

***Virtual meeting access information is available on page 2.***

▪ <b>Call to Order</b>	<b>Mr. Wells</b>
▪ <b>Emergency Egress</b>	<b>Dr. Carter</b>
▪ <b>Public Comment</b>	<b>Mr. Wells</b>
▪ <b>Approval of Minutes - page 3</b> ▪ January 21, 2021	<b>Mr. Wells</b>
▪ <b>Director's Report</b>	<b>Dr. Brown</b>
▪ <b>Legislative and Regulatory Report - page 8</b>	<b>Ms. Yeatts</b>
▪ <b>Agency Budget Review - page 21</b>	<b>Mr. Giles</b>
▪ <b>Board Chair Report</b>	<b>Mr. Wells</b>
▪ <b>Executive Director's Report</b> ▪ Board Budget - page 25 ▪ Agency Statistics/Performance - page 27	<b>Dr. Carter</b>
▪ <b>Healthcare Workforce Data Center</b> ▪ Update	<b>Dr. Shobo &amp; Dr. Carter</b>
▪ <b>Individual Board Reports</b>	<b>Mr. Wells</b>
▪ <b>New Business</b>	<b>Mr. Wells</b>
▪ <b>Next Full Board Meeting</b> ▪ August 19, 2021	<b>Mr. Wells</b>
▪ <b>Adjournment</b>	

**VIRTUAL Board of Health Professions-Full Board Meeting**  
*May 13, 2021 at 10:00 a.m.*

Access to the Perimeter Center building is closed to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO Webex technology.

- **Oral Public Comment** - Oral public comment regarding general business of the board will be received at the beginning of the meeting. Individuals interested in providing oral comment must submit an email to [laura.jackson@dhp.virginia.gov](mailto:laura.jackson@dhp.virginia.gov) **no later than 5:00 PM on May 11, 2021**. Comment may be made by these individuals when their name is announced by the Board Chair. Comments will be restricted to 3 minutes each. When logging on to WebEx each person must provide their full name. Do not use the default username as it is imperative that the meeting organizer be able to determine who is in attendance.
- Public participation connections will be muted following the public comment period.
- Please call from a location without background noise.
- Dial (804) 597-4211 to report an interruption during the broadcast.
- The FOIA Councils "*Electronic Meetings Public Comment*" form for submitting feedback on this electronic meeting may be accessed at <http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>
- **Written Public Comment** - Written comments are strongly preferred due to the limits of the electronic meeting platform and should be received by email to [laura.jackson@dhp.virginia.gov](mailto:laura.jackson@dhp.virginia.gov) no later than 5:00 p.m. May 11, 2021. The written comments will be made available to the Board members for review prior to the meeting.

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**Join the Interactive Meeting by Clicking on the Link Below:**

<https://covaconf.webex.com/covaconf/j.php?MTID=mc416be00e177a02377a00f3944cd4e53>

**Join by Audio Only:**

+1-517-466-2023 US Toll

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Meeting Number (access code): 185 535 2966

Meeting Password: WryUHYvM325

**DRAFT**

An audio file of this meeting may be found here

<https://www.dhp.virginia.gov/audio/BHP/FullBoardMeeting01212021.mp3>

**CALL TO ORDER - Dr. Jones, Jr.**

Dr. Jones, Jr. called the virtual meeting to order at 10:00 a.m. Quorum was established with 17 members in attendance.

**EMERGENCY EGRESS - Dr. Carter**

Dr. Carter provided evacuation procedures for members in physical attendance.

**ROLL CALL**

**VIRTUAL ATTENDEES: BOARD OF HEALTH PROFESSIONS**

Dr. Alison King, Board of Audiology & Speech-Language Pathology

Dr. Kevin Doyle, Board of Counseling

Dr. Sandra Catchings, Board of Dentistry

Derrick Kendall, Board of Long-Term Care Administrators

Dr. Brenda Stokes, Board of Medicine

Louise Hershkowitz, Board of Nursing

Dr. Helene Clayton-Jeter, Board of Optometry

Ryan Logan, Board of Pharmacy

Dr. Herb Stewart, Board of Psychology

John Salay, Board of Social Work

Dr. Steve Karras, Board of Veterinary Medicine

Sheila Battle, Citizen Member

Sahil Chaudhary, Citizen Member

Dr. Martha Rackets, Citizen Member

Carmina Bautista, Citizen Member

James Wells, Citizen Member

**BOARD MEMBERS ABSENT:**

Louis Jones, Board of Funeral Directors and Embalmers

**VIRTUAL ATTENDANCE: DHP STAFF & GUESTS**

Dr. Allison-Bryan, Agency Chief Deputy Director

Elaine Yeatts, Agency Senior Policy Analyst

Dr. Yetty Shobo, Deputy Executive Director for the Board

Rajana Siva, Research Analyst for the Board

Dr. William Harp, Executive Director for the Board of Medicine

Kim Small, VisualResearch, Inc.

Neal Kauder, Visual Research, Inc.

Sandra Reen, Executive Director for the Board of Dentistry

**VIRTUAL ATTENDANCE: DHP STAFF & GUESTS cont'd**

Corie Tillman-Wolf, Executive Director for the Boards of Funeral Directors & Embalmers, Long-Term Care Administrators and Physical Therapy

**PHYSICAL ATTENDANCE AT PERIMETER CENTER:**

Dr. Elizabeth Carter, Executive Director for the Board  
Dr. Allen Jones, Jr., Board of Physical Therapy  
Laura Jackson, Operations Manager for the Board  
Matt Treacy, Media Production Specialist

**VIRTUAL ATTENDANCE: PUBLIC**

Christina Barrille  
Jetty Gentile  
Karen Winslow

**WELCOME NEW BOARD MEMBERS - Dr. Jones, Jr.**

Dr. Jones, Jr., welcomed Dr. Catchings, Dr. Stokes and Carmina Bautista to the Board.

**THANK YOU TO OUTGOING BOARD MEMBERS - Dr. Jones, Jr.**

Dr. Jones, Jr., thanked outgoing board members Dr. Watkins  
Dr. O'Connor and Maribel Ramos.

**MEETING AGENDA - JANUARY 21, 2021**

The Meeting agenda was approved as presented. A motion was made and properly seconded with all member in favor, none opposed.

**PUBLIC COMMENT - Dr. Jones, Jr.**

Ms. Cindy Warriner provided comment on her concern of potential Board of Pharmacy censure.

**APPROVAL OF AUGUST 20, 2020 FULL BOARD MEETING MINUTES - Dr. Jones, Jr.**

The meeting minutes from the August 20, 2020 Full board meeting were approved as presented. A motion was made and properly seconded with all members in favor, none opposed.

**DIRECTOR'S REPORT- Dr. Allison-Bryan**

Dr. Allison-Bryan provided Dr. Brown's remarks as he was at a General Assembly committee meeting. The Board of Health Professions prepared two major studies in 2020, Diagnostic Medical Sonographers and Naturopathic Doctors. As of today, the naturopathic doctor House bills presently have been "passed by" at the General Assembly. Two Senate bills are pending. Dr. Allison-Bryan provided an update on the research she gathered for the follow-up on "keepsake" sonography. She advised that the research reflects that fetal ultrasounds, performed by non-sonography licensed individual poses little harm to the fetus. The practice of "keepsake" sonography is discourage by the FDA and several professional medical organizations.

**LEGISLATIVE & REGULATORY REPORT - Ms. Yeatts**

Assembly that directly impact DHP. This information is provided in the agenda meeting documents. (Attachment 1)



**SANCTION REFERENCE POINTS UPDATE - Mr. Kauder**

Mr. Kauder provide a presentation on the Sanctioning Reference Point system updates. The presentation is included in the agenda meeting documents.

**BREAK** 11:20 -11:30 a.m.

**BOARD CHAIR REPORT - Dr. Jones, Jr.**

Dr. Jones, Jr. stated how much of an honor it was to serve as Chair for two consecutive years. He thanked those who attended in person and those who attended virtually for being such a wonderful team. He thanked the Board for their vote of confidence in his leadership and is looking forward to new leadership and how the next Chair will lead the Board through this pandemic.

**NOMINATING COMMITTEE REPORT - Ms. Hershkowitz**

Ms. Hershkowitz, Chair of the Nominating Committee, provided the Board with the slate of officers that was adopted at the 9:00 a.m. Nominating Committee meeting.

Chair: James Wells, RPh, Citizen Member

Dr. Steve Karras, Board of Veterinary Medicine

1st Vice Chair: Sahil Chaudhary, Citizen Member

2nd Vice Chair: Dr. Brenda Stokes, Board of Medicine

**ELECTION OF OFFICERS - Dr. Jones, Jr.**

The Board approved the slate of officers as presented and the vote was opened for Mr. Wells as Board Chair. Roll call voting provided 16 members in favor of Mr. Wells, with one member voting for Dr. Karras. With the majority vote, Mr. Wells was announced as Chair.

The Board agreed with the slate of officers provided by the Nominating Committee for Mr. Chaudhary to serve as 1st Vice Chair and Dr. Stokes to serve as 2nd Vice Chair.

Dr. Jones, Jr. congratulated the newly appointed officers of the Board.

**EXECUTIVE DIRECTOR'S REPORT - Dr. Carter**

Dr. Carter provided an overview of the Board's budget, along with the agencies statistics and performance measures. A link was provided in the meeting agenda for board members to review the agencies 2019-2020 Biennial Report.

**HEALTHCARE WORKFORCE DATA CENTER - Dr. Shobo**

Dr. Shobo provided an update of the workforce profession reports that were finalized in 2020, as well as ways that the Center is assisting various entities with workforce data.

**INDIVIDUAL BOARD REPORTS**

**Board of Audiology & Speech-Language Pathology** (Attachment 2)

**Board of Counseling - Dr. Doyle**

The Board will be considering the conversion therapy regulations at the next meeting, which is scheduled for February 15, 2021. A compact is emerging for counseling that is in the roll out phase. The Board is working on a guidance document for telehealth as many have moved their services online during the pandemic. Current regulations will need additional language to guide safe and ethical practice.

**Board of Dentistry - Dr. Catchings**

Due to COVID-19 dental students preparing for graduation and licensure by the Board of Dentistry were unable to perform a live patient exam. The Board came up with a way to allow students to perform an exam involving artificial teeth that would qualify them for licensure. The Board also arranged for graduating students to be trained on giving COVID-19 injections.

Formal hearings have been held virtually, while informal meetings are still in person. The Board is now in the beginning phase of developing emergency plans that will address how to function in a state of emergency. Such as the COVID-19 pandemic.

**Board of Medicine - Dr. Stokes**

Requests for waivers for electronic transmission of opioid prescriptions: As of July 1st, 2020, the regulations stated that all opiate prescriptions had to be transmitted electronically, with a stipulation that people could apply for a waiver for up to 1 year. There were 2,000 requests for waivers with some needing additional information. The statute does not allow the waiver to go past July 1, 2021.

A new licensed profession for the Board is surgical assistants. A surgical assistant advisory board has been created to develop regulations.

Every three years, the Board of Medicine is required to provide a list of professionals to the Supreme Court for malpractice panels. A big thank you to the executive directors and their staff that helped provided the names of professionals to be added to the list.

Reciprocity with continuous jurisdictions is currently under review. State boards were contacted by the executive directors with North Carolina, Tennessee, Kentucky and West Virginia showing no interest, while Maryland and D.C. we're open to the idea. Ongoing discussions continue.

Dr. Kevin O'Connor has been nominated for a leadership award that is given by the Federation of State Medical Boards.

The Board has held virtual board meetings, but the informal and formal hearings are still in person.

**Board of Nursing - Ms. Hershkowitz**

Ms. Hershkowitz provided an overview of the Board of Nursing's activities. (Attachment 3)

**Board of Optometry - Dr. Clayton-Jeter**

Dr. Clayton-Jeter provided an overview of the Board of Optometry activities. (Attachment 4)

**Board of Pharmacy - Mr. Logan**

Mr. Logan stated that the Board of Pharmacy voted to adopt language on the cultivation and production of cannabis oil to prohibit the production of an oil intended to be inhaled from containing vitamin E. acetate. The board also voted to adopt final regulations of cannabidiol scheduled 5 that by default places into schedule 6 for consistency. He stated that the next board meeting is scheduled on February 22, 2021.

**Board of Physical Therapy - Dr. Jones, Jr.**

The Board of Physical Therapy met virtually on November 7, 2020. The board updated its telehealth guidance document based upon some questions and concerns identified during the pandemic. Physical therapy licensure compact implementation has been smooth for the board and the compact became effective January 1, 2021.

**Board of Psychology - Dr. Stewart**

The Board of Psychology board brief is available on the agencies website. Following are a few highlights: Psychology licensee total is roughly 5,700, of which three quarters are clinical psychologist, with the remaining spread among school psychology, sex offender treatment providers, applied psychologists and trainees.

Dr. Stewart provided an update on PsyPact, noting that 15 states are participating with another nine on board. He stated that about half of the states, including most of the surrounding states around Virginia, will be on board.

There has also been a periodic review of regulations governing the practice of psychology. These regulations are in the final stage and under review by the Office of the Governor. Similarly, the Board is updating the certification of sex offender treatment provider regulations which are on the fast track for authorization.

**Board of Veterinary Medicine (Attachment 5)**

**NEW BUSINESS - Dr. Jones, Jr.**

There was no new board business brought forward.

**NEXT FULL BOARD MEETING**

The next Full Board meeting will be held March 4, 2021 at 10:00 a.m.

**ADJOURNMENT**

The meeting adjourned at 12:36 p.m.

