contract employee has been hired that will start with the Board as of Monday, June 17, 2019 to provide Ms. Austin the additional assistance needed.

Ms. Hoyle also noted that we have gone over the budget in postage, but this will decrease in the future as the agency is moving to a paperless license. The Behavioral Science Boards are the first Boards in the Agency to pilot this effort. Final licenses are going out to licensees during renewal and a one-time license to all those licensed for the first time. Now that the Governor has signed the BSW and MSW regulations, Board staff will be discussing how to handle sending out those license types.

Provided with Ms. Hoyle's report was a letter included from Dr. Brown in which he is recommending a one-time renewal fee reduction. Ms. Hoyle also informed the Board that she was re-appointed the Regulatory Advisory Committee of the ASWB and they will meet in July to discuss the model law and mobility. Additionally, she thanked Board staff for the hard work they do for the Board, Social Work licensees and the Agency.

DEPUTY DIRECTOR'S REPORT:

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

LICENSING MANAGER'S REPORT:

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

UNFINISHED BUSINESS:

The Board re-visited discussion regarding Code 32.1-127.103(F) (Health Records Privacy) to include Social Workers.

Motion: A motion was made by Dr. Paulson and properly seconded by Ms. Manns to amend Code 32.1-127.103(F) (Health Records Privacy) to include Social Workers. The motion passed unanimously, with no abstentions.

NEW BUSINESS:

The Board reviewed and discussed the current Social Work Bylaws that were last revised on June 15, 2018.

Motion: A motion was made by Mr. Canek and properly seconded by Dr. Paulson to amend the Virginia Board of Social Work Bylaws by making the following changes to the Election of Officers:

1. The Nomination Committee shall present a slate of officers for Chairman and Vice-Chairman at the first scheduled Board meeting following ~~scheduled prior to~~ July 1 of each even year. The election of officers shall then occur at the first scheduled Board meeting following July 1 of each even year, and elected officers shall assume their duties at the end of the meeting.
2. All officers shall be elected for a single term of two years ~~one year, and may serve no more than two consecutive terms.~~

The motion passed unanimously, with no abstentions.

Motion: An additional motion was made by Mr. Canek and properly seconded by Dr. Paulson to amend the Virginia Board of Social Work Bylaws by adding to the delegations of authority to allow the Executive Director to enter a Consent Order for suspension or revocation. The motion passed unanimously, with no abstentions.

NEXT MEETING:

Mr. Salay announced that the next quarterly scheduled full Board meeting would occur on Friday, September 20, 2019.

ADJOURNMENT:

Mr. Salay adjourned the meeting at 12:51 p.m.

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

Jaime Hoyle, Executive Director



AND



Virginia Society for Clinical Social Work
5537 Solaris Drive
Chesterfield Virginia 23832
PUBLIC COMMENT
VBSW-Board Meeting June 14, 2019

I appreciate the opportunity to make comments to you today.

1. When I opened up the email with the agenda packet for the meeting today and saw that it was 331 pages, I had several thoughts. The thought I want to share with you is to say thank you to the Board staff for doing the work to prepare so much information for this meeting. And I want to express thanks to all of the Board members for taking the time to review all of this information. I don't think it is generally recognized that the Board members are volunteering their time and talent to the Commonwealth of Virginia. I served on the Board for 10 years and I know Board members work hard to protect the health, welfare and safety of the citizens of Virginia who receive services from professionals that this Board regulates. So, I just wanted to take a moment and say Thank You.
2. I also wanted to say a few words about the ASWB presentation on your agenda for today. I am looking forward to their comments. When I reviewed the ASWB materials, and also looked at their website, I became more aware that the definition of "Master's Social Worker" in our new law specifies the scope of practice as "non-clinical" social work. The proposed regulations specify the ASWB Master's exam as the exam for the LMSW. Looking at ASWB's Practice Analysis information that describes the 5 ASWB exams I became a bit confused as to whether the Masters exam or the Advanced Generalist exam was the best fit for the definition in our new law. I hope ASWB comments on this today to add some clarification.

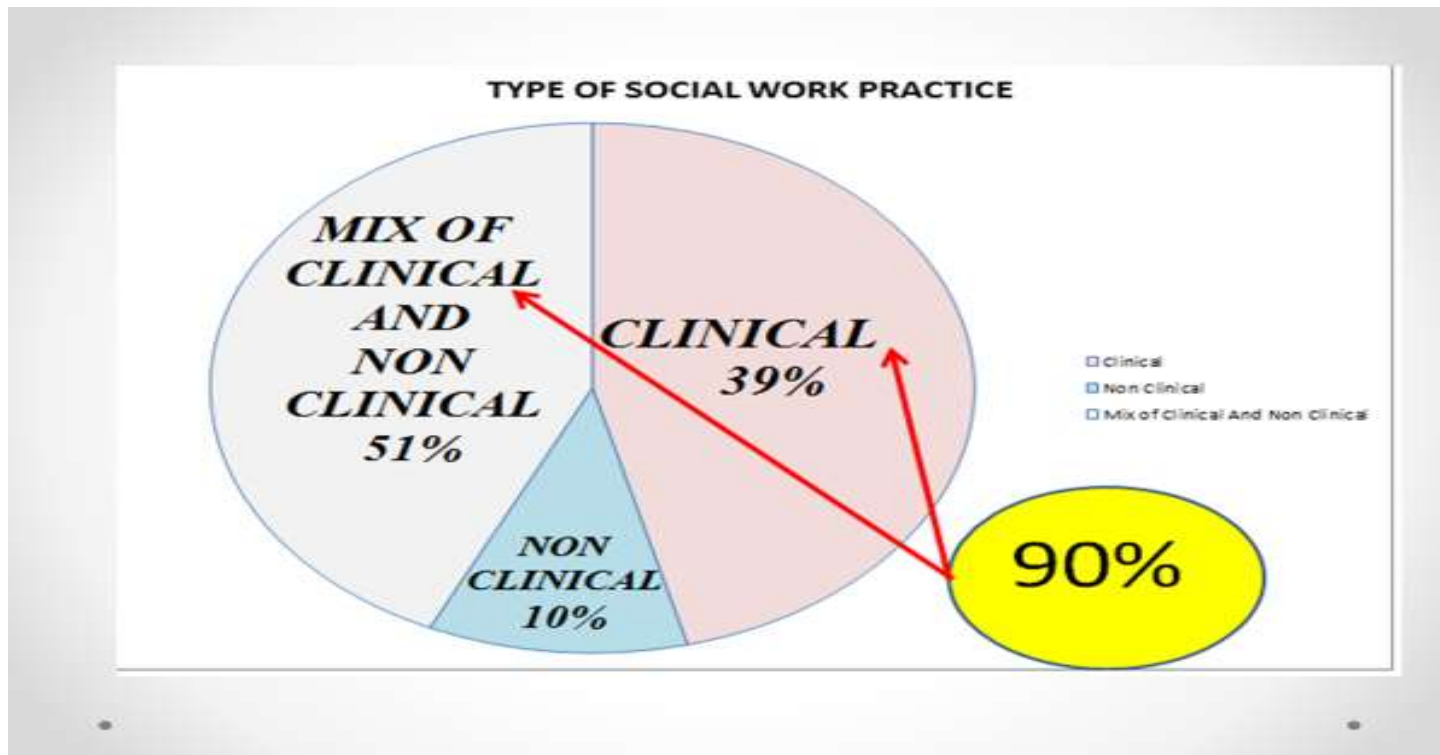
I reviewed some of the data from my LSW study and noted that 55% of the LSW respondents reported that they practiced in "exempt settings." They also reported that only 10% were providing "non-clinical" social work services and 90% were providing either exclusively clinical services (39%) or a combination of both clinical and non-clinical services (51%). I believe that there is still some tweaking yet to be done to find a way to better match our definition and regulations with the reality of how LSW's practice social work. I am not sure what the best answer is to doing this task. The Certified Sex Offender Treatment Provider and the Qualified Mental Health Professional credential both have provisions that require the holder of that credential to be employed in specific exempt settings. If the individual leaves those settings then the credential is no longer valid. Perhaps some language could be developed for the LMSW that makes it exempt setting employment dependent.

Joseph G. Lynch LCSW

<p>Chapter 37 of Title 54.1 of the Code of Virginia, Social Work</p> <p>§ 54.1-3700. Definitions.</p> <p>"Baccalaureate social worker" means a person who engages in the practice of social work under the supervision of a master's social worker and provides basic generalist services, including casework management and supportive services and consultation and education.</p> <p>"Master's social worker" means a person who engages in the practice of social work and provides non-clinical, generalist services, including staff supervision and management.</p>	<p>The Practice Analysis impacts all ASWB examinations</p> <p>Associate — A few jurisdictions administer the Bachelors Examination to candidates who do not have degrees in social work for an Associate License. A lower passing score is used.</p> <p>Bachelors — The examination intended for use by individuals with a baccalaureate degree in social work.</p> <p>Advanced Generalist — The Advanced Generalist exam is designed for advanced practitioners who do more macro-level, generalist, administrative, or management work. It is one of the two exams intended to be taken by social workers with an MSW or higher degree, plus the required postgraduate supervised experience.</p> <p>Clinical — The Clinical exam has more emphasis on the provision of direct, micro-level mental health services. It is the second of the two exams (along with the Advanced Generalist) intended to be taken by social workers with an MSW or higher degree, plus the required postgraduate supervision.</p> <p>The Advanced Generalist and Clinical examinations are considered on par due to the advanced level of practice knowledge and experience expected of someone taking either exam. But they each emphasize different areas of practice as noted in their descriptions.</p> <p>Masters — The examination that is intended for individuals who hold an MSW degree, but who do not have post-degree supervision.</p>
<p>Proposed Regulations Governing the Practice of Social Work [18 VAC 140 - 20]</p>	
<p>18VAC140-20-70. Examination requirement.</p> <p>A. An applicant for licensure by the board as a social worker <u>LBSW, a LMSW,</u> or clinical social worker shall pass a written examination prescribed by the board.</p> <p>2. The examination prescribed for licensure as a social worker <u>LBSW</u> shall minimally be the licensing examination of the Association of Social Work Boards at the bachelor's level.</p> <p>3. <u>The examination prescribed for licensure as a LMSW shall be the licensing examination of the Association of Social Work Boards at the master's level.</u></p> <p>18VAC140-20-60. Education and experience requirements for a licensed social worker LBSW or LMSW.</p> <p>B. Master's degree applicant. An applicant who holds a master's degree may apply for licensure as a licensed social worker <u>LMSW</u> without documentation of supervised experience.</p>	

LSW STUDY RESULTS

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



Virginia's Licensed Clinical Social Worker Workforce: 2019 Presentation

Virginia's Licensed Clinical Social Worker Workforce: 2019

Healthcare Workforce Data Center

July 2019

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

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

Get a copy of this report from:

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

6,430 Licensed Clinical Social Workers voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Social Work express our sincerest appreciation for your ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD
Director

Yetty Shobo, PhD
Deputy Director

Laura Jackson, MSHSA
Operations Manager

Rajana Siva, MBA
Data Analyst

Christopher Coyle
Research Assistant

Virginia Board of Social Work

Chair

John Salay, LCSW
Midlothian

Vice-Chair

Dolores Paulson, PhD, LCSW
McLean

Members

Canek Aguirre
Alexandria

Angelia Allen
Portsmouth

Jamie Clancey, LCSW
Culpeper

Maria Eugenia del Villar, LCSW
Fairfax

Michael Hayter, LCSW, CSAC
Abingdon

Gloria Manns, LCSW
Roanoke

Joseph Walsh, PhD, LCSW
Richmond

Executive Director

Jaime H. Hoyle, JD

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The Licensed Clinical Social Worker Workforce: At a Glance:

The Workforce

Licensees:	7,291
Virginia's Workforce:	5,986
FTEs:	5,103

Background

Rural Childhood:	24%
HS Degree in VA:	45%
Prof. Degree in VA:	53%

Current Employment

Employed in Prof.:	90%
Hold 1 Full-time Job:	57%
Satisfied?:	95%

Survey Response Rate

All Licensees:	88%
Renewing Practitioners:	97%

Education

Masters:	96%
Doctorate:	4%

Job Turnover

Switched Jobs:	7%
Employed over 2 yrs:	69%

Demographics

Female:	87%
Diversity Index:	35%
Median Age:	50

Finances

Median Income:	\$60k-\$70k
Health Benefits:	67%
Under 40 w/ Ed debt:	66%

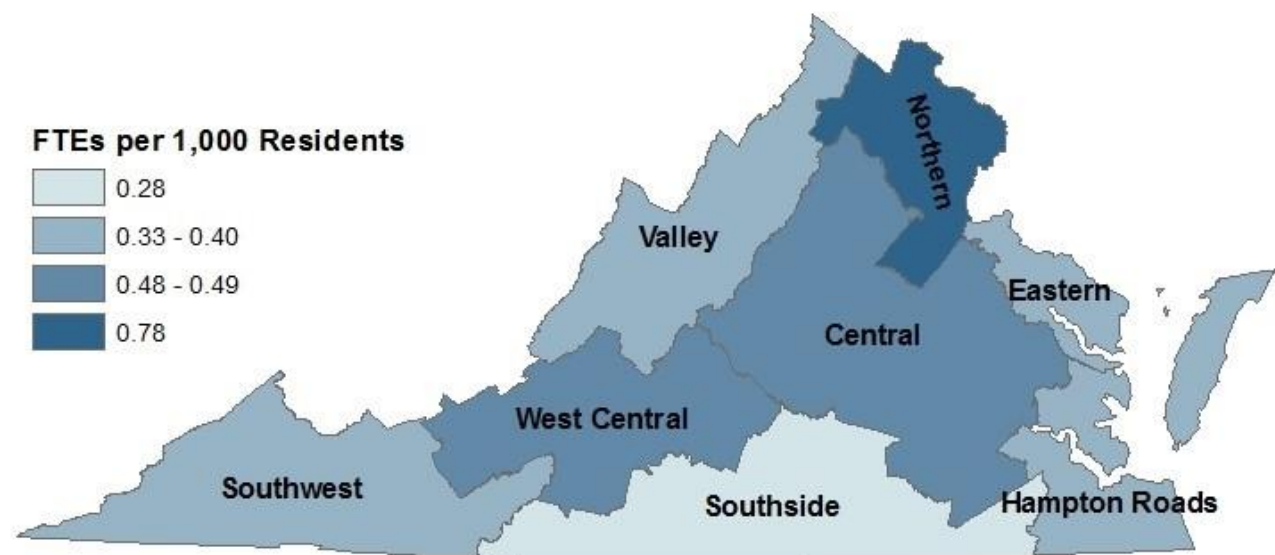
Time Allocation

Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	64%

Source: Va. Healthcare Workforce Data Center

Full Time Equivalency Units Provided by Licensed Clinical Social Workers per 1,000 Residents by Virginia Perform Regions

Source: Va Healthcare Work force Data Center



Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division



The data in this report were obtained from the Licensed Clinical Social Workers (LCSWs) Survey that the Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers during the license renewal process occurring every June for LCSWs. Eighty-eight percent or 6,430 of all 7,291 LCSWs participated in the survey. An estimated 5,986 LCSWs participated in Virginia's workforce, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an LCSW at some point in the future. Between July 2018 and June 2019, these LCSWs provided 5,103 "full-time equivalency units (FTE)", which the HWDC defines simply as working 2,000 hours a year.

Nearly all LCSWs have a Master's degree as their highest professional degree, while the remaining LCSWs have a doctorate degree. Fifty-six percent of all LCSWs have a primary specialty in mental health, while another 8% specialize in issues related to children. Thirty-seven percent of all LCSWs currently carry educational debt and the median debt burden for those with educational debt is between \$50,000 and \$60,000. Median annual income is only slightly higher than the median debt at between \$60,000 and \$70,000. In addition, 64% of all LCSWs receive at least one employer-sponsored benefit and 95% of LCSWs indicate they are satisfied with their current employment situation.

Eighty-seven percent of all LCSWs are female, including 92% of those LCSWs who are under the age of 40. In a random encounter between two LCSWs, there is a 35% chance that they would be of different races or ethnicities, a measure known as the diversity index. Overall, just 6% of Virginia's LCSWs work in non-metro areas of the state. Nearly 40% of all LCSWs work in Northern Virginia, while another 28% work in Central Virginia. Two-thirds of all LCSWs work in the private sector, including 47% who work at a for-profit institution. The primary work location for approximately a third of all LCSWs is either a solo or group private practice; another 14% work at an outpatient mental health facility. About 27% of all LCSWs expect to retire by the age of 65; 27% of the current workforce expect to retire in the next ten years.

Summary of Trends

The LCSW workforce has witnessed consistent and significant growth in the past four years. Both the total number of LCSWs and the number working in Virginia has increased by 26% and 20%, respectively, when compared to 2013. FTE also increased by 16% in the same period. The LCSW workforce has also witnessed increasing racial/ethnic diversity; the diversity index increased from 27% in 2013 to 35% in 2019. Median age declined to 50 years from the 53-54 years where it had hovered between 2013 and 2017. A quarter of LCSWs are now under age 40 as compared to 18% in 2013. Gender diversity, however, continues to decline as the percent female increased from 84% in 2013 to 87% in 2019.

For the first time in four years, median education debt increased. After increasing from \$30,000-\$40,000 to \$40,000-\$50,000 in 2015, the median education debt has been stable until its recent increase to \$50,000-\$60,000. The percent reporting education debt also increased from 27% in 2013 to 37% in 2019. The percent under 40 with education debt increased from 68% in 2013 to 70% in 2015 and then went back down to 65% in 2018; it is now 67%. A higher proportion also hold higher amount of debt as the percent with more than \$90,000 in education debt increased from 2.3% in 2013 to 9.7% now. The percent reporting more than \$90,000 in income also increased from 9% in 2013 to 18% in 2019 even though median income has remained at \$60,000-\$70,000 since its last increase in 2017. Most LCSWs have a Master's degree as their highest educational attainment. In 2013, 95% reported their highest educational attainment as a Master's degree and, in 2018, 96% did. The specialty reported by LCSWs has also barely changed; the top specialty has always been mental health in the past 6 years and about the same percent reported that specialty each every year.

Close to half of all LCSWs are employed in the private sector consistently over the years. The establishments that LCSWs worked and the geographic distribution of LCSWs have barely changed over the past 6 years. LCSWs' location in non-metro areas of the state has also barely changed. The percent working in non-metro area has hovered around 5-6% in the past 6 years. The retirement expectations have also barely changed over the past 6 years for LCSWs; the percent planning to retire within a decade of the survey year declined only slightly from 29% in 2013 to 27% in 2019.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	6,342	87%
New Licensees	588	8%
Non-Renewals	361	5%
All Licensees	7,291	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 97% of renewing LCSWs submitted a survey. These represent 88% of LCSWs who held a license at some point during the survey period.

Definitions

- 1. The Survey Period:** The survey was conducted in June 2019.
- 2. Target Population:** All LCSWs who held a Virginia license at some point between July 2018 and June 2019.
- 3. Survey Population:** The survey was available to LCSWs who renewed their licenses online. It was not available to those who did not renew, including LCSWs newly licensed in 2019.

Response Rates

Completed Surveys	6,430
Response Rate, all licensees	88%
Response Rate, Renewals	97%

Source: Va. Healthcare Workforce Data Center

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
By Age			
Under 35	177	672	79%
35 to 39	105	719	87%
40 to 44	84	799	91%
45 to 49	85	803	90%
50 to 54	76	773	91%
55 to 59	72	758	91%
60 to 64	59	674	92%
65 and Over	203	1,232	86%
Total	861	6,430	88%
New Licenses			
Issued Since July 2018	351	237	40%
Metro Status			
Non-Metro	40	306	88%
Metro	557	5,040	90%
Not in Virginia	264	1,084	80%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LCSWs

Number:	7,291
New:	8%
Not Renewed:	5%

Response Rates

All Licensees:	88%
Renewing Practitioners:	97%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LCSW Workforce: 5,986
 FTEs: 5,103

Utilization Ratios

Licensees in VA Workforce: 82%
 Licensees per FTE: 1.43
 Workers per FTE: 1.17

Source: Va. Healthcare Workforce Data Center

Virginia's LCSW Workforce		
Status	#	%
Worked in Virginia in Past Year	5,818	97%
Looking for Work in Virginia	168	3%
Virginia's Workforce	5,986	100%
Total FTEs	5,103	
Licensees	7,291	

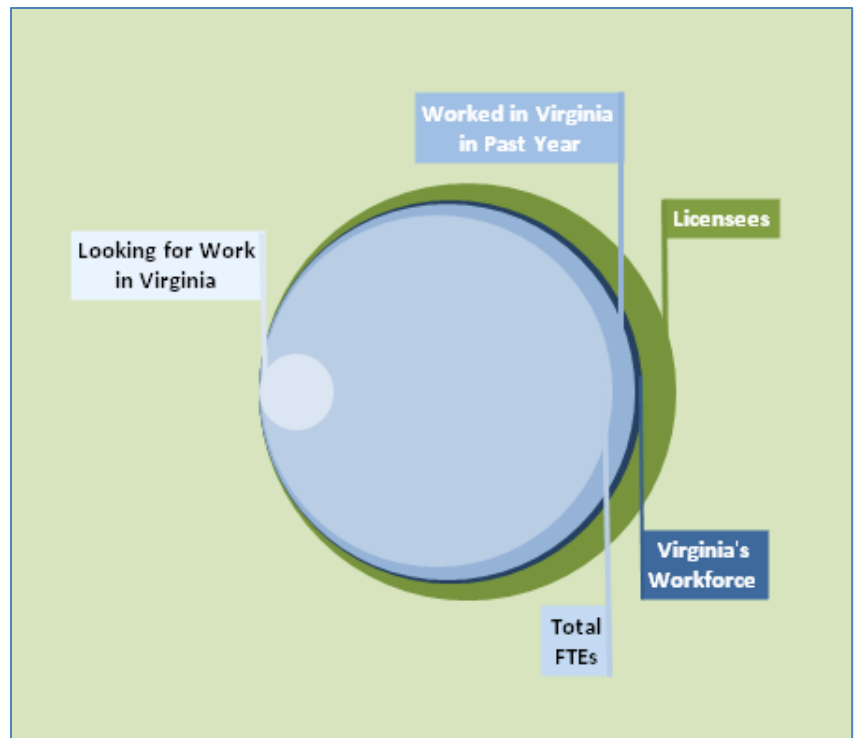
Source: Va. Healthcare Workforce Data Center

Definitions

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

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

www.dhp.virginia.gov/hwdc



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	53	8%	633	92%	686	13%
35 to 39	51	8%	571	92%	622	12%
40 to 44	49	8%	584	92%	633	12%
45 to 49	73	12%	556	88%	628	12%
50 to 54	81	13%	531	87%	612	12%
55 to 59	69	12%	512	88%	582	11%
60 to 64	89	18%	408	82%	497	10%
65 +	216	24%	706	77%	923	18%
Total	682	13%	4,500	87%	5,182	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 87%
 % Under 40 Female: 92%

Age

Median Age: 50
 % Under 40: 25%
 % 55+: 39%

Diversity

Diversity Index: 35%
 Under 40 Div. Index: 45%

Source: Va. Healthcare Workforce Data Center

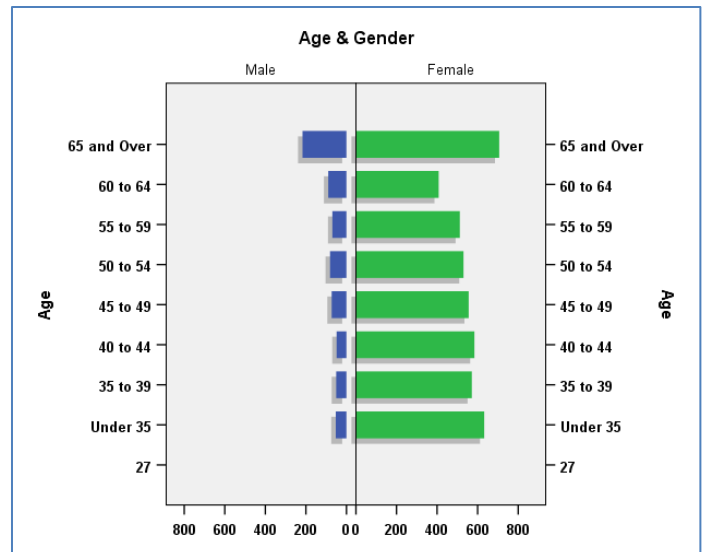
Race & Ethnicity					
Race/ Ethnicity	Virginia*	LCSWs		LCSWs under 40	
	%	#	%	#	%
White	61%	4,116	79%	940	72%
Black	19%	691	13%	237	18%
Asian	7%	84	2%	34	3%
Other Race	0%	35	1%	10	1%
Two or more races	3%	97	2%	35	3%
Hispanic	10%	172	3%	53	4%
Total	100%	5,195	100%	1,309	100%

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2017.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LCSWs, there is a 35% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index).

25% of all LCSWs are under the age of 40, and 92% of these professionals are female. In addition, the diversity index among LCSWs who are under the age of 40 is 45%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 16%
 Rural Childhood: 24%

Virginia Background

HS in Virginia: 45%
 Prof. Ed. in VA: 53%
 HS or Prof. Ed. in VA: 62%

Location Choice

% Rural to Non-Metro: 15%
 % Urban/Suburban to Non-Metro: 3%

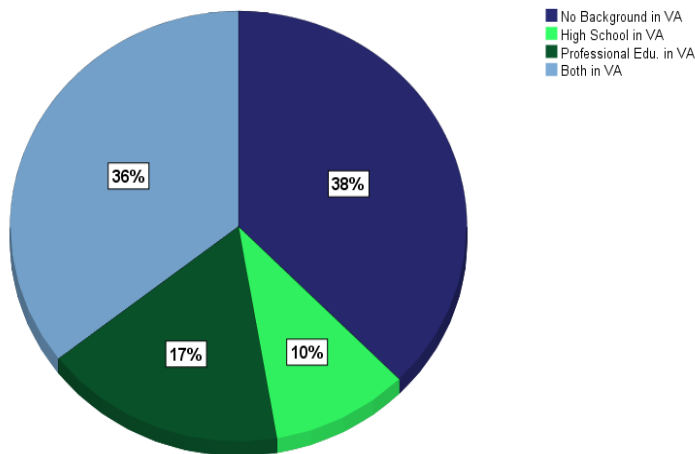
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 million+	18%	66%	17%
2	Metro, 250,000 to 1 million	44%	43%	13%
3	Metro, 250,000 or less	35%	52%	13%
Non-Metro Counties				
4	Urban pop 20,000+, Metro adj	67%	28%	4%
6	Urban pop, 2,500-19,999, Metro adj	57%	33%	10%
7	Urban pop, 2,500-19,999, nonadj	81%	12%	8%
8	Rural, Metro adj	37%	57%	6%
9	Rural, nonadj	39%	42%	19%
Overall		24%	61%	16%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



24% of LCSWs grew up in self-described rural areas, and 15% of these professionals currently work in non-Metro counties. Overall, just 6% of all LCSWs in the state currently work in non-Metro counties.

Source: Va. Healthcare Workforce Data Center

Top Ten States for Licensed Clinical Social Worker Recruitment

Rank	All LCSWs			
	High School	#	Init. Prof Degree	#
1	Virginia	2,341	Virginia	2,728
2	New York	414	Washington, D.C.	422
3	Maryland	281	New York	293
4	Pennsylvania	242	Maryland	234
5	New Jersey	185	Massachusetts	150
6	North Carolina	180	Pennsylvania	134
7	Outside U.S./Canada	106	North Carolina	131
8	California	100	Florida	104
9	Florida	97	Michigan	94
10	Illinois	95	Illinois	93

45% of LCSWs received their high school degree in Virginia, and 54% received their initial professional degree in the state.

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in the Past 5 Years			
	High School	#	Init. Prof Degree	#
1	Virginia	1,115	Virginia	1,215
2	New York	171	New York	160
3	Maryland	136	Washington, D.C.	146
4	North Carolina	98	Maryland	103
5	New Jersey	94	North Carolina	82
6	Pennsylvania	80	Pennsylvania	70
7	Florida	58	Florida	68
8	Outside U.S./Canada	56	Massachusetts	63
9	California	52	Illinois	50
10	Michigan	40	California	42

Among LCSWs who received their initial license in the past five years, 46% received their high school degree in Virginia, while 50% received their initial professional degree in the state.

Source: Va. Healthcare Workforce Data Center

18% of Virginia's licensees did not participate in the state's LCSW workforce during the past year. 81% of these professionals worked at some point in the past year, including 71% who worked in a behavioral sciences-related job.

At a Glance:

Not in VA Workforce

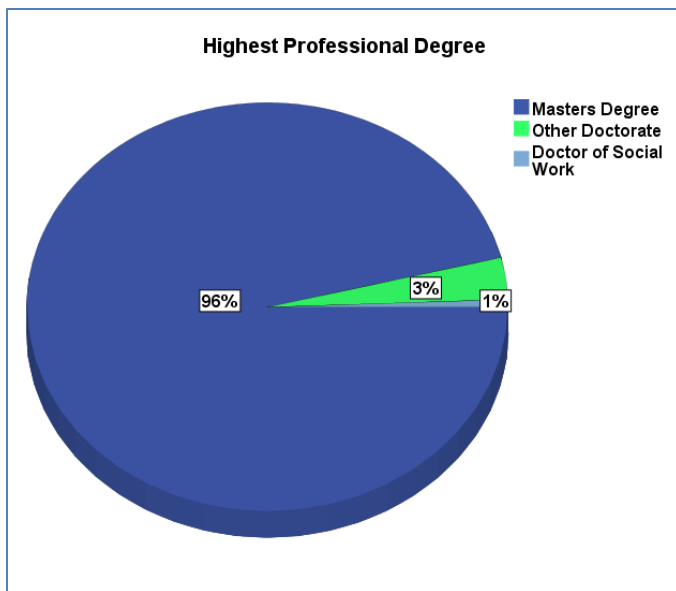
Total:	1,304
% of Licensees:	18%
Federal/Military:	21%
Va. Border State/DC:	25%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
Bachelor's Degree	4	0%
Master's Degree	4,899	96%
Doctor of Social Work	26	1%
Other Doctorate	168	3%
Total	5,098	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

37% of LCSWs carry educational debt, including 66% of those under the age of 40. The median debt burden among LCSWs with educational debt is between \$50,000 and \$60,000.

At a Glance:

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

Educational Debt
 Carry debt: 37%
 Under age 40 w/ debt: 66%
 Median debt: \$50k-\$60k

Source: Va. Healthcare Workforce Data Center

Educational Debt				
Amount Carried	All LCSWs		LCSWs under 40	
	#	%	#	%
None	2,892	63%	387	34%
Less than \$10,000	171	4%	51	4%
\$10,000-\$19,999	161	4%	61	5%
\$20,000-\$29,999	190	4%	74	6%
\$30,000-\$39,999	176	4%	72	6%
\$40,000-\$49,999	137	3%	64	6%
\$50,000-\$59,999	123	3%	56	5%
\$60,000-\$69,999	116	3%	70	6%
\$70,000-\$79,999	90	2%	53	5%
\$80,000-\$89,999	87	2%	48	4%
\$90,000-\$99,999	73	2%	39	3%
\$100,000-\$109,999	103	2%	62	5%
\$110,000-\$119,999	45	1%	17	1%
\$120,000-\$129,999	47	1%	22	2%
\$130,000-\$139,999	38	1%	16	1%
\$140,000-\$149,999	25	1%	11	1%
\$150,000 or More	116	3%	48	4%
Total	4,590	100%	1,151	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

Mental Health:	56%
Child:	8%
Health/Medical:	6%

Secondary Specialty

Mental Health:	15%
Substance Abuse:	11%
Child:	11%

Source: Va. Healthcare Workforce Data Center

More than half of all LCSWs have a primary specialty in mental health. Another 8% have a primary specialty in children, while 6% have a health/medical specialty.

A Closer Look:

Specialty	Specialties			
	Primary		Secondary	
	#	%	#	%
Mental Health	2,828	56%	662	15%
Child	411	8%	501	11%
Health/Medical	316	6%	263	6%
Behavioral Disorders	259	5%	459	10%
Family	187	4%	457	10%
Substance Abuse	181	4%	509	11%
School/Educational	180	4%	151	3%
Gerontologic	99	2%	106	2%
Marriage	45	1%	169	4%
Forensic	31	1%	54	1%
Sex Offender Treatment	22	0%	39	1%
Social	21	0%	54	1%
Vocational/Work Environment	12	0%	24	1%
Industrial-Organizational	10	0%	12	0%
Neurology/Neuropsychology	6	0%	10	0%
Public Health	6	0%	27	1%
Rehabilitation	5	0%	11	0%
Experimental or Research	5	0%	5	0%
Other Specialty Area	190	4%	299	7%
General Practice (Non-Specialty)	255	5%	647	15%
Total	5,069	100%	4,459	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

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

Positions Held

1 Full-time: 57%
2 or More Positions: 20%

Weekly Hours:

40 to 49: 49%
60 or more: 4%
Less than 30: 18%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	3	0%
Employed in a behavioral sciences-related capacity	4,657	90%
Employed, NOT in a behavioral sciences-related capacity	226	4%
Not working, reason unknown	1	0%
Involuntarily unemployed	10	0%
Voluntarily unemployed	147	3%
Retired	104	2%
Total	5,149	100%

Source: Va. Healthcare Workforce Data Center

90% of LCSWs are currently employed in their profession. 75% of LCSWs hold one full-time job, and nearly half work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 hours	262	5%
1 to 9 hours	155	3%
10 to 19 hours	296	6%
20 to 29 hours	470	9%
30 to 39 hours	676	13%
40 to 49 hours	2,468	49%
50 to 59 hours	523	10%
60 to 69 hours	161	3%
70 to 79 hours	32	1%
80 or more hours	21	0%
Total	5,064	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	262	5%
One Part-Time Position	874	17%
Two Part-Time Positions	208	4%
One Full-Time Position	2,906	57%
One Full-Time Position & One Part-Time Position	698	14%
Two Full-Time Positions	25	0%
More than Two Positions	104	2%
Total	5,077	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	61	2%
Less than \$20,000	263	6%
\$20,000-\$29,999	184	4%
\$30,000-\$39,999	187	5%
\$40,000-\$49,999	356	9%
\$50,000-\$59,999	581	14%
\$60,000-\$69,999	727	18%
\$70,000-\$79,999	591	14%
\$80,000-\$89,999	466	11%
\$90,000-\$99,999	253	6%
\$100,000-\$109,999	208	5%
\$110,000 or More	271	7%
Total	4,149	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

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

Benefits
(Salary & Wage Employees only)
Health Insurance: 67%
Retirement: 64%

Satisfaction
Satisfied: 95%
Very Satisfied: 68%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	3,368	68%
Somewhat Satisfied	1,371	28%
Somewhat Dissatisfied	191	4%
Very Dissatisfied	50	1%
Total	4,981	100%

Source: Va. Healthcare Workforce Data Center

The typical LCSW earned between \$60,000 and \$70,000 per year. Among LCSWs who received either a wage or salary as compensation at their primary work location, 67% received health insurance and 64% had access to some form of retirement plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,704	58%	74%
Paid Sick Leave	2,501	54%	68%
Health Insurance	2,485	53%	67%
Dental Insurance	2,361	51%	64%
Retirement	2,356	51%	64%
Group Life Insurance	1,940	42%	54%
Signing/Retention Bonus	189	4%	5%
Receive At Least One Benefit	2,983	64%	79%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	30	1%
Experience Voluntary Unemployment?	287	5%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	105	2%
Work two or more positions at the same time?	1,237	21%
Switch employers or practices?	424	7%
Experienced at least one	1,795	30%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's LCSWs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 2.9% during the past 12 months.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	108	2%	57	5%
Less than 6 Months	250	5%	126	10%
6 Months to 1 Year	414	8%	176	14%
1 to 2 Years	753	15%	256	20%
3 to 5 Years	1,099	23%	260	21%
6 to 10 Years	838	17%	171	14%
More than 10 Years	1,419	29%	206	16%
Subtotal	4,882	100%	1,252	100%
Did not have location	173		4,620	
Item Missing	932		114	
Total	5,986		5,986	

Source: Va. Healthcare Workforce Data Center

62% of LCSWs are salaried employees, while 17% receive income from their own business/practice.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 7%
New Location: 20%
Over 2 years: 69%
Over 2 yrs, 2nd location: 51%

Employment Type

Salary/Commission: 62%
Business/Practice Income: 17%

Source: Va. Healthcare Workforce Data Center

69% of LCSWs have worked at their primary location for more than two years, while 7% have switched jobs during the past 12 months.

Employment Type		
Primary Work Site	#	%
Salary/ Commission	2,391	62%
Business/ Practice Income	672	17%
Hourly Wage	541	14%
By Contract	241	6%
Unpaid	18	0%
Subtotal	3,863	100%
Did not have location	173	
Item Missing	1,950	

Source: Va. Healthcare Workforce Data Center

¹ The non-seasonally adjusted monthly unemployment rate ranged from 2.5% in April 2019 to 3.2% in January and February 2019. The rate for June 2019 was preliminary at the time of this report.

At a Glance:

Concentration

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

Locations

2 or more (Past Year):	27%
2 or more (Now*):	24%

Source: Va. Healthcare Workforce Data Center

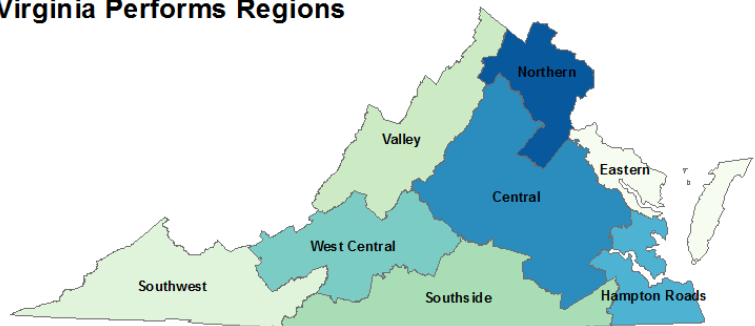
38% of LCSWs work in Northern Virginia, the most of any region in the state. In addition, another 28% of LCSWs work in Central Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,390	28%	358	27%
Eastern	50	1%	5	0%
Hampton Roads	745	15%	215	16%
Northern	1,832	38%	426	32%
Southside	91	2%	36	3%
Southwest	153	3%	35	3%
Valley	187	4%	47	4%
West Central	365	7%	108	8%
Virginia Border State/DC	36	1%	35	3%
Other US State	28	1%	57	4%
Outside of the US	3	0%	2	0%
Total	4,880	100%	1,324	100%
Item Missing	933		41	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

24% of all LCSWs currently have multiple work locations, while 27% had multiple work locations over the course of the past year.