**CHAIR**

**SIGNATURE** \_\_\_\_\_  
James Wells, RPh

\_\_\_\_/\_\_\_\_/\_\_\_\_

**BHP EXECUTIVE DIRECTOR**

**SIGNATURE** \_\_\_\_\_  
Elizabeth A. Carter, PhD

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## Regulatory Actions in Process – May 3, 2021

Board		Board of Counseling
Chapter	Action / Stage Information	
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<p><u>Periodic review</u> [Action 5230]</p> <p><b>Proposed</b> - <i>At Governor's Office</i> [Stage 8872]</p>
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<p><u>Unprofessional conduct - conversion therapy</u> [Action 5225]</p> <p><b>Final</b> - <i>At Governor's Office</i> [Stage 9213]</p>
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<p><u>Resident license</u> [Action 5371]</p> <p><b>Final</b> - <i>Register Date: 5/24/21</i> [Stage 9214]</p>
[18 VAC 115 - 30]	Regulations Governing the Certification of Substance Abuse Counselors	<p><u>Clarification on independent practice</u> [Action 5692]</p> <p><b>Fast-Track</b> - <i>At Secretary's Office</i> [Stage 9217]</p>
[18 VAC 115 - 40]	Regulations Governing the Certification of Rehabilitation Providers	<p><u>Periodic review</u> [Action 5305]</p> <p><b>Final</b> - <i>At Governor's Office</i> [Stage 9215]</p>
[18 VAC 115 - 90]	Regulations Governing the Practice of Art Therapy (under development)	<p><u>New chapter for licensure</u> [Action 5656]</p> <p><b>NOIRA</b> - <i>Register Date: 3/1/21</i> [Stage 9145]</p>
Board		Board of Dentistry
Chapter	Action / Stage Information	
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<p><u>Training and supervision of digital scan technicians</u> [Action 5600]</p> <p><b>NOIRA</b> - <i>Register Date: 3/1/21</i> [Stage 9069]</p>
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<p><u>Amendment to restriction on advertising dental specialties</u> [Action 4920]</p> <p><b>Proposed</b> - <i>At Governor's Office</i> [Stage 8500]</p>
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<p><u>Waiver for e-prescribing</u> [Action 5382]</p> <p><b>Proposed</b> - <i>Register Date: 5/10/21</i> [Stage 9068]</p>
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<p><u>Technical correction</u> [Action 5198]</p> <p><b>Fast-Track</b> - <i>At Governor's Office</i> [Stage 8622]</p>
[18 VAC 60 - 25]	Regulations Governing the Practice of Dental Hygiene	<p><u>Protocols for remote supervision of VDH and DBHDS dental hygienists</u> [Action 5323]</p>

## Regulatory Actions in Process – May 3, 2021

		<a href="#">Final</a> - Register Date: 4/26/21 [Stage 9176]
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	<a href="#">Training in infection control</a> [Action 5505] <a href="#">NOIRA</a> - Register Date: 3/1/21 [Stage 8932]
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	<a href="#">Education and training for dental assistants II</a> [Action 4916] <a href="#">Final</a> - Register Date: 3/1/21 [Stage 9067]
<b>Board</b>	<b>Board of Funeral Directors and Embalmers</b>	
<b>Chapter</b>	<b>Action / Stage Information</b>	
[18 VAC 65 - 20]	Regulations of the Board of Funeral Directors and Embalmers	<a href="#">Licenses for funeral directors and embalmers</a> [Action 5635] <a href="#">Proposed</a> - AT Attorney General's Office [Stage 9241]
[18 VAC 65 - 40]	Regulations for the Funeral Service Intern Program	<a href="#">Periodic review 2019</a> [Action 5221] <a href="#">Proposed</a> - Register Date: 5/10/21 [Stage 8787]
<b>Board</b>	<b>Board of Long-Term Care Administrators</b>	
<b>Chapter</b>	<b>Action / Stage Information</b>	
[18 VAC 95 - 15]	Regulations Governing Delegation to an Agency Subordinate [under development]	<a href="#">Replacement of section from Chapter 20 on delegation to an agency subordinate</a> [Action 5465] <a href="#">Fast-Track</a> - Register Date: 2/15/21 [Stage 8873]
[18 VAC 95 - 30]	Regulations Governing the Practice of Assisted Living Facility Administrators	<a href="#">Recommendations of RAP on qualifications for licensure</a> [Action 5471] <a href="#">NOIRA</a> - Register Date: 3/1/21 [Stage 8883]
<b>Board</b>	<b>Board of Medicine</b>	
<b>Chapter</b>	<b>Action / Stage Information</b>	
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	<a href="#">Conversion therapy</a> [Action 5412] <a href="#">Proposed</a> - Register Date: 2/15/21 [Stage 9121]
[18 VAC 85 - 21]	Regulations Governing Prescribing of Opioids and Buprenorphine	<a href="#">Waiver for e-prescribing of an opioid</a> [Action 5355] <a href="#">Final</a> - Register Date: 5/10/21 [Stage 9156]

## Regulatory Actions in Process – May 3, 2021

[18 VAC 85 - 160]	Regulations Governing the Licensure of Surgical Assistants and Registration of Surgical Technologists	<u>Amendments for surgical assistants consistent with a licensed profession</u> [Action 5639] <b>NOIRA</b> - Register Date: 3/1/21 [Stage 9122]
<b>Board</b>	<b>Board of Nursing</b>	
Chapter		Action / Stage Information
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Unprofessional conduct - conversion therapy</u> [Action 5430] <b>Proposed</b> - Register Date: 2/15/21 [Stage 9119]
[18 VAC 90 - 26]	Regulations for Nurse Aide Education Programs	<u>Implementing Result of Periodic Review</u> [Action 5157] <b>Final</b> - Register Date: 4/12/21 [Stage 9157]
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	<u>Use of simulation</u> [Action 5402] <b>Proposed</b> - Register Date: 3/1/21 [Stage 9024]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<u>Unprofessional conduct/conversion therapy</u> [Action 5441] <b>Proposed</b> - Register Date: 2/15/21 [Stage 9120]
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<u>Waiver for electronic prescribing</u> [Action 5413] <b>Proposed</b> - Register Date: 5/10/21 [Stage 9038]
<b>Board</b>	<b>Board of Optometry</b>	
Chapter		Action / Stage Information
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	<u>Waiver for e-prescribing</u> [Action 5438] <b>Proposed</b> - Register Date: 5/24/21 [Stage 9108]
<b>Board</b>	<b>Board of Pharmacy</b>	
Chapter		Action / Stage Information
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Reporting of immunizations to VIIS</u> [Action 5598] <b>Emergency</b> - Register Date: 10/12/20 [Stage 9064]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Use of medication carousels and RFID technology</u> [Action 5480]

## Regulatory Actions in Process – May 3, 2021

		<a href="#">Proposed</a> - <i>DPB Review in progress</i> [Stage 9236]
<a href="#">[18 VAC 110 - 20]</a>	Regulations Governing the Practice of Pharmacy	<a href="#">Implementation of legislation for pharmacists initiating treatment</a> [Action 5604] <a href="#">Proposed</a> - <i>AT Attorney General's Office</i> [Stage 9242]
<a href="#">[18 VAC 110 - 20]</a>	Regulations Governing the Practice of Pharmacy	<a href="#">Prohibition against incentives to transfer prescriptions</a> [Action 4186] <a href="#">Final</a> - <i>At Governor's Office</i> [Stage 7888]
<a href="#">[18 VAC 110 - 20]</a>	Regulations Governing the Practice of Pharmacy	<a href="#">Brown bagging and white bagging</a> [Action 4968] <a href="#">Final</a> - <i>Register Date: 5/10/21</i> [Stage 8947]
<a href="#">[18 VAC 110 - 20]</a>	Regulations Governing the Practice of Pharmacy	 <a href="#">Scheduling of chemical in Schedule I</a> [Action 5718] <a href="#">Final</a> - <i>AT Attorney General's Office</i> [Stage 9256]
<a href="#">[18 VAC 110 - 21]</a>	Regulations Governing the Licensure of Pharmacists and Registration of Pharmacy Technicians	<a href="#">Implementation of legislation for registration of pharmacy technicians</a> [Action 5603] <a href="#">Proposed</a> - <i>AT Attorney General's Office</i> [Stage 9243]
<a href="#">[18 VAC 110 - 30]</a>	Regulations for Practitioners of the Healing Arts to Sell Controlled Substances	<a href="#">Limited license for prescribing Schedule VI drugs in non-profit clinics</a> [Action 5605] <a href="#">Proposed</a> - <i>DPB Review in progress</i> [Stage 9244]
<a href="#">[18 VAC 110 - 60]</a>	Regulations Governing Pharmaceutical Processors	<a href="#">Amendments resulting from SB976 of the 2020 General Assembly</a> [Action 5629] <a href="#">Emergency/NOIRA</a> - <i>Register Date: 3/1/21</i> [Stage 9100]
<a href="#">[18 VAC 110 - 60]</a>	Regulations Governing Pharmaceutical Processors	<a href="#">Response to petition for rulemaking</a> [Action 5611] <a href="#">NOIRA</a> - <i>Register Date: 3/1/21</i> [Stage 9081]
<a href="#">[18 VAC 110 - 60]</a>	Regulations Governing Pharmaceutical Processors	<a href="#">Registered agents and wholesale distribution</a> [Action 5398] <a href="#">Proposed</a> - <i>Register Date: 3/1/21</i> [Stage 8948]
<a href="#">[18 VAC 110 - 60]</a>	Regulations Governing Pharmaceutical Processors	<a href="#">Prohibition of products for vaping or inhalation with vitamin E acetate</a> [Action 5452]

## Regulatory Actions in Process – May 3, 2021

		<a href="#">Proposed</a> - Register Date: 5/24/21 [Stage 9166]
<b>Board</b>	<b>Board of Physical Therapy</b>	
Chapter		Action / Stage Information
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<a href="#">Periodic review</a> [Action 5228] <a href="#">Final</a> - Register Date: 3/1/21 [Stage 9053]
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<a href="#">Implementation of the Physical Therapy Compact</a> [Action 5362] <a href="#">Final</a> - Register Date: 4/12/21 [Stage 9175]
<b>Board</b>	<b>Board of Psychology</b>	
Chapter		Action / Stage Information
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	<a href="#">Implementation of Psychology Interstate Compact</a> [Action 5567] <a href="#">Proposed</a> - AT Attorney General's Office [Stage 9249]
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	<a href="#">Result of Periodic Review</a> [Action 4897] <a href="#">Final</a> - Register Date: 5/24/21 [Stage 8899]
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	<a href="#">Unprofessional conduct/conversion therapy</a> [Action 5218] <a href="#">Final</a> - At Governor's Office [Stage 9221]
[18 VAC 125 - 30]	Regulations Governing the Certification of Sex Offender Treatment Providers	<a href="#">Amendments resulting from a periodic review</a> [Action 5660] <a href="#">Fast-Track</a> - At Governor's Office [Stage 9149]
<b>Board</b>	<b>Board of Social Work</b>	
Chapter		Action / Stage Information
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<a href="#">Changes to endorsement and reinstatement; standards of practice</a> [Action 5631] <a href="#">NOIRA</a> - Register Date: 3/1/21 [Stage 9102]
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<a href="#">Reduction in CE hours for continuation of approval to be a supervisor</a> [Action 5702] <a href="#">NOIRA</a> - At Governor's Office [Stage 9229]
[18 VAC 140 - 30]	Regulations Governing the Practice of Music Therapy (under development)	<a href="#">Initial regulations for licensure of music therapists</a> [Action 5704]



## Regulatory Actions in Process – May 3, 2021

		<a href="#">NOIRA - At Secretary's Office</a> [Stage 9232]
<b>Board</b>	<b>Board of Veterinary Medicine</b>	
Chapter		Action / Stage Information
<a href="#">[18 VAC 150 - 20]</a>	Regulations Governing the Practice of Veterinary Medicine	<a href="#">Acceptance of veterinary nurse degree</a> [Action 5703]  <a href="#">Fast-Track - DPB Review in progress</a> [Stage 9231]

**Department of Health Professions  
Regulatory/Policy Actions – 2021 General Assembly**

**EMERGENCY REGULATIONS:**

Legislative source	Mandate	Promulgating agency	Board adoption date	Effective date Within 280 days of enactment
HB2079	Authorization for a pharmacist to initiate treatment certain drugs, devices, controlled paraphernalia, and supplies and equipment described in § 54.1-3303.1	Pharmacy	9/24/21	<b>By 12/23/21</b>
SB1189	Occupational therapy compact	Medicine	8/6/21	<b>By 12/23/21</b>

**EXEMPT REGULATORY ACTIONS**

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB1737	Revise autonomous practice reg consistent with 2 years	Nursing & Medicine	N – 7/20/21 M – 8/6/21	
HB1747	Licensure of CNS as nurse practitioners – Amend Chapters 30 and 40 Delete sections of Chapter 20 with reference to registration of CNS	Nursing & Medicine	N – 7/20/21 M – 8/6/21	
HB1817	Autonomous practice for CNMs with 1,000 hours	Nursing & Medicine	N – 7/20/21 M – 8/6/21	
HB1988	Changes to pharmaceutical processors	Pharmacy	7/6/21	By Sept. 1st
HB2218/SB1333	Sale of cannabis botanical products	Pharmacy	7/6/21	By Sept. 1st
HB2218/SB1333	Revision of fee schedule for pharmaceutical processors and dispensaries to cover cost of new data system	Pharmacy	TBD	
HB2039	Conform PA regs to Code	Medicine	10/14/21	
HB2220	Change registration of surgical technologists to certification	Medicine	10/14/21	
SB1178	Delete reference to conscience clause in regs for genetic counselors	Medicine	10/14/21	
SB1464	Deletion of sections of 322 with chemicals now scheduled in Code	Pharmacy	6/24/21	

**APA REGULATORY ACTIONS**

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
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HB1953	Licensure of certified midwives	Nursing & Medicine	NOIRA Nursing – 7/20/21 Medicine – 8/6/21	Unknown
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### NON-REGULATORY ACTIONS

Legislative source	Affected agency	Action needed	Due date
HB1747	Nursing	Notification to registered certified nurse specialists that they must have a practice agreement with a physician before licensure as a nurse practitioner as of July 1, 2021	After March 31, 2021
HB793 (2018)	Medicine & Nursing	To report data on the number of nurse practitioners who have been authorized to practice without a practice agreement, the geographic and specialty areas in which nurse practitioners are practicing without a practice agreement, and any complaints or disciplinary actions taken against such nurse practitioners, along with any recommended modifications to the requirements of this act including any modifications to the clinical experience requirements for practicing without a practice agreement	November 1, 2021
HB1304/SB830 (2020)	Pharmacy	To convene a workgroup composed of stakeholders including representatives of the Virginia Association of Chain Drug Stores, Virginia Pharmacists Association, Virginia Healthcareer Association, Virginia Society of Health-System Pharmacies, and any other stakeholders that the Board of Pharmacy may deem appropriate to develop recommendations related to the addition of duties and tasks that a pharmacy technician registered by the Board may perform.	November 1, 2021
SJ49 (2020)	Department	Study of social workers and practice of social work – <i>Deferred from 2020 to 2021</i>	November 1, 2021
SB431	Behavioral health/medicine/legal	Continuance of study of mental health services to minors and access to records <i>Requested an extension of 2020 study</i>	November 1, 2021
Budget bill	Department	To study and make recommendations regarding the oversight and regulation of advanced practice registered nurses (APRNs). The department shall review recommendations of the National Council of State Boards of Nursing, analyze the oversight and regulations governing the practice of APRNs in other states, and review research on the impact of statutes and regulations on practice and patient outcomes.	November 1, 2021
HB1953	Department	To convene a work group to study and report on the licensure and regulation of certified nurse midwives, certified midwives, and certified professional	November 1, 2021

		midwives to determine the appropriate licensing entity for such professionals.	
HB1987	Boards with prescriptive authority	Revise guidance documents with references to 54.1-3303	As boards meet after July 1
HB2079	Pharmacy (with Medicine & VDH)	To establish protocols for the initiation of treatment with and dispensing and administering of drugs, devices, controlled paraphernalia, and supplies and equipment available over-the-counter by pharmacists in accordance with § 54.1-3303.1. Such protocols shall address training and continuing education for pharmacists regarding the initiation of treatment with and dispensing and administering of drugs, devices, controlled paraphernalia, and supplies and equipment.	Concurrent with emergency regulations
HB2079	Pharmacy	To convene a work group to provide recommendations regarding the development of protocols for the initiation of treatment with and dispensing and administering of drugs, devices, controlled paraphernalia, and supplies and equipment by pharmacists to persons 18 years of age or older, including (i) controlled substances, devices, controlled paraphernalia, and supplies and equipment for the treatment of diseases or conditions for which clinical decision-making can be guided by a clinical test that is classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988, including influenza virus, urinary tract infection, and group A Streptococcus bacteria, and (ii) drugs approved by the U.S. Food and Drug Administration for tobacco cessation therapy, including nicotine replacement therapy. The work group shall focus its work on developing protocols that can improve access to these treatments while maintaining patient safety.	November 1, 2021
HB2218/SB1333	Pharmacy	To work on acquisition of a new data system/analysis of costs for pharmaceutical processors	

### Future Policy Actions:

**HB2559 (2019)** - requires the Secretary of Health and Human Resources to convene a work group to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid and to report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by **November 1, 2022**.

## FOIA Code section on Electronic meetings

### § 2.2-3708.2. Meetings held through electronic communication means.

A. The following provisions apply to all public bodies:

1. Subject to the requirements of subsection C, all public bodies may conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on or before the day of a meeting, a member of the public body holding the meeting notifies the chair of the public body that:

a. Such member is unable to attend the meeting due to a temporary or permanent disability or other medical condition that prevents the member's physical attendance; or

b. Such member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter. Participation by a member pursuant to this subdivision is limited each calendar year to two meetings.

2. If participation by a member through electronic communication means is approved pursuant to subdivision 1, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public. If participation is approved pursuant to subdivision 1 a, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to a temporary or permanent disability or other medical condition that prevented the member's physical attendance. If participation is approved pursuant to subdivision 1 b, the public body shall also include in its minutes the specific nature of the personal matter cited by the member.

If a member's participation from a remote location pursuant to subdivision 1 b is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.

3. Any public body may meet by electronic communication means without a quorum of the public body physically assembled at one location when the Governor has declared a state of emergency in accordance with § [44-146.17](#), provided that (i) the catastrophic nature of the declared emergency makes it impracticable or unsafe to assemble a quorum in a single location and (ii) the purpose of the meeting is to address the emergency. The public body convening a meeting in accordance with this subdivision shall:

a. Give public notice using the best available method given the nature of the emergency, which notice shall be given contemporaneously with the notice provided to members of the public body conducting the meeting;

b. Make arrangements for public access to such meeting; and

c. Otherwise comply with the provisions of this section.

The nature of the emergency, the fact that the meeting was held by electronic communication means, and the type of electronic communication means by which the meeting was held shall be stated in the minutes.

B. The following provisions apply to regional public bodies:

1. Subject to the requirements in subsection C, regional public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on the day of a meeting, a member of a regional public body notifies the chair of the public body that such member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting.

2. If participation by a member through electronic communication means is approved pursuant to this subsection, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public.

If a member's participation from a remote location is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.

C. Participation by a member of a public body in a meeting through electronic communication means pursuant to subdivisions A 1 and 2 and subsection B shall be authorized only if the following conditions are met:

1. The public body has adopted a written policy allowing for and governing participation of its members by electronic communication means, including an approval process for such participation, subject to the express limitations imposed by this section. Once adopted, the policy shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting;

2. A quorum of the public body is physically assembled at one primary or central meeting location; and

3. The public body makes arrangements for the voice of the remote participant to be heard by all persons at the primary or central meeting location.

D. The following provisions apply to state public bodies:

1. Except as provided in subsection D of § [2.2-3707.01](#), state public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means, provided that (i) a quorum of the public body is physically assembled at one primary or central meeting location, (ii) notice of the meeting has been given in accordance with subdivision 2, and (iii) members of the public are provided a substantially equivalent electronic

communication means through which to witness the meeting. For the purposes of this subsection, "witness" means observe or listen.

If a state public body holds a meeting through electronic communication means pursuant to this subsection, it shall also hold at least one meeting annually where members in attendance at the meeting are physically assembled at one location and where no members participate by electronic communication means.

2. Notice of any regular meeting held pursuant to this subsection shall be provided at least three working days in advance of the date scheduled for the meeting. Notice, reasonable under the circumstance, of special, emergency, or continued meetings held pursuant to this section shall be given contemporaneously with the notice provided to members of the public body conducting the meeting. For the purposes of this subsection, "continued meeting" means a meeting that is continued to address an emergency or to conclude the agenda of a meeting for which proper notice was given.

The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary or central meeting location and any remote locations that are open to the public pursuant to subdivision 4; shall include notice as to the electronic communication means by which members of the public may witness the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.

3. A copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of a public body for a meeting shall be made available for public inspection at the same time such documents are furnished to the members of the public body conducting the meeting.

4. Public access to the remote locations from which additional members of the public body participate through electronic communication means shall be encouraged but not required. However, if three or more members are gathered at the same remote location, then such remote location shall be open to the public.

5. If access to remote locations is afforded, (i) all persons attending the meeting at any of the remote locations shall be afforded the same opportunity to address the public body as persons attending at the primary or central location and (ii) a copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of the public body for the meeting shall be made available for inspection by members of the public attending the meeting at any of the remote locations at the time of the meeting.

6. The public body shall make available to the public at any meeting conducted in accordance with this subsection a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § [30-179](#).

7. Minutes of all meetings held by electronic communication means shall be recorded as required by § [2.2-3707](#). Votes taken during any meeting conducted through electronic communication means shall be recorded by name in roll-call fashion and included in the minutes. For emergency meetings held by electronic communication means, the nature of the emergency shall be stated in the minutes.

8. Any authorized state public body that meets by electronic communication means pursuant to this subsection shall make a written report of the following to the Virginia Freedom of Information Advisory Council by December 15 of each year:

a. The total number of meetings held that year in which there was participation through electronic communication means;

b. The dates and purposes of each such meeting;

c. A copy of the agenda for each such meeting;

d. The primary or central meeting location of each such meeting;

e. The types of electronic communication means by which each meeting was held;

f. If possible, the number of members of the public who witnessed each meeting through electronic communication means;

g. The identity of the members of the public body recorded as present at each meeting, and whether each member was present at the primary or central meeting location or participated through electronic communication means;

h. The identity of any members of the public body who were recorded as absent at each meeting and any members who were recorded as absent at a meeting but who monitored the meeting through electronic communication means;

i. If members of the public were granted access to a remote location from which a member participated in a meeting through electronic communication means, the number of members of the public at each such remote location;

j. A summary of any public comment received about the process of conducting a meeting through electronic communication means; and

k. A written summary of the public body's experience conducting meetings through electronic communication means, including its logistical and technical experience.

E. Nothing in this section shall be construed to prohibit the use of interactive audio or video means to expand public participation.



DHP  
Budget Data Points  
FY22

DHP is Non-general Fund Agency

Sources of revenue:

License fees

Grants

Federal reimbursement

Funds used:

DHP's primary fund: Fund 09223

VPMP: Fund 07253

Federal: Fund 10000

Enforcement: Fund 02380

Nurse Scholarship: Fund 02042

**Virginia Department of Health Professions  
 Department Operating Budget Revenue and  
 Expenditures  
 FY22**

**Revenue**

101- Nursing	13,188,655
102- Medicine	7,861,964
103- Dentistry	2,916,150
104- Funeral Directors and Embalmers	684,485
105- Optometry	366,475
106- Veterinary Medicine	1,155,125
107- Pharmacy	3,586,990
108- Psychology	702,790
109- Counseling	1,874,400
110- Social Work	852,723
112- Certified Nurse Aides	1,579,960
114- Long-Term Care Administrators	595,285
115- Audiology and Speech Language Pathology	450,085
116- Physical Therapy	174,545
117- Prescription Monitoring	270,000
118- VA. Pharmaceutical Processor Program	954,720
Total Revenue	<u>37,214,352</u>

**Expenditures**

101- Nursing	6,153,751
102- Medicine	3,578,019
103- Dentistry	1,108,409
104- Funeral Directors and Embalmers	222,391
105- Optometry	132,930
106- Veterinary Medicine	377,847
107- Pharmacy	1,878,611
108- Psychology	151,410
109- Counseling	455,516
110- Social Work	288,038
112- Certified Nurse Aides	416,976
114- Long-Term Care Administrators	145,208
115- Audiology and Speech Language Pathology	125,136
116- Physical Therapy	262,620
117- Prescription Monitoring	2,202,402
118- Virginia Pharmaceutical Processor Program	439,753
201- Behavioral Science Executive Director's Office	562,212
202- Optometry/Vet-Med/ASLP Executive Director's Office	222,275
204- Nursing / Nurse Aide	155,414
206- Funeral/LTCA/PT Executive Director's Office	337,952
301- Technology and Business Services	4,522,888
302- Human Resources	1,120,322
303- Finance	2,636,713
304- Directors Office	945,758
305- Enforcement	10,024,327
306- Administrative Proceedings	3,196,746
307- Health Practitioners' Monitoring Program	119,341
308- Attorney General	888,231
309- Broad of Health Professions	795,480
311- Maintenance & Repairs	50,577
313- Employee Recognition Program	30,865
314- Conference Center	7,328
315- Program Development and Implementation	419,141
318- CBC (Criminal Background Checks)	286,925
Nurse Scholarships	65,000
Total	<u>44,326,513</u>

**DHP**  
**FY22 Operation Budget Revenue and Expenditures**  
**Summary**  
**Major Categories and Percentages**

**Revenue**

License Renewal Fees	29,831,879	80.2%
Application Fees	5,702,869	15.3%
Nurse Aide Reimbursement	517,000	1.4%
Monetary Penalty & Late Fees	447,464	1.2%
Interest From Other Sources	270,000	0.7%
Administrative Fees	110,000	0.3%
Board Endorsement - Out	109,425	0.3%
Board Endorsement - In	98,540	0.3%
Board Changes Fee	52,295	0.1%
Dup. License Certificate Fee	35,965	0.1%
Miscellaneous Revenue	35,450	0.1%
Misc. Fee (Bad Check Fee)	3,465	0.0%
Total	<u>37,214,352</u>	<u>100.0%</u>

**Expenditures**

Salaries, Wages and Fringe Benefits	30,942,635	69.8%
Computer Technical Services	2,105,860	4.8%
Impaired Practitioners Monitoring Fees	1,822,885	4.1%
Building Lease	1,732,188	3.9%
Virginia Information Technologies Agency (VITA) Charges	1,472,000	3.3%
Clerical Services (Temps)	1,061,294	2.4%
Attorney General Fee	896,331	2.0%
Fiscal Services & Credit Card Fees	644,763	1.5%
Skilled Services	586,472	1.3%
Telecommunication Services (VITA and other)	560,925	1.3%
Copy Services	507,974	1.1%
Transportation Services (Travel Reimbursement & State Cars)	472,787	1.1%
DHRM (Human Resources Services)	333,157	0.8%
Postal Services	314,171	0.7%
Supplies And Materials	256,506	0.6%
Employee Development	204,914	0.5%
Office Equipment	92,596	0.2%
Equipment Leases	90,697	0.2%
Maintenance and Repairs	70,602	0.2%
Nurse Scholarship	65,000	0.1%
Food & Dietary Services	47,802	0.1%
Insurance	42,084	0.1%
Miscellaneous	2,870	0.0%
Total	<u>44,326,513</u>	<u>100.0%</u>

DHP  
Budget Additions  
FY22

Seventeen additional classified positions  
DHP's FY22 Maximum Level of Employment (MEL): 276

Five percent cost of living to salary and wage employees (Effective July1)

Workflow/document management system (Enforcement Department, Grant Funded)

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 30900 - Board of Health Professions  
For the Period Beginning July 1, 2020 and Ending March 31, 2021