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	167	3%	258	5%
1	3,520	70%	3,575	71%
2	717	14%	666	13%
3	552	11%	502	10%
4	48	1%	25	1%
5	17	0%	10	0%
6 or More	28	1%	13	0%
Total	5,048	100%	5,048	100%

*At the time of survey completion, June 2019.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	2,143	47%	786	69%
Non-Profit	1,001	22%	208	18%
State/Local Government	980	22%	120	10%
Veterans Administration	199	4%	10	1%
U.S. Military	161	4%	12	1%
Other Federal Government	63	1%	10	1%
Total	4,547	100%	1,146	100%
Did not have location	173		4620	
Item Missing	1,265		218	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

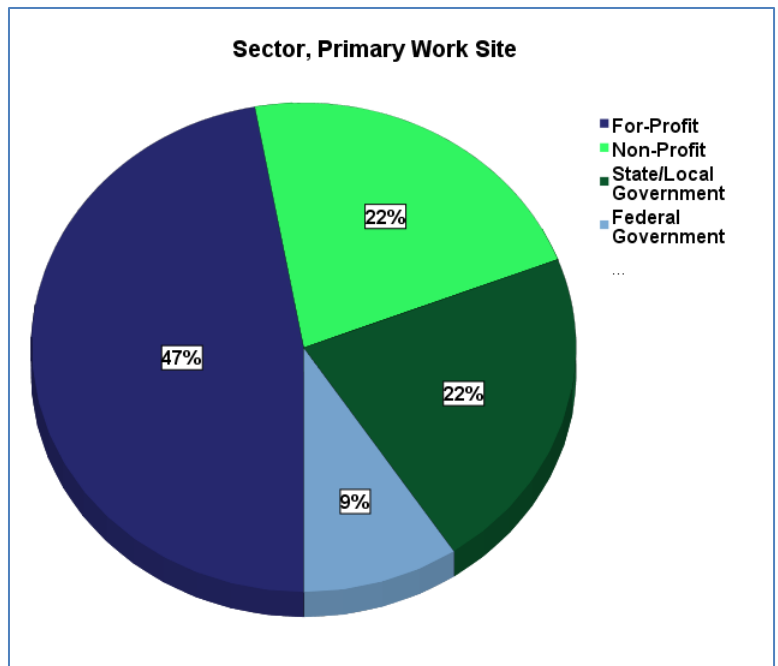
For Profit:	47%
Federal:	9%

Top Establishments

Private Practice, Solo:	16%
Mental Health Facility:	14%
Private Practice, Group:	12%

Source: Va. Healthcare Workforce Data Center

Over two-thirds of LCSWs work in the private sector, including 47% who work at for-profit establishments. Meanwhile, 22% of LCSWs work for state or local governments, and 9% work for the federal government.



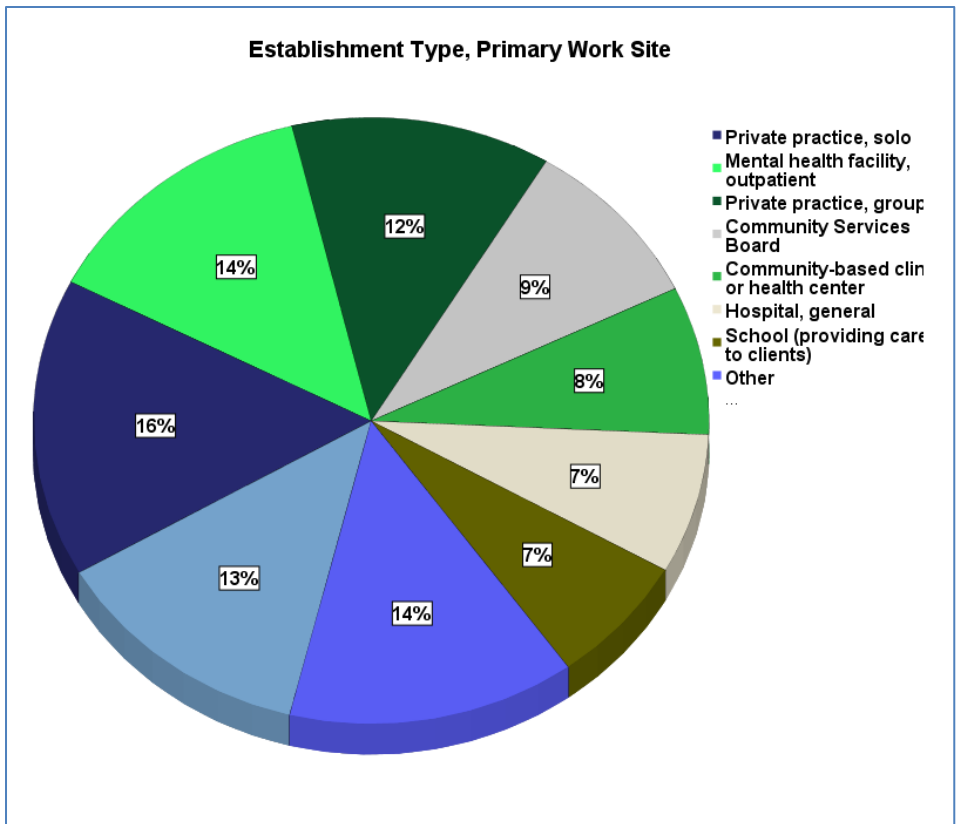
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Solo	681	16%	198	18%
Mental Health Facility, Outpatient	585	14%	167	15%
Private Practice, Group	533	12%	245	22%
Community Services Board	392	9%	51	5%
Community-Based Clinic or Health Center	339	8%	102	9%
Hospital, General	319	7%	38	3%
School (Providing Care to Clients)	295	7%	24	2%
Hospital, Psychiatric	131	3%	26	2%
Residential Mental Health/Substance Abuse Facility	90	2%	19	2%
Academic Institution (Teaching Health Professions Students)	86	2%	57	5%
Administrative or Regulatory	85	2%	6	1%
Other practice setting	747	17%	172	16%
Total	4,283	100%	1,105	100%
Did Not Have a Location	173		4,620	

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

Source: Va. Healthcare Workforce Data Center

Among those LCSWs who also have a secondary work location, 40% work at either a solo or group private practice, while 15% work at an outpatient mental health facility.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

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

Roles

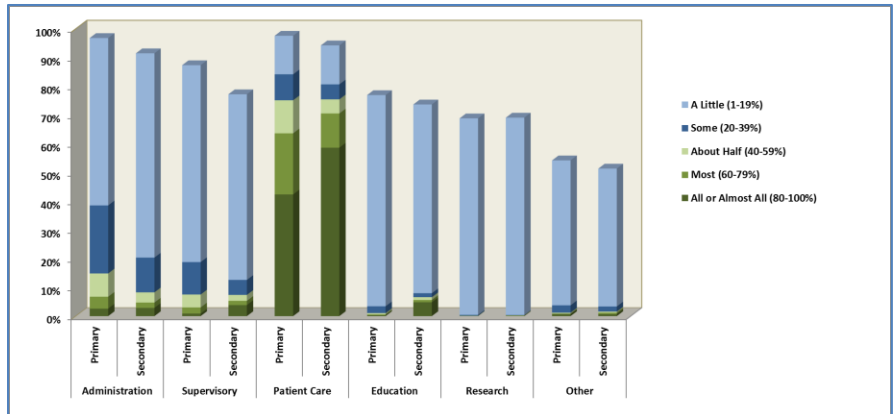
Patient Care: 64%
Administrative: 7%
Supervisory: 3%

Patient Care LCSWs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



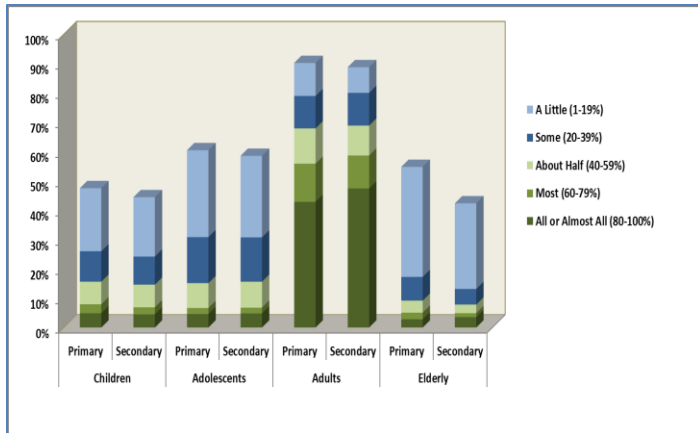
Source: Va. Healthcare Workforce Data Center

64% of all LCSWs fill a patient care role, defined as spending 60% or more of their time on patient care activities. Another 7% of LCSWs fill an administrative role, while 3% fill a supervisory role.

Time Allocation												
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	3%	3%	1%	4%	42%	59%	0%	5%	0%	0%	1%	1%
Most (60-79%)	4%	2%	2%	1%	21%	12%	0%	1%	0%	0%	0%	0%
About Half (40-59%)	8%	4%	4%	2%	12%	5%	0%	1%	0%	0%	0%	0%
Some (20-39%)	24%	12%	11%	5%	9%	5%	2%	1%	0%	0%	3%	2%
A Little (1-19%)	58%	71%	69%	65%	13%	14%	73%	66%	68%	69%	50%	48%
None (0%)	3%	9%	13%	23%	2%	6%	23%	26%	31%	31%	46%	49%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

**At a Glance:
(Primary Locations)**

Typical Patient Allocation

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

Roles

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

Source: Va. Healthcare Workforce Data Center

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

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	5%	4%	5%	5%	43%	47%	3%	4%
Most (60-79%)	3%	2%	2%	2%	13%	11%	2%	1%
About Half (40-59%)	8%	8%	8%	9%	12%	10%	4%	3%
Some (20-39%)	10%	10%	16%	15%	11%	11%	8%	5%
A Little (1-19%)	22%	20%	30%	28%	11%	9%	38%	29%
None (0%)	52%	56%	40%	41%	10%	11%	45%	58%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Patients Per Week

Primary Location: 1-24

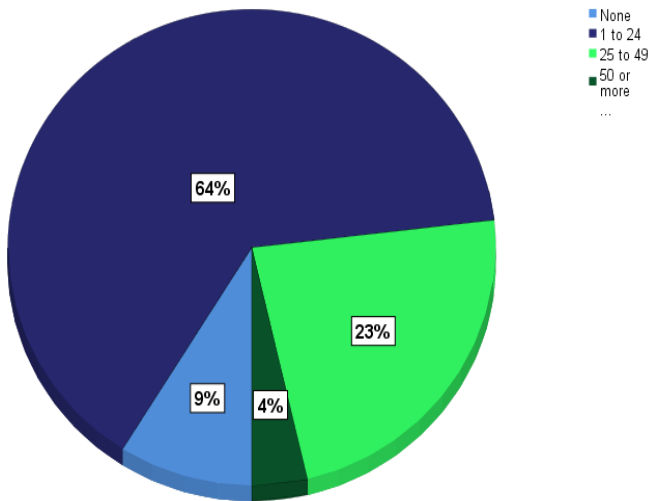
Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	402	9%	161	15%
1 to 24	2,900	64%	817	74%
25 to 49	1,046	23%	102	9%
50 to 74	98	2%	16	1%
75 or More	68	2%	9	1%
Total	4,514	100%	1,105	100%

Source: Va. Healthcare Workforce Data Center

Patients per Week, Primary Work Site



Source: Va. Healthcare Workforce Data Center

Close to two-thirds of all LCSWs treat between 1 and 24 patients per week at their primary work location. Among those LCSWs who also have a secondary work location, 74% treat between 1 and 24 patients per week.

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LCSWs		LCSWs over 50	
	#	%	#	%
Under age 50	55	1%	0	0%
50 to 54	90	2%	8	0%
55 to 59	226	5%	70	3%
60 to 64	786	18%	281	13%
65 to 69	1,478	34%	696	31%
70 to 74	847	19%	567	26%
75 to 79	338	8%	258	12%
80 or over	135	3%	107	5%
I do not intend to retire	400	9%	232	10%
Total	4,354	100%	2,219	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LCSWs

Under 65: 27%

Under 60: 9%

LCSWs 50 and over

Under 65: 16%

Under 60: 4%

Time until Retirement

Within 2 years: 8%

Within 10 years: 27%

Half the workforce: By 2039

Source: Va. Healthcare Workforce Data Center

Although 27% of LCSWs expect to retire by the age of 65, this percentage falls to 16% for those LCSWs who are already at least 50 years old. Meanwhile, 39% of all LCSWs expect to work until at least age 70, including 9% who do not plan to retire at all.

Within the next two years, only 3% of Virginia’s LCSWs plan to leave the state and another 1% plan on leaving the profession entirely. Meanwhile, 11% plan to increase patient care hours, and 8% expect to pursue additional educational opportunities.

Future Plans

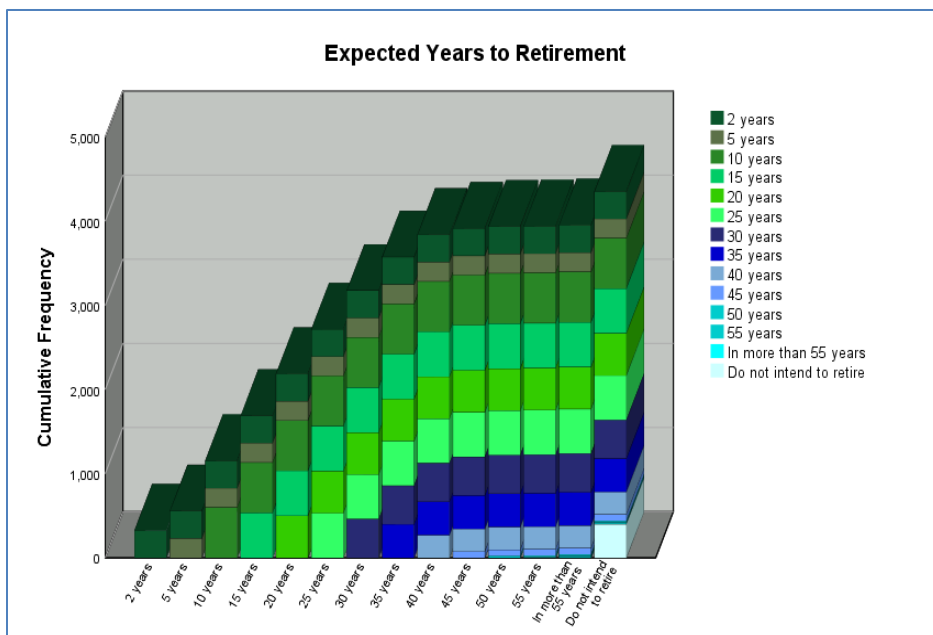
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	79	1%
Leave Virginia	158	3%
Decrease Patient Care Hours	514	9%
Decrease Teaching Hours	36	1%
Increase Participation		
Increase Patient Care Hours	669	11%
Increase Teaching Hours	334	6%
Pursue Additional Education	503	8%
Return to Virginia’s Workforce	54	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LCSWs. 8% of LCSWs expect to retire in the next two years, while just over a quarter plan on retiring in the next ten years. More than half of the current LCSW workforce expect to retire by 2039.

Time to Retirement			
Expect to retire within...	#	%	Cumulative %
2 years	327	8%	8%
5 years	229	5%	13%
10 years	598	14%	27%
15 years	535	12%	39%
20 years	499	11%	50%
25 years	530	12%	62%
30 years	459	11%	73%
35 years	398	9%	82%
40 years	267	6%	88%
45 years	75	2%	90%
50 years	22	1%	90%
55 years	5	0%	91%
In more than 55 years	12	0%	91%
Do not intend to retire	400	9%	100%
Total	4,354	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2029. Retirement will peak at 14% of the current workforce around the same time period before declining to under 10% of the current workforce again around 2054.

At a Glance:

FTEs

Total: 5,103
 FTEs/1,000 Residents²: 0.599
 Average: 0.88

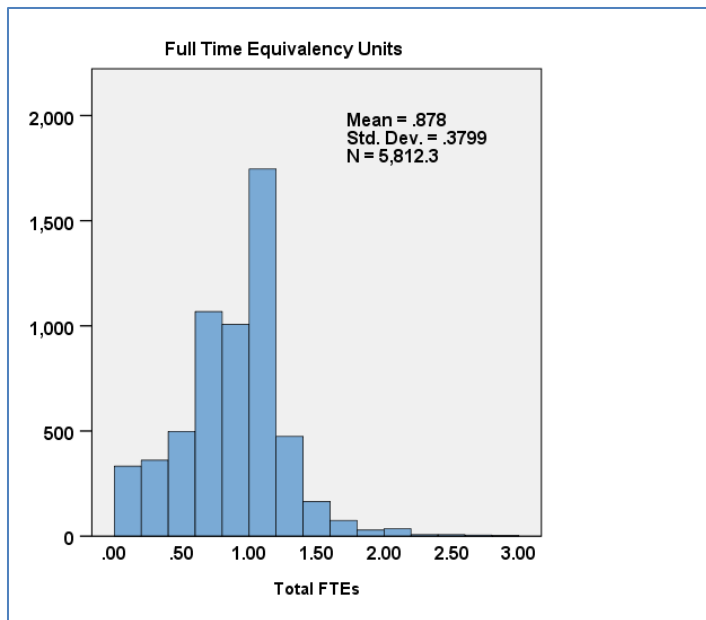
Age & Gender Effect

Age, Partial Eta³: Small
 Gender, Partial Eta³: Small

Partial Eta³ Explained:
 Partial Eta³ is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

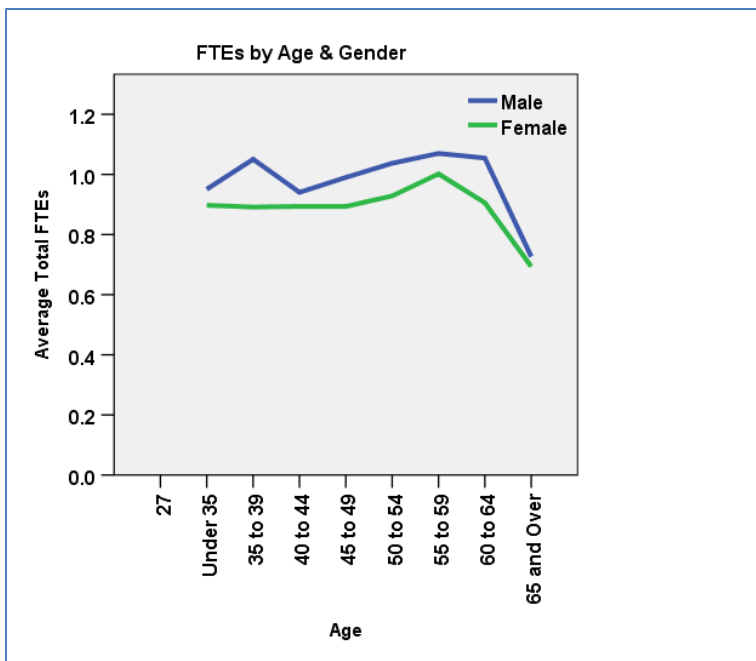


Source: Va. Healthcare Workforce Data Center

The typical (median) LCSW provided 0.94 FTEs, or approximately 38 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 35	0.89	0.94
35 to 39	0.89	0.93
40 to 44	0.92	1.03
45 to 49	0.89	0.90
50 to 54	0.94	0.95
55 to 59	1.01	1.03
60 to 64	0.91	0.91
65 and Over	0.69	0.64
Gender		
Male	0.93	1.02
Female	0.88	0.95

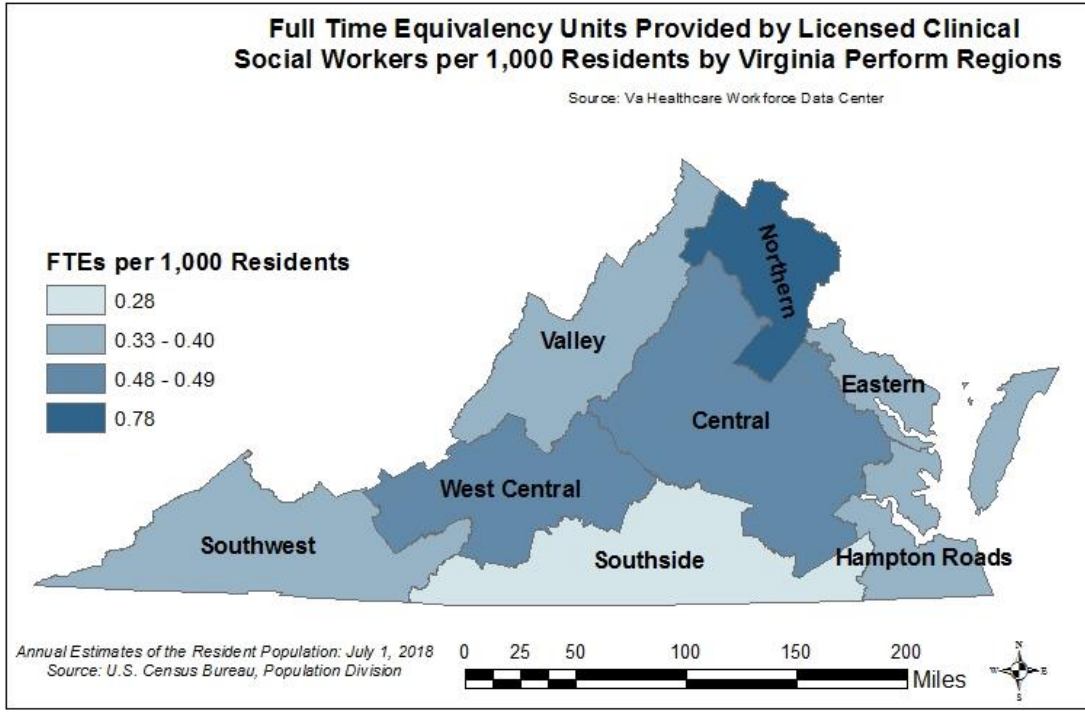
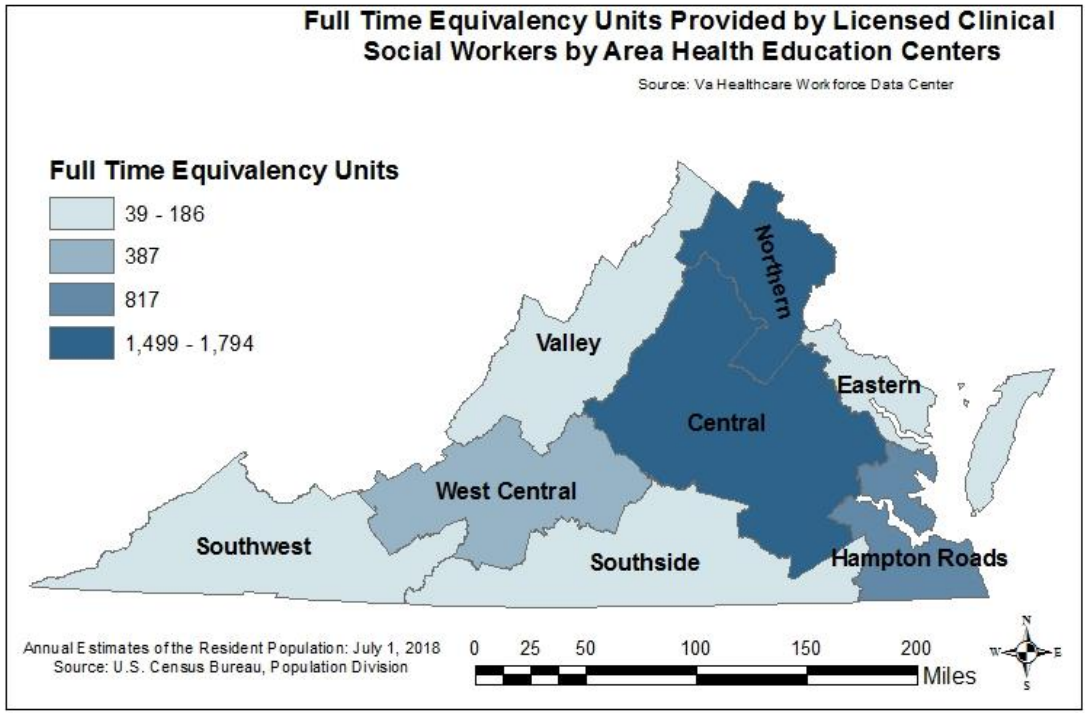
Source: Va. Healthcare Workforce Data Center

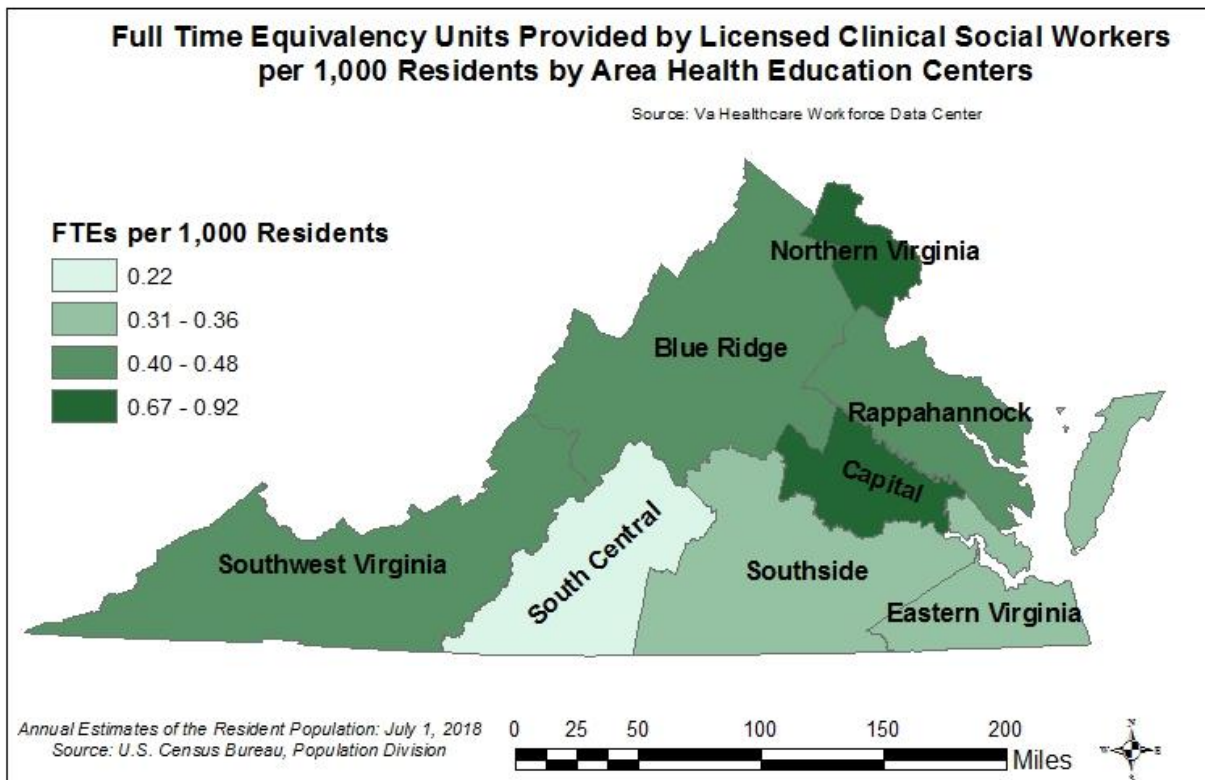
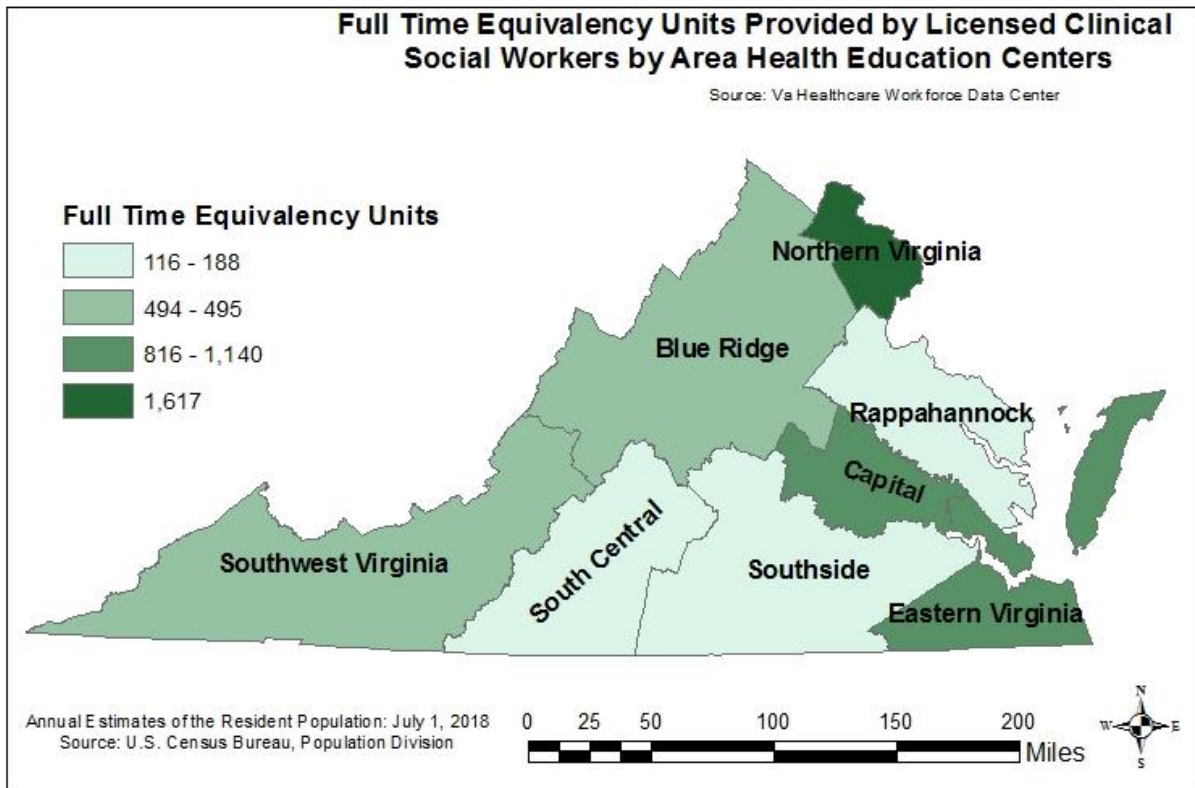


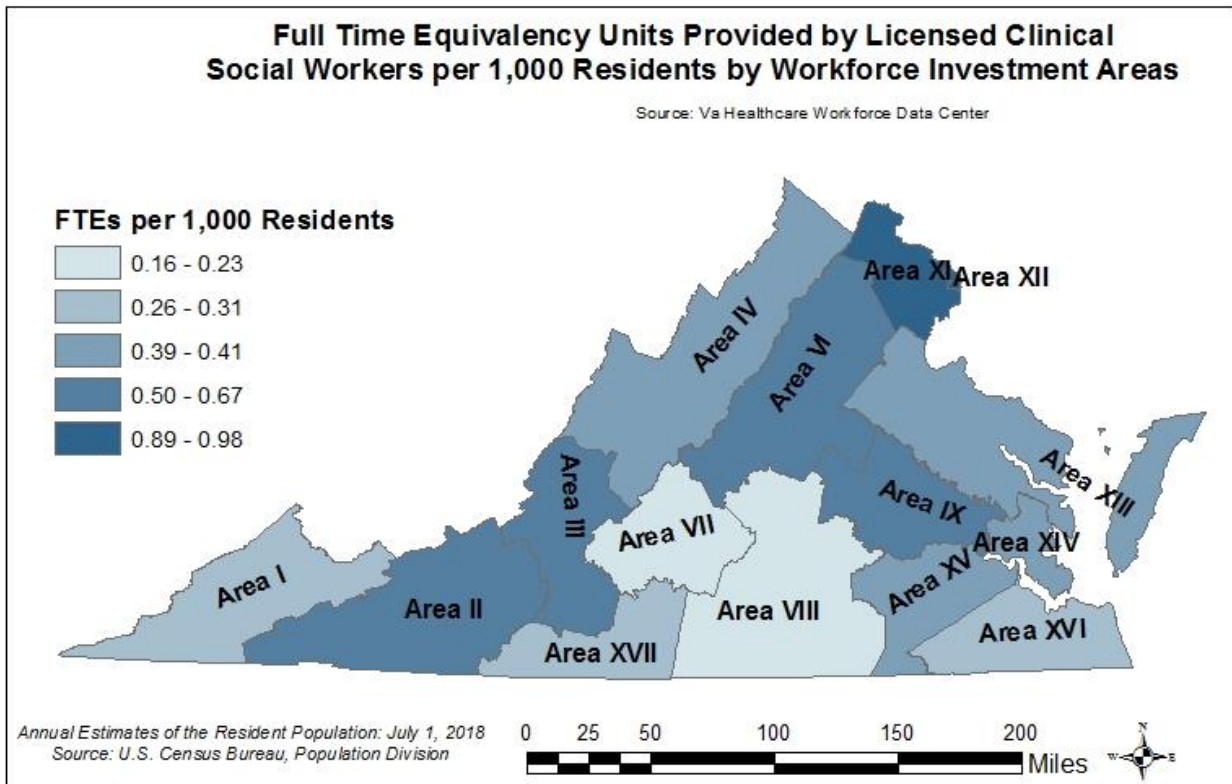
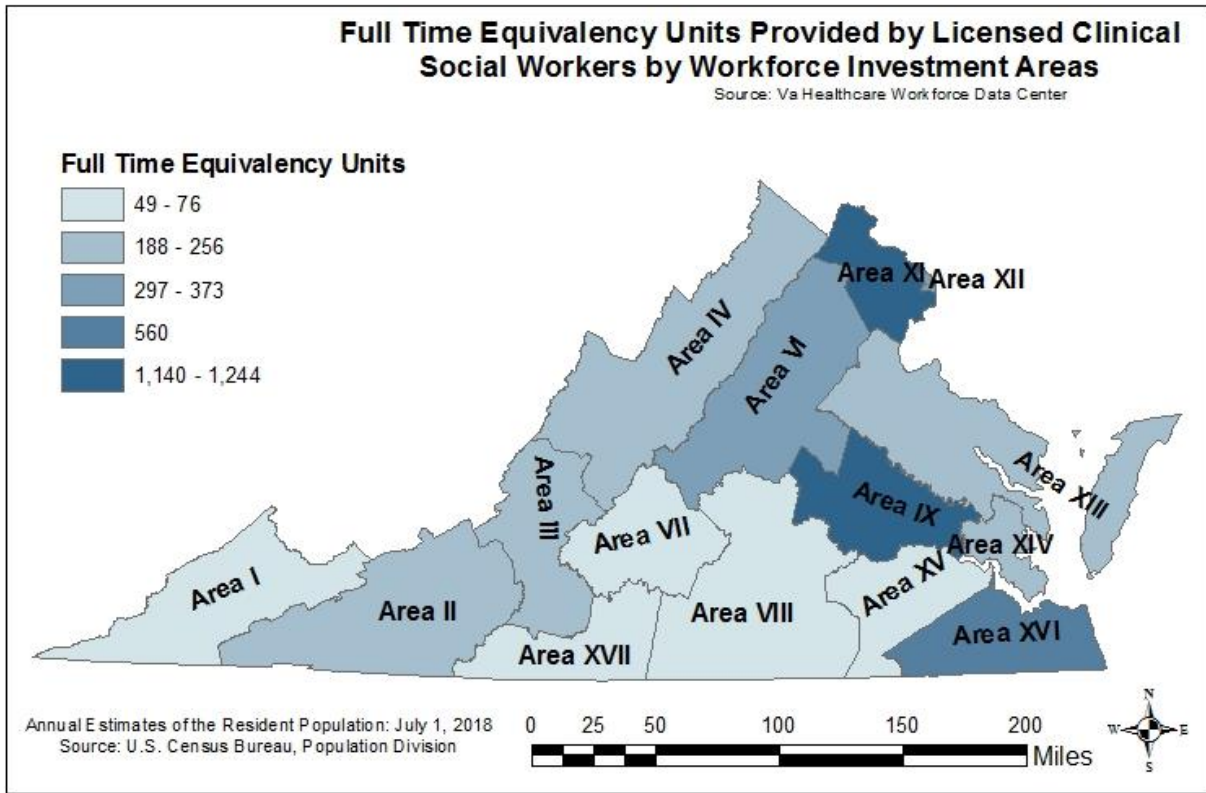
Source: Va. Healthcare Workforce Data Center

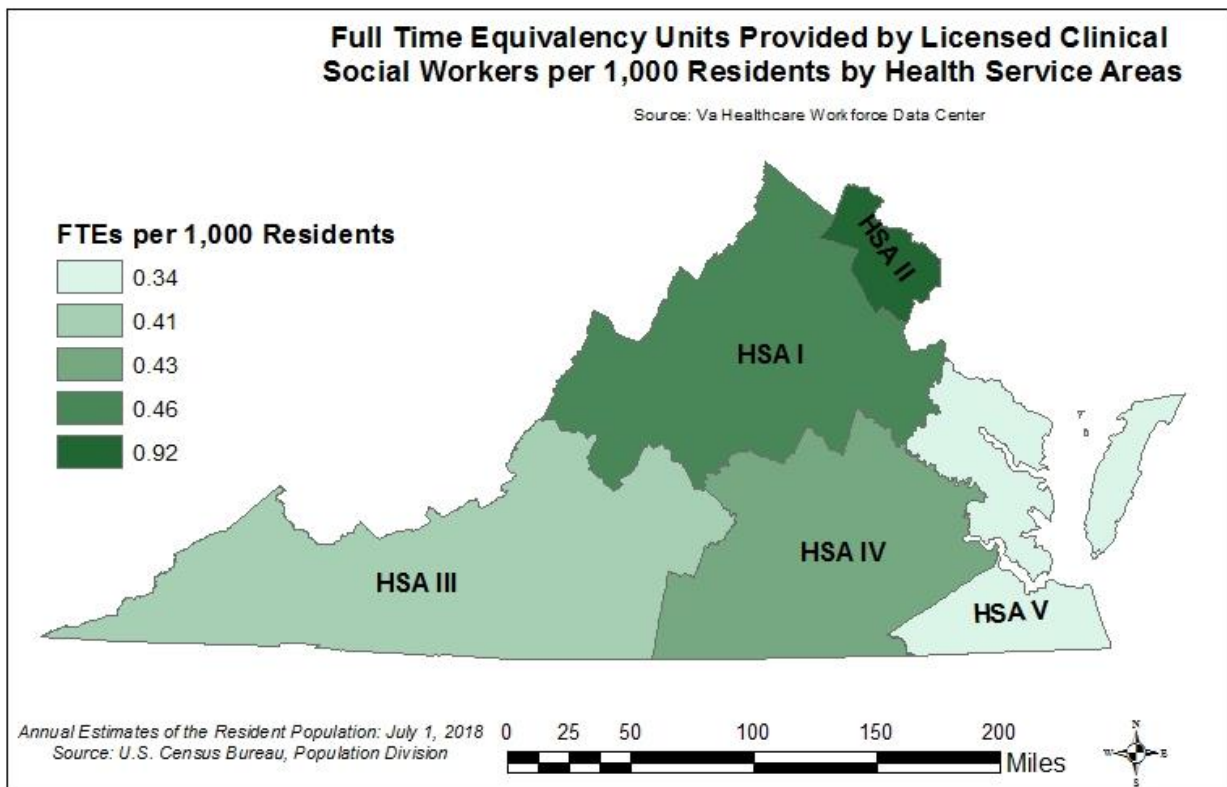
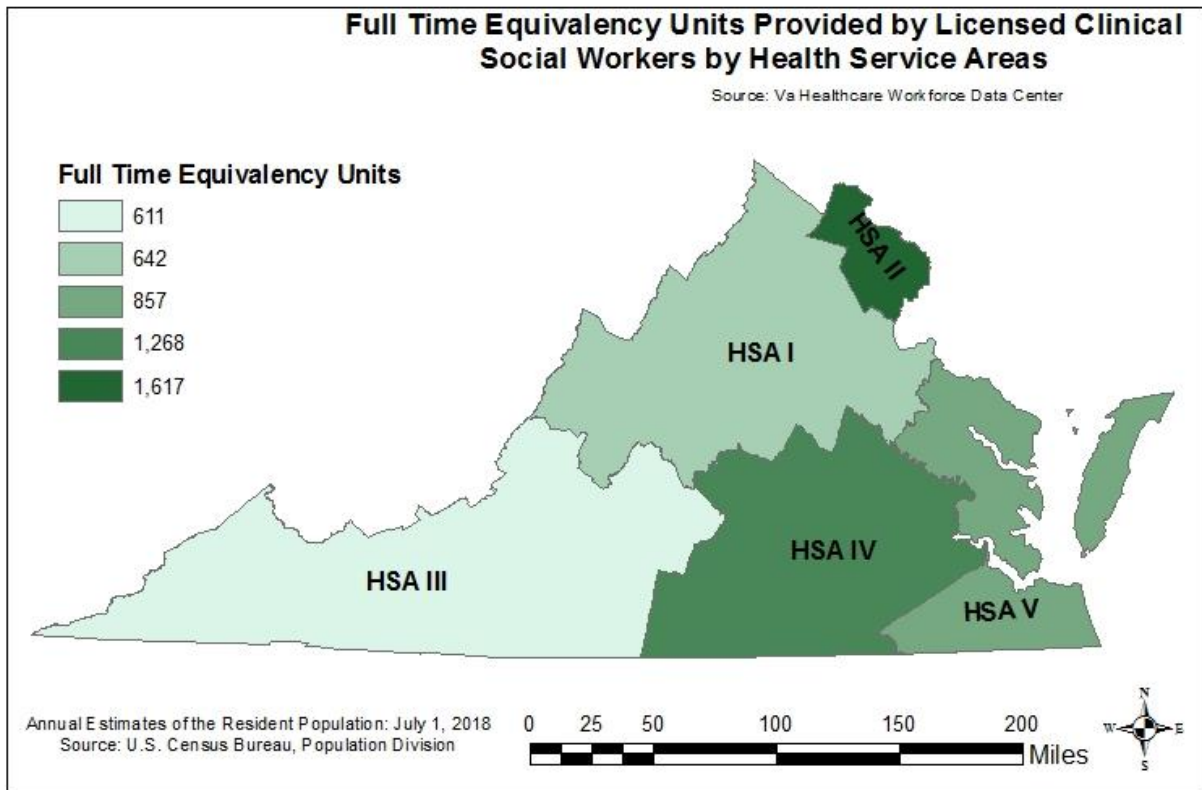
² Number of residents in 2017 was used as the denominator.