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
5011110	Employer Retirement Contrib.	35,549.07	49,364.42	13,815.35	72.01%
5011120	Fed Old-Age Ins- Sal St Emp	22,076.67	29,615.06	7,538.39	74.55%
5011140	Group Insurance	3,617.15	4,574.57	957.42	79.07%
5011150	Medical/Hospitalization Ins.	11,594.00	16,488.00	4,894.00	70.32%
5011160	Retiree Medical/Hospitalizatn	3,034.20	3,823.52	789.32	79.36%
5011170	Long term Disability Ins	1,650.05	2,082.45	432.40	79.24%
	<b>Total Employee Benefits</b>	<b>77,521.14</b>	<b>105,948.03</b>	<b>28,426.89</b>	<b>73.17%</b>
5011200	Salaries				
5011230	Salaries, Classified	270,263.98	341,386.00	71,122.02	79.17%
5011250	Salaries, Overtime	4,339.44	-	(4,339.44)	0.00%
	<b>Total Salaries</b>	<b>274,603.42</b>	<b>341,386.00</b>	<b>66,782.58</b>	<b>80.44%</b>
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,300.00	-	(1,300.00)	0.00%
5011380	Deferred Compnsth Match Pmts	950.00	1,920.00	970.00	49.48%
	<b>Total Special Payments</b>	<b>2,250.00</b>	<b>1,920.00</b>	<b>(330.00)</b>	<b>117.19%</b>
5011400	Wages				
5011410	Wages, General	15,215.20	45,739.00	30,523.80	33.27%
	<b>Total Wages</b>	<b>15,215.20</b>	<b>45,739.00</b>	<b>30,523.80</b>	<b>33.27%</b>
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	3,397.20	-	(3,397.20)	0.00%
	<b>Total Terminatn Personal Svce Costs</b>	<b>3,397.20</b>	<b>-</b>	<b>(3,397.20)</b>	<b>0.00%</b>
5011930	Turnover/Vacancy Benefits				
	<b>Total Personal Services</b>	<b>372,986.96</b>	<b>494,993.03</b>	<b>122,006.07</b>	<b>75.35%</b>
5012000	Contractual Svcs				
5012100	Communication Services				
5012140	Postal Services	(0.00)	950.00	950.00	0.00%
5012160	Telecommunications Svcs (VITA)	1,597.33	2,800.00	1,202.67	57.05%
5012170	Telecomm. Svcs (Non-State)	427.50	-	(427.50)	0.00%
5012190	Inbound Freight Services	393.12	20.00	(373.12)	1965.60%
	<b>Total Communication Services</b>	<b>2,417.95</b>	<b>3,770.00</b>	<b>1,352.05</b>	<b>64.14%</b>
5012200	Employee Development Services				
5012220	Publication Subscriptions	-	50.00	50.00	0.00%
5012240	Employee Training/Workshop/Conf	445.00	4,900.00	4,455.00	9.08%
5012270	Emp Trning- Trns, Ldng & Meals	-	600.00	600.00	0.00%
	<b>Total Employee Development Services</b>	<b>445.00</b>	<b>5,550.00</b>	<b>5,105.00</b>	<b>8.02%</b>
5012400	Mgmnt and Informational Svcs				
5012470	Legal Services	724.57	1,050.00	325.43	69.01%
	<b>Total Mgmnt and Informational Svcs</b>	<b>724.57</b>	<b>1,050.00</b>	<b>325.43</b>	<b>69.01%</b>
5012600	Support Services				
5012640	Food & Dietary Services	-	675.00	675.00	0.00%
5012660	Manual Labor Services	444.00	25.00	(419.00)	1776.00%
5012670	Production Services	-	10.00	10.00	0.00%
5012680	Skilled Services	70,722.50	120,000.00	49,277.50	58.94%
	<b>Total Support Services</b>	<b>71,166.50</b>	<b>120,710.00</b>	<b>49,543.50</b>	<b>58.96%</b>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 30900 - Board of Health Professions  
For the Period Beginning July 1, 2020 and Ending March 31, 2021

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
				Budget	
5012700	Technical Services				
5012790	Computer Software Dvp Svs	-	8,860.00	8,860.00	0.00%
	<b>Total Technical Services</b>	-	8,860.00	8,860.00	0.00%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	480.54	5,545.00	5,064.46	8.67%
5012830	Travel, Public Carriers	-	1,020.00	1,020.00	0.00%
5012850	Travel, Subsistence & Lodging	170.42	4,300.00	4,129.58	3.96%
5012880	Trvl, Meal Reimb- Not Rprtble	165.00	1,685.00	1,520.00	9.79%
	<b>Total Transportation Services</b>	815.96	12,550.00	11,734.04	6.50%
	<b>Total Contractual Svs</b>	75,569.98	152,490.00	76,920.02	49.56%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	2,174.08	3,800.00	1,625.92	57.21%
	<b>Total Administrative Supplies</b>	2,174.08	3,800.00	1,625.92	57.21%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	102.00	-	(102.00)	0.00%
	<b>Total Specific Use Supplies</b>	102.00	-	(102.00)	0.00%
	<b>Total Supplies And Materials</b>	2,276.08	3,800.00	1,523.92	59.90%
5015000	Continuous Charges				
5015300	Operating Lease Payments				
5015340	Equipment Rentals	438.39	900.00	461.61	48.71%
5015350	Building Rentals	32.40	-	(32.40)	0.00%
5015360	Land Rentals	-	40.00	40.00	0.00%
5015390	Building Rentals - Non State	15,881.92	20,357.00	4,475.08	78.02%
	<b>Total Operating Lease Payments</b>	16,352.71	21,297.00	4,944.29	76.78%
	<b>Total Continuous Charges</b>	16,352.71	21,297.00	4,944.29	76.78%
5022000	Equipment				
5022100	Computer Hrdware & Sftware	-			
5022180	Computer Software Purchases	43,378.99	-	(43,378.99)	0.00%
	<b>Total Computer Hrdware &amp; Sftware</b>	43,378.99	-	(43,378.99)	0.00%
5022200	Educational & Cultural Equip	-			
5022240	Reference Equipment	-	458.00	458.00	0.00%
	<b>Total Educational &amp; Cultural Equip</b>	-	458.00	458.00	0.00%
5022600	Office Equipment				
5022620	Office Furniture	3,970.22	-	(3,970.22)	0.00%
5022630	Office Incidentals	-	30.00	30.00	0.00%
	<b>Total Office Equipment</b>	3,970.22	30.00	(3,940.22)	13234.07%
5022800	Stationary Equipment				
	<b>Total Equipment</b>	47,349.21	488.00	(46,861.21)	9702.71%
	<b>Total Expenditures</b>	514,534.94	673,068.03	158,533.09	76.45%

# Virginia Department of Health Professions

## Patient Care Disciplinary Case Processing Times (with Continuance Days Removed): Quarterly Performance Measurement, Q3 2017 - Q3 2021

David E. Brown, D.C.

Director

*"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."*  
**DHP Mission Statement**

In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload; Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation. This report includes the number of days the case was in the continuance activity.

**Clearance Rate** - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct.

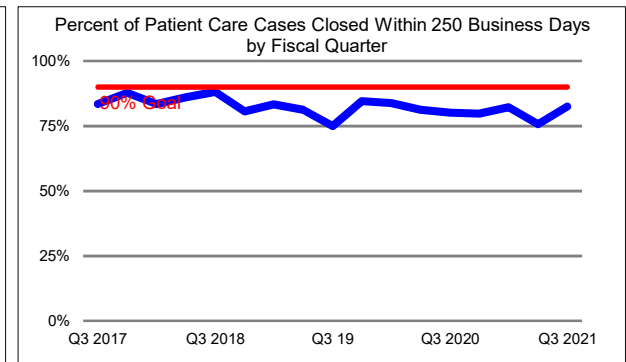
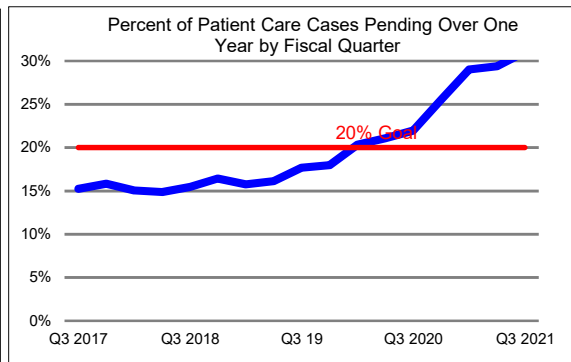
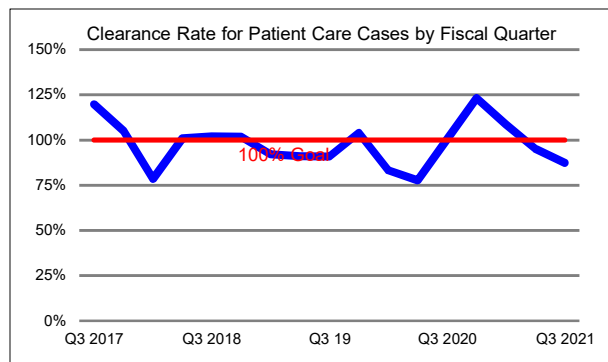
The current quarter's clearance rate is 87%, with 1120 patient care cases received and 979 closed.

**Age of Pending Caseload** - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20%.

The current quarter shows 31% patient care cases pending over 250 business days with 3450 patient care cases pending and 1071 pending over 250 business days.

**Time to Disposition** - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days.

The current quarter shows 82% of patient care cases being resolved within 250 business days with 911 cases closed and 751 closed within 250 business days.



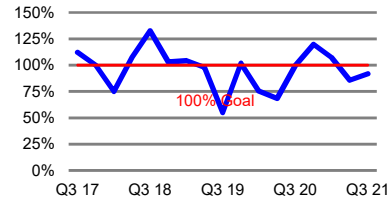
Submitted: 5/3/2021

Prepared by: Department of Health Professions

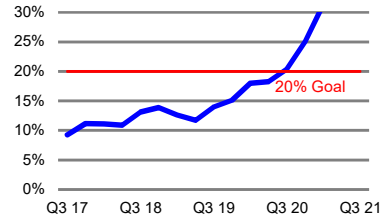
Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

**Nursing**  
**Clearance Rate: 92%**  
 417 Cases Received  
 383 Cases Closed  
  
**Pending Caseload: 38%**  
 618 Cases Pending over 250 Days  
  
**Time to Disposition: 74%**  
 265 Cases Closed within 250 Days

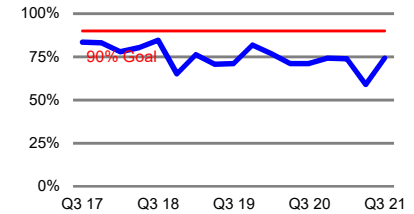
**Clearance Rate**



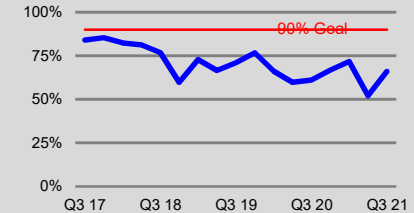
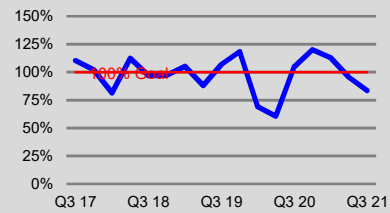
**Age of Pending Caseload**  
 (percent of cases pending over one year)



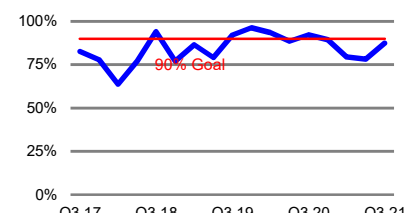
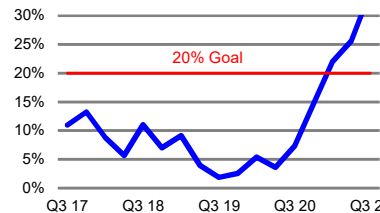
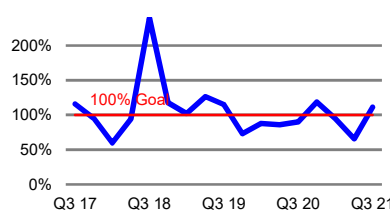
**Time to Disposition**



**Nurses**  
**Clearance Rate: 84%**  
 292 Cases Received  
 244 Cases Closed  
  
**Pending Caseload: 39%**  
 483 Cases Pending over 250 Days  
  
**Time to Disposition: 66%**  
 146 Cases Closed within 250 Days



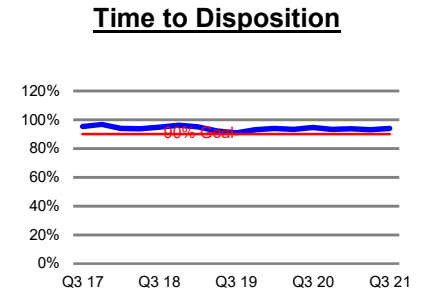
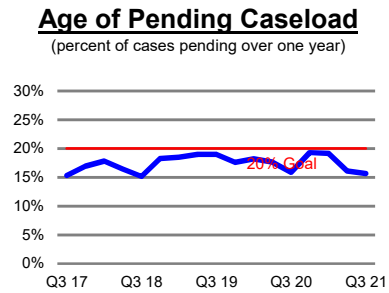
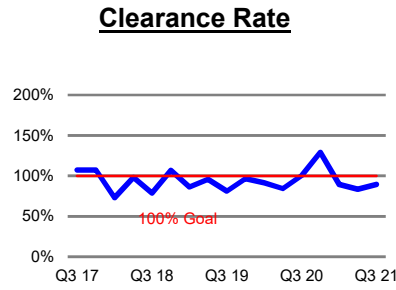
**CNA**  
**Clearance Rate: 111%**  
 125 Cases Received  
 139 Cases Closed  
  
**Pending Caseload: 34%**  
 135 Cases Pending over 250 Days  
  
**Time to Disposition: 88%**  
 119 Cases Closed within 250 Days



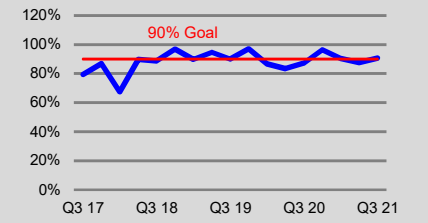
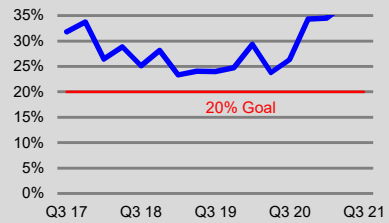
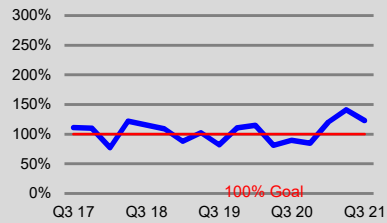


Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

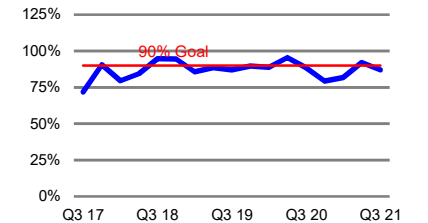
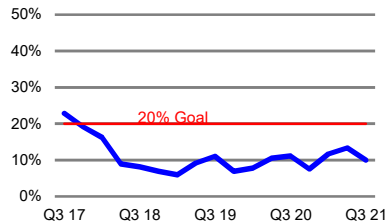
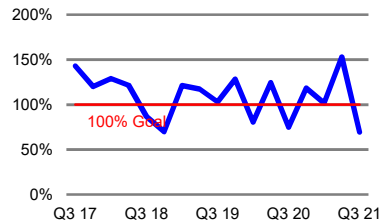
**Medicine**  
**Clearance Rate: 89%**  
 383 Cases Received  
 342 Cases Closed  
  
**Pending Caseload: 16%**  
 118 Cases Pending over 250 Days  
  
**Time to Disposition: 94%**  
 310 Cases Closed within 250 Days



**Dentistry**  
**Clearance Rate: 123%**  
 65 Cases Received  
 80 Cases Closed  
  
**Pending Caseload: 38%**  
 73 Cases Pending over 250 Days  
  
**Time to Disposition: 91%**  
 59 Cases Closed within 250 Days



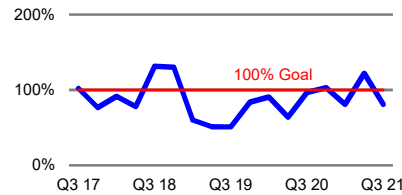
**Pharmacy**  
**Clearance Rate: 70%**  
 69 Cases Received  
 48 Cases Closed  
  
**Pending Caseload: 10%**  
 17 Cases Pending over 250 Days  
  
**Time to Disposition: 87%**  
 40 Cases Closed within 250 Days



**Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board**

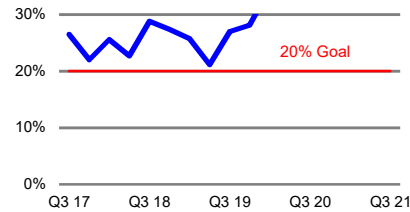
**Veterinary Medicine**  
**Clearance Rate: 81%**  
 42 Cases Received  
 34 Cases Closed  
  
**Pending Caseload: 46%**  
 97 Cases Pending over 250 Days  
  
**Time to Disposition: 44%**  
 12 Cases Closed within 250 Days

**Clearance Rate**

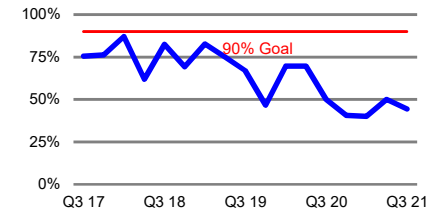


**Age of Pending Caseload**

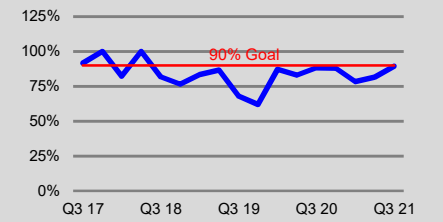
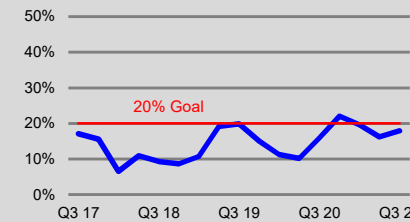
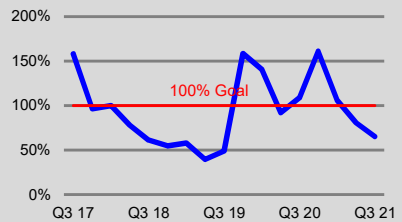
(percent of cases pending over one year)



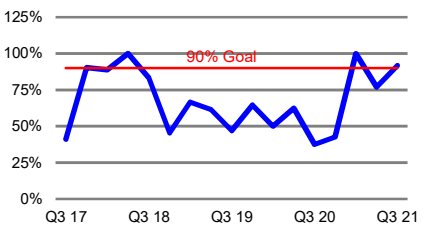
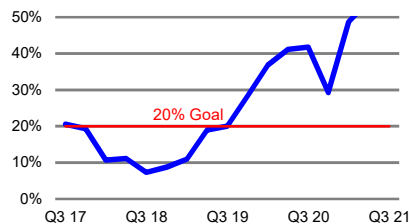
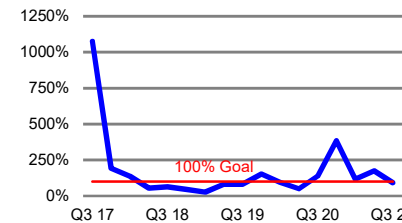
**Time to Disposition**



**Counseling**  
**Clearance Rate: 65%**  
 60 Cases Received  
 39 Cases Closed  
  
**Pending Caseload: 18%**  
 27 Cases Pending over 250 Days  
  
**Time to Disposition: 89%**  
 34 Cases Closed within 250 Days

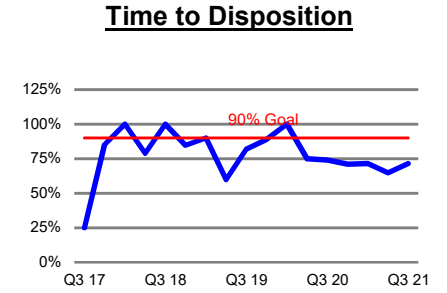
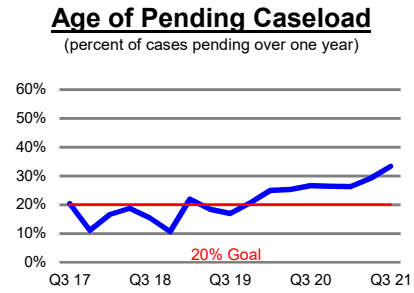
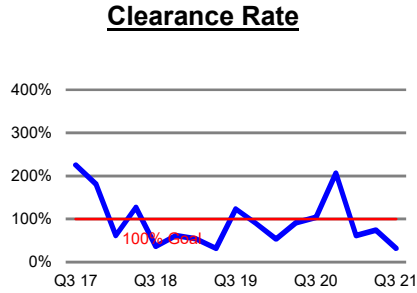


**Social Work**  
**Clearance Rate: 92%**  
 13 Cases Received  
 12 Cases Closed  
  
**Pending Caseload: 56%**  
 19 Cases Pending over 250 Days  
  
**Time to Disposition: 92%**  
 11 Cases Closed within 250 Days

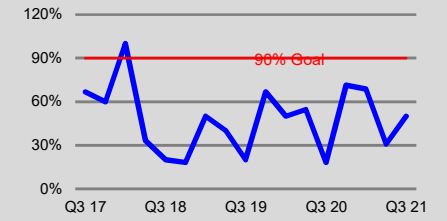
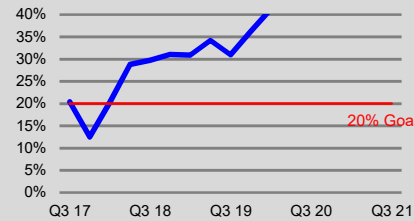


Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

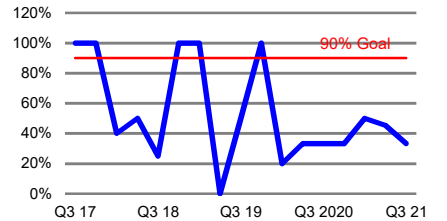
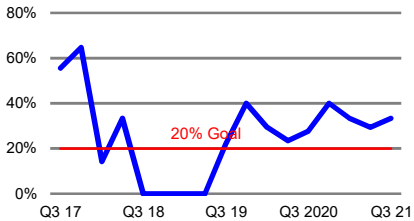
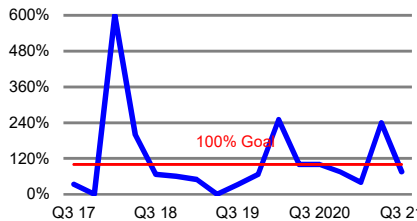
**Psychology**  
**Clearance Rate: 32%**  
 25 Cases Received  
 8 Cases Closed  
**Pending Caseload: 33%**  
 36 Cases Pending over 250 Days  
**Time to Disposition: 71%**  
 5 Cases Closed within 250 Days



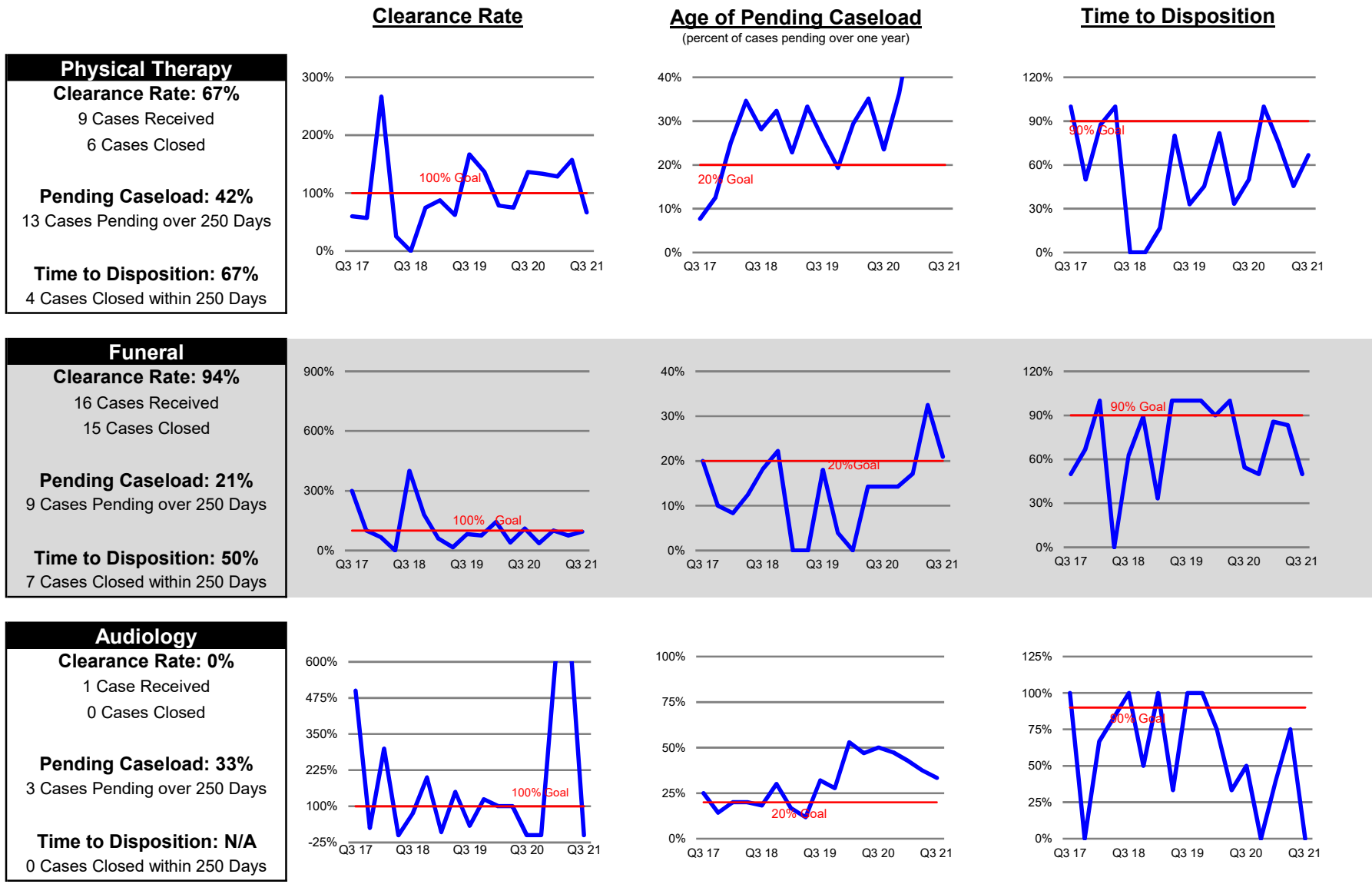
**Long Term Care**  
**Clearance Rate: 60%**  
 15 Cases Received  
 9 Cases Closed  
**Pending Caseload: 44%**  
 35 Cases Pending over 250 Days  
**Time to Disposition: 50%**  
 3 Cases Closed within 250 Days



**Optometry**  
**Clearance Rate: 75%**  
 4 Cases Received  
 3 Cases Closed  
**Pending Caseload: 33%**  
 6 Cases Pending over 250 Days  
**Time to Disposition: 33%**  
 1 Cases Closed within 250 Days



Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board



# Virginia Department of Health Professions

## Patient Care Disciplinary Case Processing Times (with Continuance Days Removed): Quarterly Performance Measurement, Q3 2017 - Q3 2021

David E. Brown, D.C.

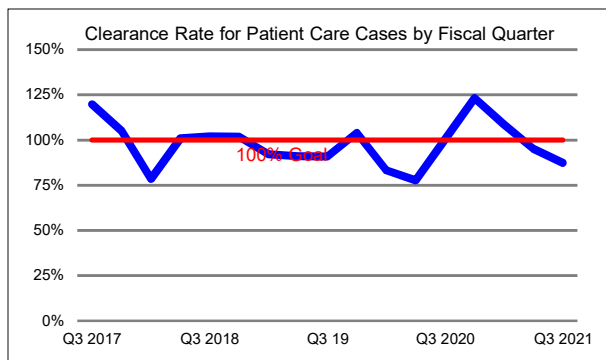
Director

*"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."*  
**DHP Mission Statement**

In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload; Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation. This report includes the number of days the case was in the continuance activity.