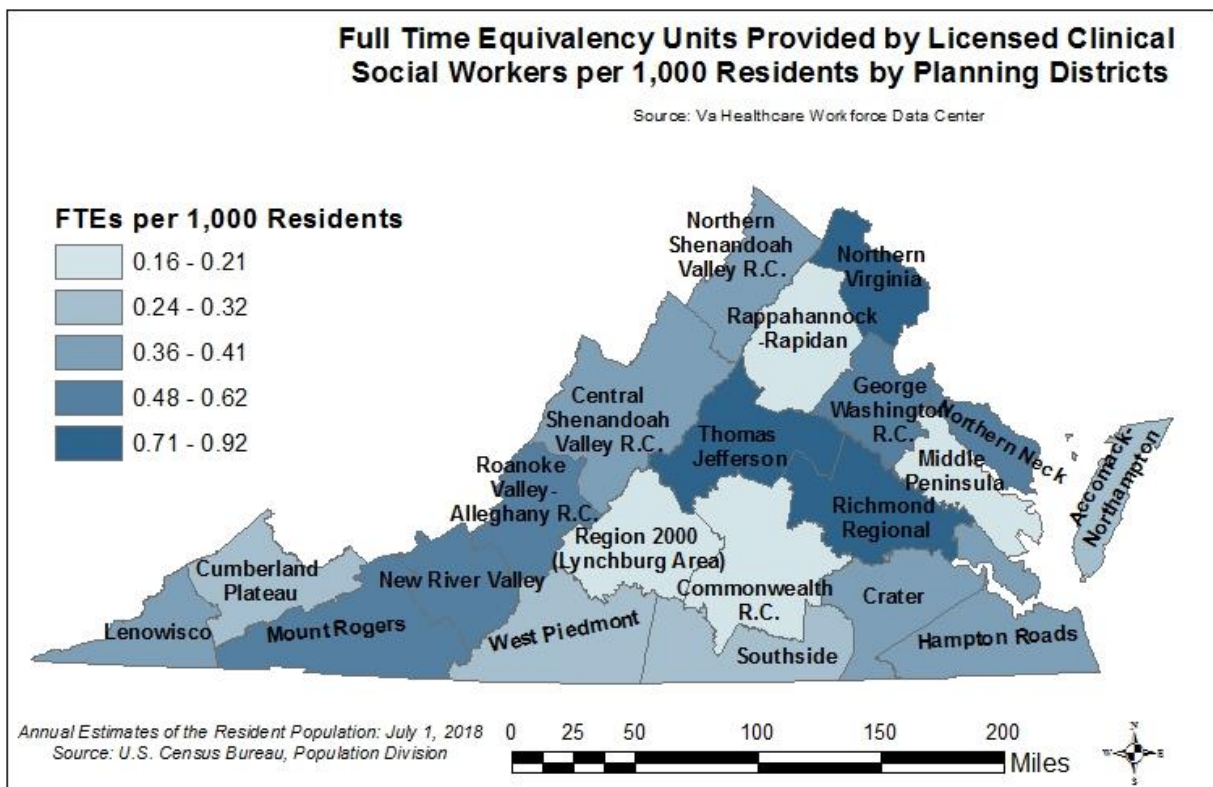
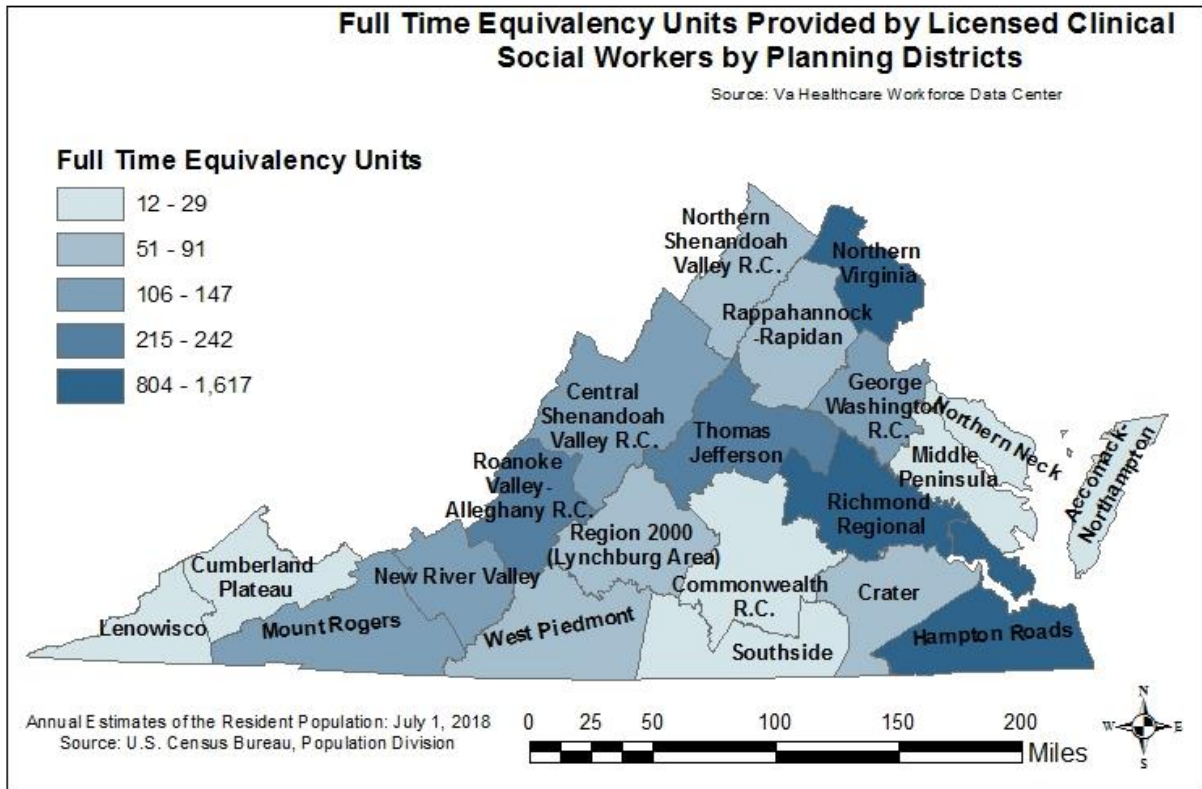
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test is significant)











Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	4628	90.45%	1.1056	1.0604	1.2318
Metro, 250,000 to 1 million	386	87.05%	1.1488	1.1018	1.2800
Metro, 250,000 or less	583	88.85%	1.1255	1.0795	1.2540
Urban pop 20,000+, Metro adj	34	88.24%	1.1333	1.0870	1.2628
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	121	87.60%	1.1415	1.0948	1.2719
Urban pop, 2,500-19,999, nonadj	81	91.36%	1.0946	1.0498	1.2196
Rural, Metro adj	83	87.95%	1.1370	1.0905	1.2668
Rural, nonadj	27	85.19%	1.1739	1.1259	1.3080
Virginia border state/DC	827	81.26%	1.2307	1.1803	1.3712
Other US State	521	79.08%	1.2646	1.2129	1.4090

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 35	849	0.7915	1.2634	1.2196	1.4090
35 to 39	824	0.8726	1.1460	1.1063	1.2781
40 to 44	883	0.9049	1.1051	1.0668	1.2325
45 to 49	888	0.9043	1.1059	1.0675	1.2333
50 to 54	849	0.9105	1.0983	1.0602	1.2249
55 to 59	830	0.9133	1.0950	1.0570	1.2212
60 to 64	733	0.9195	1.0875	1.0498	1.2129
65 and Over	1,435	0.8585	1.1648	1.1244	1.2990

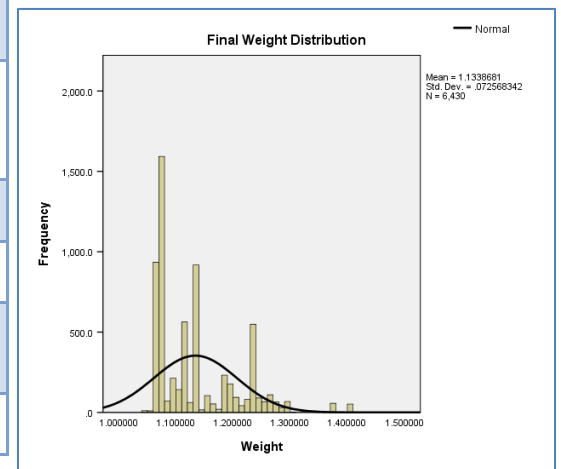
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: www.dhp.virginia.gov/hwdc/

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

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

Overall Response Rate: 0.8819



Source: Va. Healthcare Workforce Data Center

Legislation and Regulatory Actions

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of September 1, 2019**

Board		Board of Social Work
Chapter	Action / Stage Information	
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<p><u>Unprofessional conduct/practice of conversion therapy</u> [Action 5241]</p> <p>NOIRA - Register Date: 7/8/19 Board to consider comment and proposed regulation: 9/20/19</p>
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<p><u>BSW and LSW licensure</u> [Action 5070]</p> <p>Fast-Track - Register Date: 6/24/19 Effective: 8/8/19</p>
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<p><u>Reduction in CE requirement for supervisors</u> [Action 5191]</p> <p>Fast-Track - Stage Withdrawn 7/22/2019 Board to consider comment and NOIRA – 9/20/19</p>
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<p><u>Hours of ethics for continuing education</u> [Action 5010]</p> <p>Final - At Secretary's Office for 43 days</p>

Agenda Item: Board decision on rulemaking – reduction in CE requirement for supervisors

Included in your agenda package are:

Copy of Notice of withdrawal of Fast-track action on Townhall

Copy of comments on the Fast-track action

Copy of fast-track regulation as proposed

Board action:

The Board must decide whether to proceed with its proposal by publication of a Notice of Intended Regulatory Action or take no action (proposal remains withdrawn)

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Agency Department of Health Professions

Board Board of Social Work

Chapter Regulations Governing the Practice of Social Work [18 VAC 140 - 20]

Action: Reduction in CE requirement for supervisors

Fast-Track Stage

Action 5191 / Stage 8486

[Edit Stage](#) [Go to RIS Project](#)

Documents

Proposed Text	6/11/2019 8:51 am	Sync Text with RIS
Agency Statement	12/11/2018 (modified 4/3/2019)	Upload / Replace
Attorney General Certification	2/25/2019	
DPB Economic Impact Analysis	3/27/2019	
Agency Response to EIA	3/27/2019	Upload / Replace
Governor's Review Memo	6/4/2019	
Registrar Transmittal	6/4/2019	

Status

Withdrawn	7/22/19 Reason: There have been more than 10 objections to the fast-track action.
Incorporation by Reference	No
Exempt from APA	No, this stage/action is subject to article 2 of the <i>Administrative Process Act</i> and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 12/11/2018 Returned to Agency: 1/3/2019 Resubmitted to OAG: 1/3/2019 Review Completed: 2/25/2019 Result: Certified
DPB Review	Submitted on 2/25/2019 Economist: Larry Getzler Policy Analyst: Jerry Gentile Review Completed: 4/3/2019 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
Secretary Review	Secretary of Health and Human Resources Review Completed: 5/27/2019
Governor's Review	Review Completed: 6/4/2019 Result: Approved
Virginia Registrar	Submitted on 6/4/2019

	<u>The Virginia Register of Regulations</u> Publication Date: 6/24/2019  <u>Volume: 35 Issue: 22</u>
Comment Period	<u>28 comments</u> Stage withdrawn on 7/22/2019 during the public comment period
Effective Date	8/8/2019

Contact Information

Name / Title:	Jaime Hoyle / <i>Executive Director</i>
Address:	9960 Mayland Drive Suite 300 Richmond, VA 23233-1463
Email Address:	jalme.hoyle@dhp.virginia.gov
Telephone:	(804)367-4406 FAX: (804)527-4435 TDD: (-)

This person is the primary contact for this chapter.

This stage was created by Elaine J. Yeatts on 12/11/2018

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Agency

Department of Health Professions

Board

Board of Social Work

Chapter

Regulations Governing the Practice of Social Work [18 VAC 140 - 20]

Action	<u>Reduction In CE requirement for supervisors</u>
Stage	<u>Fast-Track</u>
Comment Period	Ends 7/24/2019

28 comments

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

Commenter: Mary McGovern, Student, VCU School of Social Work

7/3/19 3:33 pm

Oppose proposed change to reduce/eliminate supervisor CEU requirements

As a new MSW student, I am distressed at the proposal to eliminate the 5 year continuing education requirement for supervisors. Absent this requirement, it will be possible that a supervisor could go an entire career – thirty years or more! – without updating their supervisor training. Thirty years ago, I did not yet own my first computer. Twenty years ago, I did not yet own my first cell phone. Ten years ago, same-sex marriage seemed an impossible dream and the practice of self-filming conflict situations with cell phones was unheard of. Even today, our understanding of trauma and how to create safe space for clients is evolving at lightning speed. These are but just a few examples of changes in our society that have had a profound impact on the way that social work is practiced. I cannot imagine how a supervisor could bring current best practices to his or her supervisees without regular, extensive updates.

When I get my degree in 2021, I want to know that the supervisor I am working toward licensing under is giving me the very best, most current guidance possible – for the simple reason that I want to be able to give the best possible care to the people I serve. If you eliminate this requirement, it will be easy for supervisors to forego continuing education because they are too busy, because they don't realize things have changed, or because they simply don't think it is important. Beyond that, it seems likely that some social service agencies will not support or pay for continuing education for their supervisors – even those who want updated training – if they are not required to do so by law.

For the sake of those of us coming into the field of social work now and in the future – as well as all of the people we will serve throughout our careers – please withdraw this proposal.

Thank you for your consideration.

Commenter: John Holtkamp

7/8/19 5:14 pm

Oppose reduction in Social Work Supervision requirements

It is my understanding the Virginia Board of Social Work has proposed changes in the regulations which govern the practice and supervision of Social Work licensees in the Commonwealth of Virginia:

- 1.) Reduce the training hours necessary to be a Social Worker Supervisor from 14 to 12,
- 2.) Eliminate the need for any follow up training . . . ever.

The Virginia Chapter of the National Association of Social Workers opposed this proposal:

- 1.) Social Work supervision must be current, reflective of issues developing in the field. It is not a static field.
- 2.) Quality of Supervision requires routine 'refresher' courses. To eliminate this expectation sets practitioners up for failure and the clients they serve for harm.

Social Workers have struggled to achieve parity with other behavioral health professions. This regulation undermines that effort.

Thank You!

Commenter: Leah Ganssle

7/9/19 9:40 am

Oppose proposed changes to Supervisor CEU requirements

Social work is a unique field in that it is a dynamic one, with its members being lifelong learners committed to staying up to date on the newest research, guidelines, and professional opinions. The field also relies heavily on its qualified supervisors to act as mentors and guides to those entering the profession, ensuring that students not only receive a quality classroom education, but that they engage in their required field practicums and supervised experience with opportunities to be challenged on their ideas and exposed to new situations that they may encounter in their roles as social workers.

As a recent MSW graduate currently applying for supervision, I place great importance on my supervisor being knowledgeable, experienced, and bringing her own training back to me for meaningful discussion and learning opportunities. **The proposed reduction in CEU requirements for supervisors directly violates the NASW Code of Ethics value of competence, which blatantly states that social workers are to "continually strive to increase their professional knowledge and skills and to apply them in practice"**. Social workers have fought long and hard for recognition and credibility in the behavioral sciences field, and eliminating requirements for supervisors to attend continuing education workshops and training undermines the hard work of our predecessors, especially as it remains a requirement in other behavioral health fields such as nursing and psychology.

It is my hope that the Virginia Board of Social Work will take the Code of Ethics which we have all agreed to follow in account when discussing this urgent matter. Social workers have an important place in our society, and the profession continues to grow because of our commitment to being well-informed and passionate.

Commenter: Mary Henslee

7/9/19 12:47 pm

Oppose Proposed Regulatory Changes in Supervision CE

The proposed regulatory changes to reduce continuing education requirements for supervisors would constitute a "lowering of the bar" for the profession, the care of clients, and the skills of clinicians. Supervisors are responsible for the highest level of clinical training prior to independent practice, and our clinicians deserve competency. To reduce supervisors' CEU hours and then excuse them from further organized learning seems inherently, professionally careless.

The practice of social work is reflective of our changing neighborhoods, cultures, and world, and as such, should accurately reflect those changes. To permit any supervisor to opt out of staying current in the field is putting our clients at risk due to competency issues.

Commenter: Debra Riggs, National Association of Social Workers, Virginia Chapter

7/9/19 2:04 pm

Response to 18-VAC140-20-Less Restrictive Rule on Supervision

Thank you for the opportunity to express comments regarding the Fast-Tracked Regulation to promulgate regulations on the Supervision of a Social Worker, and the requirements for continuing education for Supervisors as recommended by the Virginia Board of Social Work, under the Department of Health Professions.

The National Association of Social Workers (NASW) the largest professional association for Social Workers and the Association of Social Work Boards (ASWB) (the association of Social Work Boards in the United States and Canada) developed the Best Practices Standards in Social Work Supervision to support and strengthen supervision for professional social workers. The standards provide a framework that promotes uniformity and serves as a resource for issues related to supervision in the social work supervisory community.

The knowledge base of the social work profession has expanded, and the population it serves has become much more complex. Therefore, it is important to the professional and the clients served to have assurance that all social workers are equipped with the necessary skills to deliver competent and ethical social work services. It is equally important that all social workers are responsible and accountable to the clients they serve to protect them from harm.

Supervision is an essential and integral part of the training and continuing competencies required for a skillful development of professional social workers. Supervision protects clients, supports practitioners, and ensures that professional standards and quality services are delivered by competent social workers.

The NASW Code of Ethics and the ASWB Model Social Work Practice Act serve as foundation documents in the development of the supervision standards. These standards support the practice of social workers in various work settings and articulate the importance of a collective professional understanding of supervision within the social work community as well as citing the NASW Code of Ethics as guidelines and standards for practice.

The questionable position that the Virginia Board of Social Work has taken to remove the 5-year requirement for continuing competency/education appears to defy standards of practice and logic. In addition, to lower the requirement from 14 hours to 12 contact hours is arbitrary and capricious at best.

Social Work is recognized among other behavioral health science practitioners with the legal right to practice independently, to bill services performed, to respond in legal situations with "privilege" as afforded to physicians, nurse practitioners and other providers of mental health, psychiatric and behavioral health services:

As strongly supported and stringently required in professional training for psychiatrists, psychologists, nurses and social workers, best supervision practices and current evidence-based practices are requisite for competence in professional practice. The social work profession prides itself on being the largest behavioral health provider in the world and continuing development and training is of utmost importance for a competent, up-to-date workforce.

The definition of supervision is to "oversee", therefore, by eliminating the training requirement every 5 years for a supervisor and lowering the required contact hours from 14 to 12 hours, the Board of Social Work is suggesting that it does not value updated and current evidence-based required training for its "teachers" to bring a new workforce into the Commonwealth with sound

practice and ongoing development. These proposed recommendations to change the rules/regulations by eliminating 2 contact hours of the initial training and abolishing the 5-year refresher training for Supervisors creates a risk for the social work profession and the public.

Many supervisors across the behavioral health space and health arena work diligently to remain informed and current in theoretical, practice and research-based knowledge, however as with all professionals' others do not. The supervisors who do not seek peer reviews and professional venues for updating professional knowledge and new research based content because of cost, inconvenience, the absence of motivation, or simply, ease in continuing supervision without additional effort, are those that will likely struggle with professional competency and so will their supervisees.

In fact, when the original education and training requirements of the social work profession were reviewed and developed in 2006 by the Board of Social Work they recognized the direct correlation between a supervisors' practice knowledge and ethical and disciplinary cases with supervisees.

It should be duly noted that supervisees who had supervisors with limited training on ethics, evidence-based practices and other practice related standards contributed to in an increase of disciplinary cases brought forth by the consumer.

The Board during this time, had the wisdom and foresight to take a visionary position in instituting a requirement for all social work supervisors approved to supervise practitioners seeking licensure in Virginia. At that time, the Board sought to ensure and sustain the growing recognition and respect of the social work profession with its specific service arenas commensurate with other health and behavioral health professions. In its infinite wisdom, the Board realized that competent education and training and competent, enriched supervisory practices would ensure this outcome. This outcome would also be in the best interest of the consumer, as a result of a more educated and informed supervisor.

Social workers provide much needed services to an array of clients in practice settings, including but not limited to aging, healthcare, behavioral health, school social work, and many more. And, with multi-level licensing recently signed into Law in Virginia, the profession is poised to grow thus increasing the workforce and access to behavioral health services.

Without strict training requirements, the workforce will increase, but with professionals who have a lower standard of competency, potentially resulting in harm to the clients served. It is imperative that the workforce providing behavioral health and case management services, be competent with continuing development in offering the citizens of the Commonwealth's well qualified, professional workforce, whose main goal is to protect the public from harm. In order to help accomplish this goal, it is vital that our Regulators understand that continuing competency is one of many professional requirements, particularly when teaching new practitioners.

After reviewing the ASWB data regarding Supervision Requirements for Social Workers, it is noted that Virginia is one of only a couple of states that has such a low initial hourly training requirement for supervisors. In fact, most states require at least 15 hours of initial training and some like Texas require a 40-hour course be taken to be board approved. Many states require the licensee who has the supervisor designation to get 3 CEU's every license renewal period. This helps to ensure that the workforce is always up to date with best practices. Approximately 70% of states do require 3 or more hours of Continuing Education per license renewal period.

Lowering these requirements will not ensure the competency of the practitioner. The proposed change of 12 hours for initial supervision training does not ensure that the future supervisor has the necessary skills to oversee those applying for a higher level of licensure. In addition, the elimination of the requirement for additional training every 5 years will result in an inadequate level of training in best practices. Although ongoing professional development can never ensure competency, lowering an educational requirement can result in inadequate supervision methods for supervisees. Supervisors with outdated training will pass this information to their supervisees, which will likely lead to an increase in the number of complaints to the Board. When supervisors are current with state-of-the-art best practices that are gained via ongoing training, they can transmit this knowledge to their supervisees. Lowered requirements can create claims by the

public that the Board is not providing appropriate or adequate oversight of this supervisor function. The public will not be protected, and this violates the prime purpose of a licensing board.

There are many vehicles to obtaining Supervision training in the Commonwealth that meet the requirement for supervision. A diverse array of organizations offers supervision training with enough diversity in its content to meet the core foundational elements while not being redundant. These organizations include but are not limited to professional associations, for profit and nonprofit businesses.

The National Association of Social Workers, Virginia Chapter is hopeful that the Virginia Board of Social Work will reverse the decision to promulgate regulations and not change the standard for Supervisors in Social Work. Indeed, if anything, the Association recommends increasing the continuing competency for supervisors, which will have a positive impact for future clients and the public.

Respectfully Submitted,

National Association of Social Workers, Virginia Chapter

Commenter: Sarah Higgins

7/9/19 6:20 pm

Opposed to the changes in ongoing CEU requirements for clinical supervisors

I am a Commonwealth of Virginia Licensed Clinical Social Worker and I am currently eligible to provide clinical supervision in VA. I am writing in opposition to the proposed reduction in ongoing continuing education requirements for supervisors. Social work is a constantly changing field, and the thought of supervisors being able to go virtually an entire career without having to engage in continuing education related to supervision and still be providing supervision is mind blowing to me. It is not in line with the values of other mental health professions and could have serious consequences on the quality of supervision that is received, thereby reducing the overall clinical skill level of newly licensed clinicians. Social workers have worked long and hard to be recognized as the highly qualified mental health professionals that they are. A reduction in the overall training required to be a supervisor as well as the reduction in required ongoing continuing education requirements would have a negative impact on these efforts.

Commenter: Donilee Alexander-Goldsmith

7/10/19 11:03 am

Opposed to the changes in ongoing CEU requirements for clinical supervisors

I am opposed to the Board's proposal to weaken the training requirements for Social Work Supervisors as put forth in the action: "Reduction of CE requirement for supervisors," and urge that it be withdrawn. I feel strongly that reducing the required hours, eliminating the 5 year timeframe for training prior to initial registration, and eliminating the 5 year continuing education requirement for Social Work Supervisors would undermine the quality of supervision for countless new practitioners. This would be a detriment to a supervisee's education and practice, and would put the people they serve at risk. As professionals we are continually expanding our knowledge base and working with a more diverse and complex population. The proposed changes to the Supervisor training requirements will undermine the profession in Virginia, and would be a disservice to supervisees and their clients.

Donilee Alexander-Goldsmith, MSW, LCSW

7/10/19 12:40 pm

Commenter: Impact Youth Services, LLC

Opposition to changing the requirements for LCSW Supervision Training

Greetings,

I am deeply concerned about the Board's proposal to weaken the training requirements for Social Work Supervisors as outlined in "Reduction of CE requirement for supervisors." I implore you to reconsider this action. Reducing the required hours, eliminating the five-year timeframe for training prior to initial registration, and eliminating the five year continuing education requirement for Social Work Supervisors would undermine the quality of supervision for countless new practitioners, not only harming their professional education and robbing them of needed capability, but putting the people they serve at risk.

Social Work is a highly dynamic field; the knowledge base of the profession is continually expanding, and the population it serves becoming more complex. Some examples of changes in the last five years alone include:

- Greater awareness and understanding of the breadth and prominence of issues facing the LGBTQ+ community;
- New best practices with regard to sensitivities and trauma around issues of race, gender, and sexuality, as well as the ubiquity of sexual harassment and assault;
- Better understanding of the myriad and often hidden ways that white supremacy and white privilege impact minority populations;
- A rise in gun ownership and gun violence, posing increased physical risk to clients (through both violence and suicide) and social workers, as well as causing increased anxiety and trauma in communities overall.

It is imperative that novice social workers have the skills, abilities to bring evidence based practices and insights to the challenging, and dynamic issues they encounter on a daily basis. Their ability to navigate complex issues and mitigate harm in the midst of real-life situations depends largely on the knowledge and understanding of their supervisor and the quality of guidance they receive. Without a current continuing education requirement, a significant portion of supervisors will fall behind in the field and their supervisees will carry their outdated understandings forward.

The Social Work profession has tirelessly advocated for its rightful and now recognized position among other behavioral health science professions. As is stringently required in professional training for psychiatrists, psychologists, nurses and social workers in jurisdictions across the country, best supervision practices and current evidence-based knowledge are requisite for competence in professional practice. There is ample, high quality and advanced supervisor training available (with new training developed as need the need arise) to ensure that no supervisor will need retake coursework merely to meet the requirement.

The proposed changes to the Supervisor training requirements will undermine the profession in Virginia, hurting supervisees and their clients. I ask that you please support the social work profession in our state by withdrawing this proposal.

Warm regards,

Debbie L. Cadet, PhD, MSW

Commenter: Hope and Associates

7/10/19 1:26 pm

Reduction of CE requirement for supervisors

I am writing to express my concerns about the Board's proposal to weaken the training requirements for Social Work Supervisors as outlined in "Reduction of CE requirement for supervisors". Reducing the required hours, eliminating the five-year time-frame for training prior to initial registration, along with eliminating the five-year continuing education requirement for Social Work Supervisors would undermine the quality that systems are moving to across the healthcare profession. The health-care model is heavily focused on patient centered care and Quality Initiatives; however, this proposal reinforces the number of new practitioners only harming the individual's professional education, but most of all it is putting the population they serve at risk.

Social Work is a highly dynamic field; the knowledge base of the profession is continually expanding, and the population it serves becoming more complex. Some examples of changes in the last five years alone include:

- **Greater awareness and understanding of the breadth and prominence of issues facing the LGBTQ+ community;**
- **New best practices with regard to sensitivities and trauma around issues of race, gender, and sexuality, as well as the ubiquity of sexual harassment and assault;**
- **Better understanding of the myriad and often hidden ways that white supremacy and white privilege impact minority populations;**
- **A rise in gun ownership and gun violence, posing increased physical risk to clients (through both violence and suicide) and social workers, as well as causing increased anxiety and trauma in communities overall.**

It is essential that new social workers bring the most current practices and insights to the challenging dynamics they face daily. Their ability to navigate complex issues and mitigate harm in the midst of real-life situations depends to a large extent on the knowledge and understanding of their supervisor and the quality of guidance they receive. Without a continuing education requirement that is current, a significant subset of supervisors will fall behind the field and their outdated understandings will be carried forward by their supervisees, as well as future social workers. Raising the requirement for ethics training will not be sufficient, as the changing social work landscape extends far beyond questions of ethics.

Social Work has fought long and hard to be respected and recognized among other behavioral health science professions. As is stringently required in professional training for psychiatrists, psychologists, nurses and social workers in jurisdictions across the country, best supervision practices and current evidence-based knowledge are requisite for competence in professional practice. The proposed changes to the Supervisor training requirements will undermine the profession in Virginia, hurting supervisees and their clients; which puts more liability on the supervisor. Please support social work in our state by withdrawing this proposal.

Rahikya Wilson, MSW, LCSW, LICSW

Commenter: Vickie Hawkins-Black

7/10/19 8:04 pm

Opposition to the Proposed CEU Requirements for Clinical Supervision

I would like to express my concerns against the proposed change to the current educational requirements for clinical supervision. Quite frankly, reducing the required hours, eliminating the initial 5-year professional experience, and removing the 5-year continuing education requirement for Social Work Supervisors would undermine the quality of supervision and potentially harm the people that we serve.

According to Tebes, et al., (2010), "training in supervisory competencies is essential to effective clinical practices and helps address the current national crisis in the behavioral health workforce". In an ever-changing landscape, it is imperative that social work supervisors have the ongoing

education and skills to train the next generation of social workers to address the multi-faceted and complex issues in the communities that they serve.

According to the current regulations,

"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.

How can *professionalism, ethics and competence* be demonstrated without adequate ongoing training? By regulation, social workers are required to receive continuing education in order to maintain their license which means that they have met the "minimum standard of care". Continuing education for supervisors not only demonstrates a minimum standard but ensures supervisors receive ongoing education in supervision guidelines, techniques, and ethics. Clinical supervision is the capstone activity that connects theory to practice and is viewed as the signature pedagogy of mental health professionals (Dollarhide & Granello, 2016; Barnett et al., 2007).

The proposed changes to the supervisor education requirements will undermine the profession, hinder supervisees and negatively impact the clients that we service. Therefore, I urge you to withdraw this proposal, and instead offer continued support of the professionals that provide an invaluable service in our profession.

Respectfully,

Commenter: Erin Crosby

7/11/19 5:38 pm

Opposed Proposed Fast Track Changes to Supervision Regulations

I am alarmed at the Board's proposal to weaken the training requirements for Social Work Supervisors as put forth in the action: "Reduction of CE requirement for supervisors," and urge that it be withdrawn. Reducing the required hours, eliminating the 5 year timeframe for training prior to initial registration, and eliminating the 5 year continuing education requirement for Social Work Supervisors would undermine the quality of supervision for countless new practitioners, not only harming their professional education and robbing them of needed capability, but putting the people they serve at risk.

Social Work is a highly dynamic field; the knowledge base of the profession is continually expanding, and the population it serves becoming more complex. Some examples of changes in the last five years alone include:

- Greater awareness and understanding of the breadth and prominence of issues facing the LGBTQ+ community;
- New best practices with regard to sensitivities and trauma around issues of race, gender, and sexuality, as well as the ubiquity of sexual harassment and assault;
- Better understanding of the myriad and often hidden ways that white supremacy and white privilege impact minority populations;
- A rise in gun ownership and gun violence, posing increased physical risk to clients (through both violence and suicide) and social workers, as well as causing increased anxiety and trauma in communities overall.

It is essential that new social workers be able bring the most current practices and insights to the challenging dynamics they face today. Their ability to navigate complex issues and mitigate harm in the midst of real-life situations depends to a large extent on the knowledge and understanding of their supervisor and the quality of guidance they receive. Without a continuing education

requirement that is current, a significant subset of supervisors will fall behind the field and their outdated understandings will be carried forward by their supervisees. A likely outcome is a rise in troubled supervisor-supervisee relationships, greater incidence of poorly performing social workers, and an increase in disciplinary actions. Raising the requirement for ethics training will not be sufficient, as the changing social work landscape extends far beyond questions of ethics.

Social Work has fought long and hard for its rightful and now recognized position among other behavioral health science professions. As is stringently required in professional training for psychiatrists, psychologists, nurses and social workers in jurisdictions across the country, best supervision practices and current evidence-based knowledge are requisite for competence in professional practice. There is ample, high quality and advanced supervisor training available (with new training developed as needs arise) to ensure that no supervisor need "repeat" coursework merely to meet the requirement.

The proposed changes to the Supervisor training requirements will undermine the profession in Virginia, hurting supervisees and their clients. Please support social work in our state by withdrawing this proposal.

Commenter: Mary McGovern

7/11/19 10:29 pm

Oppose Fast Track Process for this proposal

I would like to supplement my earlier comments to explicitly object to using the Fast Track process for this measure. As evidenced by the number of people opposing the proposal (including and especially NASWVA), there is significant concern about potential negative impact to the profession and the thousands of people who rely on social work services. It is deserving of the full and careful consideration of the regular regulatory action process.

Thank you so much for your consideration.

Commenter: Debra A Riggs NASWVirginia

7/12/19 9:44 am

fast tracked regulations supervision training

The National association of Social Workers in opposed to fast tracking these regulatory considerations for changes and strongly supports moving through the regulatory process that offers more time to consider such a change in regulations under the board of Social Work. With opposing comments regarding the regulations under this section, the association believes it is necessary to stop the fast tracking process at this time for more review and a longer comment period.

Commenter: Tangelia Francis

7/12/19 9:52 am

Opposed

Commenter: Jeanette Ucci

7/12/19 11:12 am

Opposition to Proposed Changes In CEU Requirements for Professional Clinical Social Work Supervisors

I oppose the Board's proposal to weaken the training requirements for Social Work Supervisors as put forth in the action: "Reduction of CE requirement for supervisors," and urge that it be withdrawn. Reducing the required hours, eliminating the 5 year timeframe for training prior to initial registration, and eliminating the 5 year continuing education requirement for Social Work Supervisors would undermine the quality of supervision for countless new practitioners, not only harming their professional education and robbing them of needed capability, but putting the people they serve at risk. Social Work is a highly dynamic field; the knowledge base of the profession is continually expanding, and the population it serves is becoming more complex.

It is essential that new social workers be able bring the most current practices and insights to the challenging dynamics they face today. Without a continuing education requirement that is current, a significant subset of supervisors will fall behind the field and their outdated understandings will be carried forward by their supervisees. As is stringently required in professional training for psychiatrists, psychologists, nurses and social workers in jurisdictions across the country, best supervision practices and current evidence-based knowledge are requisite for competence in professional practice.

The proposed changes to the Supervisor training requirements will undermine the profession in Virginia, hurting supervisees and their clients. Please support social work in our state by withdrawing this proposal.

Finally, I oppose the fast tracking process. This proposed regulatory change and initiative is a controversial proposal with the potential for some very real negative impact. Thus it should be subject to a full and thorough review process.