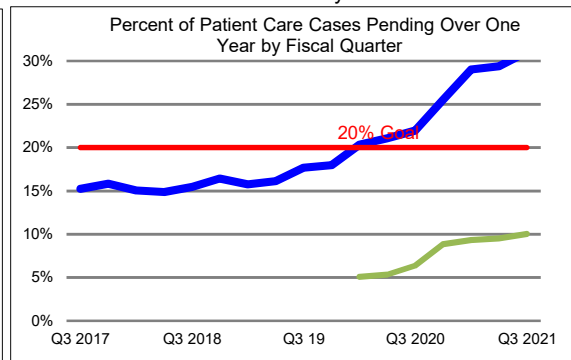
**Clearance Rate** - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct.

The current quarter's clearance rate is 87%, with 1120 patient care cases received and 979 closed.



**Age of Pending Caseload** - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20%.

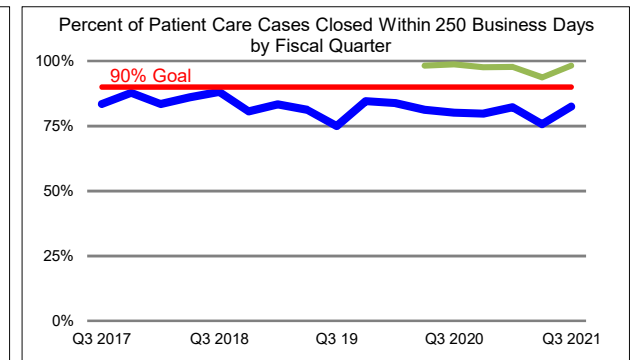
The current quarter shows 31% patient care cases pending over 250 business days with 3448 patient care cases pending and 1071 pending over 250 business days.



Only 346 cases or 10% are pending over 415 business days.

**Time to Disposition** - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days.

The current quarter shows 82% of patient care cases being resolved within 250 business days with 911 cases closed and 751 closed within 250 business days.

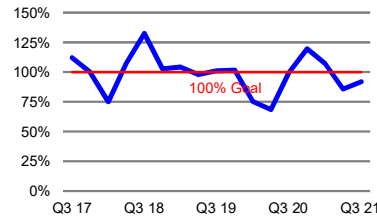


Referencing 415 business days, the goal was surpassed at 98%

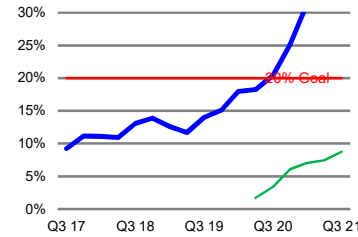
Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

**Nursing**  
**Clearance Rate: 92%**  
 417 Cases Received  
 383 Cases Closed  
**Pending Caseload: 38%**  
 618 Cases Pending over 250 Days  
**Pending Caseload Over 415 Days: 9%**  
 143 Cases Pending over 415 Days  
**Time to Disposition: 74%**  
 265 Cases Closed within 250 Days  
**Time to Disposition Within 415 Days: 97%**  
 348 Cases Closed within 415 Days

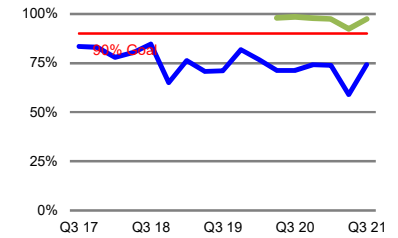
**Clearance Rate**



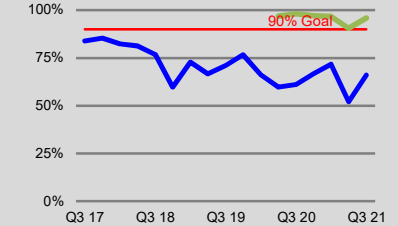
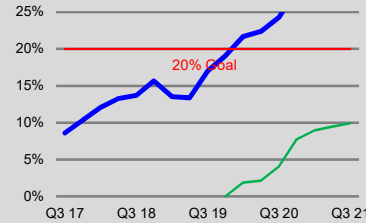
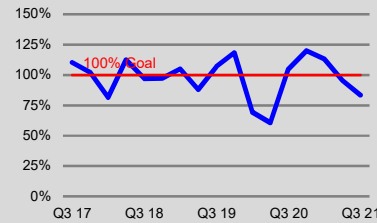
**Age of Pending Caseload**  
 (percent of cases pending over one year)



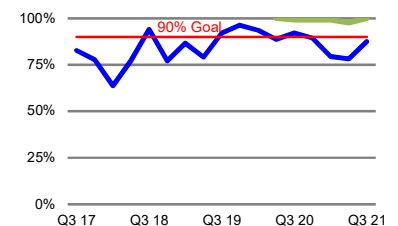
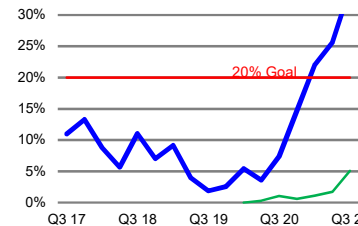
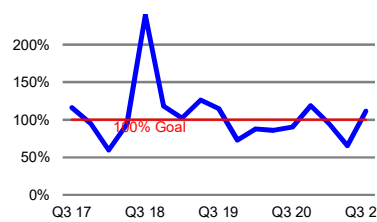
**Time to Disposition**



**Nurses**  
**Clearance Rate: 84%**  
 292 Cases Received  
 244 Cases Closed  
**Pending Caseload: 39%**  
 483 Cases Pending over 250 Days  
**Pending Caseload Over 415 Days: 10%**  
 123 Cases Pending over 415 Days  
**Time to Disposition: 66%**  
 146 Cases Closed within 250 Days  
**Time to Disposition Within 415 Days: 96%**  
 212 Cases Closed within 415 Days



**CNA**  
**Clearance Rate: 111%**  
 125 Cases Received  
 139 Cases Closed  
**Pending Caseload: 34%**  
 135 Cases Pending over 250 Days  
**Pending Caseload Over 415 Days: 5%**  
 20 Cases Pending over 415 Days  
**Time to Disposition: 88%**  
 119 Cases Closed within 250 Days  
**Time to Disposition Within 415 Days: 100%**  
 136 Cases Closed within 415 Days



Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

**Medicine**

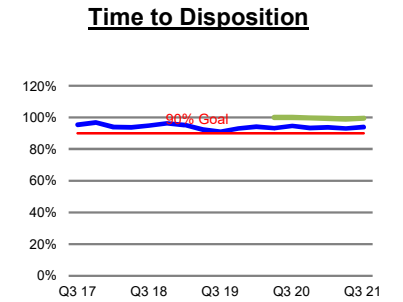
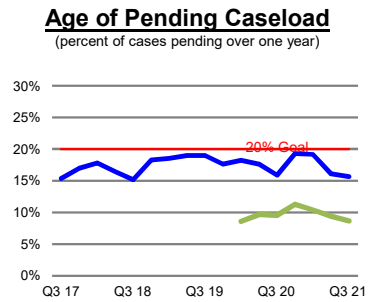
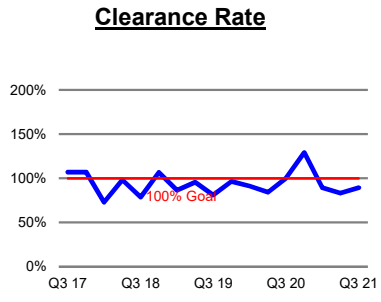
**Clearance Rate: 89%**  
 383 Cases Received  
 342 Cases Closed

**Pending Caseload: 16%**  
 118 Cases Pending over 250 Days

**Pending Caseload Over 415: 9%**  
 65 Cases Pending over 415 Days

**Time to Disposition: 94%**  
 310 Cases Closed within 250 Days

**Time to Disposition Within 415 Days: 99%**  
 328 Cases Closed within 415 Days



**Dentistry**

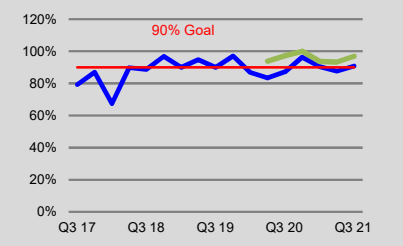
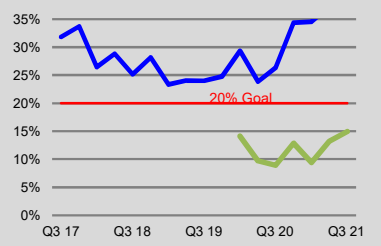
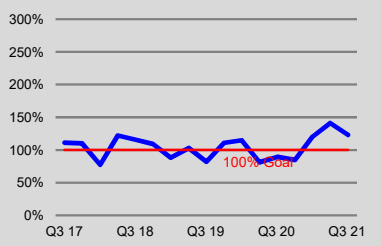
**Clearance Rate: 123%**  
 65 Cases Received  
 80 Cases Closed

**Pending Caseload: 38%**  
 73 Cases Pending over 250 Days

**Pending Caseload Over 415 Days: 15%**  
 29 Cases Pending over 415 Days

**Time to Disposition: 91%**  
 59 Cases Closed within 250 Days

**Time to Disposition Within 415 Days: 97%**  
 63 Cases Closed within 415 Days



**Pharmacy**

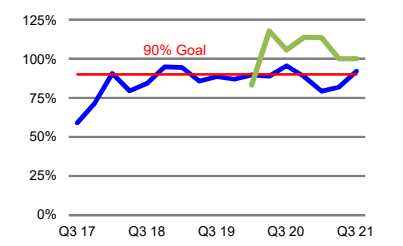
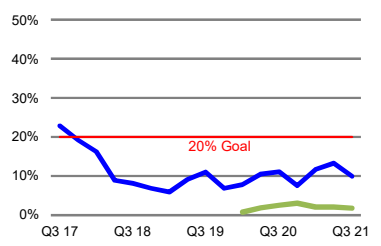
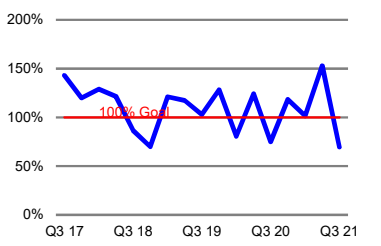
**Clearance Rate: 70%**  
 69 Cases Received  
 48 Cases Closed

**Pending Caseload: 10%**  
 17 Cases Pending over 250 Days

**Pending Caseload Over 415 Days: 2%**  
 3 Cases Pending over 415 Days

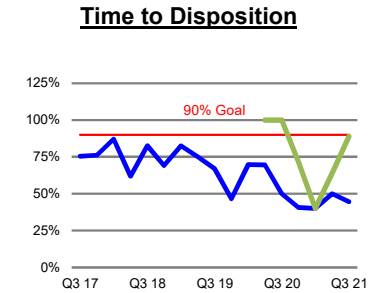
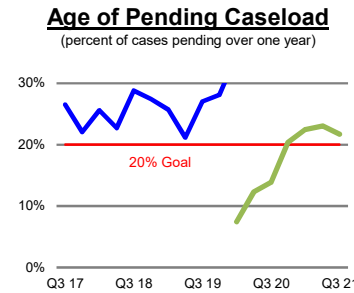
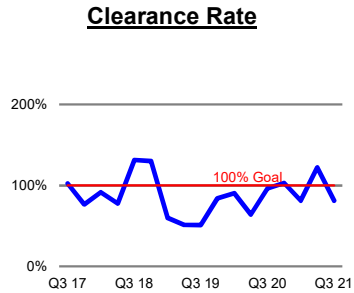
**Time to Disposition: 87%**  
 40 Cases Closed within 250 Days

**Time to Disposition Within 415 Days: 100%**  
 46 Cases Closed within 415 Days

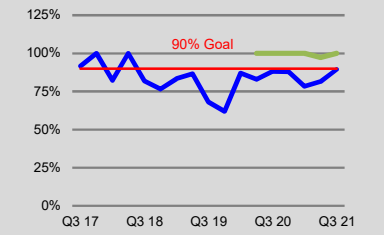
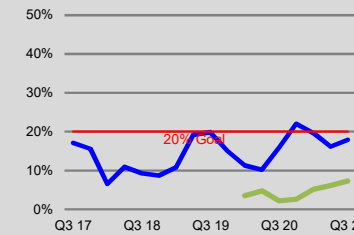
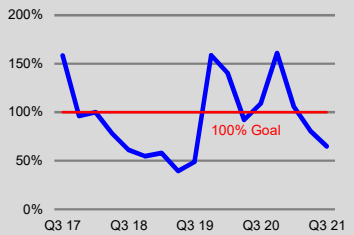


Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

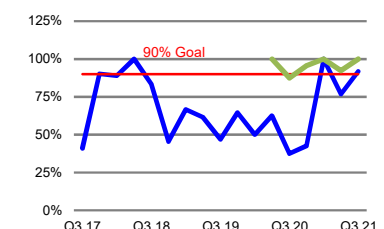
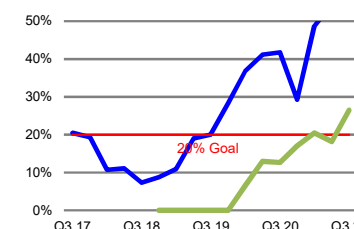
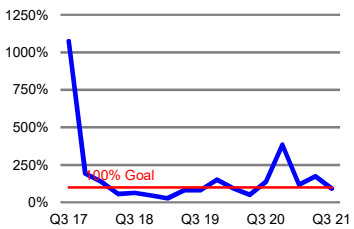
**Veterinary Medicine**  
**Clearance Rate: 81%**  
 42 Cases Received  
 34 Cases Closed  
**Pending Caseload: 46%**  
 97 Cases Pending over 250 Days  
**Pending Caseload Over 415 Days: 22%**  
 46 Cases Pending over 415 Days  
**Time to Disposition: 44%**  
 12 Cases Closed within 250 Days  
**Time to Disposition Within 415 Days: 89%**  
 24 Cases Closed within 415 Days



**Counseling**  
**Clearance Rate: 65%**  
 60 Cases Received  
 39 Cases Closed  
**Pending Caseload: 18%**  
 27 Cases Pending over 250 Days  
**Pending Caseload Over 415 Days: 7%**  
 11 Cases Pending over 415 Days  
**Time to Disposition: 89%**  
 34 Cases Closed within 250 Days  
**Time to Disposition Within 415 Days: 100%**  
 38 Cases Closed within 415 Days



**Social Work**  
**Clearance Rate: 92%**  
 13 Cases Received  
 12 Cases Closed  
**Pending Caseload: 56%**  
 19 Cases Pending over 250 Days  
**Pending Caseload Over 415 Days: 26%**  
 9 Cases Pending over 415 Days  
**Time to Disposition: 92%**  
 11 Cases Closed within 250 Days  
**Time to Disposition Within 415 Days: 100%**  
 12 Cases Closed within 415 Days

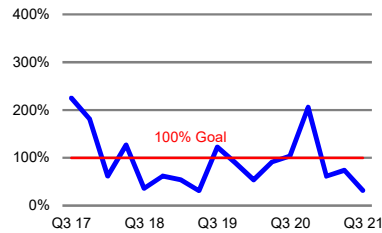




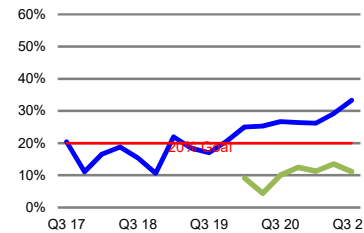
Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

**Psychology**  
**Clearance Rate: 32%**  
 25 Cases Received  
 8 Cases Closed  
**Pending Caseload: 33%**  
 36 Cases Pending over 250 Days  
**Pending Caseload Over 415 Days: 11%**  
 12 Cases Pending over 415 Days  
**Time to Disposition: 71%**  
 5 Cases Closed within 250 Days  
**Time to Disposition Within 415 Days: 100%**  
 7 Cases Closed within 415 Days

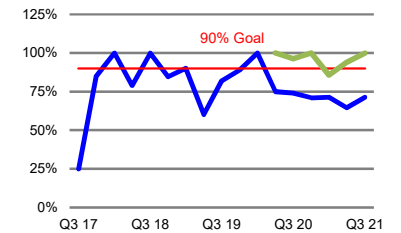
**Clearance Rate**



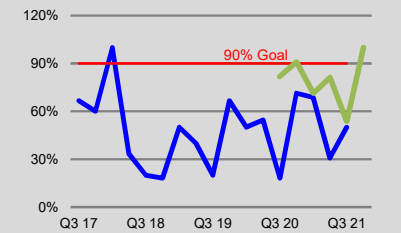
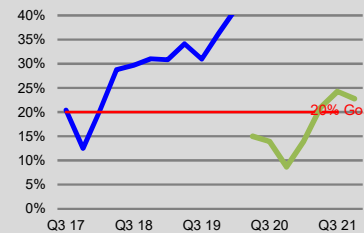
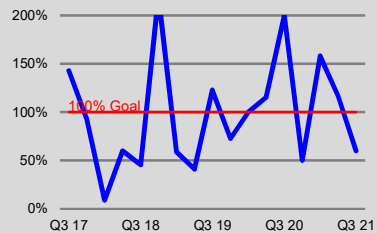
**Age of Pending Caseload**  
(percent of cases pending over one year)



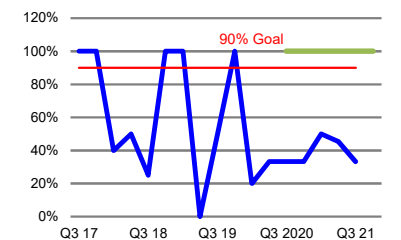
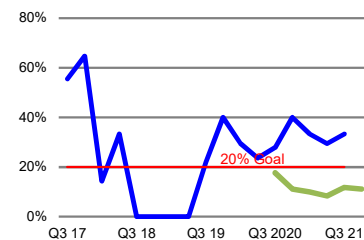
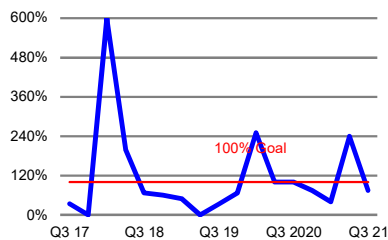
**Time to Disposition**



**Long Term Care**  
**Clearance Rate: 60%**  
 15 Cases Received  
 9 Cases Closed  
**Pending Caseload: 44%**  
 35 Cases Pending over 250 Days  
**Pending Caseload Over 415 Days: 23%**  
 18 Cases Pending over 415 Days  
**Time to Disposition: 50%**  
 3 Cases Closed within 250 Days  
**Time to Disposition Within 415 Days: 100%**  
 6 Cases Closed within 415 Days



**Optometry**  
**Clearance Rate: 75%**  
 4 Cases Received  
 3 Cases Closed  
**Pending Caseload: 33%**  
 6 Cases Pending over 250 Days  
**Pending Caseload Over 415 Days: 11%**  
 2 Cases Pending over 415 Days  
**Time to Disposition: 33%**  
 1 Cases Closed within 250 Days  
**Time to Disposition Within 415 Days: 100%**  
 3 Cases Closed within 415 Days



Submitted: 4/29/2021

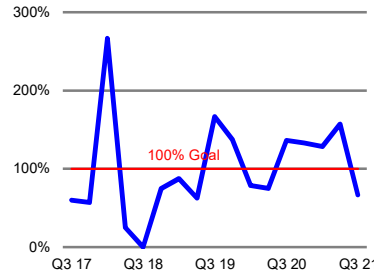
Patient Care Disciplinary Case Processing Times(with Continuance Days Removed)

Prepared by: Department of Health Professions

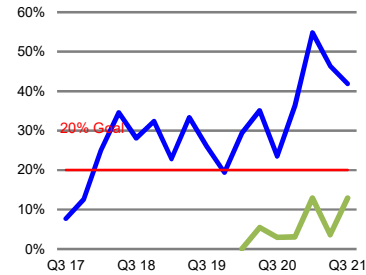
Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

**Physical Therapy**  
**Clearance Rate: 67%**  
 9 Cases Received  
 6 Cases Closed  
**Pending Caseload: 42%**  
 13 Cases Pending over 250 Days  
**Pending Caseload Over 415 Days: 13%**  
 4 Case Pending over 415 Days  
**Time to Disposition: 67%**  
 4 Cases Closed within 250 Days  
**Time to Disposition Within 415 Days: 100%**  
 6 Cases Closed within 415 Days

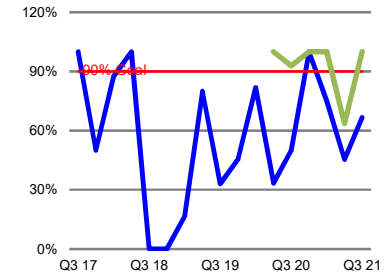
**Clearance Rate**



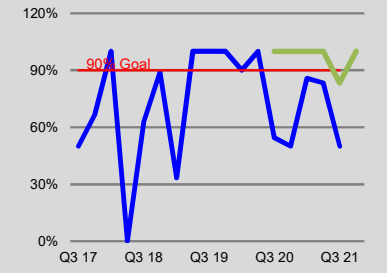
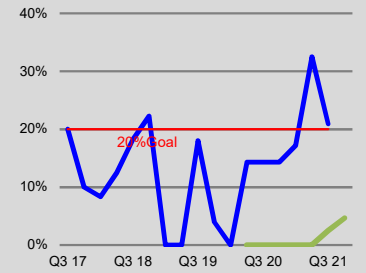
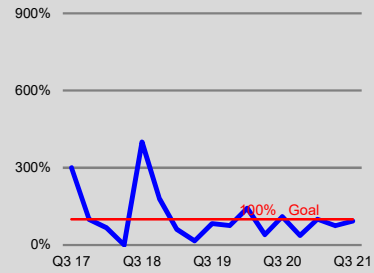
**Age of Pending Caseload**  
 (percent of cases pending over one year)



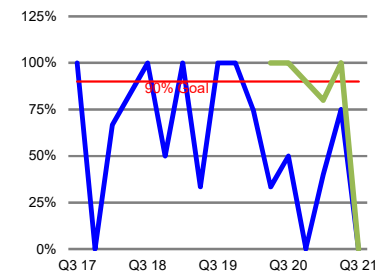
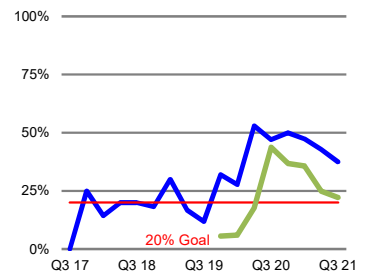
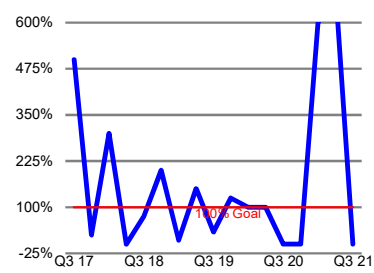
**Time to Disposition**



**Funeral**  
**Clearance Rate: 94%**  
 16 Cases Received  
 15 Cases Closed  
**Pending Caseload: 21%**  
 9 Cases Pending over 250 Days  
**Pending Caseload Over 415 Days: 5%**  
 2 Case Pending over 415 Days  
**Time to Disposition: 50%**  
 7 Cases Closed within 250 Days  
**Time to Disposition Within 415 Days: 100%**  
 14 Cases Closed within 415 Days



**Audiology**  
**Clearance Rate: 0%**  
 1 Case Received  
 0 Cases Closed  
**Pending Caseload: 33%**  
 3 Cases Pending over 250 Days  
**Pending Caseload Over 415 Days: 22%**  
 2 Cases Pending over 415 Days  
**Time to Disposition: N/A**  
 0 Cases Closed within 250 Days  
**Time to Disposition Within 415 Days: N/A**  
 0 Cases Closed within 415 Days



Cases Received, Open & Closed  
Agency Summary  
Quarter 3 – Fiscal Year 2021

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.

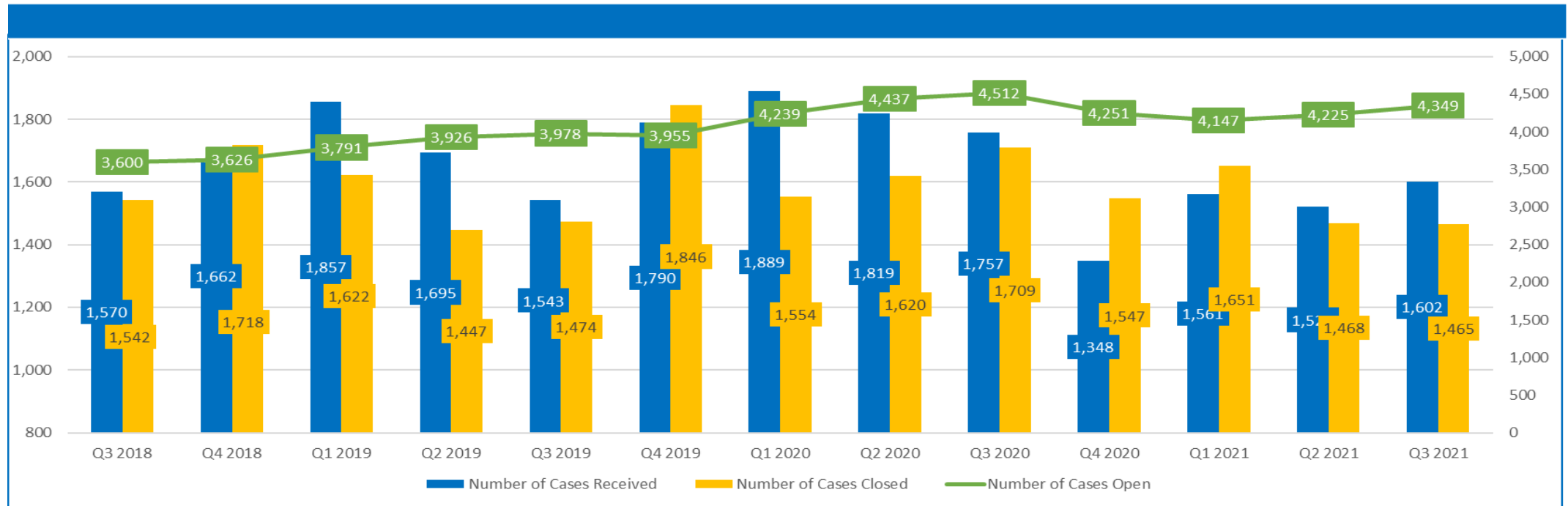
Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	CURRENT Q3 2021
<b>Number of Cases Received</b>	1,570	1,662	1,857	1,695	1,543	1,790	1,889	1,819	1,757	1,348	1,561	1,520	1,602
<b>Number of Cases Open</b>	3,600	3,626	3,791	3,926	3,978	3,955	4,239	4,437	4,512	4,251	4,147	4,225	4,349
<b>Number of Cases Closed</b>	1,542	1,718	1,622	1,447	1,474	1,846	1,554	1,620	1,709	1,547	1,651	1,468	1,465

## Cases Received, Open & Closed Agency Summary Quarter 3 – Fiscal Year 2021

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.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30



Cases Received, Open & Closed  
Agency Summary  
Quarter 3 – Fiscal Year 2021

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.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
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Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