Commenter: Rahikya Wilson, LLC

7/12/19 11:37 am

opposing the fast tracking process

This regulatory change and initiative is a controversial proposal with the potential for negative impact, so it should be subject to a full and thorough review process

Commenter: tangela Francis Supervisee in Social Work

7/12/19 2:33 pm

regulations

I am currently under clinical supervision and I find it valuable that the person that I am receiving training from is invested in the continuing education requirements set forth by the board. Knowing that she is invested in the changes and advancements of the profession help to make the experience valuable. Social work is an everchanging practice and the CEU'S help in keeping practitioners up to date. as practice evolves it is important to hold fast to the foundation of practice and to assist in solidty of our profession. reducing the

Without strict training requirements, the workforce will increase, but with professionals who have a lower standard of competency, potentially resulting in harm to the clients served. It is imperative that the workforce providing behavioral health and case management services, be competent with continuing development in offering the citizens of the Commonwealth's well qualified, professional workforce, whose main goal is to protect the public from harm. In order to help accomplish this goal, it is vital that our Regulators understand that continuing competency is one of many professional requirements, particularly when teaching new practitioners

Lowering these requirements will not ensure the competency of the practitioner. The proposed change of 12 hours for initial supervision training does not ensure that the future supervisor has the necessary skills to oversee those applying for a higher level of licensure. In addition, the elimination of the requirement for

additional training every 5 years will result in an inadequate level of training in best practices. Although ongoing professional development can never ensure competency, lowering an educational requirement can result in inadequate supervision methods for supervisees. Supervisors with outdated training will pass this information to their supervisees, which will likely lead to an increase in the number of complaints to the Board. When supervisors are current with state-of-the-art best practices that are gained via ongoing training, they can transmit this knowledge to their supervisees. Lowered requirements can create claims by the public that the Board is not providing appropriate or adequate oversight of this supervisor function. The public will not be protected, and this violates the prime purpose of a licensing board.

Commenter: Mary Henslee

7/12/19 3:21 pm

Oppose Proposed Regulatory Changes in Supervision CE

This proposed regulatory change is controversial and has significant potential for negative impact. It should be subject to a full and thorough review process.

Commenter: Rebekah Jennifer Lowenstein, MSW, LCSW-C, LCSW, NASW
Virginia Board Member

7/12/19 3:32 pm

Response to 18-VAC140-20-Less Restrictive Rule on Supervision

Thank you for the opportunity to express comments regarding the Fast-Tracked Regulation to promulgate regulations on the Supervision of a Social Worker, and the requirements for continuing education for Supervisors as recommended by the Virginia Board of Social Work, under the Department of Health Professions. I am writing to express my deep concern for the consideration of 18-VAC140-20, recommending less restrictive rules and regulations as related to Supervision of those pursuing professional licensure in the field of Social Work.

The knowledge base of the social work profession has expanded, and the population it serves has become much more complex. Therefore, it is important to the professional and the clients served to have assurance that all social workers are equipped with the necessary skills to deliver competent and ethical social work services. It is equally important that all social workers are responsible and accountable to the clients they serve to protect them from harm.

I have been in the position of Clinical Supervisor for the past five years in addition to my daily practice in the field and role as an adjunct professor through the Master of Social Work Program through Virginia Commonwealth University. Through my various roles, I have seen first hand the increased complexities in the field and firmly believe that the requirement for ongoing and renewed training for supervisors is an absolute necessity. Social Workers are increasingly being required to take on more intricate roles within the agencies, schools, hospitals and community service settings in which they serve. Additionally, more and more employers are requiring a clinical license to be considered for positions. Without proper and ongoing supervision, potential candidates and those pursuing licensure will be less likely to meet the requirements as stated by the Board of Social Work Examiners. Furthermore, if supervisors are not required to continue to meet the level of continued education that they have been (renewing educational requirements for supervision every 5 years), we will not only have a significant decrease in potential social workers entering the field, but also risk gross neglect with regard to client outcomes and integrity of the professional as a whole.

Additionally, lowering the requirements for supervisors will not inevitably lower the level of competency of the practitioner. The proposed change of 12 hours for initial supervision training does not ensure that the future supervisor has the necessary skills to oversee those applying for a higher level of licensure. In addition, the elimination of the requirement for additional training every 5 years will result in an inadequate level of training in best practices. Although ongoing

professional development can never ensure competency, lowering an educational requirement can result in inadequate supervision methods for supervisees. Supervisors with outdated training will pass this information to their supervisees, which will likely lead to an increase in the number of complaints to the Board. When supervisors are current with state-of-the-art best practices that are gained via ongoing training, they can transmit this knowledge to their supervisees. Lowered requirements can create claims by the public that the Board is not providing appropriate or adequate oversight of this supervisor function. The public will not be protected, and this violates the prime purpose of a licensing board.

As a practitioner and member of The National Association of Social Workers, Virginia Chapter Board, it is my hope and urgent request that the Virginia Board of Social Work will reverse the decision to promulgate regulations and not change the standard for Supervisors in Social Work.

This regulatory change and initiative is a controversial proposal with the potential for negative impact, so it should be subject to a full and thorough review process. I urge the Virginia Board of Social Work to halt the fast tracking process of this proposal so that due diligence can be satisfied. Indeed, if anything, the Association recommends increasing the continuing competency for supervisors, which will have a positive impact for future clients and the public.

Respectfully Submitted,

Rebekah J. Lowenstein, MSW, LCSW-C, LCSW

Commenter: Bonnie Agnell

7/12/19 4:02 pm

18-VAC140-20-Less Restrictive Rule on Supervision

It has recently come to my attention that there is a proposed Fast Track legislation (18VAC140-20-Less Restrictive Rule on Supervision) that would decrease the number of hours of training required for a Social Work Supervisor to offer supervision to another social worker.

I can't imagine why decreasing the amount of training would even be considered. In this fast changing world, I want my physicians and mental health providers to have as much training as possible to keep up with current practice issues. With all the mental health problems in Virginia, and around the world, social workers need to be kept as up-to-date through training as possible.

Therefore, I am opposing the fast tracking process and it should be returned to the Board of Social Work for more consideration and time under the normal regulatory process. This regulatory change is a controversial proposal with the potential for negative impact, so it should be subject to a full and thorough review process.

Commenter: Ellen Fink-Sarnick EFS Supervision Strategies, LLC

7/12/19 8:14 pm

Opposition to reduction in Supervision CE Requirements

I appreciate the opportunity to provide comments regarding the fast-traced regulation to promulgate regulations on the Supervision of a Social Worker, and the requirements for continuing education for Supervisors as recommended by the Virginia Board of Social Work, under the Department of Health Professions. Respectfully, I disagree with this regulation, and for the following reasons:

1. The current 14 hour CE requirement every 5 years is already less than many other states, many that have set the bar at 15, or even 40 hours of CEs. The current timeframe is barely enough to provide clinical supervisors the knowledge they need to ground effective, quality, and appropriate best practice (e.g. foundation of supervision models, application of the current regulations, opportunities for critical thinking discussions to assure full understanding of the content, strategies to assure attention to clinical social work competencies and mandatory responsibilities of the

clinical supervisor, record keeping and documentation practices, plus other regulatory guidelines, and the implementation of individual and group supervision processes). Decreasing this necessary content to 12 hours, will not only limit the knowledge provided, but also grossly limit the rigor and high expectations associated with the clinical supervisor's role, and its evidence-based foundation.

2. The requirement for CEs specific to supervision every 5 years is a necessity for the workforce. The mandatory update assures clinical supervisors are accountable to stay proficient with the fluid and emerging knowledge-base; an effort that ultimately informs and guides their supervision practices. Supervision is an essential and integral part of the training and continuing competencies required for the skillful development of professional social workers. Supervision protects clients, supports practitioners, and ensures that professional standards and quality services are delivered by competent social workers. Why should that be jeopardized?

Removing this particular continuing education update requirement is of paramount concern. Doing so will mean clinical supervisors will no longer have a mandate of professional accountability for their education on supervision best practices. There will be no accountability to industry and demographic shifts that influence how, where, and with whom social workers practice (e.g. new population demographics as LGBTQ, legal and ethical use of technology platforms, new scopes of practice as integrated behavioral health, opioid addiction, increased focus on professional liability, new and rapidly expanding treatment interventions).

Removing the CE update requirement will return us to the times where new social workers were victim to supervisors who were uninformed of current best practice for supervisors, engaged in dated interventions, and at time possessed limited knowledge of how the new generation of supervisees learn. These dynamics would lead to ultimate exploitation by supervisors of those they are tasked to supervise.

3. The fluid change of health and behavioral healthcare mandates clinical supervisors be kept abreast of these changes and how they directly impact supervision processes. Technology alone has greatly altered behavioral healthcare, but the impact to supervision alone has been massive. Social workers not mandated to obtain a 5 year update will have no incentive to keep informed of these industry changes. The Board will revise the regulations to meet the changing times with their best intent (e.g. adding the opportunities for virtual supervision), but supervisors will have no requirement to learn the necessary accompanying models to support these regulations.

Supervisees in social work are vulnerable, in that they don't know what they don't know. Being supervised by clinical supervisors who are not held to a minimum standard for their own learning, puts supervisees in social work, and all consumers of social work services at precarious and unnecessary risk.

4. The CE requirements set a minimum standard of practice expectation for didactic knowledge, theories, and skills that must be possessed by the clinical supervisor. This is a distinct role from that of clinical social worker. Education to maintain the appropriate level of quality for the role must be obtained. Removing this requirement is antithetical to the requirement's original intent; of assuring a competent, professional, and highly trained clinical social work supervisory workforce.

5. Changes to this CE requirement will diminish the value of social work compared to other disciplines; a professional standing social workers have fought to attain and must retain. The Board of Social Work greatly leveraged the role of clinical social workers and clinical social work supervisors in 2007 when the supervision regulations were initially instituted. This action spoke volumes to the professional nature of social work practice, especially compared to other professional disciplines (e.g. psychologists, licensed professional counselors, licensed marriage and family therapists)

Licensed clinical social workers continue to provide the majority of behavioral health services across the United States. They are equally held to the highest standards of practice through ongoing, continuing education requirements annually. Why should clinical supervisors be held to a

lesser standard? I fear reducing the CE requirements, and removing the ongoing 5 year update requirement would compromise the quality of social workers in the Commonwealth, and the profession.

Respectfully submitted,

Ellen Fink-Samnick MSW, ACSW, LCSW, CCM, CRP

Principal, EFS Supervision Strategies, LLC

Commenter: Ellen Fink-Samnick EFS Supervision Strategies, LLC

7/13/19 7:55 am

Additional comment/addendum

For addition to my previous comment

Any changes to the foundational and legal underpinning of the clinical social work supervision approach in the Commonwealth should receive a thorough evaluation of the impact on all stakeholders; clinical social work supervisors, supervisees in social work, employing organizations, and consumers of social work services. A regulatory change of this magnitude is not without consequences to all of these entities. For this reason alone, the regulations should be appropriately vetted by the industry, and not be fast-tracked.

Commenter: Jeannine Moga, MA, MSW, LCSW

7/14/19 4:03 pm

opposition to proposed changes

I am writing in opposition to the proposed change that would reduce the training requirements, and eliminate ongoing continuing education requirements, for social work supervisors. This proposal **lowers** a threshold for qualification that is already less than that of clinical social work supervisors in other states, as well as other mental health practitioners in Virginia. For instance, some states (like Minnesota, where I used to practice) require that clinical supervisors have **30 hours** of formal supervision training before they begin supervising aspiring clinical social workers. Additionally, a more stringent training requirement is currently in place for Virginia's Marriage and Family Therapists and Licensed Professional Counselors, whose supervisors are required to have **20 hours** in supervision-related continuing education before accepting supervisees.

Second, the proposal to eliminate the ongoing continuing education requirement for clinical social work supervisors is incongruent with best practices in social work supervision, as set forth by the National Association of Social Workers and the Association of Social Work Boards in 2013. These best practices include recommendations that social work supervisors not only complete a minimum number of hours in supervision-related coursework or continuing education, but that they regularly complete a minimum number of hours in continuing education to maintain their supervision credentials.

I do not support any regulatory change that weakens, instead of strengthens, the standards by which clinical social work supervisors are deemed qualified. Furthermore, I am troubled that these changes have not been subjected to a full and thorough review. Any change that has the potential to increase risk to social work practitioners (in this case, supervisees) as well as clients should not be fast-tracked for approval, but instead be evaluated via a full regulatory process.

Thank you for your time and consideration.

7/15/19 9:23 am

Commenter: Donilee Alexander

Continued comment regarding opposition to CEU requirements for clinical supervisors

In addition to my previous comment about my opposition to the proposed changes as a whole, I would like to add that I am particularly opposed to the "Fast Tracking" of this proposal. The regulatory change and initiative has the potential for negative impact on our profession and the people we serve, and as such should be subject to a full and thorough review process.

thank you

Commenter: Elizabeth Dungee-Anderson

| 7/15/19 10:21 pm |

Opposition to Fast Tracking of Proposed abolishment of 5 year required LCSW supervisor Training

I am writing to respectfully but strongly express my opposition to fast-tracking the proposed regulatory change that would abolish the current requirement for clinical supervisors to take a five-year refresher training course as is included in the current policy for clinical supervisors supervising MSW graduates for the LCSW credential.

Because I have been in academic systems for most of my career and have provided training, supervision, clinical practice and consultation for most of my career as a licensed clinical social worker and professor, I believe that I am in a position to identify and attest to the extreme risk that reducing requirements for ongoing professional competency standards for supervisors poses for the training of our future licensed professionals and, thus, for the overall risk to the profession itself.

A proposed regulatory change initiative of the magnitude of abolishing required ongoing supervision training *and* reducing initial training hours will clearly be controversial in many ways and have a huge potential for negative impact for licensed professionals and for the social work profession itself. Fast-tracking seems to be a process that bypasses the opportunity and rights for the majority of licensees to have ample time to consider the full impact of this proposed change and to provide substantive comment as is the opportunity that occurs in the usual review process.

Because of the negative impact that perceptions of *reduced* consideration or the seeming *absence* of consideration by the Board for the participation of the many social work supervisors who strongly support the opportunity for Board support of continued training and competence, fast-tracking of the proposed change without appropriate opportunity for a full and thorough review process is likely to be quite controversial and, importantly, bring about issues of trust with the Board itself. Such an uncomfortable conversation seems to be occurring among the supervisors who have currently connected with me about the proposed fast-track action. Communicated perspectives have suggested that the Board or certain members may have an ulterior motive and that this fast" action, which is so important to the consideration of the well-being of the many licensees who look to the Board with respect and trust, is a violation of trust.

A significant proposed regulatory change should be subject to a *full and thorough* review process by those who wish to comment and *not one* that is quickly moved through a rapid process that will likely hinder equal access for review by the majority of licensees!

It is for these reasons that I am respectfully urging the Board to please, seriously consider this request to remove this proposal from the fast-tracking process for the many licensees who truly respect the Board and a Board supported pathway to continued training and competence.

Sincerely,

E. Delores Dungee-Anderson

E. Delores Dungee-Anderson, Ph.D., LCSW, BCD, CTST

Commenter: Elizabeth Dungee-Anderson, PhD, LCSW

7/16/19 5:01 pm

Opposition to Proposed Regulatory Changes

ELIZABETH DUNGEE-ANDERSON, PHD, LCSW, BCD, CTST
 JKT ASSOCIATES, LLC
 1901 HUGUENOT RD, STE 303
 NORTH CHESTERFIELD, VA 23235-4311

To: VIRGINIA Board of Social Work

ATTENTION:

Elaine Yeatts, Senior Policy Analyst

Jalme Hoyle, Executive Director, Virginia Board of Social Work

I am writing in opposition to three positions that the Board has currently identified for which it proposes legislative changes. The first of the three proposals is to abolish the legislated LCSW Supervisor 5-year training updates; the second is to reduce the hours for the initial LCSW Supervisor training requirement, and the third is to fast-track this proposed legislation as opposed to subjecting it to the full regulatory review process.

As is posted on the Virginia Department of Health Professions public website, the mission of all of the Professional Regulatory Boards which includes the Board of Social Work provides the following statement:

"The mission of the Department of Health Professions 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".

My opposition to the proposals is two-fold. First, it seems that the Board is taking a very questionable *and* risky stance in proposing to remove the current 5-year requirement for approved social work supervisors to renew/update their supervision training *and*, also proposing to shorten the original number of supervision training hours required for eligibility for approval as a supervisor for LCSW eligibility. Respectfully, these proposals appear to defy any possible logic if you, our SW Board, are "governing" us and you are truly supporting the mission of the Board to promulgate legislation that actually supports safe and competent care for consumers of our services!

Social Work has fought long and very hard for its rightful and now recognized position among other behavioral health science professions. Over the years, the slow recognition of our rights as a profession has included all of the following: *Licensure as clinical social work practitioners with the legal right to practice independently, to bill for services performed, to respond in legal situations with "privilege" as afforded to physicians, attorneys and other providers of mental health, psychiatric and behavioral health services, and most importantly, title protection.*

As the Board is clearly aware, it is now unlawful in Virginia for persons not formally trained/educated with a social work degree to identify as a social worker *and* for organizations at all levels to hire a non-social worker for a position advertised as a social work position. As is strongly supported and stringently required in professional training for psychiatrists, psychologists, nurses and, currently, social workers, *best* supervision practices and current evidence-based knowledge are requisite tools for competence in professional practice. Is there any profession that does not require updated knowledge and training for its "teachers" in the professions who educate, supervise and "train" the newly emerging professionals? If the definition of supervision means "to oversee", would the social work profession, having experienced a strenuous journey to become a legislatively recognized and valued profession, *now* elect to take a stance which suggests that it does not value updated and current evidence-based required training/education for its supervisor "teachers on an "every five years" basis?

The recommendation of the current Virginia Social Work Board to abolish the 5-year updating of the supervision requirement for clinical social work supervisors creates a great risk for the social work profession. Many supervisors across all professions work diligently to remain informed and current in theoretical, practice and research-based knowledge, however, as with all professions, others do not. The supervisors who do not seek peer-reviewed and professional venues for updating of professional knowledge and new research-based content because of cost, inconvenience, or the absence of motivation, or simply, ease in continuing supervision without additional effort, are those that will likely struggle with professional currency and yet continue to supervise. And, understandably, their supervisees also may struggle with professional competency.

As the Board is also aware, the education and training requirements of the social work profession were reviewed by an earlier Board of Social Work that had the wisdom and foresight to take a visionary stance in instituting a requirement for all clinical social work supervisors to be approved to supervise practitioners seeking eligibility for clinical licensure. That Board sought to ensure and sustain the growing recognition and respect of the social work profession with its specific service arenas commensurate with other recognized health and behavioral health professions. In its infinite wisdom, the earlier Board realized that competent education and training and competent enlightened and enriched supervisory practices would help to ensure this outcome and support competent supervision - but more importantly, the Board obviously recognized that by regulating those that "oversee" professional licensure training and competency, it was also very strongly attending to its fiduciary responsibility and mission, e.g., *"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"*

Consequently, it cannot become the heritage of social work supervision that the current Board of Social Work does not require updated supervision and has also downgraded the hours required based on inconvenience to practitioners - and that it "fast-tracks" such a proposal to seemingly try to rush it through! What profession works hard to make competent training and practice "easier" if it also wants to remain respected and commensurate in its areas of practice with its peer professions and if it takes seriously its mission, which again 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"?

These are troubling issues that appear to go against professional and public trust in our professional regulatory agency. Respectfully, and as an LCSW practitioner, trainer and supervisor, for many years, please reconsider your proposals for the support of the practitioners who currently have faith in your regulatory oversight and faith in you as Board members who volunteer your time and energy for the cause of our professional standards.

Sincerely,

Elizabeth Dungee-Anderson

Elizabeth Dungee-Anderson, PhD, LCSW, BCD, CTST

Commenter: Virginia State University

7/17/19 10:09 am

Oppose Fast Tracking Process

I strongly oppose the Fast Tracking process for the Reduction of Supervision CEU. Reducing the required hours, eliminating the five-year time frame for training prior to initial registration along with eliminating the five-year CEU requirements for Social Work Supervisors would undermine the credibility of the social work profession. Supervision is the most significant gatekeeping mechanism in place that ensures that professional standards and quality of services are delivered by competent social workers. Therefore, supervision provided by trained and competent supervisors who stay abreast of the vastly changing dynamics in today's society, especially the healthcare system is an essential and integral part of the training and requirement for the development of skillful professional social workers.

The proposed regulatory change and initiative is a controversial proposal with the potential for some very deleterious repercussions. I highly recommend that this Fast Tracking Process for the Reduction of Supervision CEU be revisited for broader feedback from those whom this change would impact immensely.

Commenter: Shauna Daniels, LCSW

7/17/19 5:09 pm

Opposed to reduction in CEU's for Clinical Supervisors

I am strongly opposed to any reduction in the current continuing education requirements for supervision in Virginia. The process of supervision and continuing professional education are both

critical for high quality clinical social work practice. If either of these elements are weakened it could cause harm to the public as well as the social work profession which heavily relies on training and supervision to uphold ethical principals.

Making the decision to become a clinical supervisor is a tremendous responsibility and reducing the training requirements may encourage practitioners to enter a supervisory role underprepared for the challenges that can arise. Based on my experiences in supervision training, the continuing education courses have not been redundant and have provided dyadic feedback between participants. These trainings have provided information about emerging risks, lessons learned, and best practices in supervision.

Clinical supervision is more than an administrative task and should be held to high standards. Supervision is not only used for new practitioners but also experienced professionals that need to be able to trust the judgement of their supervisor. 14 hours of supervision training every five years seems to be a reasonable request for such an important role.



Proposed Text

[highlight](#)

Action: Reduction in CE requirement for supervisors

Stage: Fast-Track

6/11/19 8:51 AM [latest] ▼

18VAC140-20-10

Part I

General Provisions

18VAC140-20-10. Definitions.

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

Board

Casework

Casework management and supportive services

Clinical social worker

Practice of social work

Social worker

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

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

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

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

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

"Clinical social work services" include means 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.

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

Code of Virginia.

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

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

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

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

18VAC140-20-50

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

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

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

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

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

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

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

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

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

B. Requirements for supervisors.

1. The supervisor shall hold an active, unrestricted license as a licensed clinical social worker in the jurisdiction in which the clinical services are being rendered with at least two years of post-licensure clinical social work experience. The board may consider supervisors with commensurate qualifications if the applicant can demonstrate an undue burden due to geography or disability or if supervision was obtained in another United States jurisdiction.
2. The supervisor shall have received professional training in supervision, consisting of a three credit-hour graduate course in supervision or at least ~~44~~ **12** 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~~ the supervisors have commensurate qualifications but were either (i) not licensed because their jurisdiction did not require licensure or (ii) were not designated as clinical social workers because the jurisdiction did not require such designation.

C. Responsibilities of supervisors. The supervisor shall:

1. Be responsible for the social work activities of the supervisee as set forth in this subsection once the supervisory arrangement is accepted;
2. Review and approve the diagnostic assessment and treatment plan of a representative sample of the clients assigned to the ~~applicant~~ supervisee 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~~ supervisee. It is the ~~applicant's~~ supervisee'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~~ supervisee 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~~ supervisee on a regularly scheduled basis for supervision;
7. Maintain documentation, for five years post-supervision, of which clients were the subject of supervision; and
8. Ensure that the board is notified of any change in supervision or if supervision has ended or been terminated by the supervisor.

D. Responsibilities of supervisees.

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

Agenda Item: Adoption of proposed regulation on Conversion Therapy

Included in your agenda package are:

A copy of the Guidance Document effective June 15, 2019

Copy of NOIRA announcement

Copies of comments on the NOIRA

Copy of DRAFT proposed regulations

Board action:

The Board will need to decide whether to proceed with adoption of proposed amendments to define “conversion therapy” and amend standards of practice

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 the 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, psychologic 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.

Guidance Document 140-12, Practice of Conversion Therapy

Board of Social Work

Response to Public Comment

The Board submitted Guidance Document 140-12, Practice of Conversion Therapy, for publication in the *Register of Regulations* and posted it on the Virginia Regulatory Townhall with request for comment from April 15, 2019 to May 15, 2019. There were 726 comments posted on Townhall and an additional two comments received by email. Of the comments in support of the Board's guidance document, commenters noted that conversion therapy has no scientific basis, is not supported by any mental health professional organization, and has been shown to be ineffective, harmful, unethical, and destructive to individuals and families.

Of the comments in opposition to the Board's guidance document, commenters noted that any prohibition of practice is a violation of a social worker's freedom of religion and free speech. Commenters also stated that clients should have the right to receive social work services for unwanted sexual feelings, and that parents should have a fundamental right to make decisions for their children.

At its meeting on June 14, 2019, the Board reviewed the comments received and the options of either retaining the guidance document as published, revising the document, or withdrawing the document it previously adopted. The Board voted unanimously to reaffirm the guidance document as published.

The Board concurs with the comments in support of the guidance document and its intent to interpret its regulation on avoiding the endangerment of clients.

The Board responds to comments in opposition, including comments that clients should be able to receive social work services for unwanted sexual feelings, by noting that it is charged with protection of public health, safety, and welfare. The *Regulations Governing the Practice of Social Work* state in 18VAC140-20-150(A) 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." The grounds for disciplinary action established in 18VAC140-20-160(3) include: "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."

The Board affirms the statement regarding conversion/reparative therapy from the Virginia Chapter of the National Association of Social Workers that "Conversion therapy has been discredited and highly criticized by all major medical, psychiatric, psychologic 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."

In response to comments that the Board has exceeded its regulatory authority because bills that would have banned conversion therapy failed in the General Assembly, the Board responds that it has statutory authority to take disciplinary action for violations of its regulations. The Board's regulations provide that disciplinary action may be taken against a licensee for a violation of the Board's standards, which include avoiding the endangerment of clients.

In response to comments about the need to provide social work services for minors, the Board responds that the guidance document states that "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...." Such services would not be considered "conversion therapy" provided they do not seek to change an individual's sexual orientation or gender identity in any direction.

The Board also responds that its authority and its regulations extend to persons to whom it issues a license. In § 54.1-3701 of the Code of Virginia, there are specific exemptions from requirements of licensure, including: "*The activities of rabbis, priests, ministers or clergymen of any religious denomination or sect when such activities are within the scope of the performance of their regular or specialized ministerial duties, and no separate charge is made or when such activities are performed, whether with or without charge, for or under auspices or sponsorship, individually or in conjunction with others, of an established and legally cognizable church, denomination or sect, and the person rendering service remains accountable to its established authority.*"

In response to comments that the guidance document violates the right to the free exercise of religion, free speech, or parental rights, the Board responds that it does not believe the guidance document violates the free exercise of religion or free speech, or parental rights.

Virginia.gov Agencies | Governor



Agency Department of Health Professions




Board Board of Social Work

Chairman Regulations Governing the Practice of Social Work [18 VAC 140 - 20]


Action: Unprofessional conduct/practice of conversion therapy**Notice of Intended Regulatory Action (NOIRA)**

Action 5241 / Stage 8562

[Edit Stage](#)
[Withdraw Stage](#)
[Go to RIS Project](#)

Documents		
Preliminary Draft Text	None submitted	Sync Text with RIS
 Agency Statement	3/18/2019	Upload / Replace
 Governor's Review Memo	6/14/2019	
 Registrar Transmittal	6/14/2019	

Status

Public Hearing	Will be held at the proposed stage
Exempt from APA	No, this stage/action is subject to article 2 of the <i>Administrative Process Act</i> and the standard executive branch review process.
DPB Review	Submitted on 3/18/2019 Policy Analyst: Jeannine Rose Review Completed: 4/1/2019 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
Secretary Review	Secretary of Health and Human Resources Review Completed: 5/27/2019
Governor's Review	Review Completed: 6/14/2019 Result: Approved
Virginia Registrar	Submitted on 6/14/2019 The Virginia Register of Regulations Publication Date: 7/8/2019  Volume: 35 Issue: 23
Comment Period	Ended 8/7/2019 211 comments

Contact Information

Name / Title:	Jaime Hoyle / Executive Director
Address:	9960 Mayland Drive Suite 300 Richmond, VA 23233-1463



Agency

Department of Health Professions

Board

Board of Social Work

Chapter

Regulations Governing the Practice of Social Work [18 VAC 140 - 20]

Action	Unprofessional conduct/practice of conversion therapy.
Stage	NOIRA
Comment Period	Ends 8/7/2019

All comments for this forum

[Back to List of Comments](#)

Commenter: Elizabeth Florek

7/8/19 6:19 pm

Ban conversion therapy.

I support a regulatory ban on conversion therapy. Pseudoscientific claims made by homophobes have no place in the practice of licensed practitioners.

Commenter: Casey Pick, The Trevor Project

7/8/19 6:23 pm

The Trevor Project Supports the NOIRA regarding regulation 18VAC140-20

Re: Support for the NOIRA regarding regulation 18VAC140-20, on the Practice of Conversion Therapy

Dear Virginia Board of Social Work,

The Trevor Project is proud to support the NOIRA regarding regulation 18VAC140-20, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed psychologists in Virginia.

The Trevor Project is the world's largest suicide prevention and crisis intervention organization for LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning) young people. We work every day to save young lives by providing support through free and confidential suicide prevention and crisis intervention programs on platforms where young people spend their time: our 24/7 phone lifeline, chat, text, and soon-to-come integrations with social media platforms. We also run TrevorSpace, the world's largest safe space social networking site for LGBTQ youth, and operate innovative education, research, and advocacy programs.

The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent number should be viewed as a floor. The same survey found 42 percent of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of transgender and nonbinary youth who have undergone conversion therapy reported a suicide attempt in the last year.

Far from being a relic of history, the practice of conversion therapy is active and ongoing in Virginia today. A 2018 study by the Williams Institute at the University of California, Los Angeles School of Law shows that nearly 700,000 LGBTQ adults have been subjected to conversion therapy, with 350,000 of them receiving the dangerous and discredited treatment as youth. That number grows by thousands each year as the Williams Institute estimates that nearly 57,000 LGBTQ youth will be

subjected to conversion therapy in the next few years by either a religious or spiritual advisor. An estimated 20,000 LGBT youth currently ages 13 to 17 will undergo conversion therapy from a licensed healthcare professional before the age of 18. These are the youth this regulation would protect.

In the past year alone, The Trevor Project has been contacted by more than 2,500 young Virginians. Nationally, many of the young people that we serve are survivors of conversion therapy or have a credible fear that their family members will compel them to go through conversion therapy. Supervisors for The Trevor Project's crisis services report that these issues come up regularly in conversation with youth coming to us for help, and as often as weekly. These impressions are borne out by data collected on TrevorLifeline, TrevorText, and TrevorChat, as our records show that since 2010 hundreds of contacts have reached out to The Trevor Project with specific concerns around this practice and terms like "conversion therapy," "reparative therapy," and "ex-gay" have appeared on our text-based platforms with disturbing frequency.

Some of these LGBTQ youth contact us because their parents are threatening to send them to conversion therapy. Others call us because they are in conversion therapy, it is not working, and their feelings of isolation and failure contribute to suicidal thoughts and behaviors. We've had youth reach out because friends or loved ones are being subjected to conversion therapy. And finally, young people have come to The Trevor Project in a state of profound distress because a someone they know has died by suicide during or after being subjected to conversion therapy.

As to questions raised by conversion therapy proponents about the constitutionality of protections for youth from these practices, policymakers can be assured that multiple federal courts—including the Third and Ninth U.S. Circuit Courts of Appeals—have upheld similar laws protecting youth from conversion therapy. The U.S. Supreme Court has also twice declined to hear appeals to positive federal court rulings upholding laws restricting conversion therapy. The power of states to regulate medical treatments, including professional therapy, to ensure the public's health and safety is long established in Supreme Court precedent; indeed, it is a core purpose of professional licensing boards to regulate potentially dangerous medical treatments. Conversion therapy is no exception.

This policy does not restrict any protected First Amendment speech. It prohibits discredited treatments by state-licensed mental health care professionals. It does not apply to clergy or to individuals who provide religious instruction not selling these discredited practices in the public marketplace. It also does not prevent anyone from publishing, discussing, or advocating any viewpoints or beliefs regarding sexual orientation, gender identity, or anything else.

Despite these facts, conversion therapy proponents have suggested that dicta from *NIFLA v. Becerra* supports their oft-repeated and rejected claim that protecting youth from conversion therapy violates the free speech rights of licensed professionals. This is not the case, as *NIFLA*'s discussion of the professional speech doctrine has no effect on the constitutionality of conversion therapy bills. *NIFLA* concerned a California law that required licensed and unlicensed crisis pregnancy centers to post certain notices. By contrast, anti-conversion therapy policies regulate professional conduct, not professional speech, so the *NIFLA* case is inapplicable. In fact, in his opinion in *NIFLA*, Justice Thomas reaffirmed a distinction between professional speech and professional conduct, by explicitly stating that "under [the Supreme Court's] precedents, States may regulate professional conduct, even though that conduct incidentally involves speech."

Likewise, it is long established that the fundamental rights of parents do not include endangering their children by forcing them to undergo medical practices that have been rejected by the scientific community as discredited and harmful. The law already protects against other forms of child endangerment, and legal protections and professional guidance make it clear to parents that so-called "conversion therapy" is a dangerous and discredited practice that has no legitimate purpose. These regulations serve to protect parents from being taken advantage of by practitioners of conversion therapy who would attempt to cloak their actions with the legitimacy and authority of a state-issued license.

Virginia law already prohibits discredited and unsafe practices by licensed therapists. This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age – nothing more, nothing less. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth.

For these reasons and on behalf of the youth who depend upon our services, The Trevor Project strongly supports the NOIRA regarding regulation 18VAC140-20. Thank you for your consideration of this importance regulation.

Sincerely,

Casey Pick
Senior Fellow for Advocacy & Government Affairs
The Trevor Project

Commenter: Elizabeth Harvey

7/8/19 7:23 pm

Ban conversion therapy

Conversion therapy needs to be banned now. It is completely unacceptable.

Commenter: Mary Mullins

7/8/19 8:01 pm

Conversion Therapy is Abusive

Conversion therapy, which seeks to change a person's sexual orientation, is an abusive, dangerous practice that must be banned in Virginia. Studies consistently show that the practice is harmful and entirely ignores legitimate medical practice, science and research. The only consistent outcome appears to be an increased risk of depression, anxiety and suicide in the patients subjected to it. The government of Virginia must act swiftly and decisively to ban this dangerous so-called therapy.

Commenter: Colleen LaClair

7/9/19 9:15 am

Ban Conversion Therapy Now!

Conversion Therapy is a horrible practice and should be banned from all states. It is nothing but a form of mental torture and abuse. Time and again studies have proven that it is not only ineffective in its purpose, but that it is also harmful and leads to mental distress, depression, drug use, increased risk of STDs, and suicide attempts. Being LGBTQ is not a disease that needs to be cured. It is a natural state of being just as is being heterosexual and people should not be forced into torture for being one or the other.

Commenter: Shirley Carley, Free Mom Hugs, VA

7/9/19 1:08 pm

Ban Conversion Therapy

As the mother of two LGBT+ individuals, I will be so thankful when this ban passes. Conversion therapy is dangerous and can lead to irreparable damage. Our LGBT+ community needs to be safe from this misguided practice.

Commenter: Carrie Lynn Bailey, 3 Little Birds Counseling LLC

7/9/19 1:33 pm

In support of proposed regulations in ethically and responsibly serving our LGBTQ Youth

Dear Virginia Board of Social Work,

As a practicing Licensed Professional Counselor in the state of Virginia who has extensive experience in working with LGBT clients across the life span, I am writing to provide my strong support for the proposed NOIRA regulations 18VAC115-20, -30, -50, and -60 as essential to the protection of harm and in keeping with a practitioner's ethical responsibility in best serving young clients in danger of potentially irreparable damage that often occurs when forced to undergo such 'therapy.'

Conversion 'therapy,' sometimes referred to as "reparative therapy," has no basis in the literature, and is in fact at odds with helpful and/or therapeutic practice. What is much more critical to the needs of those working to best understand their identity is affirming and accepting support in a non-directive [and non-coercive] manner that provides developmentally appropriate guidance and exploration of an individual's understanding of sexuality and gender. 'Conversion therapy' does not support healthy growth and development, but instead as been shown to increase shame, depression, anxiety, social withdrawal, and suicidal thoughts, and is grounded in stigma, religious ideology, and misinformation. The American Counseling Association, the American Psychiatric Association, the American Psychological Association, the American Academy of Pediatrics, the American Association for Marriage and Family Therapy, and the National Association of Social Workers have all issued statements regarding the detrimental impact of such 'therapeutic' practice.

These guidelines provide further support and are upheld by current Virginia law prohibiting discredited and unsafe practices by licensed therapists. Minors, particularly LGBTQ+ minors, rely on the oversight of responsible, trained, licensed, and ethical practitioners in ensuring their safety and protecting them exposure to therapeutic practices that are damaging to their growth. These guidelines serve to fortify the existing laws and protections in place, and if anything, protect the 'freedom' of these clients and children that those opposed falsely accuse the guidelines of denying. In consulting with current clients, my statement here is not only grounded in professional knowledge and experience, but in the voices and stories of clients who have suffered due to a lack of such protections in the past. Thus, I wholeheartedly thank you for these guidelines and urge their adoption and implementation as soon as possible.

Sincerely,

Carrie Lynn Bailey, PhD, NCC, LPC

Reference for Appropriate Therapeutic Responses to Sexual Orientation (APA, 2009):

<https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

Reference regarding Reparative Therapy/Conversion Therapy as a Significant and Serious Ethical Violation by the ACA Code of Ethics [2017]:

https://www.counseling.org/docs/default-source/resolutions/reparative-therapy-resolution-letter--final.pdf?sfvrsn=d7ad512c_4

Position Statement from the National Association of Social Workers on Sexual Orientation Change Efforts and Conversion Therapy [2015]:

<https://www.socialworkers.org/LinkClick.aspx?fileticket=IQYALknHU6s%3D&portalid=0>

Report from the Substance Abuse and Mental Health Services Administration [SAMHSA] on Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth [2015]:

<https://www.socialworkers.org/LinkClick.aspx?fileticket=IQYALknHU6s%3D&portalid=0>

Commenter: Equality Virginia

7/9/19 3:04 pm

Re: Support for the NOIRA on the Practice of Conversion Therapy

Re: Support for the NOIRA regarding regulation 18VAC140-20, on the Practice of Conversion Therapy

Dear Virginia Board of Social Work,

Equality Virginia is pleased to support the NOIRA regarding regulation 18VAC140-20, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed social workers in Virginia. Equality Virginia is the leading advocacy organization in Virginia seeking equality for lesbian, gay, bisexual, and transgender people.

Conversion therapy, sometimes referred to as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts," is a set of practices by mental health providers that seek to change an individual's sexual orientation or gender identity. This includes efforts to change behaviors or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include psychotherapy that aims to provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Nor does it include counseling for a person seeking to transition from one gender to another.

There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family

Therapy have examined conversion therapy and issued cautionary position statements on these practices.

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers.^[1] Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt.^[2]

The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it is the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent number should be viewed as a floor. The same survey found 42 percent of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of transgender and nonbinary youth who have undergone conversion therapy reported a suicide attempt in the last year.

These findings echo that of a recent study by Caitlyn Ryan of the Family Acceptance Project. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.^[3]

Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors.^[4]

Virginia law already prohibits discredited and unsafe practices by licensed therapists. This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation.

Sincerely,
Equality Virginia

[1] 2011 CDC, "Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12."

[2] Arnold H. Grossman & Anthony R. D'Augelli, "Transgender Youth and Life-Threatening Behaviors," 37(5) *Suicide Life Threat Behav.* 527 (2007).

[3] Caitlyn Ryan et al., "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults," 123 *Pediatrics* 346 (2009).

[4] This list may need to be modified depending upon your state law and the types of mental health professionals covered by the regulation.

Commenter: Aiden Barnes, Southeastern Virginia Atheists, Skeptics, & Humanists

7/9/19 3:21 pm

Regarding Support for the NOIRA regarding regulation 18VAC140-20

The Southeastern Virginia Atheists, Skeptics, & Humanists (SEVASH) are pleased to support the NOIRA regarding regulation 18VAC140-20, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed social workers in Virginia.

Conversion therapy, sometimes referred to as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts," is a set of practices by mental health providers that seek to change an

individual's sexual orientation or gender identity. This includes efforts to change behaviors or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include psychotherapy that aims to provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Nor does it include counseling for a person seeking to transition from one gender to another.

There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices.

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers. Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks.

The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent number should be viewed as a floor. The same survey found 42 percent of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of transgender and non-binary youth who have undergone conversion therapy reported a suicide attempt in the last year.

These findings echo that of a recent study by Caitlyn Ryan of the Family Acceptance Project. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.

Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors.

This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation.

V/R,

Aiden Barnes
Organizer | Southeastern Virginia Atheists, Skeptics, & Humanists (SEVASH)
sevaskeptics@gmail.com

Commenter: Larry Mendoza, State Director: American Atheists

7/11/19 12:08 pm

Support for the NOIRA regarding regulation 18VAC1 25 - 20 , on the Practice of Conversion Therapy

Dear Virginia Board of Social Work,

American Atheists is pleased to support the **NOIRA regarding regulation 18VAC125-20**, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed psychologists in Virginia. American Atheists is a national organization dedicated to the separation of church and state, the normalization of atheists, science based policies, and supporter and ally of the LGBTQ community. We believe that science and empirical based evidence must be used to drive policy, not religious ideology. We stand as allies with the LGBTQ community in abolishing conversion therapy altogether, especially in regards to our youth.

Conversion therapy, sometimes referred to as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts," is a set of practices by mental health providers that seek to change an individual's sexual orientation or gender identity. This includes efforts to change behaviors or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include psychotherapy that aims to provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Nor does it include counseling for a person seeking to transition from one gender to another.

There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices.

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers.^[1] Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt.^[2]

The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent number should be viewed as a floor. The same survey found 42 percent of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of transgender and nonbinary youth who have undergone conversion therapy reported a suicide attempt in the last year.

These findings echo that of a recent study by Caitlyn Ryan of the Family Acceptance Project. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.^[3]

Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors.^[4]

Virginia law already prohibits discredited and unsafe practices by licensed therapists.

This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation.

Sincerely,

Larry Mendoza
Virginia State Director
American Atheists

[1] 2011 CDC, "Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12."

[2] Arnold H. Grossman & Anthony R. D'Augelli, "Transgender Youth and Life-Threatening Behaviors," 37(5) *Suicide Life Threat Behav.* 527 (2007).

[3] Caitlyn Ryan et al., "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults," 123 *Pediatrics* 346 (2009).

[4] This list may need to be modified depending upon your state law and the types of mental health professionals covered by the regulation.

Commenter: Peg Ruggiero, MSW

7/16/19 7:18 pm

Stop Conversion Therapy

Conversion therapy has no basis in research and is, in fact, judgmental of an entire group of people whose gender identity or sexual preference is a trait that is as genetic as eye color or body type. It is as ludicrous to support this treatment modality as it would be to practice putting people on stretchers because they are short. Please ban this practice. It devalues legitimate therapeutic processes.

Commenter: Carol Schall

7/24/19 3:30 pm

Support for the NOIRA regarding regulation, on the Practice of Conversion Therapy

Dear Virginia Board of Social Workers,

Hello, my name is Carol Schall and I am writing in support of the NOIRA regarding the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed social workers in Virginia.

As the mother of a young woman who struggles with anxiety, I know personally how debilitating dealing with mental health challenges can be. I also know that social workers should offer therapy to their patients that will reduce their suffering and certainly improve their overall mental health. Finally, I expect all social workers across Virginia to use research based practices that have evidence of providing help, not harm. These common sense requirements are not met when considering the practice of "so-called conversion therapy."

Conversion therapy, sometimes referred to as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts," is a set of practices by mental health providers that seek to change an individual's sexual orientation or gender identity. This includes efforts to change behaviors or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include psychotherapy that aims to provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Nor does it include counseling for a person seeking to transition from one gender to another.

There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices.

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers. Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks.

The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual

orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent number should be viewed as a floor. The same survey found 42 percent of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of transgender and nonbinary youth who have undergone conversion therapy reported a suicide attempt in the last year.

These findings echo that of a recent study by Caitlyn Ryan of the Family Acceptance Project. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.

Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors.

This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation.

Sincerely,

Carol M. Schall Ph. D.

Commenter: Jeff Caruso, Virginia Catholic Conference

7/24/19 4:14 pm

Oppose Amending 18VAC140-20, Regulations Governing the Practice of Social Work

Dear Virginia Board of Social Work,

On May 1, 2019, the Virginia Catholic Conference – the public policy agency representing Virginia's Catholic bishops and their two dioceses – submitted comments opposing a vague and broadly-worded Guidance Document (140-12) that seeks to prohibit, for minors, *"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."*

As we noted in our comments, such a ban would infringe:

- the fundamental rights of parents to care for their children;
- Freedom of Speech and Free Exercise of Religion under the First Amendment; and
- Limits on regulatory authority that ensure consistency with the General Assembly's decisions.

None of these concerns were rectified or even addressed in the final version of Guidance Document 140-12. In fact, the Board did not make any changes to the proposed Guidance Document based on concerns raised by any member of the public; it merely adopted the original version without any amendments. Because the Board is now seeking to amend Virginia's regulations to conform them to the sweeping provisions of this Guidance Document, we reiterate these concerns.

When minors have unwanted same-sex or mixed-sex attractions, they and their families should be free to seek counseling toward the resolutions they desire. Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

The Conference, therefore, opposes adding the provisions of Guidance Document 140-12 to 18VAC140-20.

Sincerely,

Jeffrey F. Caruso

Executive Director, Virginia Catholic Conference

Commenter:Carolynn Nguyen

7/26/19 12:26 pm

Parents' Involvement in a child's life is crucial

Parents need to be involved in a child's upbringing. Better family structure makes better society. It does not hold well when the government takes over the roll of parenting by limiting the tools the parents could have to raise an educated well round child. Since the parents are the "responsible party" in the raising of the child, give them the necessary tools to make an informed decision. Government intervention to control certain "allowable" information is brainwashing. Are the government going to be responsible and care for all the children under 18? Let's hope that's not the government's roll.

Commenter: mike herrick, catholic conference of va

7/26/19 12:53 pm

excluding parents is an abomination of the child's care and really child ABUSE

Dear Virginia Board of Social Work,

On May 1, 2019, the Virginia Catholic Conference – the public policy agency representing Virginia's Catholic bishops and their two dioceses – submitted comments opposing a vague and broadly-worded Guidance Document (140-12) that seeks to prohibit, for minors, *"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."*

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When minors have unwanted same-sex or mixed-sex attractions, they and their families should be free to seek counseling toward the resolutions they desire. Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

The Conference, therefore, opposes adding the provisions of Guidance Document 140-12 to 18VAC140-20.

Sincerely,

mike herrick

16555 sparkling brookloop

dumfries va 22025

cc to my federal representative for federal action

Commenter: Robert Brever Jr

7/26/19 1:00 pm

Unprofessional Conduct/Practice of Conversion Therapy

I am absolutely opposed to any attempt to limit or ban parental involvement with respect to their minor's sexual identity or conversion therapy.

Parents are closest to their child's challenges. They are in the best position to make healthcare decisions involving the wellbeing of their child.

Under Virginia law parents have the fundamental right to make decisions regarding the upbringing, education, and care of their children.

Some young people may have attractions they may desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.

The proposed ban would deny families the freedom to seek counseling aligned with their faith.

Licensed professionals with years of experience should not be removed from the process of helping children working through these sensitive and deeply personal issues.

I ask that you not impose a policy that is contrary to the specific wishes of the Virginia legislature in these areas. Support the involvement of parents over their children.

Commenter: Chris Russo

7/26/19 1:00 pm

This ban is misguided and unconstitutional

This ban is misguided and unconstitutional. This ban does not respect Virginian parents' legitimate right to counsel children according to our faiths.

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

This ban is misguided and unconstitutional.

Commenter: Dennis Huyck

7/26/19 1:06 pm

Regulatory Action is Unconstitutional and Misguided

You are trying to demean the role of the parents in the guidance of a child. That is unconstitutional and very unwise. Parents are in the best position to make decisions for their child, not some board imposing their wishes. These proposals would result in a ban on parents seeking their own counseling for their children. That is morally wrong.

Commenter: Beth Martini

7/26/19 1:26 pm

Parental rights

Let parents have the freedom to raise their children in the best way they can.

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
-

Commenter: NL

7/26/19 1:53 pm

do not harm parental rights

Parents are the primary care-givers and decision makers regarding their children. Unelected regulators and outside interests should not be allowed to regulate the freedom that parents in getting help for their children, and social workers should not be restricted to following rules that contradict the desires of the parents, and that have not been approved by elected officials. Regulation is attempting to be used to bypass the will of the people of the state of Virginia, whose elected officials have, each time, rejected these regulations. Resist the political pressure of the leftists. Stand up for truth, families, and Biblical values.

Commenter: Thomas F. Griffin, Lt. Col., USAF (Ret)

7/26/19 1:59 pm

Comments Opposing the Proposed Amendment of 18VAC125-20 Regulations governing the Practice of psych

I agree with the comments of the Virginia Catholic Conference opposing the proposed amendment of 18VAC125-20, regulations governing the practice of psychology.

Commenter: Kieran Carter

7/26/19 2:05 pm

Parental rights to obtain sexual counseling for their minor children

Parents, not social workers, teachers or a state entity, know what is best to help their children grow into happy and healthy adults. The proposed regulations to ban the so-called "conversion therapy" are a hideous overreach of government power and a blatantly unconstitutional curtailment of free speech. In recent years there has been a disturbing trend for government and bureaucrats to assume and spread the idea that THEY know better than families what is best. Individual children and teenagers need individualized help, not an agenda-driven push from agenda-driven teachers and social workers. Parental decision-making is a bedrock right. NO to any regulations telling people what help they can and cannot provide to a struggling child.

Commenter: Irene Maria DiSanto

7/26/19 2:08 pm

Do not ban requested therapy

- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Commenter: Gerald Kuhn

7/26/19 2:53 pm

parental right

Oppose proposed amendment of 18 VAC 125-20

Commenter: Thomas J Duncam

7/26/19 3:06 pm

Conversion Therapy

It appears that there is a great effort among educators and others to promote the Gay Pride agenda to young impressionable students. In many cases this may not be in the best interest of the student or the desires of his/her parents. To counteract this, conversion therapy if done properly, may be the only and best course of action. This is an unnecessary regulation restricting the actions of parents acting in best interest of their children.

Commenter: Karla Taylor

7/26/19 3:10 pm

In opposition of ban.

Virginia law protects the parents rights to make decisions for their children. Law also protects children from being intimidated and coerced by therapist who pushed on the lgbt agenda when a child expresses confusion, we are seeing a huge overreach in this last part, and including many changes to the DSM to accommodate disorders as natural. Passing this ban will infringe on the rights of citizens, parental rights, and for some religious freedom. Passing this will also open the door to continued misconduct in the health field by coercing children to make choices they are not matured enough to make.

Commenter: John H Filtz

7/26/19 4:36 pm

Social work should be confined to Dysfunctional Family Situations

We the people have the God-given right to determine what laws and regulations control our behavior as law-abiding citizens, including parental rights to teach the truth to our children and grandchildren. The regulatory action being considered violates these rights and is opposed to common sense for the following reasons:

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well being of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

For these reasons, the subject regulatory actions are illegal and unconstitutional.

Please listen to the will of the people and desist from these actions.

Respectfully,

John H Filtz

Commenter: Jacqueline Manapsal

7/26/19 4:41 pm

Parental rights

Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child. The proposed ban would deny families the freedom to seek counseling aligned with their faith. Parents have the fundamental right to care for their children until they become adults in their own right.

Commenter: John Buczacki

7/26/19 6:45 pm

Protect Parental Rights

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Rita Poranski

7/26/19 8:24 pm

parental Rights.

Parental rights are mine - not those of an unelected group or individual.

Commenter: Cat Spinelli

7/26/19 8:31 pm

PARENTAL RIGHTS

Parents are closest to their child's challenges, we are in the best position to make healthcare decisions regarding the wellbeing of our children.

By Virginia law parents have the fundamental right to make decisions regarding the upbringing, education and care of our children.

Licensed professionals with years of education and experience should not be removed from the process of helping children work through these deeply sensitive and personal issues.

Commenter: Mimi A

7/26/19 8:37 pm

Stop the ban

Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well-being of their child.

Parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. This must not be changed; if it is tampered with, where/when will it stop. Being a preteen and teenager has always been a confusing time, but they are not adults yet; they need unhindered, loving guidance from their parents.

Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions. The proposed ban would deny families the freedom to seek counseling aligned with their values and/or faith.

Commenter: Martha Dreon

7/26/19 10:28 pm

Opposition to adding the provisions of Guidance Document 125-9 to 18VAC125-20.

I oppose adding the provisions of Guidance Document 125-9 to 18VAC125-20.

When minors have unwanted same-sex or mixed-sex attractions, they and their families should be free to seek counseling toward the resolutions they desire. Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Sincerely,

Martha Dreon

Commenter: Rebecca Ing

7/26/19 11:26 pm

support parental rights

Parents are closest to their child's challenges, they are in the best position to make health care decision involving the well being of their child.

Commenter: lawrence zenker

7/27/19 7:25 am

Parents' rights and responsibilities

Parents have the duty and responsibility to nurture, teach, and provide moral support for their children. This should not be usurped by the state. We need stronger families in today's environment, not interference from outside sources.

Commenter: Pamela Wilgus

7/27/19 9:42 am

Oppose Amending 18VAC140-20, Regulations Governing the Practice of Social Work

Oppose Amending 18VAC140-20, Regulations Governing the Practice of Social Work

I oppose amending 18 VAC 140-20, Regulations Governing the Practice of Social Work and respectfully ask you to reject it too.

This proposal would infringe the fundamental right of parents to care for their children and violate their freedom of speech and free exercise of religion.

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.

- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Mary

7/27/19 12:21 pm

Parents should have the authority to decide for the children,

Commenter: Mary and Roger Ritter--Virginia Catholic Conference

7/27/19 1:38 pm

Parental Choice in Counseling

Parents have the right to choose appropriate counseling for their children.

Commenter: Susana Lee

7/27/19 2:16 pm

Protect parental rights

Parental rights need to be protected. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Commenter: Sue A. Huber

7/27/19 2:45 pm

Protect parental rights regarding upbringing, education and care

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Charles A. Huber

7/27/19 2:49 pm

Protect parents' rights to make decisions regarding their children's upbringing, education and care

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Carmencita B. Clay

7/27/19 4:18 pm

Protect Parents' Rights to make Decisions about their own Children's Care, Upbringing and Education

I oppose this and any other regulation that seeks to infringe on parents' rights to care for their own children and make decisions about their upbringing and education for the following reasons:

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: John Miller

7/27/19 10:02 pm

Please respect the rights of your citizens

While this may sound like a sympathetic policy, it ventures into territory which usurps a parent's rights. This also prevents legitimate religious beliefs from being followed. Lastly there is no study which provides the long term effects of the proposed actions. This may cause irreversible changes in a child's development, for an issue which they may later in life desire to not adhere to any longer. I am certain that society will look back on this as an unfounded action, based on no evidence, having lifelong consequences, and locking people into a life that they may have been only passingly interested in living. This is too far for the state to try commanding.

Commenter: Edward White

7/27/19 11:18 pm

Regulatory Ban on Conversion Therapy

I write to oppose the plan to adopt, via regulation, a prohibition on the ability of psychiatric, psychological and counseling professionals to provide certain types of treatments for children who seek treatment for gender dysphoria. First of all, as you well know, the General Assembly, elected by the people of Virginia have twice rejected such regulations. This blatant end run around the elected legislature is anti-democratic and outrageous! Second, parents are closest to their child's challenges, and are in the best position to make healthcare decisions involving the wellbeing of their child. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children, and there is no reason why parents ought to be deprived of the choice of how to treat the medical issues of their children. Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions. Further, the proposed ban would deny families the freedom to seek counseling aligned with their faith. Finally, licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Maureen Barrett

7/28/19 12:56 pm

Respect parents, citizens and elected officials

I write to oppose the plan to adopt, via regulation, a prohibition on the ability of psychiatric, psychological and counseling professionals to provide certain types of treatments for children who seek treatment for gender dysphoria. First of all, as you well know, the General Assembly, elected by the people of Virginia have twice rejected such regulations. This blatant end run around the elected legislature is anti-democratic and outrageous! Second, parents are closest to their child's challenges, and are in the best position to make healthcare decisions involving the wellbeing of their child. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children, and there is no reason why parents ought to be deprived of the choice of how to treat the medical issues of their children. Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions. Further, the proposed ban would deny families the freedom to seek counseling aligned with their faith. Finally, licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Edward Krattli

7/28/19 2:50 pm

Protect the freedom and rights of Virginia families

Under the legal legislative process, attempts to impose a ban on legitimate counseling practices in Virginia failed in 2016 and 2018. The legislative process involved debate and input by our duly elected state representatives who then voted for or against the misguided bills.

Unfortunately, unelected and biased state regulators are going forward with a sweeping proposal to ban the counseling, which would infringe upon the fundamental right of parents to care for their

children and would violate their freedom of speech and free exercise of religion; arguably violations under Virginia law.

Because the General Assembly has not adopted the governor's extreme and misguided views, ban proponents and regulators appointed by the governor are seeking to impose prohibitions through regulation. These regulators are attempting to bypass the General Assembly altogether, which has the effect of diluting and ignoring the voice of Virginia's citizens and their elected representatives.

Please consider the following...

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well-being of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education, and care of their children; not the state, and certainly not by unelected regulators.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, all counseling options should be available for families to use based on their particular needs.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Robert Lee

7/28/19 9:21 pm

Defend parental rights and protect children in need

Patients should be able to freely discuss any topic that is troubling them with a counselor. This is especially the case for minors. If it is the will of the patient to seek counseling that helps them understand the roots of unwanted attractions or gender confusion, they should be able to do that with a skilled counselor.

Do not put in place this wrong prohibition that will cause lasting harm to those seeking mental health counseling.

I have known individuals who sought counseling for their attractions but did not frame it as "conversion therapy" and found lasting help to understand their attractions and live in peace with it. Do not deny future patients that opportunity.

Commenter: Craig Mays

7/29/19 9:50 am

Rights of Parents

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.

- The proposed ban would deny families the freedom to seek counseling aligned with their faith and beliefs.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Gordon Goetz

7/29/19 11:34 am

Protect parental rights and stop censorship in counseling.

Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well-being of their child. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. The proposed ban would deny families the freedom to seek counseling aligned with their faith. Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions. Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Mark Menotti

7/29/19 1:46 pm

Parental Rights

I am asking that you reject the proposal to ban, for minors, *"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... reduce sexual or romantic attractions or feelings toward individuals of any gender."* This proposal would infringe the fundamental right of parents to care for their children and violate their freedom of speech and free exercise of religion. The proposal should be rejected because:

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well-being of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

This should never be allowed to become an Executive/administrative rout of a legislative domain. Let this be debated in the Virginia Assembly and Senate. These actions are devolving our Republic. Thank you. Mark Menotti (Concerned Citizen)

Commenter: Clarence E. Arnold

7/30/19 1:42 am

Protect Parental Rights

I write to support parental rights to determine counseling or treatment for minors in their care concerning the child's "sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to... reduce sexual or romantic attractions or feelings toward individuals of any gender." And, I oppose any attempts by unelected bureaucrats or regulators to bypass or infringe on the fundamental rights of parents to care for their children and make determinations or healthcare decisions regarding the upbringing, education, wellbeing or care of their children. Protect the freedom of Virginia families to determine or acquire the counseling they choose.

Commenter: Pam Watkins

7/30/19 1:03 pm

Government should Not overstep their boundaries

Social Work is important for families where the children are neglected and abused. Parents who do not abuse or neglect their children should have a right to raise them as they see fit. Government should keep its nose out of personal parental business unless there is abuse!

Commenter: Ann Smith

7/30/19 8:55 pm

Oppose amending 18 VAC-140-20 regarding Social Work

Commenter: Christopher Martini

7/30/19 10:01 pm

I oppose amending Regulations Governing the Practice of Social Work [18 VAC 140 ? 20]

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. The proposed ban would deny families the freedom to seek counseling aligned with their faith. This is wrong and is unacceptable.

Thank you!

Commenter: Nancy S Pendergrass, MPH, RDN

7/31/19 9:57 am

Do not infringe parental rights

This proposal would infringe the fundamental right of parents to care for their children and violate their freedom of speech and free exercise of religion. Parents are in the best position to make healthcare decisions involving the wellbeing of their child. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. The proposed ban would deny families the freedom to seek counseling aligned with their faith. You must protect the freedom of Virginia families to acquire the counseling they choose.

Commenter: Melanie Kiser

7/31/19 11:37 am

Protect Virginia youth from the grave consequences of conversion therapy

Re: Support for the NOIRA regarding regulation 18VAC140-20, on the Practice of Conversion Therapy

Dear Virginia Board of Social Work,

Hello, my name is Melanie Kiser and I am writing in support of the NOIRA regarding regulation 18VAC140-20, on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed social workers in Virginia.

My interest in this issue stems from my interest in preventing suicide and supporting mental health. I have lost both my mother and sister to suicide, so I am more familiar than most with both the pain of that loss and how unfathomable it can be until it suddenly happens. I also grew up in a community of faith where conversion therapy and underlying notions were accepted. Through my involvement in suicide prevention, I have learned how harmful, and even deadly, this approach can be. I fully respect the rights of parents to make decisions about their children's welfare, but we must also respect the rights of the children to be free of psychological abuse under the guise of treatment. This is also an area where one has to wonder whether parents really understand the grave consequences of what they are doing, which are reflected in the statistics below. Should the Board decide against adopting the proposed regulation, it should at least consider requiring parents to read and sign a form presenting them with a candid picture of the harm and risk to which they are exposing their child (and themselves).

Conversion therapy, sometimes referred to as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts," is a set of practices by mental health providers that seek to change an individual's sexual orientation or gender identity. This includes efforts to change behaviors or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include psychotherapy that aims to provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Nor does it include counseling for a person seeking to transition from one gender to another.

There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices.

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers. Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks.

The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it is the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent number should be viewed as a floor. The same survey found 42 percent of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of transgender and nonbinary youth who have undergone conversion therapy reported a suicide attempt in the last year.

These findings echo that of a recent study by Caitlyn Ryan of the Family Acceptance Project. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.

Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors.

This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation.

Sincerely,

Melanie Kiser

Commenter: Sheila Jenkins

: 7/31/19 3:04 pm

Support Parental Rights

Parents have the right to decide what type of therapy their children receive. I do not believe this 'conversion therapy' exists as some people try to portray it. I have only heard of therapists who care and try to seek out the best course of action to help people cope with a problem they find difficult. Do not try to silence their speech.

Commenter: Deborah Hawkins, LMFT

7/31/19 6:48 pm

Please continue to implement regulations against conversion therapy for minors

Conversion therapy is 1. unethical as it doesn't meet an acceptable standard of care; 2. no social worker could have received accredited training for it. 3. it is immensely harmful quackery. As a licensed family therapist, I have seen such "treatment" destroy a minor's self esteem and causing lasting damage to families. Professional regulations cannot free people from stigma imposed by religious bigots and homophobic parents. However, you can combat such stigma by banning social workers from imposing CT on minors.

Commenter: Monica S.

7/31/19 8:52 pm

Please Defend Parental Rights

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Kristen gartland

7/31/19 10:39 pm

Conversion therapy = abuse

So-called conversion therapy has been discredited as a practice world-wide. It is not proven to "get the gay out". But it is linked to higher levels of depression, anxiety and suicidal thoughts. We are doing our children a tremendous disservice when we do not protect them against quack science or medicine.

We need to ban all conversion therapy to protect our children.

Commenter: Katherine Drummond

7/31/19 11:04 pm

Ban conversion therapy!!

please ban conversion therapy! It's abhorrent, and can lead to suicide.

Commenter: Stephanie Clark

8/1/19 12:55 am

Conversion Therapy

Please spare all Virginians from the dangerous and discredited practice of "conversion" therapies, directed toward gay citizens and youngsters who may be questioning their sexuality. These types of programs begin by proposing that homosexuality is a mental illness to be cured of rather than acknowledging that gender identity and sexuality are valid markers of how individuals feel, love and self-identify. Self-acceptance and self-love are two of the most important tools for people who are already outside the mainstream or operating differently than the status quo. Our LGBTQ citizens deserve the same freedom of self-determination and autonomy as all others. Please protect them.

Commenter: Kristen Calleja

8/1/19 12:58 am

Conversion "therapy" has been discredited and is harmful. It should be banned.

Commenter: Laura Davidson

8/1/19 6:43 am

Ban Conversion Therapy

Conversion therapy is harmful and should be banned. We must protect children from this practice which causes them lifelong suffering and damage and does not "turn" them from being gay.

Commenter: Thomas Palumbo

8/1/19 7:05 am

Protect freedom of Virginia families to acquire the counseling they choose

I strongly oppose this sweeping proposal to ban *"any practice or treatment that seeks to change an individual's sexual orientation or gender identity,"* for the following reasons:

Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well-being of their child.

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.

The proposed ban would deny families the freedom to seek counseling aligned with their faith.

Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Heather Nees

8/1/19 8:49 am

Conversion Therapy

NO! Just NO! A psychiatrist or psychologist goes to school for years to deal with mental health issues. I have yet to meet a spiritual 'leader' who has even a fraction of the type of education and experience that a professional doctor has. Spiritual leaders are often charismatic and as such attract the attention of many, bending their rational thinking to a personal interpretation of what they believe. They preach from a version of a thousands year old document that they believe dictates how a higher power desired people to behave. How is this even rational?! Science and medicine has confirmed that being Gay is no more of a choice than being Autistic. DO NOT allow charlatans and charismatic 'leaders' to try and change something in a child that is dictated by

NATURE not NURTURE or might not even be there! Development is a wild ride of hormones and body changes that we only know a fraction of how it actually works. For a parent to find 'attraction' or 'love' or even a passing crush, an abhorrent trait in their child is beyond comprehension. Would they love them less with no hand? With no fingers or ear? Would they take them for religious counseling to convince them that those missing parts are simply not true or that the higher power would want them to behave as if it were not so? Absolutely not. Let religious/spiritual people stick to positions of morality and values. DO NOT allow them to cause undo stress, harm and mental illness upon developing children who cannot control their feelings and emotions. Functioning adults barely do that now.

Commenter: Pam Webb

8/1/19 10:17 am

Conversion therapy is dangerous

I work in mental health with kids and I can tell you first hand that conversion therapy is beyond harmful for children psychologically. It uses shame, rejection, and psychological abuse to force young people into changing who they are. This practice has been discredited and proven dangerous. It's premise is based on the false claim that identifying as gay, lesbian, trans, queer, etc. is a mental illness needing to be cured, which is simply not true - "Homosexuality" was removed from the DSM in 1973. Anyone stating it is a mental illness is not fit to be licensed. It is abhorrent to condone these practices and it is our duty to put an end to it.

Commenter: Susannah Bishop

8/1/19 10:58 am

End conversion therapy now!

I have been a Virginia public school teacher for 20 years and have made what's best for the children of Virginia my life's work. This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Respectfully,

Susannah Bishop

Commenter: Tom Dickson

8/1/19 11:35 am

Parents have the right to choose counselling if needed!

Parents have the right to look out for the best interest of their children. If this includes counseling then seek counseling. This society has fallen down the slippery slope far to long. Its time children were taught right from wrong. Don't let the inmates run the asylum.

Commenter: Anne Rappe-Epperson

8/1/19 2:20 pm

Ban Conversion Therapy

So-called "conversion therapy" practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

Commenter: Christine Birden

8/1/19 4:35 pm

You got it all wrong. Stop the Conversion Therapy "Band Wagon" Lies now!

The evidence indicates more harm from conversion therapy.

There are numerous professional and scientific statements from organizations such as the AAP, American College of Physicians, ACA, AMA, APA, American School Counselor Association and more that have written about the impropriety of so called conversion therapy. Where is your intelligence on this?

Commenter: Shelton Dominici

8/1/19 5:04 pm

BAN CONVERSION THERAPY

I STRONGLY urge you to BAN CONVERSION THERAPY!!

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

Commenter: Karen Legato, Health Brigade, formerly Fan Free Clinic

8/1/19 7:41 pm

Conversion Therapy

As the Executive Director of Health Brigade (formerly Fan Free Clinic) and a social worker who has served vulnerable populations, including LGBTQ persons through micro, mezzo and macro practice for the past 25 years, I urge policy makers and regulatory boards to ban the unethical and traumatizing practice of conversion therapy in Virginia. Conversion therapy has no scientific basis and has been discredited for years. It is time for Virginia to ban this dangerous practice that has destroyed young people and exploited vulnerable parents who have had difficulty coming to terms with their diverse children. I am asking the Board of Social Work to adhere to the Social Work Code of Ethics and provide the leadership, advocacy and action critically important right now to ensure conversion therapy is banned in Virginia for all time.

Commenter: Sarah Bratt

8/1/19 8:04 pm

No more

So-called "conversion therapy" is a dangerous and discredited practice aimed at changing sexual orientation or gender identity. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. Proposed regulations protect young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices

Commenter: Amanda Darvill, American Foundation for Suicide Prevention, NCAC

8/1/19 10:27 pm

Support for the NOIRA regarding regulation on the Practice of Conversion Therapy

Dear Virginia Board of Social Work,

Hello, my name is Amanda Darvill and I am writing in support of the NOIRA regarding regulation 18VAC140-20, on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed social workers in Virginia.

No one should ever be told that they were made anything but perfect. Yet, young lesbian, gay, bisexual, transgender, and queer people are often told that they need to change who they are—or face a life full of rejection by their family, their faith, and God. We need to embrace all people, and that means not turning our backs when we see one of our own being singled out and targeted. As caring Christians, it is our responsibility to ensure the safety of our children. We cannot lose one more of our own to the depression and suicide these discredited and damaging practices so often lead to.

Conversion therapy, sometimes referred to as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts," is a set of practices by mental health providers that seek to change an individual's sexual orientation or gender identity. This includes efforts to change behaviors or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include psychotherapy that aims to provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Nor does it include counseling for a person seeking to transition from one gender to another.

There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices.

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers. Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks.

The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it is the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent numbershould be viewed as a floor. The same survey found 42 percent of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of

transgender and nonbinary youth who have undergone conversion therapy reported a suicide attempt in the last year.

These findings echo that of a recent study by Caitlyn Ryan of the Family Acceptance Project. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.

Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors.

This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation.

Sincerely,
Amanda Darvill

Commenter: Andrea T Pitman

8/1/19 10:56 pm

Ban Conversion Therapy

Conversion therapy is torture. It is not a legitimate treatment. It is not scientific. And it is absolutely not something that should be inflicted on a child. Any individual should be allowed to explore and discover their own identity and not have it suppressed at the whim of their parents. Ban this outdated, harmful practice.

Commenter: Candyce

8/1/19 11:08 pm

End Conversion Therapy for Minors

Conversion therapy is torture and no child should be forced to undergo it. Also, it flat out doesn't work. Get rid of it.

Commenter: Dana Perkins, Citizen of VA and Parent

8/1/19 11:16 pm

End Conversion Therapy in VA

So-called "conversion therapy" is a dangerous and discredited practice aimed at changing sexual orientation or gender identity. These discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. These practices have been discredited b/c they are premised on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. Proposed regulations protect young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness. By doing this they are taking advantage of parents who are unsure & maybe in shock about how to deal with what's going on with their child/family & what they should do, while at the same time harming vulnerable youth.

These harmful practices use rejection, shame, and psychological abuse to force young people to try to change who they are.

These practices are known to be extremely dangerous and can lead the child to believe there is something wrong with being, to feel guilt, shame, depression, have low self-esteem, can lead to substance abuse, and even suicide attempts.

We can't allow one more young person to be targeted and damaged by these dangerous and discredited practices.

Commenter: Dr. Kimberle Jacobs

8/1/19 11:23 pm

Ban conversion therapy

Please continue work on your regulation to ban conversion therapy. There is no scientific evidence that "therapy" can turn gay kids straight. We don't allow parents to abuse their kids and CT would be abuse.

Commenter: pryplesh

8/1/19 11:33 pm

Let Counslers use their own judgement

Let counselors use their own judgement.

As to use their own thoughts and beliefs, as if they wish to continue or refer the person to another, as a matter of choice.

We need more "laissez-faire" in Government and less 'mlrco-mangagement'.

Commenter: Gail Christie

8/2/19 7:03 am

It is past time we outlaw the dangerous practice of so-called Conversion "Therapy" here in Virginia.

Conversion therapy is a dangerous and discredited practice with no scientific basis. Sexual orientation is not a mental illness that needs to be (or can be) "cured."

Commenter: Teri Beasley

8/2/19 8:00 am

End this torture.

End this torture now.

Commenter: Jeffrey Beatman

8/2/19 9:07 am

No Conversion Therapy!!

It is extremely important that your board NOT allow conversion therapy as an option for LGBTQ youth or adults. Not only is conversion therapy ineffective, it's dangerous increasing depression, possible suicide and self-loathing.

No conversion therapy!

Commenter: Melinda Collins, LCSW

8/2/19 11:22 am

Ban Conversion Therapy

Conversion therapy is not evidence based and is extremely harmful to youth. It should be banned.

Commenter: George Marshall

8/2/19 12:31 pm

Ending Conversion Therapy

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

Commenter: Christine Robinson

8/2/19 12:59 pm

Protect minors from clinical abuse. No sexual orientation or gender identity is a mental illness.

It is unethical and abusive for any professional in a clinical setting to shame minors about their sexual orientation or gender identity (or to reinforce shame a minor may already have internalized), whether it is based on religion or anything else. Put an end to this in Virginia and ensure that the penalties for engaging in such professional misconduct are severe enough to deter it.

Commenter: Patricia Mitchell, First Congregational Christian, United Church of Christ

8/2/19 1:34 pm

Ban conversion therapy, please

Please, ban conversion therapy. It does not work, it is demeaning and dangerous leading to far greater problems than it solves.

Thank you.

Commenter: Elizabeth Marshall

8/2/19 1:48 pm

End Conversion Therapy

- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Patti Hardy

8/2/19 3:01 pm

Virginia families have the right to acquire the counseling they chose

Do not allow unelected state officials to bypass the General Assembly with a sweeping proposal that would infringe on parents' fundamental right to care for their children and would violate their freedom of speech and free exercise of religion.

Parents are the closest to their children's challenges; they are in the best position to make healthcare decisions involving the well being of their child. The proposed ban would deny families the freedom to seek counseling aligned with their faith and reason.

Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life....or help in working through these sensitive and deeply personal issues. In any instance, there should be options for families to make informed decisions and choices.

Thousands upon thousands of children are now being shuffled through "gender reassignment" each day, injected with hormones and puberty blockers, pushed into plastic surgery after plastic surgery, and encouraged to cut all ties with family and friends who do not fully support their "transition". **There is a tremendous amount of suffering out there over this issue. Lives and families are being destroyed.** "Live and Let Live" has become a hard pill to swallow.

There is no doubt that some people are suffering with gender dysphoria; however, society's newfound response (injections, surgeries, and compelled speech laws) come at a dangerous price to both the individual and society.

Commenter: Meg Gruber

8/2/19 9:48 pm

Ban conversion therapy

I am vehemently opposed to so called conversion therapy. It is a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Stop this emotional abuse. Stop conversion therapy!

Commenter: Helen Miller

8/2/19 11:18 pm

No conversion therapy

no Conversion therapy!!!

Commenter: James Drummond

8/2/19 11:20 pm

No more abusive therapy

Please stop the abusive practice of conversation therapy

Commenter: Sasha Morris

8/2/19 11:23 pm

No more conversation therapy

Stop religion sanctioned torture!! End conversation therapy

Commenter: Amy Cannon

8/3/19 8:02 am

Conversion (Therapy) Torture

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. "Conversion therapy" tactics are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. We must protect young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness. They are taking advantage of parents, and harming vulnerable youth. Banning so-called "conversion therapy" in Virginia is necessary to protect children from this harmful practice. "Conversion therapy," is a dangerous and discredited practice aimed at changing the sexual orientation or gender identity of a person, often against their will. This is based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

Commenter: Marianne Coates

8/3/19 4:54 pm

Opposition to Amending 18VAC125-20 pertaining to the practice of psychology

Do Not approve this amendment!

- Parents are closest to their children's challenges; they are in the best position to make healthcare decisions involving the wellbeing of those children.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may experience confusion about attractions that they wish to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, families/parents must have the primary options to make informed decisions for their children and their families.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through sensitive and deeply personal issues.

Commenter: Joanna Melton

8/3/19 8:22 pm

Respect Parental Rights

Please do NOT ban children and their families from seeking the help of their choosing from counselors and therapists. Under Virginia Law parents have the right to make decisions to the upbringing, education, and care of their children. This ban denies parents their right and children their right to receive the type of counseling desired, including help against same-sex attraction and gender dysphoria. This ban also puts social workers, counselors, and therapists at risk of losing their jobs or licenses, if they help children resist same-sex attraction or gender dysphoria.

Commenter: Nancy Morin

8/4/19 10:00 am

BAN CONVERSION THERAPY IN VA NOW!

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

Commenter: Cory MacLauchlin

8/4/19 10:24 am

Ban conversion therapy

Conversion therapy is malpractice. It often causes harm to the patient. And between parents and therapists children are coerced to suffer this harm. It is cruel and inhumane.

Commenter: Beth Bunts

8/4/19 11:12 am

BAN CONVERSION THERAPY NOW!

Trying to convince someone that they are not who they ARE is not only a waste of time and energy and resources - it's cruel. Could you be converted into something else - anything other than who you are? Ya, me neither! Conversion "therapy" is nothing more than attempted brainwashing! It's cruel and unusual punishment for simply living your life as your authentic self. END THIS NOW!

Commenter: Lana Parsons

8/4/19 11:13 am

Ban Conversion Therapy In Virginia

I fully support a ban on conversion therapy in the state of Virginia. I see it as a moral imperative and necessary for the protection of the LGBTQ+ community. In this country and indeed in the state of Virginia, parents have many rights and protections in terms of raising their children how they see fit. However, no parent should have the right to subject their child to psychologically abusive practices that are known to have harmful outcomes. Our state government needs to protect LGBTQ+ youth and ensure that no one, including adults, is taken advantage of.

Commenter: D. Jarvis

8/4/19 11:43 am

Proposed ban violates freedom of choice

The proposed ban is a serious infringement on an individual's right to decide what help in their own best interest. The regulation will have an unintended chilling effect on honest discussion and evaluation of gender and attraction in general, especially affecting vulnerable minors. It is unfair and highly inaccurate to lump all counseling professionals together with a few bad actors behind conversion therapy abuses. We can do better -- this sweeping ban is not in the interest of our minors.

Commenter: Annie Hamel

8/4/19 1:02 pm

Conversion therapy is NOT a choice!

Conversion therapy are one of the worst thing that can done to a human being.

It tells that person that the way they feel about love is wrong. It destroys their identity as it's being formed. It pushes that person towards self hate and depression.

It is time that this barbaric process be banned for good. We're in 2019, not 1819.

Commenter: Anne Glenn, Humanist

8/4/19 1:46 pm

Stop conversion therapy

As a former psychiatrist nurse with 20 yrs working with adolescents and young adults, I find. On version therapy to be destructive and inhumane. I have seen suicide attempts and anguish in these young folks because they don't fit the "acceptable" sexual model Stop this now It is harmful and ignorant

Commenter: Harry Groot

8/4/19 2:36 pm

Conversion Therapy

"Conversion" is possible only if the underlying condition is indeed, a choice, and not a fundamental state of being. If gender-confused kids are forced to convert to something the parent or therapist feel is the "correct" behavior, they should also receive counseling as to whether the value system of the parents and or therapist are based on facts supported by science.

Commenter: Richard Rutherford

8/4/19 2:56 pm

ban so-called "conversion therapy," especially for minors

Please ban so-called "conversion therapy" in Virginia. As you surely are aware, the conditions this bogus treatment seeks to change are inherent human traits; the supposition that they evidence mental illness have no basis in science, and conversion therapy in reality does great damage, especially to young people.

It is because of this harm, the therapy's well-known failure rate, and the hate- and fear-based motivations of the practice's adherents that I urge you to end the practice in Virginia.

Commenter: Sara Woodington

8/5/19 9:02 am

Do not support this practice

First of all, stop using "therapy" as any part of this. Therapy in and of itself is helpful, self-searching, guided exploration into what makes a person who they are. **Conversion Torture** is the appropriate title for this disgusting practice being discussed. Anyone of any age who identifies as LGBTQIA+ - but especially our kids and teens - need our loving protection. Not accusations, not twisted devices, not abandonment. Please do NOT put this horrific practice of Conversion Torture into Virginia law.

Commenter: Susan Layman

8/5/19 9:22 am

No Conversion Therapy

Conversion therapy has been discredited by the medical community as psychological torture. We don't allow parents to physically abuse their children—let's not let them psychologically abuse them either. Conversion therapy leads to depression and even suicide. It has no place in modern treatment.

Commenter: Andrew Jones

8/5/19 9:41 am

Opposition to forced regulatory ban

This ban is an attempt to force morality on professionals, children and parents alike and violates the first amendment, at the least. Just like this great nation and state offer to children various opportunities to be developed socially and scientifically through the education system, an array of psychiatric options for development should also be available and this does the opposite. Please strongly consider the below:

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well-being of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Olivia hall

8/5/19 10:34 am

No conversion therapy

Please end the practice of conversion therapy.

- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.
- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.
- We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Michael Airhart

8/5/19 10:54 am

Conversion "therapy" attacks personal and social well-being

As a friend of several survivors of conversion therapy, I know that this fraudulent practice:

- makes depression, shame, and self-doubt worse, by falsely contending that same-sex orientation is a mental illness
- reinforces social isolation from those who can offer legitimate help
- offers "cures" in which patients are told to falsely accuse mothers of being too possessive and falsely accuse fathers of being too distant. Parents are told by these fraudulent therapists to blame each other and to reject their LGBT children

Conversion therapists' lies about the origin of sexual orientation, and their emotional abuses against patients and their families, are a form of professional malpractice that harms the patient and their families on behalf of churches that hate entire segments of our community.

Commenter: GEORGE GOUNLEY

8/5/19 11:41 am

Protect Personal Freedom of Individual Seeking Therapy and Professional Freedom of Therapist

The ban on conversion therapy that you propose and advocate limits the freedom of both the therapist and the person seeking help.

It assumes that the client never desires to resolve the conflict between physical and emotional gender in favor of the physical.

It prevents the therapist from acting on the informed conclusion that resolving the conflict in favor of the physical is what is best for the client and therefore the only responsible way to fulfill the requirement to do no harm to the client.

Commenter: lisa rogeron

8/5/19 1:45 pm

conversion therapy is wrong

Hi,

I'm writing today to let you know that I disapprove of conversion therapy. Its harmful to our young people.

- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.
- We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

thank you for your time,

Lisa Rogerson

Commenter: Abigail Carter

8/5/19 2:19 pm

Conversation therapy

Conversation therapy is an awful practice. Being gay, bi-sexual, trans-gender, etc, is not a choice. You are or you are not. That the state of Virginia is even contemplating sanctioning this barbaric practice is horrifying.

Commenter: Chet and Barbara Walrod

8/5/19 6:33 pm

Conversion Therapy

This inhumane and dangerous therapy does not need to be legitimized. LGBTQ individuals are not mentally ill.....they were created to be who they are by God. People should be allowed to be who they are and loved and supported. Love is love and people should be allowed to love whomever they want, without being told they are wrong.

Commenter: Matthew DeGrave

8/5/19 9:08 pm

Please help Ban conversion Therapy for under are youth

Dear Virginia Board of Social Work,

Hello, my name is Matthew DeGrave and I am writing in support of the **NOIRA regarding regulations 18VAC115-20, -30, -50, and -60**, on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed counselors in Virginia.

I have friends and family that are in the LGBTQ+ community and I could not imagine them being forced to be someone that they are not. Conversion Therapy is detrimental to the people that are forced to undergo this treatment. It is also rooted in the idea that being gay is bad or a "sin", which is untrue.

Conversion therapy, sometimes referred to as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts," is a set of practices by mental health providers that seek to change an individual's sexual orientation or gender identity. This includes efforts to change behaviors or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include psychotherapy that aims to provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Nor does it include counseling for a person seeking to transition from one gender to another.

There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices.

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers. Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks.

The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent number should be viewed as a floor. The same survey found 42 percent of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year.

These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of transgender and nonbinary youth who have undergone conversion therapy reported a suicide attempt in the last year. These findings echo that of a recent study by Caitlyn Ryan of the Family Acceptance Project. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more

likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.

Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors.

This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation.

Sincerely,

Matthew DeGrave

Commenter: Janet Holloway

8/5/19 10:24 pm

Freedom for Therapists and Parents should be affirmed NOT denied!

I agree with George Gounley's comments that the freedom of the therapist and the freedom of the parents to choose what is best for themselves - their children- should not be impeded. Gender dysphoria and same-sex attraction are grave issues needing to be addressed and dealt with in a professional manner. We have that right under our freedoms.

Commenter: Rachelle Lisa Kaufmann

8/5/19 11:00 pm

Stop Conversion Therapy!!

Conversion therapy is the forcing of one's will on another to live and exist as they deem 'fit'. It's the forcing of one's religious or moral beliefs on someone that does not share their views. It's torture, it's cruel, it's wrong and morally repugnant! People have a right to choose who they love, and who they want to be loved by. This is America for God's sake, not Hitler's Germany! Allow people to be who they are without being TORTURED for their decisions!!!

Commenter: Jay Timmons

8/6/19 11:48 am

Please ban so-called "conversion therapy" for minors under 18

I write in support of VAC 140-20 for Social Work which would ban so-called "conversion therapy" by licensed social workers in Virginia for those under 18. Today, I am President and CEO of the National Association of Manufacturers, but I submit these comments not in that capacity but as a citizen of the Commonwealth and former Chief of Staff for Governor George Allen, to advance the same principles that we promoted when in office: Free Enterprise, Competitiveness, Individual Liberty and Equal Opportunity. Allowing individuals to come to terms with their authentic selves, to live honestly and to not endure painful, often forced, efforts to break them of who they are and of what they feel will help our Commonwealth and all people strengthen these core pillars of an exceptional America.

As a gay man myself, I know this conclusion to be true. There was a time that I thought I could change who I was and would consider any methods to do so, or ignore this side of myself, from trusted mentors, counselors and spiritual advisors. I wanted to make my parents proud, and to see their dreams for me fulfilled. So, coming to terms with who I was had me wrestle with many doubts, great fears and tortured thoughts—to find a different way to live and feel.

In my formative years, I turned to my studies, work and public service to wall-off this side of me, hoping that somehow my feelings would evolve. Over the years, I came to terms with the truth that I could not change who I was created to be, and ought not to, bolstered by people in my life who encouraged me that the path of truth and authenticity was the only way to live—and to love. I have the benefit of looking at my husband, Rick Olson, and our 3 children, C.J., Ellie and Jacob today knowing that advice made my life whole.

Unfortunately, not everyone has the benefit from this support structure and not everyone has seen their true life come to term. So-called conversation therapy has robbed people of their lives and created a whole class of survivors who have struggled in the face of individuals telling them they are not normal, challenging their relationships with their parents and family and working to distort their minds and their feelings. As a current colleague had said in *The Washington Post* seven years ago: "Imagine routinely hearing from a so-called expert that your mother had harmed you and that your father had failed you, despite having two loving parents who sacrificed career pursuits and much else to see you realize your dreams. Think about subjecting yourself to shock therapy — the most awful pain — as your therapist showed you images of same-sex relationships in an effort to break you of your natural feelings." That colleague came close to ending his life. These impacts are why the medical community has concluded that conversion therapy does not work, and that it often harms people and families.

As a people who value life, each individual and every family, because of their intrinsic worth and because they strengthen those pillars that make our country great, we must commit to end this practice that targets those very foundations of our society. While we can, and must, respect the role of religious institutions and counselors in helping all individuals live better lives and confront the great questions of life, we cannot give state-sanction to a harmful practice that puts young people and other individuals at risk of death and limits so many individuals' potential to contribute to our families, our communities and our country.

I urge favorable action on VAC 140-20 for Social Work.

Commenter: Anne Haak

8/6/19 2:16 pm

Homosexuality is not a mental illness

Conversion therapy presumes that homosexuality is a disorder that needs to be treated. It harms children and should not be a part of standard practice.

Commenter: Herb Grant

8/6/19 2:38 pm

This is who I am!

I write to support the BAN of "conversion therapy."

Each of us is created as the person we are meant to be. Whether male, female, straight or queer, we are who we are!

No one should attempt to change who someone is simply because they do not agree with who that person is.

Please BAN this outdated and outrageous process and recognize that we are each created as we are meant to be.

Herb Grant - person who happens to be straight, male, husband, parent, son, Christian.

Commenter: M Dalton

8/6/19 2:43 pm

Caution on Regulatory Approach

I urge the Board of Social Work to not take action that could conflict with the legislature. Decisions in serious matters relating to the relationship between parents, children, and the government, should receive the full attention of the legislature, and not be made by a separate branch of government.

Commenter: Sarah Warbelow, Human Rights Campaign

8/6/19 3:52 pm

Support for the NOIRA regarding 18VAC140720

Dear Virginia Board of Social Work,

The Human Rights Campaign (HRC), on behalf of its more than 151,000 members and supporters in Virginia, thanks you for the opportunity to affirm support for the Notice of Intended Regulatory Action (NOIRA) regarding 18VAC140720, an important step in the effort to protect minors in Virginia from the dangerous and discredited practices that falsely claim to change their sexual orientation or gender identity.

The Human Rights Campaign is America's largest civil rights organization working to achieve lesbian, gay, bisexual, transgender and queer (LGBTQ) equality. By inspiring and engaging all Americans, HRC strives to end discrimination against LGBTQ people and realize a world that achieves fundamental fairness and equality for all. As an advocate for LGBTQ young people, HRC believes that no young person should be subjected to dangerous practices that lack legitimate medical purpose, such as conversion therapy.

Conversion therapy, sometimes referred to as "reparative therapy" or "sexual orientation change efforts," are practices that seek to change a person's sexual orientation or gender identity. These practices are based on the false idea that being LGBTQ is a mental illness that needs to be cured—an idea which has been rejected by every major medical and mental health group. Importantly, conversion therapy does not include legitimate therapies that provide acceptance, support, or understanding of LGBTQ identities; that facilitate coping, social support, or identity exploration; or that address unlawful conduct or unsafe sexual practices. This proposed regulatory action would prohibit state-licensed social workers from subjecting minors to conversion therapy.

There is no credible evidence that conversion therapy can change a person's sexual orientation or gender identity, and it is abundantly clear that conversion therapy poses devastating health risks for LGBTQ youth including depression, decreased self-esteem, substance abuse, homelessness, and even suicidal behavior. This is why the nation's leading mental health organizations have ubiquitously decried these unscientific practices. Unfortunately, due to discrimination against LGBTQ people and the fact that professional rules have not kept up with this widespread understanding, some licensed mental health professionals continue to engage in conversion therapy. A recent Williams Institute at UCLA School of Law report revealed that an estimated 20,000 LGBTQ minors in states without protections will be subjected to conversion therapy by a licensed healthcare professional if state officials fail to act. Additionally, a 2018 study from the Family Acceptance Project at San Francisco State University found that suicide attempts nearly tripled for LGBTQ youth who reported both home-based efforts and outside-the-home efforts to change their sexual orientation (compared to LGBTQ youth who did not experience such change efforts).

Providers who engage in conversion therapy under state license mislead families, leading to negative psychological outcomes, irreparable damage to family cohesiveness, and lasting personal and social harms. This regulatory action is needed to protect families from these damaging practices.

Thank you for the opportunity to comment in favor of this vital proposed regulatory action.

Sincerely,
Sarah Warbelow
Legal Director, Human Rights Campaign

Commenter: Willow Woycke

8/6/19 4:22 pm

Ban Conversion Therapy

Type

To Whom It May Concern:

I am a transgender woman and a lesbian. When I was around nine I told my mother that I thought my life would be better if I was a girl. My mom told me people like that aren't happy. I don't know what she meant, but I knew I should not try to be a girl. I wanted to be happy, but I was only really

happy for myself when I was wearing girls clothes. I didn't know why. As I grew up I had times when I didn't dress as a woman, but I would keep coming back to it, and, always, in the back of my mind, my true gender was screaming at me, "you're a woman". It almost destroyed my marriage. It caused us to separate for six years. I was trying so hard to not be transgender. I tried therapy, years of therapy. I tried 12 step programs. I worked all of the steps in two programs. Still, my gender would be calling to me in the middle of the night telling me I was a woman. When I was 53, my wife and I discussed it, maybe I should try to live my truth. I started my transition. My depression lifted, my type 2 diabetes went into remission, and my high blood pressure went away. There were physical health benefits from living my truth.

Conversion therapy tries to rip a persons gender identity or sexual orientation away from them. It not something that can be removed or changed. It is abusive therapy and will leave deep, lasting emotional scars.

I would prefer someone get the health and mental health benefits of being who they are and loving who they love to the emotional scars that conversion therapy leaves behind.

Thanks,

Willow Woycke

over this text and enter your comments here. You are limited to approximately 3000 words.

Commenter: David Moore

8/6/19 5:07 pm

Conversion Therapy Is harmful -- Support this change

I support this change to now identify Conversion Therapy as harmful and to hold practitioners accountable should they recommend or use Conversion Therapy any longer.

Commenter: Eric Santiago (AA VA Assistant State Dir., B.A. Inc. VP)

8/6/19 5:21 pm

Support Amendment & Ban Conversion Therapy

This seems like a no-brainer... It's harmful to attempt to externally force a change to an intrinsic part of a person's identity to something more palatable by the masses. This has happened in history time and again, where a person's intrinsic nature is a threat to the conformists who see the "other" in anyone they look closely upon for more than a few minutes. Many of the people this guidance may affect are in dire need of support and acceptance from the very same people who are opposing it. It's tragic really that the opposition to this guidance tends to smack of some perceived paternalistic high ground. People are different and that's ok. But it's not ok to force people to be "normal". I understand the point the opposition also makes, that there may be some folks that WANT conversion therapy and this guidance would cut them off from accessing such state-provided services. But that shouldn't be the job of the state. The state should remain neutral in modifying the intrinsic nature of individuals, such that changes of that order are left to the individual to seek out on their own. Freedom to and freedom from.

Commenter: Karen W. Leffel

8/6/19 7:29 pm

Urge caution in making a decision

Please be cautious in making such an important decision, which would effectively move a parent from his or her role as caretaker for their children. A parent has a right and responsibility to help his or her children, and this bill will damage that relationship. Please do not sidestep the legislative process.

Commenter: Lance

8/6/19 9:30 pm

Ban Conversion Therapy

Conversion therapy is abusive and destructive to LGBTQ children's well being. There is no objectively moral reason to allow it.

Commenter: William W. Snidow

8/6/19 9:59 pm

Act to Ban Conversion Therapy

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Please ban the dangerous and destructive practice of "conversion therapy" now.

Commenter: Kathy Andrew

8/6/19 11:22 pm

Ban Conversion Therapy

It is important that we look at the facts. So-called "conversion therapy," is a dangerous and discredited practice aimed at changing sexual orientation or gender identity. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. In addition, these practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

I feel strongly that we cannot allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Thank you,

Kathy Andrew

Commenter: Sabine Balden

8/7/19 12:11 am

Conversion Therapy

I know I don't need to emphasize to the board members that these "therapies" are ineffective and harmful, the science is unequivocal about that.

Nor should I have to tell you that one of the worst things that can happen to a child is to be told that their very being, their every desire and innocent expression of their personhood is somehow wrong and sick and needs to be fixed. What children don't need is to be shamed and humiliated and terrified and made to despise themselves, all in the name of a "cure".

Since conversion therapy has been shown to be ineffective and harmful, the only reason to subject a minor to that is for charlatans to make money off of parents who persist in believing that homosexuality is some sort of aberration, and that it can be cured.

To allow a therapy that is harmful, in order to satisfy the ignorant and uninformed fears of parent is immoral and unethical, and it is a recipe for abuse.

The entire point of having a Board of Social Work is to prevent harmful practices and to protect clients from being subjected to unnecessary and harmful therapies. The fact that the parents often initiate the request is immaterial, as they are not experts on the causes and frequency and normalcy of homosexuality. They are fearful for the future of their children, but that fear is based on false and outdated information, and the minors in their care should not have to pay the price. A far better "therapy" would be to inform the parents that their children need their love and support, that homosexuality is a normal variation of sexual expression, and that there is no "cure".

Please use your authority to protect minors from abusive practices disguised as therapies.

Commenter: Adam Trimmer, Born Perfect

8/7/19 12:12 am

Twofold Support of this Regulation

I support this Regulatory Action as both an individual and as part of an organization.

As an individual, I have some really painful memories from my time as an ex-gay. An ex-gay is an individual who, instead of identifying as gay, identifies as struggling with same-sex attraction, believing that one can heal from homosexuality. These attractions did not go away, but my enjoyment of life and self-confidence did. Instead of learning to love myself, I only learned to resent my parents as I was taught that my mother was overbearing and that my father was emotionally absent. This was taught to me as a "root cause" of me "developing same-sex attractions." As someone who was personally impacted by efforts to "heal from homosexuality," also known as sexual orientation change efforts (SOCE), or conversion therapy, I express a heartfelt thank you for defining it for what it is. Thank you for also wanting to make sure that our community is protected.

I also support this regulatory action on behalf of Born Perfect as Virginia's Born Perfect Ambassador. Born Perfect was created in 2014 by the National Center for Lesbian Rights to end conversion therapy. Few practices hurt LGBT youth more than attempts to change their sexual orientation or gender identity through conversion therapy, which can cause depression, substance abuse, and even suicide. But some mental health providers continue to subject young LGBT people to these practices—also known as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts"—even though they have been condemned by every major medical and mental health organization in the country. This action is a fantastic step in the right direction.

Thank you.

Commenter: Joseph Ellena

8/7/19 12:33 am

Let Counselors Give Patients Any Counseling They Desire

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.

- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Dr. Jallen Rix

8/7/19 12:41 am

Ban conversion therapy

I was highly damaged growing up being put through an ex-gay program and forced into conversion therapy. It doesn't work. It causes harm. Please be the ones to stop it in your state.

Commenter: Scott Harvey

8/7/19 1:26 am

Ban conversion therapy

Ban this abusive therapy.

Commenter: Curtis Smith

8/7/19 4:18 am

Conversion Therapy

Please just ban it all together.

This type of therapy is pure quackery.

Commenter: Silvia Park, American Atheists

8/7/19 6:27 am

Support for the NOIRA regarding regulation 18VAC1 25 - 20 , on the Practlce of Conversion Therapy

Dear Virginia Board of Counseling,

American Atheists is pleased to support the **NOIRA regarding regulation 18VAC125-20**, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed psychologists in Virginia. American Atheists is a national organization dedicated to the separation of church and state, the normalization of atheists, science based policies, and supporter and ally of the LGBTQ community. We believe that science and empirical based evidence must be used to drive policy, not religious ideology. We stand as allies with the LGBTQ community in abolishing conversion therapy altogether, especially in regards to our youth.

As the parent of a transgender son who is also gay, I feel this very personally.

Conversion therapy, sometimes referred to as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts," is a set of practices by mental health providers that seek to change an individual's sexual orientation or gender identity. This includes efforts to change behaviors or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include psychotherapy that aims to provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Nor does it include counseling for a person seeking to transition from one gender to another.

There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American

Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices.

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers.^[1] Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt.^[2]

The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent number should be viewed as a floor. The same survey found 42 percent of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of transgender and nonbinary youth who have undergone conversion therapy reported a suicide attempt in the last year.

These findings echo that of a recent study by Caitlyn Ryan of the Family Acceptance Project. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.^[3]

Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors.^[4]

Virginia law already prohibits discredited and unsafe practices by licensed therapists.

This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation.

Sincerely,

Silvia Park
Virginia Assistant State Director
American Atheists

[1] 2011 CDC, "Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12."

[2] Arnold H. Grossman & Anthony R. D'Augelli, "Transgender Youth and Life-Threatening Behaviors," 37(5) *Suicide Life Threat Behav.* 527 (2007).

[3] Caitlyn Ryan et al., "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults," 123 *Pediatrics* 346 (2009).

[4] This list may need to be modified depending upon your state law and the types of mental health professionals covered by the regulation.

Commenter: Rebecca P Gibney

8/7/19 6:53 am

Ban Conversion Therapy

Conversion therapy is a pseudoscientific practice, inhumane and dangerous to the individual involved. Why would you risk the fragile relationship between yourself and your loved one?

Commenter: Daniel Vélez

8/7/19 7:22 am

Ban conversión therapy

I urge this board to oppose and ban conversion therapy in the Commonwealth of Virginia. Homosexuality is not an illnesses, sexual identity cannot be changed.

Commenter: Private Citizen

8/7/19 8:02 am

End Conversion Therapy Licensing

It has been proven that conversion therapy has a negative impact on youth who go through these treatments. It is imperative that the licensing of these practices ends now! Janice Stallard

Commenter: Reenie B

8/7/19 9:02 am

Ban conversion therapy

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. "Conversion therapy" is harmful, unethical, and does not work. You can not change a person from who they are.

Commenter: Robert Penczak

8/7/19 9:39 am

Ban conversion therapy.

As a humanist and a retired physician, I find it deeply disturbing that we even need to debate the morally abhorrent practice of conversion therapy in this, the 21st century, as if there's an argument to be made that the barbaric practice of turning a person against themselves on the basis of their sexual preference is somehow in that person's therapeutic interest. You will not find many physicians or scientists advocating on behalf of such torture. But you will find a whole lot of religious Fundamentalists who care neither for the Constitutional prohibition on fusing church and state nor for the welfare of our fellow human beings who will be traumatized and put at greater risk for dying by suicide if conversion 'therapy' - think psychological Inquisition - is allowed to go on. The State should criminalize attacks on gay people, not sanction them. Please ban conversion therapy now. The people who need therapy are the theocratically inclined religious zealots who falsely equate religious freedom with a fundamental right to weaponize their inhumane and inaccurate beliefs against whomsoever they choose. Conversion 'therapy' is abuse. Time for our government to defend innocent citizens by banning the practice rather than continuing to aid and abet the abusers.

Commenter: Stanley S. Smith

8/7/19 9:40 am

Ban conversion therapy

"Conversion therapy" is used as an excuse to justify invading another person's life. There is no disease, so there is no therapy.

Commenter: Tommy Blount

8/7/19 11:01 am

Ban Conversion therapy now

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. It should be illegal for a healthcare professional to shame a young person into thinking they are mentally ill because they identify as LGBTQ and then forcing them to undergo dangerous and discredited treatment.

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. They use shame and rejection to force the young to lie about who they are and bury any feelings and emotions deep. This has been proven to lead to low self-esteem, depression, substance abuse and an increased risk of suicide.

Banning conversion therapy isn't about taking a religious stance. It's about protecting and nurturing today's youth from these discredited and dangerous practices. Too many young people have lost their lives or had them ruined by these practices and they must stop now.

Commenter: Luke Forbes

8/7/19 11:26 am

Ban Conversion Therapy

Young people are already under enormous pressure when they are in school. For some, this means there is added pressure of being a closeted LGBTQIAP+ person perhaps with no idea of why they feel this way, or with some profound sense that there is something wrong with them. The facts show that people are born LGBTQIAP+ and do not, and CAN NOT, be "cured" of their sexuality. Conversion therapy is proven to only further destabilize young people and increase depression levels and the threat and possibility of suicide. Besides, how can one cure something that is proven to not inherently be a disease?

Reference here:

<https://www.hrc.org/blog/flashbackfriday-today-in-1973-the-apa-removed-homosexuality-from-list-of-me>

Commenter: Cathy Baskin

8/7/19 11:39 am

Support legislation banning licensure of those who practice "Conversion Therapy"

I support the legislation that would prohibit licensing those who practice "Conversion Therapy". Both the American Psychological Association and American Academy of Pediatrics have come out against this kind of therapy.

Professional licensure indicates that a practitioner adheres to accepted treatment practices and ethical guidelines. If someone wants to practice this harmful treatment, they can, but they should NOT be allowed to claim they are practicing an accepted, ethical treatment. You are not preventing families from seeking out this treatment; you are simply saying those who practice it are not recognized as ethical, licensed practitioners in the Commonwealth of Virginia.

Commenter: Thomas Pell

8/7/19 11:56 am

Respect Individual choice

Please respect the rights of families to assist their children in finding the counseling that works best for them. Minors shouldn't have to feel that an unwanted sexual orientation defines them, or that the only acceptable way to treat gender dysphoria is to transition. There are many young people who regret transitioning, or no longer identify as LGBT when they did so as teenagers. This is a personal decision that the government should not be involved in.

Commenter: Deacon Jim Benisek

8/7/19 11:58 am

Parental Rights Must Be Respected

State regulatory provisions that would prohibit parents from obtaining professional help for children struggling with same sex attractions or gender dysphoria are not only immoral but are also unconstitutional. They violate fundamental rights of parents and therapists to freedom of speech and religion. The effort to ban conversion therapy is based not on the best interests of children and their families, who are in the best position to know what is best for their children. Please do not enact this egregious policy.

Commenter: John Donovan

8/7/19 12:12 pm

Conversion therapy

Commenter: Mary Schleicher, LCSW, VCU Health Systems

8/7/19 12:15 pm

conversion therapy

I am a Licensed Clinical Social Worker and I'm adding my voice to the voice of many others. I'm using some of the words of another licensed professional here, with which I am in complete agreement:

"Conversion therapy" is irresponsible and counter to the bedrock principles of effective therapeutic relationships. It is never appropriate to use shaming, hypnosis, isolation, and electric shocks to force young people to try to change their sexual orientation or gender identity. Mainstream medical and mental health organizations have been speaking out against this for decades. However, in Virginia, state-licensed therapists are still permitted to continue this outdated practice. I hope Virginia can join 18 other states, as well as the District of Columbia and Puerto Rico, in banning this harmful practice.

Mary Schleicher, LCSW

Commenter: Ignatius Harding ofm, Saint Francis of Assisi Parish

8/7/19 12:20 pm

I am taking action to protect the freedom of Virginia families to acquire the counseling they choose

I am taking action to protect the freedom of Virginia families to acquire the counseling they choose and I oppose this misguided and unconstitutional proposal.

Commenter: Geraldine Laird, citizen

8/7/19 12:23 pm

Do Not Ban Conversion therapy for children

Please respect the rights of families to assist their children who experience gender dysphoria. DO NOT BAN conversion therapy! It has already been proven that it can help males and females to work through their dysphoria without drastic bodily interventions.

Commenter: Susan Bond

8/7/19 12:30 pm

Protect Parental Rights

Dear Board of Social Work members,

Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well-being of their child.

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.

The proposed ban would deny families the freedom to seek counseling aligned with their faith.

Licensed professionals with years of education and experience should not be removed from the process of helping children through these sensitive and deeply personal issues.

Please protect the freedom of Virginia families to acquire the counseling they choose. I oppose this misguided and unconstitutional proposal.

Sincerely,

Susan Bond

Commenter: Morgan Taylor

8/7/19 12:37 pm

Please protect the rights of families to seek counseling

Please protect the ability of children and their parents to access counseling regarding issues of gender and sexuality if they so desire. There are some children and minors who truly want assistance in these matters from counselors, and they and their parents should be allowed to access such assistance. To ban this counseling for minors would be to infringe upon their right to seek professional help and is the equivalent of denying medicine. No minor should be made to struggle through such issues on their own; if they and their parents have decided that they want to seek counseling, they should be allowed to receive it. Some children and their parents seek this counseling out of a genuine desire to better live out their own faith, and as such, banning this counseling would additionally be an attack on freedom of religion. Please consider the best interests of all Virginia minors, their parents, and their families, including those who do want counseling and those who may desire it in the future. Thank you very much for your time.

Commenter: Irene Maria DiSanto

8/7/19 12:39 pm

Allow families to have their rights

- Some young people may have attractions they desire to change or moderate. Why should the government interfere by trying to take this therapy away from them? Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.

Commenter: Mary Biagiotti

8/7/19 12:42 pm

Support families - yes to conversion therapy

Commenter: John McMahon

8/7/19 12:43 pm

Show respect for parental rights

Do not restrict the rights of parents to care for their children as they see fit, and stop trying to legislate through regulation.

Commenter: Karen Shannon

8/7/19 12:53 pm

Protect Parent's Rights!

Parents really do know their children best. We are legally responsible for their well-being, and for financial support.

Commenter: Tripp Duke

8/7/19 12:55 pm

Ban Conversion Therapy

You are violating basic human rights by trying to make someone who they are not. Being LGBTQ is not a choice. LGBTQ is not a psychological disorder. LGBTQ is a biological determination.

Commenter: Virginia citizen

8/7/19 12:58 pm

Trust Virginians. Respect Choice.

Virginia elected and appointed officials should uphold the parental right and duty to make healthcare decisions for their children. Unelected regulators should not have authority to limit the field of practitioners because some object to a professional philosophy. Proposed regulation unnecessarily limits Virginians' rights to speech and exercise of religion and denies individuals the choice to pursue desired counsel and treatment. Virginians deserve that their elected officials and those appointed and given regulatory authority will value choice for their citizens and respect diverse professional medical and psychological approaches to solving gender questions. Daily insight into this arena of gender identity is encountered and responses to new questions posed, insight and research provided by both medical and mental health professionals into this rapidly changing area. Regulators need to protect the rigorous professional clinical processes, allow professionally peer reviewed work to circulate and protect this process from the undue influence of those who would force upon all struggling with a gender identity question a one-size fits all response.

Commenter: Syra Howington

8/7/19 1:08 pm

Parents should always be the decision makers for their children

As a parent of 3 children I find it abhorrent that the state would try to take away the decision making abilities of parents, no matter what the issue is. That is never in the best interest of children in our society and it places unnecessary costs on agencies such as yours which then get passed on to tax payers. Leave parenting to parents.

Commenter: Bill O'Connor

8/7/19 1:50 pm

Uphold the law

- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well-being of their child.

- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through sensitive and deeply personal issues.

Commenter: Mary B. Gregory

8/7/19 1:53 pm

NEVER electric shock In therapy. Let the legislature rule on constitutionality.

Commenter: MARIANNE MAZZATENTA

8/7/19 1:58 pm

Please protect the freedom of Virginia families to acquire the counseling they choose.

Please protect the freedom of Virginia families to acquire the counseling they choose. I oppose this misguided and unconstitutional proposal to ban, for minors, "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... reduce sexual or romantic attractions or feelings toward individuals of any gender."

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

This proposal would infringe the fundamental right of parents to care for their children and violate their freedom of speech and free exercise of religion.

Marianne Mazzatenta

Commenter: Kevin McGraw, Catholic Campus Ministry at UMW

8/7/19 1:59 pm

Protect the freedom of Virginia families to acquire the counseling they prefer

Good afternoon,

I oppose this misguided and unconstitutional proposal for the following reasons:

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well-being of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.

- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Thank you for taking the time to consider my take on this proposed regulation!

Commenter: Lenny Cohen

8/7/19 2:17 pm

let the patient, not parent, decide on "conversion therapy"

Please ban so-called "conversion therapy" on young people who need their voices heard. That ex-gay nonsense will protect them from a dangerous and discredited practice that really won't change their sexual orientation or gender identity.

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured — a view with no scientific basis.

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness. They mix their religion with their professional, scientific obligation. Therefore, it takes advantage of parents and harms vulnerable Virginia youth.

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

No young person should ever be shamed by a mental health professional into thinking who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Suzanne Bomar

8/7/19 2:37 pm

Support proposed ban on conversion therapy

I wholeheartedly support the proposed ban on *"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... reduce sexual or romantic attractions or feelings toward individuals of any gender."* Scientific evidence has shown that these practices and so-called treatments are not only ineffective but result in serious harm to those who receive them. Sexual orientation is not a choice, it is part of one's genetic heritage and ought not to be considered deviant or evil.

As a parent of several children, I support my right to make decisions for my children while they are minors. However, parental rights, like any others, are not absolute and practices such as the so-called conversion therapy are in fact tantamount to child abuse.

Please go forward with this ban in order to prevent further harm to our children as well as continued denigration of people with alternative sexual orientation and gender identities.

Thanks you.

Commenter: Parents First

8/7/19 2:41 pm

Parents, not bureaucrats, make decisions for their children

Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Some young people may have attractions they desire to change or moderate as a result of childhood trauma. This is a documented result for children who have been sexually traumatized, and treatment is effective in helping those who desire treatment. Why should their freedom to choose the lifestyle of their choice be banned?

Other children may simply desire guidance from a counselor to live a chaste life. Why is this choice being banned? Is true freedom not desired?

The proposed ban would deny families the freedom to seek counseling aligned with their beliefs or desires and licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Stephen Gabriel

8/7/19 2:41 pm

Uphold the rights of Parents

Protect the freedom of Virginia families to obtain the counseling they choose. Please protect the freedom of Virginia families to obtain the counseling they choose. I oppose this misguided and unconstitutional proposal to ban, for minors, "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... reduce sexual or romantic attractions or feelings toward individuals of any gender."

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

This proposal would infringe the fundamental right of parents to care for their children and violate their freedom of speech and free exercise of religion.

Thank you.

Commenter: Parental Love

8/7/19 2:54 pm

Support Conversion therapy

Conversion therapy does work and sexual trauma or separation trauma to children at an early age can lead to homosexuality. Conversion or Reparative therapy does work when therapists are able to help patients understand the root cause of their same-sex attraction. same-sex attraction is particularly prominent among adults who were sexually traumatized as children. Why would bureaucrats wish to restrict a treatment that can help patients who desire recovery from their childhood trauma?

Commenter: Alan Clune

8/7/19 3:00 pm

Protect Parental Rights

Do not seek to impose by regulatory fiat what the Virginia Legislative Assembly has refused to implement by statute. Note the following:

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.

- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Teresa Connor

8/7/19 3:06 pm

Parental rights to educate and care for their children

Do not take away the fundamental right of parents to educate and care for their child. Caring includes healthcare. Families need the freedom to seek counseling that is in align with their faith. A conflict of conscience is never helpful.

Commenter: Rita Wasilewski

8/7/19 3:24 pm

"Conversion Therapy" undefined. Ban violates ACA Code of Ethics

"Conversion therapy" has never been properly defined. Under this vague term, many good, evidence based counseling practices could be banned.

The proposed ban is a violation of the American Counseling Association's Code of Ethics which states that counseling plans are to be determined jointly by counselors and their clients. Counseling plans are personal and should not be dictated by others.

Commenter: A.R. Quinn

8/7/19 3:36 pm

Protect parent's rights

Parents should have the right to pursue the professional counselor of their choice, based on their family values, faith, etc., when choosing to seek help for their child who may be struggling with gender identity, etc. This is not the job of the state, to side with one perspective over another. To do so, smacks of seeking the approval of one highly political, special interest group/s, over the freedom of parents to help their child/ren as they see fit, and is quite totalitarian, in nature. This has no place in the state of Virginia.

Commenter: Irene Reisinger

8/7/19 3:51 pm

Parental Rights

Commenter: Dana Loew

8/7/19 4:04 pm

So-called "conversion therapy"

So-called "conversion therapy" is not therapy at all but instead is a practice of using rejection of the self in an attempt to change same gender attraction to opposite gender attraction. This may result in a few cases of the temporary observation of an opposite gender attraction appearance by the individual undergoing this practice in order to end this self rejection and/or until a temporary hypnotic state ends, but may also result in depression and suicide attempts. Futhermore, there will be financial loss. Thus so-called conversion therapy should be banned. Thankyou for reading this.

Commenter: Grady Dixon

8/7/19 4:04 pm

Regulations Governing the Practice of Professional Counseling[18 VAC 115-20]

Previous legislative attempts to impose this ban have been consistently voted down by our elected officials. Please do not attempt to govern by regulation!

Professional help is available for parents to seek help for children needing assistance with gender identification. The proposed ban would deny families the right and freedom to seek counseling aligned with their faith. Licensed professionals with years of experience and education should not be removed from the process of helping children work through these sensitive and deeply personal issues. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. Do not attempt to regulate away this fundamental right and Virginia law.

Commenter: Deb Hansen

8/7/19 4:06 pm

I support ban on conversion therapy

I wholeheartedly support the ban on conversion therapy.

Commenter: Lester Gabriel

8/7/19 4:34 pm

Freedom to Counsel

The only way to enforce such an over-bearing regulation would be by the wholesale violations of the privacy of the counselor, the parents, and the minor. Whatever happened to the concept of privacy? Oppose this regulation.

Commenter: Joseph O'Brien

8/7/19 4:50 pm

Please Ban "Conversion Therapy" on LGBT children

This kind of "therapy is fraudulent. There is no hard evidence that it is successful.

It is proven to be a total waste of time and money.

And is often a very dangerous practice to a minor's self esteem.

Please ban it.

Thank you,

Joseph O'Brien

Commenter: Charlotte Chow

8/7/19 4:59 pm

Put no ban on counselors speech

In order for a client to receive the needed help they seek, there should be no ban on what the counselor may counsel. If the client finds the counselor unhelpful, he can find another one. If a ban exists, clients will no longer be able to get the kind of help they seek. A ban also means that a counselor cannot speak truth freely, which may severely limit their ability to provide helpful counsel. Don't we still have a First Amendment?

Commenter: Pia Pell

8/7/19 5:02 pm

Please do not allow unelected officials to impose their views

A ban for minors on "any practice or treatment that seeks to change an individual's sexual orientation or gender identity...etc, etc", proposed by unelected state regulators, has several problems for a free, democratic society which has enshrined free speech and religious freedom in a Bill of Rights, and protects parents' fundamental right to make decisions regarding their children's upbringing, education, and healthcare. First, this ban concerns an issue that is controversial and brand new; it is totally inappropriate to force the ideas of a few elites on vast numbers of citizens who do not agree with these unelected officials' views. Second, it severely limits treatment options and counseling options for children and parents who are uncomfortable with feelings that go against biology, science and evolution and want help to understand the origin of these feelings, and potentially work to change these feelings. Third, it will render unable to practice, many experienced, respected, licensed professionals. Fourth, it fundamentally goes against the basis of our country: the individuals limiting treatment choice and parental rights are individuals who work for the state and have not even been elected.

Commenter: ruth cark

8/7/19 5:07 pm

Allow freedom to seek counseling

Commenter: Alison Kelly

8/7/19 5:10 pm

Proposed ban is Human Rights Violation

To ban any treatment geared towards correcting gender dysphoria is unconditional, denies parental rights, freedom of speech and freedom of religion.

Commenter: Phillip Camill

8/7/19 5:35 pm

Protect Parental Rights

Please do not attempt to establish by regulatory direction what the Virginia Legislature has refused to legislate. Note the following bulleted items:

1. Parents are the closest to their child's life challenges; they are in the best position to make healthcare decisions involving the well being of their child.
2. Under Virginia law, parents have the primary right to make decisions regarding the upbringing, education, and health care of their children.
3. Some young people may experience attraction that they may not fully understand. These children under the guidance of their parents, trusted counselors, and trusted clergy will be able to weather through these temporary difficulties with the influence or regulation from the state.
4. The proposed ban would deny families the freedom to seek counseling aligned with their respective faiths.
5. Consultation with duly licensed professionals with years of education and experience should not be removed from the process of helping and healing children to work through these sensitive and emotionally personal issues.

Commenter: Richard DeLoach

8/7/19 5:38 pm

Opposition to proposed regulations limiting moral guidance by parents to their children

I write to express my opposition to proposed regulations intended to criminalize "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... reduce sexual or romantic attractions or feelings toward individuals of any gender." Such a regulation would criminalize parental efforts to provide moral guidance for their children in the area of sexual identity/attraction, and is a clear

attempt to overcome legislative failures to impose these restrictions in 2016 and 2018. The net effect of these regulations is to accomplish, by the actions of unelected regulators, what was twice rejected by elected representatives of the people. words.

Commenter: Danielle Perry, the TREVOR project

8/7/19 6:04 pm

Conversion Therapy is torture

whilst i have never had to go through conversion therapy, I have talked to survivors, and they said that it was torture. No, not like torture, it WAS torture. That should be enough to make it illegal everywhere. I mean, what good does it do? Just because the word therapy is in the title doesn't make it good. Please end conversion therapy for the past, current, and future generations.

Commenter: Sarah Campanella

8/7/19 6:16 pm

Conversion Therapy Guidance

The only abomination is the act of conversion therapy. Conversion therapy should be illegal, full stop. No one should interfere with someone's happiness and the simple act of love. Given this day and age, and all the terrible things happening, who are we to diminish the act of love and happiness so long as it is not provoking hate or harm. That's their business and life.

Commenter: Donato Palizzi

8/7/19 6:28 pm

I oppose the ban re "Unprofessional conduct/conversion therapy"

Commenter: Victoria D

8/7/19 6:46 pm

Make conversion therapy compulsory!!

Why should conversion therapy be banned? There can only be two outcomes to receiving such therapy; either the therapy "works" and the child is restored to its natural state of being or the second outcome is that the therapy fails; and the child continues to develop in the way it so chooses. No harm done and the child's development not hindered in any way.

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Greta Campos

8/7/19 7:39 pm

Individual vs state rights

The proposed regulation infringes on the rights of parents and families, including individuals, to make decisions on their care. While I am not a fan of conversion therapy, I think this regulation prohibits medical practice based upon family, parent, and individual needs. It also allows the state to encroach in decisions of sexuality in a manner that infringes upon individual rights. Please do not approve this regulation.

Commenter: Pat Kolakoski

8/7/19 8:01 pm

Parents are Their Children's Educators

Parents are always will be the No. #1 educators of their children. This you cannot change.

Commenter: Floyd Taylor

8/7/19 8:05 pm

Ban Conversion Therapy

There is absolutely no credible scientific organization that supports the concept of conversion therapy for members of the LGBT community. They are all against it. Allowing conversion therapy because a therapist wants to practice outside of the guidelines of any professional organization would be the same thing as allowing an oncologist to treat a cancer patient with laetrile. It is harmful and unsupported by any scientific studies. Follow the science. Follow the research. There is scientific basis for conversion therapy. If there were, let the supporters submit to it, and be converted to become gay. They know that it doesn't work, but support it because of their own biases and bigotry. It must be banned. Any other decision would be counter to the available scientific evidence that you must rely on. You must ban this barbaric practice.

Commenter: Ed Hopkins

8/7/19 8:07 pm

Protect the right to receive and offer desired forms of counseling

It is my understanding that a proposed change would prevent licensed counselors, or religious professionals from providing counseling that might seek to change a person's perceived sexual orientation. It should be clear that such an outright ban would infringe upon many rights—especially those of the person who is seeking to have an orientation changed. It is best to allow those closest to the person needing help—parents, family, pastors, and professional counselors to make such decisions, without the interference of a state bureaucracy.

Commenter: Susan Henebery

8/7/19 8:10 pm

Protect parental rights

Commenter: Barbara Campbell

8/7/19 8:14 pm

Protect Parental Rights

- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Commenter: Joanne Kohlhaas

8/7/19 8:39 pm

Protect Constitutional Rights of Parents

Please don't usurp the rights of parents by banning conversion therapy.

Commenter: Josh Hetzler, Legislative Counsel for The Family Foundation of Virginia | 8/7/19 8:41 pm |

Abandon This Illegal and Harmful Regulation

I write to express The Family Foundation of Virginia's opposition to the Board's proposed regulation to penalize licensed professionals for facilitating the conversation-based process of so-called "conversion therapy." Such regulation would not only create numerous ethical and moral harms for licensed professionals and many developmental harms to children, but it is overtly at odds with the laws of Virginia and the Constitution of the United States.

To begin with, the Virginia Code expressly provides that parents, not the government and its regulatory agencies, possess a "fundamental right to make decisions concerning the upbringing, education, and care of the parent's child." Va. Code § 1-240.1 The effect of this regulation, however, would directly and profoundly diminish Virginia parents' ability to make decisions concerning the upbringing, education, and care of their child by denying them the choice of obtaining the help their child may need and desire.

Virginia's constitution declares that "the right to be free from any governmental discrimination upon the basis of religious conviction . . . shall not be abridged[.]" Constitution of Virginia, Article 1, Section 11 (Bill of Rights). This regulation would directly discriminate particularly against Christian, Jewish, and Muslim professionals licensed by the Board who maintain, as a fundamental tenet of their well-established faith, that human beings are created by God as either male or female and that human sexuality is only properly expressed between a man and a woman in the context of marriage. This view of human sexuality reflects the historical, conventional, and orthodox beliefs of these major faith traditions, and has transcended cultures and boundaries for millennia. Denying licensed professionals through this policy their ability to hold these convictions while acting in their professionally licensed capacity directly subjects them to "discrimination on the basis of religious conviction," and thus violates one of Virginia's most basic constitutional guarantees.

The Board's policy as expressed in this proposed regulation would also be unconstitutional under the U.S. Constitution because it would infringe on the free speech rights of professionals licensed by this Board by threatening to punish them merely for speaking certain messages with which the Board (i.e. the government) disfavors. In 2018, the U.S. Supreme Court rejected the state of California's claim that so-called "professional speech" receives less First Amendment protection than ordinary speech, stating that: "This Court has not recognized 'professional speech' as a separate category of speech. Speech is not unprotected merely because it is uttered by 'professionals.'" *National Institute of Family and Life Advocates (NIFLA) v. Becerra*, 138 S. Ct. 2361, 2371-72 (2018).

The Supreme Court's opinion highlighted three cases – two of which involved state bans on so-called "conversion therapy" for minors – as being erroneously decided for holding that counseling was afforded less constitutional protection as a matter of free speech. As a result, the lower court cases upholding bans on "conversion therapy" were effectively overruled. Because this policy would effectively censor the protected speech of licensed professionals in Virginia (including otherwise ordinary talk therapy), it would not likely survive a legal challenge. If this Board does go forward with such a blatant violation of licensed professionals' constitutionally protected free speech, it should expect numerous legal challenges. Moreover, the Board should be aware that if and when such Plaintiffs prevail in those legal challenges on constitutional grounds, the Board will most likely be required to pay the Plaintiffs' attorneys fees.

Forbidding the practice of so-called "conversion therapy" (i.e. talk therapy) to licensed professionals, as the Board's recently adopted Guidance Document defines that term, goes much too far in its attempt to address the purely hypothetical concerns some have raised. (It is worth noting that no known complaint has ever been received by any of the health regulatory boards concerning what it defines as "conversion therapy," a fact established by consensus during VDH's initial 2018 brainstorming meeting on this topic with representatives of at least five health regulatory boards.) As this term is now over-broadly and vaguely defined, it "compels individuals to contradict their most deeply held beliefs, beliefs grounded in basic philosophical, ethical, or religious precepts, or all of these." See *NIFLA v. Becerra*, 138 S. Ct. 2361, 2379 (Kennedy, J., concurring). That is something this Board has no authority to do.

The U.S. Supreme Court in *NIFLA* cautioned that "when the government polices the content of professional speech, it can fail to 'preserve an uninhibited marketplace of ideas in which truth will

ultimately prevail." *Id.* at 2374 (quoting *McCullen v. Coakley*, 134 S. Ct. 2518, 2529 (2014)). There are significant disagreements about the merit of therapies which seek to help a young person resolve, and in many cases by reversing their unwanted sexual attractions or gender dysphoria (read many inspiring and true testimonies of people for whom this happened at <https://changedmovement.com/>.) These disagreements should be settled in the marketplace of ideas and according to the wishes of the minor and his or her parents. The effect of this regulation, however, would only be to silence unpopular ideas, suppress information, and prevent much-needed help for those earnestly seeking it.

We urge this Board to heed the words of the U.S. Supreme Court in *NIFLA* when it observed that "the best test of truth is the power of the thought to get itself accepted in the competition of the market" and the people lose when the government is the one deciding which ideas should prevail." *Id.* at 2375 (quoting *Abrams v. United States*, 250 U.S. 616, 630 (1919) (Holmes, J., dissenting)).

Commenter: A. Truslow

8/7/19 8:51 pm

Protect the Rights of Parents

Every child and every situation is unique. If a parent feels that their child needs help, they should have every right to seek it as they see fit. These bureaucrats and politicians are NOT acting in the best interest of children when they seek to violate parental rights and divide families. Parents should solely have the right to decide whether their child could benefit from psychological counseling. The government doesn't know your children, doesn't love your children, and should NEVER be allowed to step into the role of parenting your children!!!

Commenter: ALETA E STRICKLAND EDS, NCSP, Louisa Psychological Consulting, PC

8/7/19 9:04 pm

Ban the abusive practice known as conversion therapy

I am strongly opposed to allowing continued child abuse in the Commonwealth of Virginia. Conversion therapy is a misnomer as it is actually torture on minors. Conversion therapy is junk science that falsely claims to be able to change a person's sexual orientation, or gender identity or expression. Do you believe a straight person can be shamed into being gay? Of course not. The converse is also true. A gay person cannot be shamed or beaten into being straight. This practice is fraudulent and in direct violation of the Federal Trade Commission Act.

That conversion therapy is abuse is not an unsubstantiated opinion. This cruelty has been condemned by nearly all major medical and mental health organizations. They include but are not limited to the American Psychological Association, the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, the American Medical Association, the American Osteopathic Association, the American Academy of Nursing, the American College of Physicians, the American Counseling Association, the American Association for Marriage and Family Therapy, the American Psychoanalytic Association, the National Association of Social Workers, the American School Health Association, the American School Counselor Association, and the National Association of School Psychologists. Any ethical practitioner should never be taking part in any such practice.

Other states have followed the guidance of experts and banned this torment including New Jersey, California, Oregon, Illinois, Vermont, New Mexico, Connecticut, Rhode Island, Nevada, Washington, Hawaii, Delaware, Maryland, New Hampshire, New York, Massachusetts, Maine, and Colorado. It is time that our great Commonwealth stood up for what is right as well.

Parents do not have the right to abuse their children. Religious leaders do not have the right to abuse children. Parents do not have the right to give permission for someone else to abuse their child. Licensed practitioners are ethically banned from such practice. Let's make it legally banned as well. Do not choose to fail our vulnerable children and take advantage of parents.

The only proven result in children subjected to this torture is that they are more likely to attempt and/or complete suicide. I can only wonder if this is the intent of those who support, endorse, and practice "conversion therapy".

Commenter: Dr. GUY SANDS

8/7/19 9:16 pm

Unconstitutional Regulations that Usurp the GA Authority

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Todd Gathje, Ph.D., The Family Foundation

8/7/19 9:24 pm

Don't Prohibit Talk Therapy

Don't Prohibit Biologically Affirming Counseling

The Family Foundation of Virginia urges the Board not to pursue any regulatory action that prohibits the professional use of talk therapy. This proposed regulatory action would generate severe consequences for patients and licensed professionals.

Denies Services Desired by Patients

The proposed regulation would prevent children and adolescents from being able to receive the proper and desired care they need to relieve them of any distress from *unwanted* same-sex attractions or gender dysphoria, which could lead to severe outcomes, including bodily harm. Prohibitions on talk therapies – which this regulatory action effectively creates – would prevent minors from receiving the guidance they seek by preventing licensed professionals from recognizing their minor client's right to control the goals and direction of his or her life.

Furthermore, the policy appears to imply that all children are sufficiently mature and autonomous to determine, permanently and without question, both their gender and sexual identification. If that is so, then it must be equally true that they are sufficiently mature and autonomous to consent to receiving guidance to overcome unwanted feelings or confusion about these same matters. The very essence of the regulatory action would prevent counselors from fulfilling their ethical duty to respect patient autonomy.

Usurps Parental Rights

This proposed regulation would be in direct conflict with Virginia law, which makes clear that parents, not the government and its regulatory agencies, have a "fundamental right to make decisions concerning the upbringing, education, and care of the parent's child" (§ 1-240.1 of the *Code of Virginia*). This includes seeking the most viable form of treatment.

Violates Counselor Free Speech

Furthermore, the proposed regulation would violate the free speech rights of licensed professionals by employing viewpoint-based restrictions on speech, or more commonly "viewpoint discrimination." Illegitimate viewpoint discrimination is clearly evident in the draft regulation. While licensed professionals such as psychologists and counselors would be free to support and encourage patients to explore their sexuality in various ways, even to the point of undergoing physical bodily changes, they are simultaneously prohibited from encouraging and supporting a

person to affirm and embrace natural sexual expressions and in the physical body they were born in. Under this proposed policy, those who do will face state-imposed loss of their professional license.

Professional psychologists/counselors likewise have a duty to deal truthfully with their minor clients. This surely encompasses life's most fundamental truths, such as the known biological (as well as non-biological) differences between males and females. For licensed professionals who acknowledge these truths, being compelled to repress them when in contact with a minor client would inevitably create for them real ethical dilemmas.

Contradicts the General Assembly

While administrative agencies can promulgate rules and policies to carry out duties delegated by the General Assembly, they cannot do so outside the statutory parameters established by it. In fact, the General Assembly has specifically and repeatedly rejected proposed bans on so-called "conversion therapy" for numerous years, and as recently as 2018 (HB 363, Delegate Hope; SB 245 Senator Surovell) through the committee process.

This proposed regulation, therefore, is clearly an administrative action in direct contravention of the will and intentions of the General Assembly.

Commenter: Norma Jo Shore

8/7/19 10:13 pm

Highly unwise and objectionable restrictions

I am writing as a retired MSW, and a Catholic mother of three, with 6 young grandchildren. I strongly object to any limitation you think you can place on counseling, religious or otherwise, regarding a young person's issues around sexual identity. A professional, experienced, and ethical counselor can be of great value in exploring the feelings that trouble a young person, and it should not be feared that such a counselor would try to exploit the young person's vulnerability. The possibility that he or she may wholeheartedly wish to live in a moral way, in keeping with their faith tradition, is often likely, and not something the young person can comfortably share with a pastor or parent. Don't deny these children the opportunity to explore how to make peace with conflicting feelings and convictions. Not to mention the fact that it is the right of parents to provide guidance and counsel for their minor children, and that the secular culture often provides confusing and conflicting messages that minors need to sort through. To some degree, this kind of regulatory overreach begins to bear a resemblance to the efforts of totalitarian governments to control children's minds, in opposition to the basic rights of the children's own parents. Do not do it.

Commenter: David Chopski

8/7/19 10:22 pm

No ban

Why assume every child confused about identity growing up in a society that is itself confused about gender identity should be denied an option that might be right for them. It might not be right for all but why ban it for those it could help. To say it helps no one is wrong. DO NOT SUPPORT THE BAN. Let the parent choose!

Commenter: Tricia Chopski

8/7/19 10:24 pm

No Ban

The best interest of the child is most important and the parent knows best. Do not ban something a parent might rightly choose.

Commenter: JC

8/7/19 10:33 pm

Allow choice in counseling

The proposed ban would deny families the freedom to seek counseling aligned with their faith and I oppose such. Counseling should be a choice.

Commenter: Philip Briggs

8/7/19 10:36 pm

Do not go against parental rights**Commenter:** Robert Marshall

8/7/19 10:48 pm

Proposed Counseling prohibitions

If we truly care about our young people we should not prohibit professional counselors from cautioning against practices as described in the following medical journal article retrieved from the National Library of Medicine of the U.S. Public Health Service.

Beyond Anal Sex: Sexual Practices among MSM and Associations with HIV and Other Sexually Transmitted Infections

Cara E. Rice, PhD, MPH¹, Courtney Maierhofer, MPH², Karen S. Fields, BSN³, Melissa Ervin, MT (ASCP)³, Stephanie T. Lanza, PhD¹, and Abigail Norris Turner, PhD, MPH² ¹Department of Biobehavioral Health, The Methodology Center, College of Health and Human Development, The Pennsylvania State University, University Park, PA, USA

²Division of Infectious Diseases, College of Medicine, The Ohio State University, Columbus, OH, USA

³Sexual Health Clinic, Columbus Public Health, Columbus, OH, USA

J Sex Med. 2016 March ; 13(3): 374–382. doi:10.1016/j.jsxm.2016.01.001

Abstract Aim—Unprotected anal intercourse is often used as a single indicator of risky behavior among men who have sex with men (MSM), yet MSM engage in a variety of behaviors which have unknown associations with sexually transmitted infection (STI) and HIV. We assessed the prevalence of a wide range of sexual behaviors as well as their associations with prevalent STI and HIV.

Methods—We used a standardized, self-administered survey to collect behavioral data for this cross-sectional study of 235 MSM seeking care in a public STD clinic. Using modified Poisson regression, we generated unadjusted and adjusted prevalence ratios (PRs) to characterize associations between recent participation in each behavior and prevalent STI and HIV.

Results—Participants' median age was 26 years. One-third (35%) were STI-positive. STI prevalence was significantly associated with using sex slings (adjusted prevalence ratio (aPR): 2.35), felching (aPR: 2.22), group sex (aPR: 1.86), fisting (aPR: 1.78), anonymous sex (aPR: 1.51), and sex toys (aPR: 1.46). HIV prevalence was 17% and was significantly associated with fisting (aPR: 4.75), felching (aPR: 4.22), enemas (aPR: 3.65), and group sex (aPR: 1.92).

Conclusions—Multiple behaviors were significantly associated with prevalent STI and HIV in adjusted analyses. To provide a more comprehensive understanding of sexual risk among MSM, prospective studies are needed to examine whether these behaviors are causally associated with HIV/STI acquisition.

HHS Public Access Author manuscript J Sex Med. Author manuscript; available in PMC 2017 March 01.

Commenter: Patricia Hagan

8/7/19 10:51 pm

Ban forced "conversion therapy"

Gentlepersons:

I am writing today to express my concern that conversion therapy for children under 18 who are members of the LGBTQ community is still allowed in the Commonwealth of Virginia. It is harmful and dangerous to the child and it doesn't work. Most importantly, there's nothing wrong with being gay. It's simply the way some people are born. Conversion therapy makes children who may already be struggling with being different, think that they are ill and need to be "fixed" through conversion therapy. It doesn't work and has horrific emotional effects on the child!

Side by Side, is a 25-year old organization that works with LGBTQ children. In their paper, "Why Conversion Therapy Doesn't Work," they quote Robert Spitzer, a former researcher and supporter of conversion therapy, as saying about the practice: "...the simple fact is that there is no way to determine if the participants' accounts of change were valid. I believe I owe the gay community an apology for my study making unproven claims of the efficacy of reparative therapy. I also apologize to any gay person who wasted time and energy undergoing some form of reparative therapy because they believed that I had proven that reparative therapy works..." [Citation: Darlene Bogle, Michael Bussee, and Jeremy Marks, Apology From Ex-Gay Leaders <https://beyondexgay.com/article/apology.html>] If someone like Spitzer now denounces it, why is conversion therapy still being allowed?

In that same publication, they also quote the American Association of Pediatrics as stating that "...LGBTQ+ people suffer from the homophobia and transphobia inherent in conversion therapy. This marginalization negatively affects health, mental health, and educational experiences. Other negative impacts of conversion therapy include depression, thoughts and attempts of suicide, substance abuse, social anxiety, altered body image, and other mental health issues." [Citation: Sandra G. Hassink, MD, president of the American Academy of Pediatrics, Support Letter <https://lieu.house.gov/sites/lieu.house.gov/files/documents/AAP%20support%20letter%20conversion%20therapy%20ban.Pdf>]

There are numerous studies and historical archives to show that gay people have been in this world as long as we've had recorded history. I was actually taught that in the late 1960's in a class at what was then known as George Mason College of UVA. The professor referred to several studies showing that being gay was normal and accepted in ancient China. And indigenous Americans had four or five descriptions of gender depending on their tribes. If the ancients accepted it, why is it so difficult for people today who consider themselves to be well-educated to understand what is simply another normal way of life.

It's difficult enough growing up in today's world for all children regardless of their sexual orientation. Many children are in traditional therapy for anxieties and other actual life-related issues. To force a child into reparative therapy to "cure" them of something that isn't wrong should be considered malpractice and treated as such by the mental health community and state licensing officials.

Is it easy being gay? No, I have family members and friends who are gay. They have told me some of the issues they've had to face, and some are still facing. I also have friends who are now divorced from their former husbands and wives, the parents of their children, who were finally able to accept their own sexual identity. They came out to their partners and started living a life where they could be their whole, authentic self. Isn't that what all of us wants in this world? To be loved and accepted for who we are, exactly as we are? Members of the GLBTQ community are no different.

My Mother was the daughter of Polish immigrants and had to drop out of school at the age of 15. She was also a devout Catholic. Over 55 years ago she told me, "God doesn't make mistakes. Some people are just different than others." My Mother would be 110 years old if she was still with us and even she understood and accepted people as they were. Why are people who are trained "therapists" unwilling to see that and are still forcing conversion therapy upon children? Maybe instead, they need to work with the families to help them understand that their child is fine just the way they are.

Please OPPOSE so called conversion therapy in Virginia for youth under 18.

Sincerely,

Patricia S. Hagan

Commenter: Elizabeth Fogarty

8/7/19 11:02 pm

ban conversion therapy

Virginia should follow the lead of the National Association of Social Workers and the School Social Work Association of America and oppose so-called conversion or reparative therapies for youth. These types of therapies are harmful, damaging, and do not work. Being LGBTQ is not a disorder or illness.

Commenter: Daniel White

8/7/19 11:06 pm

Ban limits scientific, professional, and parental rights

By not defining what conversion therapy IS banning it is overreach and would limit Drs in their legitimate search for the root of a child's behavior or expression. Define EXACTLY what should be banned then come back with a proposal to ban that. Don't propose to ban something not defined.

Commenter: Christopher M. Wallace

8/7/19 11:55 pm

Regulation of sexual conversion therapy

As a citizen of the Commonwealth of Virginia and as a parent of 4 children, I vociferously oppose the proposed effort to make regulations forbidding parents from making efforts to change their children's sexual orientation.

BOARD OF SOCIAL WORK

Unprofessional conduct/practice of conversion therapy

Part I

General Provisions

18VAC140-20-10. Definitions.

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

Baccalaureate social worker

Board

Casework

Casework management and supportive services

Clinical social worker

Master's social worker

Practice of social work

Social worker

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

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

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

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

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

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

"Conversion therapy" means any practice or treatment that is aimed at changing 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:

1. Social work services that provide assistance to a person undergoing gender transition:

or

2. Social work services that provide 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 the services do not seek to change an individual's sexual orientation or gender identity.

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

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

"LBSW" means a licensed baccalaureate social worker.

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

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

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

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

Part V

Standards of Practice

18VAC140-20-150. Professional conduct.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons

whose activities are regulated by the board. Regardless of the delivery method, whether in person, by telephone or electronically, these standards shall apply to the practice of social work.

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

1. Be able to justify all services rendered to or on behalf of clients as necessary for diagnostic or therapeutic purposes.
2. Provide for continuation of care when services must be interrupted or terminated.
3. Practice only within the competency areas for which they are qualified by education and experience.
4. Report to the board known or suspected violations of the laws and regulations governing the practice of social work.
5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services.
6. Ensure that clients are aware of fees and billing arrangements before rendering services.
7. Inform clients of potential risks and benefits of services and the limitations on confidentiality and ensure that clients have provided informed written consent to treatment.
8. Keep confidential their therapeutic relationships with clients and disclose client records to others only with written consent of the client, with the following exceptions: (i) when the client is a danger to self or others; or (ii) as required by law.
9. When advertising their services to the public, ensure that such advertising is neither fraudulent nor misleading.
10. As treatment requires and with the written consent of the client, collaborate with other health or mental health providers concurrently providing services to the client.

11. Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.

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

13. Not engage in conversion therapy with any person under 18 years of age.

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

1. Maintain written or electronic clinical records for each client to include identifying information and assessment that substantiates diagnosis and treatment plans. Each record shall include a diagnosis and treatment plan, progress notes for each case activity, information received from all collaborative contacts and the treatment implications of that information, and the termination process and summary.

2. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.

3. Disclose or release records to others only with clients' expressed written consent or that of their legally authorized representative or as mandated by law.

4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third-party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations.

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

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

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

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

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

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

2. Not have any type of romantic relationship or sexual intimacies with a client or those included in collateral therapeutic services, and not provide services to those persons with whom they have had a romantic or sexual relationship. Social workers shall not engage in romantic relationship or sexual intimacies with a former client within a minimum of five years after terminating the professional relationship. Social workers who engage in such a relationship after five years following termination shall have the responsibility to examine and document thoroughly that such a relationship did not have an exploitive nature, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, adverse impact on the client.

A client's consent to, initiation of or participation in sexual behavior or involvement with a social worker does not change the nature of the conduct nor lift the regulatory prohibition.

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

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

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

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

Agenda Item: Board action on edits to Guidance Documents

Included in your agenda package are:

Guidance documents that reference LSW

Board action:

To approve the edits to guidance documents as presented in the agenda package

VIRGINIA BOARD OF SOCIAL WORK

Impact of Criminal Convictions, Impairment, and Past History on Social Work licensure or registration in Virginia

INTRODUCTION

This document provides information for persons interested in becoming a Licensed Baccalaureate Social Worker (LBSW), a Licensed Master's Social Worker (LMSW), or Licensed Clinical Social Worker (LCSW). It clarifies how convictions, impairment, and other past history may affect the application process, registration as a supervisee, and subsequent licensure by the Board of Social Work.

Until an individual applies for licensure, the Board of Social Work is unable to review, or consider for approval, an individual with a criminal conviction, history of action taken in another jurisdiction, or history of possible impairment. The Board has no jurisdiction until an application has been filed.

GUIDELINES FOR PROCESSING APPLICATIONS FOR SUPERVISEE REGISTRATON OR LICENSURE: EXAMINATION, ENDORSEMENT, AND REINSTATEMENT

Applicants for licensure by examination, endorsement and reinstatement who meet the qualifications as set forth in the law and regulations may be issued a license pursuant to authority delegated to the Executive Director of the Board in accordance with the Board of Social Work Regulations.

An applicant whose license has been revoked or suspended in another jurisdiction is not eligible for licensure in Virginia unless the credential has been reinstated by the jurisdiction which revoked or suspended it.

Affirmative responses to any questions on applications for registration of supervision or for licensure related to grounds for the Board to refuse to admit a candidate to an examination, refuse to issue a license or impose sanction shall be referred to the Executive Director to determine how to proceed. The Executive Director, or designee, may approve the application without referral to the Credentials Committee in the following cases:

1. The applicant presents a history of chemical dependence with evidence of continued abstinence and recovery. The Executive Director cannot approve applicants for reinstatement if the license was revoked or suspended by the Board or if it lapsed while an investigation was pending.
2. The applicant has a history of criminal conviction(s) which does not constitute grounds for denial or Board action or the applicant's criminal conviction history meets the following criteria:
 - The applicant's conviction history consists solely of misdemeanor convictions involving moral turpitude that are greater than 10 years old.

- The applicant's conviction history consists of one misdemeanor conviction involving moral turpitude greater than 5 years old and all court requirements have been met.
 - The applicant's conviction history consists of one misdemeanor conviction involving moral turpitude less than 5 years old, the applicant is in full compliance or has met all court requirements, and the applicant has accepted a pre-hearing consent order to approve the application with a reprimand.
 - The applicant's conviction history consists of one non-violent felony conviction greater than 10 years old and all court/probationary/parole requirements have been met.
3. The applicant's conviction history consists of offenses committed as a juvenile and the applicant has no record of convictions as an adult.

BASIS FOR DENIAL OF REGISTRATON OR LICENSURE

The Board of Social Work may refuse to admit a candidate to any examination or refuse to issue a license to any applicant with a conviction of a felony or a misdemeanor involving moral turpitude. Likewise, the Board may refuse registration or licensure to an applicant who is 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 (referred to as a history of impairment).

Misdemeanor convictions involving moral turpitude mean convictions related to lying, cheating or stealing. Examples include, but are not limited to: reporting false information to the police, shoplifting or concealment of merchandise, petit larceny, welfare fraud, embezzlement, and writing worthless checks. While information must be gathered regarding all convictions, misdemeanor convictions other than those involving moral turpitude will not prevent an applicant from becoming a LBSW, LMSW or LCSW. However, if the misdemeanor conviction information also suggests a possible impairment issue, such as DUI and illegal drug possession convictions, then there still may be a basis for denial during the licensure application process.

Criminal convictions for ANY felony may cause an applicant to be denied Social Work licensure or registration as a supervisee. *Each applicant is considered on an individual basis. There are NO criminal convictions or impairments that are an absolute bar to Social Work licensure.*

ADDITIONAL INFORMATION NEEDED REGARDING CRIMINAL CONVICTIONS, PAST ACTIONS, OR POSSIBLE IMPAIRMENTS

Applications for licensure include questions about the applicant's history, specifically:

1. Any and all criminal convictions ever received;
2. Any past action taken against the applicant in another state or jurisdiction, including denial of licensure or certification in another state or jurisdiction; and
3. Any mental or physical illness, or chemical dependency condition that could interfere with the applicant's ability to practice.

Indicating “yes” to any questions about convictions, past actions, or possible impairment does not mean the application will be denied. It means more information must be gathered and considered before a decision can be made, which delays the usual application and testing process. Sometimes an administrative proceeding is required before a decision regarding the application can be made. The Board of Social Work has the ultimate authority to approve an applicant for testing and subsequent licensure, or to deny approval.

The following information will be requested from an applicant with a criminal conviction:

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from Social Work related employers, if possible).

The following information will be requested from the applicant with past disciplinary action or licensure/certification denial in another state:

- A certified copy of the Order for disciplinary action or denial from the other state licensing entity; and certified copy of any subsequent actions (i.e. reinstatement), if applicable;
- A letter from the applicant explaining the factual circumstances leading to the action or denial; and
- Letters from employers concerning work performance (Social Work related preferred) since action.

The following information may be requested from applicants with a possible impairment:

- Evidence of any past treatment (i.e., discharge summary from outpatient treatment and inpatient hospitalizations);
- A letter from the applicant’s current treating healthcare provider(s) indicating diagnosis, treatment regimen, compliance with treatment, and ability to practice safely;
- A letter from the applicant explaining the factual circumstances of condition or impairment and addressing ongoing efforts to function safely (including efforts to remain compliant with treatment, maintain sobriety, attendance at AA/NA meetings, etc.); and
- Letters from employers concerning work performance (specifically from Social Work related employers, if possible).

NOTE: Some applicants may be eligible for the Health Practitioner’s Monitoring Program (HPMP), which is a monitoring program for persons with impairments due to chemical dependency, mental illness, or physical disabilities. Willingness to participate in the HPMP is information the Board of Social Work will consider during the review process for applicants with a history of impairment or a criminal conviction history related to impairment. Information about the Virginia HPMP may be obtained directly from the DHP homepage at www.dhp.virginia.gov.

Once the Board of Social Work has received the necessary and relevant additional information, the application will be considered. Some applicants may be approved based on review of the documentation provided. Other applicants may be required to meet with Board of Social Work

representative(s) for an informal fact finding conference to consider the application. After the informal fact-finding conference, the application may be: i) approved, ii) approved with conditions or terms, or iii) denied.

NOTE: Failure to reveal criminal convictions, past disciplinary actions, and/or possible impairment issues on any application for registration or licensure is grounds for disciplinary action by the Board of Social Work, even after the registration or license has been issued. It is considered to be “procurement of license by fraud or misrepresentation,” and a basis for disciplinary action that is separate from the underlying conviction, past action, or impairment issue once discovered. Possible disciplinary actions that may be taken range from reprimand to revocation of a license.

FOLLOWING LICENSURE

Criminal convictions and other actions can also affect an individual already licensed as a LBSW, LMSW, or LCSW by the Board of Social Work. Any felony conviction, court adjudication of incompetence, or suspension or revocation of a license or certificate held in another state will result in a “mandatory suspension” of the individual’s license to practice in Virginia. This is a nondiscretionary action taken by the Director of DHP, rather than the Board of Social Work, according to § 54.1-2409 of the Code of Virginia. The mandatory suspension remains in effect until the individual applies for reinstatement and appears at a formal hearing before the Board of Social Work and demonstrates sufficient evidence that he or she is safe and competent to return to practice. At the formal hearing, three fourths of the Board members present must agree to reinstate the individual's license to practice in order for the license to be restored.

GETTING A CRIMINAL RECORD EXPUNGED

Having been granted a pardon, clemency, or having civil rights restored following a felony conviction does not change the fact that a person has a criminal conviction. That conviction remains on the individual’s licensure record. Therefore, any criminal conviction *must* be revealed on any application for licensing, unless it has been expunged.

Chapter 23.1 of Title 19.2 of the Code of Virginia describes the process for expunging criminal records. If a person wants a conviction to be removed from their record, the individual must seek expungment pursuant to §19.2-392.2 of the Code of Virginia. Individuals should seek legal counsel to pursue this course, which involves specific petitions to the court, State Police procedures, and hearings in court.

VIRGINIA BOARD OF SOCIAL WORK

DISPOSITION OF DISCIPLINARY CASES INVOLVING PRACTICING WITH AN EXPIRED LICENSE

The Board of Social Work (“Board”) delegates to the Executive Director for the Board the authority to offer a prehearing consent order to resolve disciplinary cases in which a Licensed Baccalaureate Social Worker (LBSW), a Licensed Master’s Social Worker (LMSW), or Licensed Clinical Social Worker (LCSW) has been found to be practicing with an expired license.

Disciplinary Action for Practicing with an Expired License

The Board adopts the following guidelines for resolution of cases of practicing with an expired license:

Cause	Possible Action
First offense; 90 days or less	Confidential Consent Agreement;
First offense; 91 days to one year	Consent Order; Reprimand; Monetary Penalty of \$500
First offense; more than one year	Consent Order; Reprimand; Monetary Penalty of \$1,000
First offense; more than two years	Consent Order; Reprimand; Monetary Penalty of \$1,500
First offense; more than five years	Consent Order; Reprimand; Monetary Penalty of \$2,000
Second offense	Consent Order; Reprimand; Monetary Penalty of \$3,000

In order to engage in the practice of social work, it shall be necessary to hold a license in accordance with Code of Virginia § 54.1-3706 unless the practice setting is exempt from the requirements for licensure as outlined in Code of Virginia § 54.1-3701.



Virginia Department of
Health Professions
Board of Social Work

Executive Director's Report

Virginia Department of Health Professions
Cash Balance
As of June 30, 2019

	<u>110- Social Work</u>
Board Cash Balance as June 30, 2018	\$ 641,588
YTD FY19 Revenue	879,915
Less: YTD FY19 Direct and Allocated Expenditures	<u>550,348</u>
Board Cash Balance as June 30, 2019	<u><u>971,155</u></u>

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
4002400	Fee Revenue										
4002401	Application Fee	19,790.00	17,280.00	14,310.00	17,545.00	17,115.00	12,730.00	20,310.00	16,475.00	17,870.00	14,935.00
4002406	License & Renewal Fee	30,802.50	1,840.00	1,235.00	825.00	470.00	515.00	580.00	420.00	317.50	560.00
4002432	Misc. Fee (Bad Check Fee)	-	-	-	35.00	-	-	35.00	-	-	-
	Total Fee Revenue	55,637.50	21,125.00	16,620.00	19,545.00	18,650.00	14,690.00	22,085.00	18,230.00	19,362.50	16,375.00
4003000	Sales of Prop. & Commodities										
4003007	Sales of Goods/Svces to State	-	-	-	-	-	-	-	-	-	-
4003020	Misc. Sales-Dishonored Payments	-	-	-	-	-	-	25.00	-	-	-
	Total Sales of Prop. & Commodities	-	-	-	-	-	-	25.00	-	-	-
	Total Revenue	55,637.50	21,125.00	16,620.00	19,545.00	18,650.00	14,690.00	22,110.00	18,230.00	19,362.50	16,375.00
5011000	Personal Services										
5011100	Employee Benefits										
5011110	Employer Retirement Contrib.	764.73	510.20	510.20	510.20	510.20	510.20	510.20	510.20	510.20	510.20
5011120	Fed Old-Age Ins- Sal St Emp	424.59	277.99	277.99	277.99	277.99	278.00	277.99	277.99	277.99	317.96
5011130	Fed Old-Age Ins- Wage Earners	-	-	-	-	-	-	-	-	-	-
5011140	Group Insurance	74.16	49.44	49.44	49.44	49.44	49.44	49.44	49.44	49.44	49.44
5011150	Medical/Hospitalization Ins.	1,010.50	687.00	687.00	687.00	687.00	687.00	687.00	687.00	687.00	687.00
5011160	Retiree Medical/Hospitalizatn	66.42	44.16	44.16	44.16	44.16	44.16	44.16	44.16	44.16	44.16
5011170	Long term Disability Ins	35.85	23.40	23.40	23.40	23.40	23.40	23.40	23.40	23.40	23.40
	Total Employee Benefits	2,376.25	1,592.19	1,592.19	1,592.19	1,592.19	1,592.20	1,592.19	1,592.19	1,592.19	1,632.16
5011200	Salaries										
5011230	Salaries, Classified	5,660.49	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66
5011250	Salaries, Overtime	-	-	-	-	-	-	-	-	-	522.49
	Total Salaries	5,660.49	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	4,296.15
5011310	Bonuses and Incentives	-	-	-	-	-	-	-	-	-	-
5011380	Deferred Compnstrn Match Prmts	30.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
	Total Special Payments	230.00	20.00	20.00	320.00	20.00	420.00	170.00	20.00	220.00	220.00
5011400	Wages										
5011410	Wages, General	-	-	-	-	-	-	-	-	-	-

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
	Total Wages	-	-	-	-	-	-	-	-	-	-
5011600	Terminatn Personal Svce Costs										
5011660	Defined Contribution Match - Hy	-	-	-	-	-	-	-	-	-	-
	Total Terminatn Personal Svce Costs	-	-	-	-	-	-	-	-	-	-
	Total Personal Services	8,266.74	5,385.85	5,385.85	5,685.85	5,385.85	5,785.86	5,535.85	5,385.85	5,585.85	6,148.31
5012000	Contractual Svcs										
5012100	Communication Services										
5012120	Outbound Freight Services	-	-	-	-	-	-	-	-	-	-
5012140	Postal Services	1,874.48	2,287.56	595.62	79.23	154.39	587.32	456.16	79.86	168.76	223.08
5012150	Printing Services	-	-	62.25	-	-	-	-	-	-	-
5012160	Telecommunications Svcs (VITA)	17.80	35.60	17.80	18.48	32.38	30.58	31.81	32.10	36.17	36.95
5012190	Inbound Freight Services	-	-	-	-	-	-	-	9.50	-	-
	Total Communication Services	1,892.28	2,323.16	675.67	97.71	186.77	617.90	487.97	121.46	204.93	260.03
5012400	Mgmnt and Informational Svcs										
5012420	Fiscal Services	10,486.04	-	280.98	69.76	-	19.32	33.54	8.01	16.98	-
5012440	Management Services	-	26.49	-	22.19	-	21.03	-	10.08	-	5.79
	Total Mgmnt and Informational Svcs	10,486.04	26.49	280.98	91.95	-	40.35	33.54	18.09	16.98	5.79
5012500	Repair and Maintenance Svcs										
5012530	Equipment Repair & Maint Srvc	-	-	-	-	693.83	(116.12)	(18.35)	17.86	-	-
	Total Repair and Maintenance Svcs	-	-	-	-	693.83	(116.12)	(18.35)	17.86	-	-
5012600	Support Services										
5012660	Manual Labor Services	-	-	15.75	-	-	-	2.06	-	-	-
5012670	Production Services	-	-	70.25	10.03	94.65	-	59.40	-	10.80	-
5012680	Skilled Services	1,355.42	1,084.16	813.12	813.12	813.12	813.12	813.12	837.51	857.86	837.51
	Total Support Services	3,919.08	4,152.10	3,097.37	2,302.90	8,498.13	3,505.92	4,002.98	3,377.91	3,180.81	3,198.91
5012700	Technical Services										
5012780	VITA InT Int Cost Goods&Svs	-	-	-	-	-	-	-	-	-	-
	Total Technical Services	-	-	-	-	-	-	-	-	-	-
5012800	Transportation Services										
5012820	Travel, Personal Vehicle	393.49	-	-	675.81	-	761.92	643.10	-	375.26	618.28

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
5012830	Travel, Public Carriers	-	68.26	-	-	524.10	505.00	-	-	-	-
5012840	Travel, State Vehicles	-	-	-	-	-	-	-	-	-	-
5012850	Travel, Subsistence & Lodging	-	-	-	-	-	106.50	318.37	-	-	213.00
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	-	-	-	51.75	149.50	-	-	103.50
	Total Transportation Services	393.49	68.26	-	675.81	524.10	1,425.17	1,110.97	-	375.26	934.78
	Total Contractual Svcs	16,940.89	6,570.01	4,054.02	3,168.37	9,902.83	5,473.22	5,617.11	4,760.32	3,777.98	4,399.51
5013000	Supplies And Materials										
5013100	Administrative Supplies										
5013120	Office Supplies	9.03	73.39	82.89	41.47	105.18	87.60	78.25	77.64	119.68	88.60
	Total Administrative Supplies	9.03	73.39	82.89	41.47	105.18	87.60	78.25	77.64	119.68	88.60
5013200	Energy Supplies										
5013230	Gasoline	-	30.50	-	-	-	-	-	-	-	-
	Total Energy Supplies	-	30.50	-	-	-	-	-	-	-	-
5013500	Repair and Maint. Supplies										
5013520	Custodial Repair & Maint Matrl	-	-	-	-	-	-	2.39	-	-	-
5013530	Electrcal Repair & Maint Matrl	-	-	-	-	-	-	-	0.68	-	-
	Total Repair and Maint. Supplies	-	-	-	-	-	-	2.39	0.68	-	-
5013600	Residential Supplies										
5013640	Laundry and Linen Supplies	-	-	-	-	-	-	-	2.71	-	4.49
5013650	Personal Care Supplies	-	-	-	-	-	-	-	-	-	-
	Total Residential Supplies	-	-	-	-	-	-	-	2.71	-	4.49
5013700	Specific Use Supplies										
5013730	Computer Operating Supplies	-	-	-	-	-	-	-	-	-	2.26
	Total Specific Use Supplies	-	-	-	-	-	-	-	-	-	2.26
	Total Supplies And Materials	9.03	103.89	82.89	41.47	105.18	87.60	80.64	81.03	119.68	95.35
5015000	Continuous Charges										
5015100	Insurance-Fixed Assets										

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
5015160	Property Insurance	38.32	-	-	-	-	-	-	-	-	-
	Total Insurance-Fixed Assets	38.32	-	-	-	-	-	-	-	-	-
5015300	Operating Lease Payments										
5015340	Equipment Rentals	42.98	42.19	41.87	42.98	41.87	41.87	41.87	48.70	48.70	-
5015350	Building Rentals	-	3.60	-	-	3.60	-	-	3.60	-	-
5015390	Building Rentals - Non State	950.01	970.56	949.86	949.86	1,033.94	959.40	949.86	1,021.21	949.86	1,452.45
	Total Operating Lease Payments	992.99	1,016.35	991.73	992.84	1,079.41	1,001.27	991.73	1,073.51	998.56	1,452.45
5015500	Insurance-Operations										
5015510	General Liability Insurance	137.54	-	-	-	-	-	-	-	-	-
5015540	Surety Bonds	8.12	-	-	-	-	-	-	-	-	-
	Total Insurance-Operations	145.66	-	-	-	-	-	-	-	-	-
	Total Continuous Charges	1,176.97	1,016.35	991.73	992.84	1,079.41	1,001.27	991.73	1,073.51	998.56	1,452.45
5022000	Equipment										
5022710	Household Equipment	-	-	-	-	-	-	-	-	-	18.89
	Total Specific Use Equipment	-	-	-	-	-	-	-	-	-	18.89
	Total Equipment	-	-	-	-	-	-	-	-	-	18.89
	Total Expenditures	26,393.63	13,076.10	10,514.49	9,888.53	16,473.27	12,347.95	12,225.33	11,300.71	10,482.07	12,114.51
	Allocated Expenditures										
20100	Behavioral Science Exec	9,633.23	6,603.74	6,379.57	6,387.47	6,553.71	6,567.96	6,657.80	6,450.22	6,387.06	6,892.99
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	-	-	-	-	-	-	-	-	-	-
20600	Funeral\LTCA\PT	-	-	-	-	-	-	-	-	-	-
30100	Data Center	12,135.95	7,292.28	6,689.83	9,944.31	3,119.03	7,331.20	6,938.15	11,855.01	7,484.80	10,000.87
30200	Human Resources	541.90	62.03	69.60	2,239.23	372.25	55.26	59.31	67.43	73.89	139.72
30300	Finance	3,606.15	2,850.93	2,725.00	2,565.28	2,917.73	2,716.00	3,402.99	2,813.28	2,977.05	2,970.75
30400	Director's Office	1,926.91	1,263.01	1,283.89	1,229.08	1,267.33	1,255.25	1,273.38	1,270.04	1,367.70	1,407.64

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
30500	Enforcement	13,172.07	9,521.28	9,804.30	8,110.05	7,129.81	6,965.07	7,567.77	8,601.27	10,008.25	13,651.01
30600	Administrative Proceedings	2,329.84	-	-	631.68	4,664.45	157.40	371.47	-	250.10	9,360.69
30700	Impaired Practitioners	122.15	61.65	58.32	87.80	61.17	62.77	105.14	63.89	66.88	138.24
30800	Attorney General	-	-	2,334.46	2,334.46	-	-	2,334.46	-	-	2,334.46
30900	Board of Health Professions	1,214.31	1,099.62	949.17	1,036.18	990.09	642.93	970.79	1,005.90	841.84	1,186.57
31000	SRTA	-	-	-	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-	-	-	-	10.13	-	-
31300	Emp. Recognition Program	1.45	-	-	5.96	1.76	17.28	-	-	0.66	33.11
31400	Conference Center	8.28	27.83	13.66	8.36	20.07	5.49	100.23	17.43	10.83	5.27
31500	Pgm Devlpmnt & Implmentn	1,397.89	823.32	965.39	708.40	933.46	653.34	553.41	561.66	534.05	624.25
98700	Cash Transfers	-	-	-	-	-	-	-	-	-	-
	Total Allocated Expenditures	46,090.13	29,605.67	31,273.20	35,288.29	28,030.86	26,429.96	30,334.90	32,716.27	30,003.12	48,745.56
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (16,846.26)	\$ (21,556.77)	\$ (25,167.69)	\$ (25,631.82)	\$ (25,854.13)	\$ (24,087.91)	\$ (20,450.23)	\$ (25,786.98)	\$ (21,122.69)	\$ (44,485.07)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	May	June	Total
4002400	Fee Revenue			
4002401	Application Fee	18,475.00	15,455.00	202,290.00
4002406	License & Renewal Fee	250,320.00	370,315.00	658,200.00
4002432	Misc. Fee (Bad Check Fee)	-	-	70.00
	Total Fee Revenue	<u>270,420.00</u>	<u>387,150.00</u>	879,890.00
4003000	Sales of Prop. & Commodities			
4003007	Sales of Goods/Svces to State	-	-	-
4003020	Misc. Sales-Dishonored Payments	-	-	25.00
	Total Sales of Prop. & Commodities	<u>-</u>	<u>-</u>	25.00
	Total Revenue	<u>270,420.00</u>	<u>387,150.00</u>	879,915.00
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	510.20	255.10	6,121.83
5011120	Fed Old-Age Ins- Sal St Emp	337.95	171.63	3,476.06
5011130	Fed Old-Age Ins- Wage Earners	-	-	-
5011140	Group Insurance	49.44	24.72	593.28
5011150	Medical/Hospitalization Ins.	687.00	343.50	8,224.00
5011160	Retiree Medical/Hospitalizatn	44.16	22.08	530.10
5011170	Long term Disability Ins	23.40	11.70	281.55
	Total Employee Benefits	<u>1,652.15</u>	<u>828.73</u>	19,226.82
5011200	Salaries			
5011230	Salaries, Classified	3,773.66	1,886.83	45,283.92
5011250	Salaries, Overtime	783.73	424.52	1,730.74
	Total Salaries	<u>4,557.39</u>	<u>2,311.35</u>	47,014.66
5011310	Bonuses and Incentives	-	-	-
5011380	Deferred Compnstrn Match Pmts	20.00	10.00	240.00
	Total Special Payments	<u>20.00</u>	<u>10.00</u>	1,690.00
5011400	Wages			-
5011410	Wages, General	-	-	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	May	June	Total
	Total Wages	-	-	-
5011600	Terminatn Personal Svce Costs			
5011660	Defined Contribution Match - Hy	-	-	-
	Total Terminatn Personal Svce Costs	-	-	-
	Total Personal Services	6,229.54	3,150.08	67,931.48
5012000	Contractual Svcs			-
5012100	Communication Services			-
5012120	Outbound Freight Services	0.19	-	0.19
5012140	Postal Services	259.99	790.82	7,557.27
5012150	Printing Services	-	-	62.25
5012160	Telecommunications Svcs (VITA)	37.58	41.09	368.34
5012190	Inbound Freight Services	-	-	9.50
	Total Communication Services	297.76	831.91	7,997.55
5012400	Mgmnt and Informational Svcs			
5012420	Fiscal Services	11.11	-	10,925.74
5012440	Management Services	-	9.81	95.39
	Total Mgmnt and Informational Svcs	11.11	9.81	11,021.13
5012500	Repair and Maintenance Svcs			
5012530	Equipment Repair & Maint Srvc	-	-	577.22
	Total Repair and Maintenance Svcs	-	-	577.22
5012600	Support Services			
5012660	Manual Labor Services	1.90	8.57	28.28
5012670	Production Services	21.16	76.80	343.09
5012680	Skilled Services	837.51	837.51	10,713.08
	Total Support Services	1,178.57	922.88	41,337.56
5012700	Technical Services			
5012780	VITA InT Int Cost Goods&Svs	-	-	-
	Total Technical Services	-	-	-
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	570.72	-	4,038.58

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	May	June	Total
5012830	Travel, Public Carriers	-	-	1,097.36
5012840	Travel, State Vehicles	-	-	-
5012850	Travel, Subsistence & Lodging	1,000.36	-	1,638.23
5012880	Trvl, Meal Reimb- Not Rprtble	199.50	-	504.25
	Total Transportation Services	<u>1,770.58</u>	-	7,278.42
	Total Contractual Svs	3,258.02	1,764.60	69,686.88
5013000	Supplies And Materials			
5013100	Administrative Supplies			-
5013120	Office Supplies	150.44	63.46	977.63
	Total Administrative Supplies	<u>150.44</u>	63.46	977.63
5013200	Energy Supplies			
5013230	Gasoline	-	-	30.50
	Total Energy Supplies	<u>-</u>	-	30.50
5013500	Repair and Maint. Supplies			
5013520	Custodial Repair & Maint Matrl	-	0.31	2.70
5013530	Electrcal Repair & Maint Matrl	-	-	0.68
	Total Repair and Maint. Supplies	<u>-</u>	0.31	3.38
5013600	Residential Supplies			
5013640	Laundry and Linen Supplies	-	-	7.20
5013650	Personal Care Supplies	5.88	-	5.88
	Total Residential Supplies	<u>5.88</u>	-	13.08
5013700	Specific Use Supplies			
5013730	Computer Operating Supplies	-	0.67	2.93
	Total Specific Use Supplies	<u>-</u>	0.67	2.93
	Total Supplies And Materials	156.32	64.44	1,027.52
5015000	Continuous Charges			
5015100	Insurance-Fixed Assets			-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	May	June	Total
5015160	Property Insurance	-	-	38.32
	Total Insurance-Fixed Assets	-	-	38.32
5015300	Operating Lease Payments			
5015340	Equipment Rentals	97.40	97.40	587.83
5015350	Building Rentals	-	3.60	14.40
5015390	Building Rentals - Non State	1,107.89	974.86	12,269.76
	Total Operating Lease Payments	1,205.29	1,075.86	12,871.99
5015500	Insurance-Operations			
5015510	General Liability Insurance	-	-	137.54
5015540	Surety Bonds	-	-	8.12
	Total Insurance-Operations	-	-	145.66
	Total Continuous Charges	1,205.29	1,075.86	13,055.97
5022000	Equipment			
5022710	Household Equipment	3.33	-	22.22
	Total Specific Use Equipment	3.33	-	22.22
	Total Equipment	3.33	-	22.22
	Total Expenditures	10,852.50	6,054.98	151,724.07
	Allocated Expenditures			
20100	Behavioral Science Exec	6,998.13	4,212.83	79,724.72
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-
20400	Nursing / Nurse Aid	-	-	-
20600	Funeral\LTCA\PT	-	-	-
30100	Data Center	11,965.66	2,568.52	97,325.62
30200	Human Resources	175.21	42.14	3,897.97
30300	Finance	3,344.52	1,843.62	34,733.31
30400	Director's Office	1,462.86	835.11	15,842.20

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	May	June	Total
30500	Enforcement	13,800.38	7,466.59	115,797.85
30600	Administrative Proceedings	2,230.54	108.27	20,104.45
30700	Impaired Practitioners	70.24	24.68	922.94
30800	Attorney General	-	-	9,337.84
30900	Board of Health Professions	1,053.59	436.98	11,427.98
31000	SRTA	-	-	-
31100	Maintenance and Repairs	-	-	10.13
31300	Emp. Recognition Program	250.55	69.07	379.85
31400	Conference Center	16.07	(1.52)	232.00
31500	Pgm Devlpmt & Implmntn	692.21	439.23	8,886.61
98700	Cash Transfers	-	-	-
	Total Allocated Expenditures	<u>42,059.96</u>	<u>18,045.54</u>	<u>398,623.47</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u>\$ 217,507.54</u>	<u>\$ 363,049.48</u>	<u>329,567.46</u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	202,290.00	141,075.00	(61,215.00)	143.39%
4002406	License & Renewal Fee	658,200.00	593,730.00	(64,470.00)	110.86%
4002407	Dup. License Certificate Fee	1,980.00	850.00	(1,130.00)	232.94%
4002409	Board Endorsement - Out	6,175.00	4,625.00	(1,550.00)	133.51%
4002421	Monetary Penalty & Late Fees	11,175.00	780.00	(10,395.00)	1432.69%
4002432	Misc. Fee (Bad Check Fee)	70.00	35.00	(35.00)	200.00%
	Total Fee Revenue	879,890.00	741,095.00	(138,795.00)	118.73%
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	879,915.00	741,095.00	(138,820.00)	118.73%
5011110	Employer Retirement Contrib.				
5011120	Fed Old-Age Ins- Sal St Emp	3,476.06	3,465.00	(11.06)	100.32%
5011140	Group Insurance	593.28	594.00	0.72	99.88%
5011150	Medical/Hospitalization Ins.	8,224.00	8,244.00	20.00	99.76%
5011160	Retiree Medical/Hospitalizatn	530.10	530.00	(0.10)	100.02%
5011170	Long term Disability Ins	281.55	281.00	(0.55)	100.20%
	Total Employee Benefits	19,226.82	19,237.00	10.18	99.95%
5011200	Salaries				
5011230	Salaries, Classified	45,283.92	45,284.00	0.08	100.00%
5011250	Salaries, Overtime	1,730.74	-	(1,730.74)	0.00%
	Total Salaries	47,014.66	45,284.00	(1,730.66)	103.82%
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,450.00	2,800.00	1,350.00	51.79%
5011380	Deferred Compnstrn Match Pmts	240.00	480.00	240.00	50.00%
	Total Special Payments	1,690.00	3,280.00	1,590.00	51.52%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	67,931.48	67,801.00	(130.48)	100.19%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	537.00	537.00	0.00%
5012120	Outbound Freight Services	0.19	-	(0.19)	0.00%
5012140	Postal Services	7,557.27	4,411.00	(3,146.27)	171.33%
5012150	Printing Services	62.25	67.00	4.75	92.91%
5012160	Telecommunications Svcs (VITA)	368.34	550.00	181.66	66.97%
5012190	Inbound Freight Services	9.50	-	(9.50)	0.00%
	Total Communication Services	7,997.55	5,565.00	(2,432.55)	143.71%
5012200	Employee Development Services				
5012210	Organization Memberships	500.00	1,500.00	1,000.00	33.33%
5012240	Employee Training/Workshop/Conf	975.00	-	(975.00)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Employee Development Services	1,475.00	1,500.00	25.00	98.33%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	10,925.74	5,500.00	(5,425.74)	198.65%
5012440	Management Services	95.39	212.00	116.61	45.00%
	Total Mgmnt and Informational Svcs	11,021.13	5,712.00	(5,309.13)	192.95%
5012500	Repair and Maintenance Svcs				
5012530	Equipment Repair & Maint Srvc	577.22	-	(577.22)	0.00%
	Total Repair and Maintenance Svcs	577.22	-	(577.22)	0.00%
5012600	Support Services				
5012630	Clerical Services	29,270.06	62,208.00	32,937.94	47.05%
5012640	Food & Dietary Services	983.05	480.00	(503.05)	204.80%
5012660	Manual Labor Services	28.28	2,188.00	2,159.72	1.29%
5012670	Production Services	343.09	2,405.00	2,061.91	14.27%
5012680	Skilled Services	10,713.08	24,297.00	13,583.92	44.09%
	Total Support Services	41,337.56	91,578.00	50,240.44	45.14%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	4,038.58	3,809.00	(229.58)	106.03%
5012830	Travel, Public Carriers	1,097.36	-	(1,097.36)	0.00%
5012850	Travel, Subsistence & Lodging	1,638.23	3,107.00	1,468.77	52.73%
5012880	Trvl, Meal Reimb- Not Rprtble	504.25	2,417.00	1,912.75	20.86%
	Total Transportation Services	7,278.42	9,333.00	2,054.58	77.99%
	Total Contractual Svcs	69,686.88	113,688.00	44,001.12	61.30%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	977.63	276.00	(701.63)	354.21%
5013130	Stationery and Forms	-	41.00	41.00	0.00%
	Total Administrative Supplies	977.63	317.00	(660.63)	308.40%
5013200	Energy Supplies				
5013230	Gasoline	30.50	-	(30.50)	0.00%
	Total Energy Supplies	30.50	-	(30.50)	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matr	2.70	-	(2.70)	0.00%
5013530	Electrcal Repair & Maint Matr	0.68	-	(0.68)	0.00%
	Total Repair and Maint. Supplies	3.38	-	(3.38)	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%
5013640	Laundry and Linen Supplies	7.20	-	(7.20)	0.00%
5013650	Personal Care Supplies	5.88	-	(5.88)	0.00%
	Total Residential Supplies	13.08	103.00	89.92	12.70%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	2.93	-	(2.93)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11000 - Social Work
For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Specific Use Supplies	2.93	-	(2.93)	0.00%
	Total Supplies And Materials	1,027.52	420.00	(607.52)	244.65%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	38.32	26.00	(12.32)	147.38%
	Total Insurance-Fixed Assets	38.32	26.00	(12.32)	147.38%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	587.83	540.00	(47.83)	108.86%
5015350	Building Rentals	14.40	-	(14.40)	0.00%
5015390	Building Rentals - Non State	12,269.76	11,775.00	(494.76)	104.20%
	Total Operating Lease Payments	12,871.99	12,315.00	(556.99)	104.52%
5015500	Insurance-Operations				
5015510	General Liability Insurance	137.54	97.00	(40.54)	141.79%
5015540	Surety Bonds	8.12	6.00	(2.12)	135.33%
	Total Insurance-Operations	145.66	103.00	(42.66)	141.42%
	Total Continuous Charges	13,055.97	12,444.00	(611.97)	104.92%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	43.00	43.00	0.00%
	Total Educational & Cultural Equip	-	43.00	43.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	21.00	21.00	0.00%
	Total Office Equipment	-	21.00	21.00	0.00%
5022700	Specific Use Equipment				
5022710	Household Equipment	22.22	-	(22.22)	0.00%
	Total Specific Use Equipment	22.22	-	(22.22)	0.00%
	Total Equipment	22.22	64.00	41.78	34.72%
	Total Expenditures	151,724.07	194,417.00	42,692.93	78.04%
	Allocated Expenditures				
20100	Behavioral Science Exec	79,724.72	87,500.00	7,775.28	91.11%
30100	Data Center	97,325.62	89,238.58	(8,087.04)	109.06%
30200	Human Resources	3,897.97	6,815.37	2,917.40	57.19%
30300	Finance	34,733.31	39,063.66	4,330.35	88.91%
30400	Director's Office	15,842.20	15,557.71	(284.49)	101.83%
30500	Enforcement	115,797.85	104,382.79	(11,415.06)	110.94%
30600	Administrative Proceedings	20,104.45	29,295.20	9,190.75	68.63%
30700	Impaired Practitioners	922.94	1,681.09	758.15	54.90%
30800	Attorney General	9,337.84	2,253.29	(7,084.55)	414.41%
30900	Board of Health Professions	11,427.98	12,537.00	1,109.03	91.15%
31100	Maintenance and Repairs	10.13	2,748.01	2,737.87	0.37%

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 11000 - Social Work
 For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
31300	Emp. Recognition Program	379.85	151.21	(228.64)	251.21%
31400	Conference Center	232.00	240.43	8.43	96.49%
31500	Pgm Devlpmnt & Implmntn	8,886.61	9,101.95	215.35	97.63%
	Total Allocated Expenditures	<u>398,623.47</u>	<u>400,566.29</u>	<u>1,942.82</u>	<u>99.51%</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u>\$ 329,567.46</u>	<u>\$ 146,111.71</u>	<u>\$ (183,455.75)</u>	<u>225.56%</u>

Deputy Executive Director's Discipline Report

Staff Discipline Reports

05/31/2019 - 08/29/2019

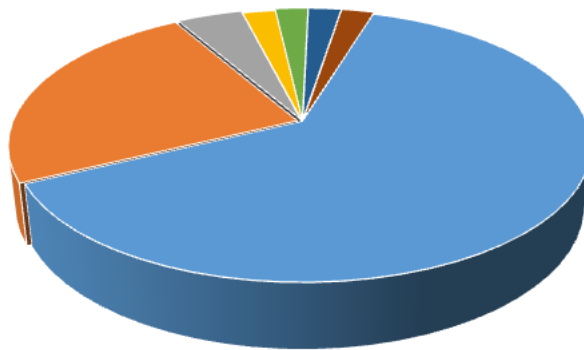
NEW CASES RECEIVED IN BOARD 05/31/2019 - 08/29/2019				
	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	68	31	42	141

OPEN CASES AT BOARD LEVEL (as of 08/29/2019)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	39	33	55	
Scheduled for Informal Conferences	26	1	0	
Scheduled for Formal Hearings	3	1	0	
Consent Orders (offered and pending)	6	4	0	
Cases with APD for processing (IFC, FH, Consent Order)	12	10	3	
TOTAL CASES AT BOARD LEVEL	86	49	58	193
OPEN INVESTIGATIONS	90	48	27	165
TOTAL OPEN CASES	176	97	85	358

UPCOMING CONFERENCES AND HEARINGS	
Informal Conferences	October 25, 2019 November 15, 2019
Formal Hearings	Held following scheduled board meetings, as necessary

CASES CLOSED (05/31/2019 - 08/29/2019)	
Closed – no violation	35
Closed – undetermined	8
Closed – violation	4
Credentials/Reinstatement – Denied	0
Credentials/Reinstatement – Approved	0
TOTAL CASES CLOSED	47

Closed Case Categories



- No jurisdiction (62%)
- Diagnosis/Treatment (24%)
- Business Practice Issues (4%)
- Abuse/Abandonment/Neglect (2%)
- Inability to Safely Practice (2%)
- Scope of Practice (2%)
- Confidentiality (2%)
- Continuing Education (2%)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	228
Avg. time in Enforcement (investigations)	77
Avg. time in APD (IFC/FH preparation)	221
Avg. time in Board (includes hearings, reviews, etc).	134
Avg. time with board member (probable cause review)	18



AGENCY REPORTS

CASES RECEIVED, OPEN, & CLOSED REPORT SUMMARY BY BOARD

FISCAL YEAR 2019, QUARTER ENDING MARCH 30, 2019

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

COUNSELING	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019
Number of Cases Received	26	27	17	40	35	28	37	31	45	56	54	76
Number of Cases Open	116	98	69	58	56	61	72	84	102	124	150	176
Number of Cases Closed	27	44	43	60	42	26	29	23	33	29	28	51

PSYCHOLOGY	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019
Number of Cases Received	14	18	26	13	22	23	23	28	26	20	31	38
Number of Cases Open	68	76	87	49	34	46	44	52	57	64	83	75
Number of Cases Closed	20	9	17	52	38	16	24	19	24	13	11	46

SOCIAL WORK	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019
Number of Cases Received	15	19	12	28	21	14	27	15	34	35	25	33
Number of Cases Open	127	78	70	54	39	39	48	52	71	93	95	97
Number of Cases Closed	8	62	17	46	39	15	19	11	18	13	23	31



AGENCY REPORTS

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

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

BOARD	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019
Counseling	323.7	375.5	292.8	247.9	106.1	251.5	128.2	153.7	185	164.2	161.3	251
Psychology	287.3	380	291.7	357.7	252.7	119.5	183.3	118.8	175.2	170.4	228.6	225
Social Work	226	469.7	407.6	366.2	228.8	292.7	123.6	277.5	237.2	113.8	200.7	263
Agency Totals	188.5	202.7	207.7	222.8	194.1	255.7	186.5	196.4	201.1	173.8	169.2	258

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

FISCAL YEAR 2019, QUARTER ENDING MARCH 30, 2019

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

BOARD	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019
Counseling	55.6%	45.5%	78.6%	84.7%	97.5%	76.9%	97.0%	91.3%	84.8%	89.7%	89.3%	73.8%
Psychology	50.0%	44.4%	50.0%	44.2%	81.6%	92.9%	85.2%	100.0 %	90.5%	92.3%	81.8%	86.4%
Social Work	75.0%	30.7%	62.5%	41.3%	92.3%	73.3%	100.0 %	81.8%	66.7%	84.2%	78.3%	50.9%
Agency Totals	85.6%	82.0%	85.1%	81.7%	86.7%	82.2%	86.7%	87.6%	80.6%	85.5%	84.0%	76.4%

Licensing Manager's Report

2019 STATISTICAL LICENSURE INFORMATION
(June 1, 2019- June 30, 2019)

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

2019 (June 1- June 30)	Licensed Clinical Social Workers	Endorsement	4
		Examination	22
		Reinstatement	0
	Licensed Social Worker	Endorsement	3
		Examination	3
		Reinstatement	0
	LSW Supervision	Application	0
	LCSW Registration of Supervision	Add/Change	23
		Initial Application	19
	Total # of Social Work Licenses/Registrations Issued:		

- 2019 Online Applications Received

(June 1- June 30)	By Endorsement	By Examination	Total
LCSW	13	27	40
LSW	8	16	24

(June 1- June 30)	Initial Application	By Add/Change	Total
LSW Supervision	0	0	0
LCSW Registration of Supervision	89	46	135

Total # of online applications received in June: 199

- Current active & current inactive Social Work Licenses/Registrations as of 06/30/2019:

	Current Active	Current Inactive	Total
Associate Social Worker	1	0	1
Licensed Clinical Social Worker	6,660	192	6,852
Licensed Social Worker	686	14	700
LSW Supervision	6	0	6
Registered Social Worker	9	0	9
Registration of Supervision	2,170	2	2,172
Total			9,740

Social Work 2019 Total Count- all license types (June 1, 2019- June 30, 2019)

New Applications (initial, add/change, exam & endorsement- paper & online)	202
Duplicate License Request (LCSW- 13; LSW- 0)	13
Duplicate Wall Certificate Request (LCSW- 4; LSW- 0)	4
Verification of VA License Request (LCSW- 10; LSW- 3; ROS- 0)	13
Inactive Renewal (LCSW- 140; LSW- 10)	150
Inactive to Active (LCSW- 0; LSW- 0)	0
Reinstatement Applications (LCSW- 2; LSW- 0)	2
Renewals (LCSW- 3,779; LSW- 365; Registered SW- 5; Associate SW-0)	4,149
Late Renewals (LCSW-0; LSW-0)	0
Address Changes	32

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

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

2019 (July 1- July 31)	Licensed Clinical Social Workers	Endorsement	19	
		Examination	26	
		Reinstatement	2	
	Licensed Social Worker	Endorsement	5	
		Examination	7	
		Reinstatement	0	
	LSW Supervision	Application	0	
	LCSW Registration of Supervision	Add/Change	26	
		Initial Application	30	
	Total # of Social Work Licenses/Registrations Issued:			115

- 2019 Online Applications Received

(July 1- July 31)	By Endorsement	By Examination	Total
LCSW	24	33	57
LSW	10	18	28

(July 1- July 31)	Initial Application	By Add/Change	Total
LSW Supervision	0	0	0
LCSW Registration of Supervision	72	67	139

Total # of online applications received in July 2019: 224

- Current active & current inactive Social Work Licenses/Registrations as of 07/31/2019:

	Current Active	Current Inactive	Total
Associate Social Worker	1	0	1
Licensed Clinical Social Worker	6,819	199	7,018
Licensed Social Worker	721	14	735
LSW Supervision	6	0	6
Registered Social Worker	9	0	9
Registration of Supervision	2,176	2	2,178
Total			9,947

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

New Applications (initial, add/change, exam & endorsement- paper & online)	232
Duplicate License Request (LCSW- 22; LSW- 1)	23
Duplicate Wall Certificate Request (LCSW- 3; LSW- 0)	3
Verification of VA License Request (LCSW- 12; LSW-3; ROS- 0)	15
Inactive Renewal (LCSW- 4; LSW- 0)	4
Inactive to Active (LCSW- 2; LSW- 0)	2
Reinstatement Applications (LCSW- 4; LSW- 1)	5
Renewals (LCSW- 0; LSW- 0; Registered SW- 0; Associate SW-0)	0
Late Renewals (LCSW-122; LSW-24)	146
Address Changes	39

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

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

2019 (Aug 1- Aug 31)	Licensed Clinical Social Workers	Endorsement	14	
		Examination	22	
		Reinstatement	1	
	Licensed Master's Social Worker	Endorsement	9	
		Examination	7	
		Reinstatement	1	
	Licensed Baccalaureate Social Worker	Endorsement	1	
		Examination	0	
		Reinstatement	0	
	LSW Supervision	Application	0	
	LCSW Registration of Supervision	Add/Change	48	
		Initial Application	101	
	Total # of Social Work Licenses/Registrations Issued:			204

- 2019 Online Applications Received

(Aug 1- Aug 31)	By Endorsement	By Examination	Total
LCSW	29	34	63
LMSW	6	22	28
LBSW	1	0	1

(Aug 1- Aug 31)	Initial Application	By Add/Change	Total
LSW Supervision	0	0	0
LCSW Registration of Supervision	66	48	114

Total # of online applications received in August 2019: 206

- Current active & current inactive Social Work Licenses/Registrations as of 08/31/2019:

	Current Active	Current Inactive	Total
Associate Social Worker	1	0	1
Licensed Clinical Social Worker	6,876	200	7,076
Licensed Masters Social Worker	730	14	744

Licensed Baccalaureate Social Worker	11	0	11
LSW Supervision	6	0	6
Registered Social Worker	9	0	9
Registration of Supervision	2,265	2	2,267
			Total 10,114

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

New Applications (initial, add/change, exam & endorsement- paper & online)	212
Duplicate License Request (LCSW- 15; LSW- 1)	16
Duplicate Wall Certificate Request (LCSW- 6; LSW- 0)	6
Verification of VA License Request (LCSW- 26; LSW-1; ROS- 0)	27
Inactive Renewal (LCSW- 1; LSW- 0)	1
Inactive to Active (LCSW- 0; LSW- 0)	0
Reinstatement Applications (LCSW- 4; LSW- 0)	4
Renewals (LCSW- 0; LSW- 0; Registered SW- 0; Associate SW-0)	0
Late Renewals (LCSW-19; LSW-2)	21
Address Changes	25

2019 STATISTICAL EXAMINATION INFORMATION

(January 1, 2019- August 31, 2019)

- Number of Social Work Applicants approved to test

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

2019 (Feb 1- Feb 28)	Licensed Clinical Social Worker Applicants	Clinical Exam	29
	Licensed Social Worker Applicants	Bachelors Exam	10
Total # of Social Work Applicants Approved to test:			39

2019 (Mar 1- Mar 31)	Licensed Clinical Social Worker Applicants	Clinical Exam	30
	Licensed Social Worker Applicants	Bachelors Exam	8
Total # of Social Work Applicants Approved to test:			38

2019 (Apr 1- Apr 30)	Licensed Clinical Social Worker Applicants	Clinical Exam	34
	Licensed Social Worker Applicants	Bachelors Exam	11
Total # of Social Work Applicants Approved to test:			45

2019 (May 1- May 31)	Licensed Clinical Social Worker Applicants	Clinical Exam	43
	Licensed Social Worker Applicants	Bachelors Exam	14
Total # of Social Work Applicants Approved to test:			57

2019 (Jun 1- Jun 30)	Licensed Clinical Social Worker Applicants	Clinical Exam	14
	Licensed Social Worker Applicants	Bachelors Exam	7
Total # of Social Work Applicants Approved to test:			21

2019 (Jul 1- Jul 31)	Licensed Clinical Social Worker Applicants	Clinical Exam	20
	Licensed Social Worker Applicants	Bachelors Exam	21
Total # of Social Work Applicants Approved to test:			41

2019 (Aug 1- Aug 31)	Licensed Clinical Social Worker Applicants	Clinical Exam	54
	Licensed Master Social Worker Applicants	Masters Exam	15
	Licensed Baccalaureate Social Worker Applicants	Bachelors Exam	0
Total # of Social Work Applicants Approved to test:			69

GRAND TOTAL	Licensed Clinical Social Workers Applicants	Clinical Exam	283
	Licensed Social Worker Applicants <i>(approved prior to 8/8/19)</i>	Bachelors Exam	79
	Licensed Master Social Worker Applicants <i>(approved after 8/8/19)</i>	Masters Exam	15
	Licensed Baccalaureate Social Worker Applicants <i>(approved after 8/8/19)</i>	Bachelors Exam	0
2019 (Jan 1- Aug 31)	Total # of Social Work Applicants Approved to test:		377

- Number of Social Work Applicants previously approved for Bachelors that have been changed to Masters

2019 (Aug 8- Aug 31)	Bachelors Exam to Masters Exam	4
Total # of Social Work Applicants Changed to Masters Exam:		4