														CURRENT
		Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
Audiology/Speech Pathology	Number of Cases Received	4	6	17	15	6	5	6	4	0	2	1	2	2
	Number of Cases Open	11	14	23	31	31	23	21	20	18	21	15	9	11
	Number of Cases Closed	5	3	8	7	5	13	8	5	2	0	7	9	0
Counseling	Number of Cases Received	31	45	56	54	76	72	99	81	82	60	83	64	92
	Number of Cases Open	84	102	124	150	176	144	166	207	180	161	157	177	198
	Number of Cases Closed	23	33	29	28	51	103	77	70	80	81	90	52	72
Dentistry	Number of Cases Received	91	124	274	191	100	128	96	123	129	111	110	106	101
	Number of Cases Open	256	249	400	297	313	282	277	310	332	333	319	290	286
	Number of Cases Closed	100	135	115	187	83	150	98	105	106	113	131	150	111

Cases Received, Open & Closed  
Agency Summary  
Quarter 3 – Fiscal Year 2021

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.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

														CURRENT	
		Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
Funeral Directing	Number of Cases Received	8	12	13	26	23	18	10	20	35	17	16	15	12	20
	Number of Cases Open	40	35	28	40	57	50	48	48	61	50	56	52	55	55
	Number of Cases Closed	7	18	24	13	6	25	16	20	21	30	13	18	12	22
Long-Term Care Administrators	Number of Cases Received	24	13	16	31	23	23	14	20	20	15	25	16	20	21
	Number of Cases Open	90	94	74	91	103	99	100	96	95	86	95	84	80	88
	Number of Cases Closed	8	8	31	14	11	27	13	25	23	25	18	28	23	16
Medicine	Number of Cases Received	411	551	541	485	531	472	516	473	509	551	386	494	493	506
	Number of Cases Open	796	934	902	943	1024	1089	1082	1035	1024	1027	861	793	845	868
	Number of Cases Closed	407	443	575	434	447	407	483	474	484	558	467	529	419	454

Cases Received, Open & Closed  
Agency Summary  
Quarter 3 – Fiscal Year 2021

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.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

													CURRENT	
		Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
Nurse Aide	Number of Cases Received	118	137	162	143	153	224	199	184	187	144	152	160	142
	Number of Cases Open	301	285	276	261	280	351	369	392	412	401	413	468	445
	Number of Cases Closed	276	158	162	156	134	162	172	164	168	158	148	104	160
Nursing	Number of Cases Received	447	444	507	446	419	457	513	476	442	367	407	392	414
	Number of Cases Open	1,179	1,246	1,157	1,211	1,204	1,172	1,335	1,574	1,544	1,484	1,424	1,464	1,509
	Number of Cases Closed	397	414	571	393	429	528	365	295	444	424	463	356	372
Optometry	Number of Cases Received	17	8	7	10	12	9	3	5	12	14	14	8	5
	Number of Cases open	32	31	26	34	34	40	29	27	29	41	47	34	33
	Number of Cases Closed	8	9	12	2	12	4	10	7	10	3	6	21	6

Cases Received, Open & Closed  
Agency Summary  
Quarter 3 – Fiscal Year 2021

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.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

													CURRENT	
		Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
Pharmacy	Number of Cases Received	171	213	148	126	133	223	211	111	174	103	127	138	145
	Number of Cases Open	287	319	303	306	262	259	310	257	277	286	289	263	300
	Number of Cases Closed	162	199	161	123	177	237	158	164	154	103	131	174	115
Physical Therapy	Number of Cases Received	9	4	13	10	9	7	26	4	13	7	8	12	12
	Number of Cases Open	48	50	46	44	37	32	46	39	35	36	33	29	33
	Number of Cases Closed	2	4	15	11	17	12	13	12	18	6	12	19	8
Psychology	Number of Cases Received	28	26	20	31	38	27	55	31	40	28	27	37	36
	Number of Cases Open	52	57	64	83	75	75	97	100	105	87	92	106	130
	Number of Cases Closed	19	24	13	11	46	29	34	30	35	46	25	26	13



Cases Received, Open & Closed  
Agency Summary  
Quarter 3 – Fiscal Year 2021

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.

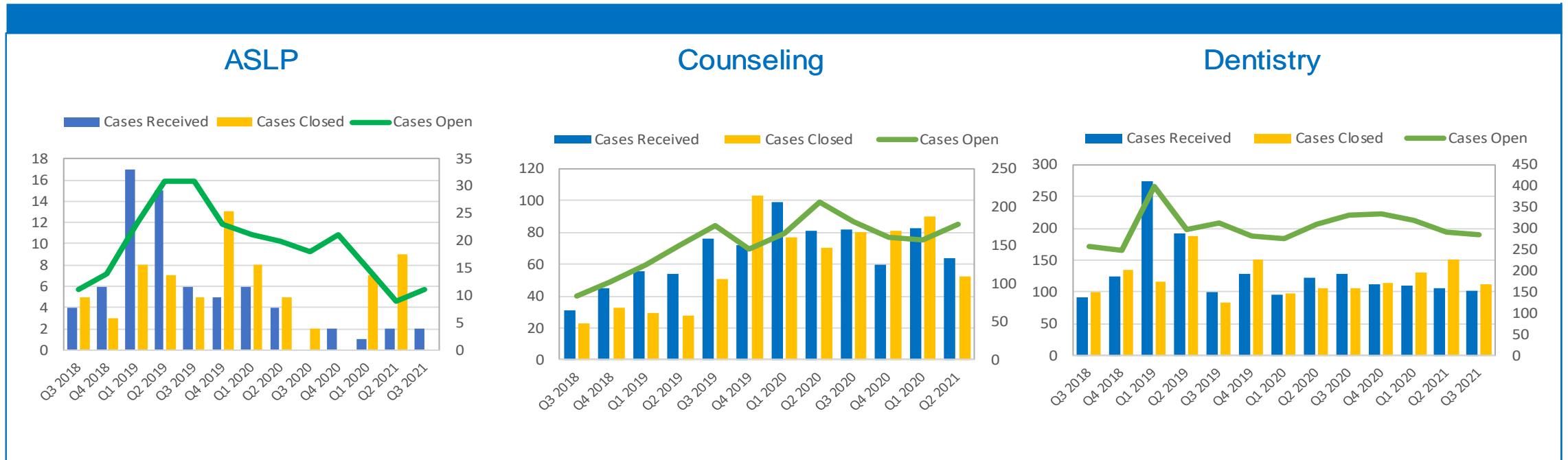
Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

														CURRENT
		Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
<b>Social Work</b>	<b>Number of Cases Received</b>	15	34	35	25	33	39	27	31	28	25	20	15	30
	<b>Number of Cases Open</b>	52	71	93	95	97	90	88	100	95	53	49	40	43
	<b>Number of Cases Closed</b>	11	18	13	23	31	48	30	19	33	68	24	25	27
<b>Veterinary Medicine</b>	<b>Number of Cases Received</b>	63	51	76	67	51	53	138	204	62	59	82	60	71
	<b>Number of Cases Open</b>	235	198	205	230	231	241	311	288	306	319	358	343	331
	<b>Number of Cases Closed</b>	70	91	62	42	30	47	68	221	45	47	39	78	81

## Cases Received, Open & Closed Agency Summary Quarter 3 – Fiscal Year 2021

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.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
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Quarter 4	April 1 - June 30



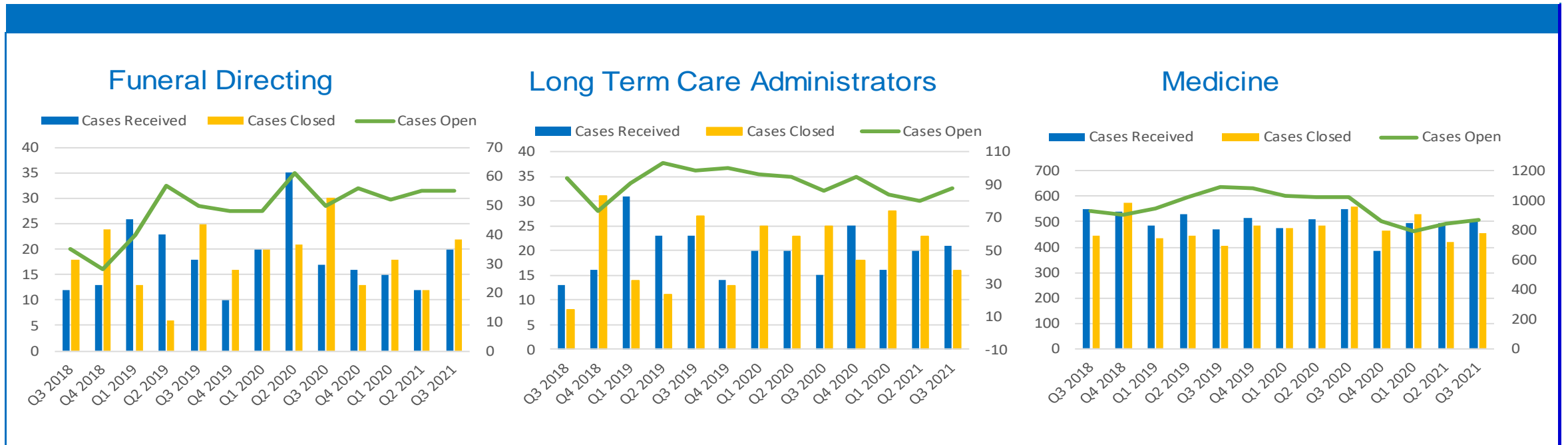
## Cases Received, Open & Closed

### Agency Summary

### Quarter 3 – Fiscal Year 2021

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## Cases Received, Open & Closed

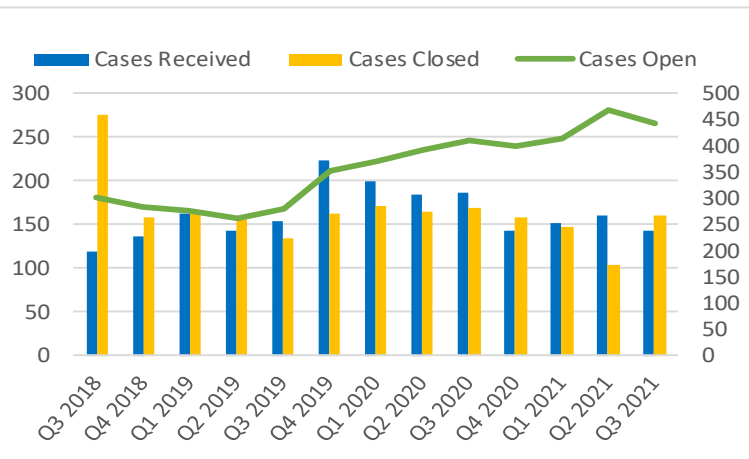
### Agency Summary

### Quarter 3 – Fiscal Year 2021

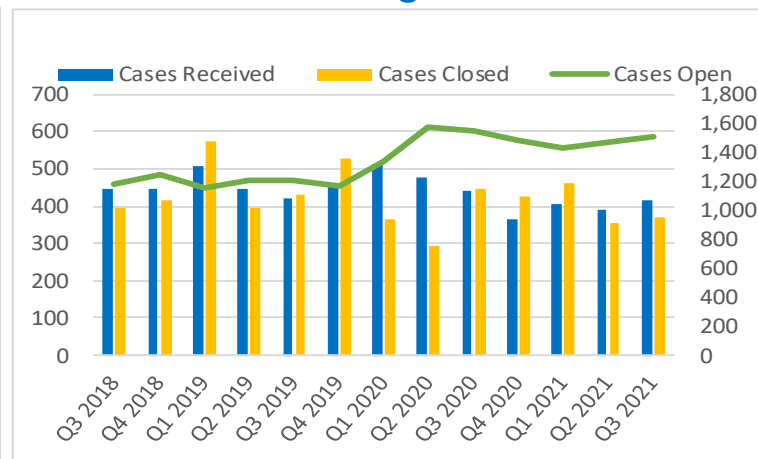
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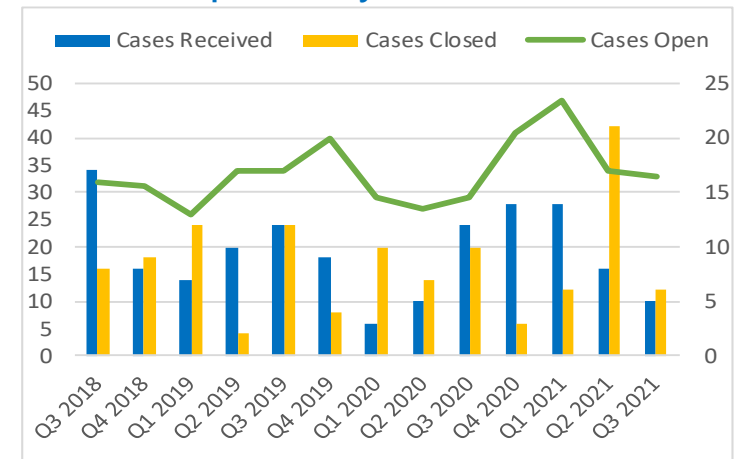
### Nurse Aide



### Nursing



### Optometry



## Cases Received, Open & Closed

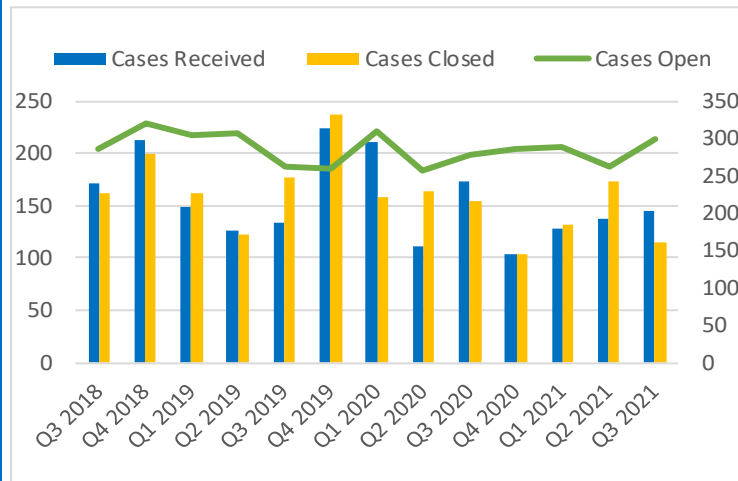
### Agency Summary

### Quarter 3 – Fiscal Year 2021

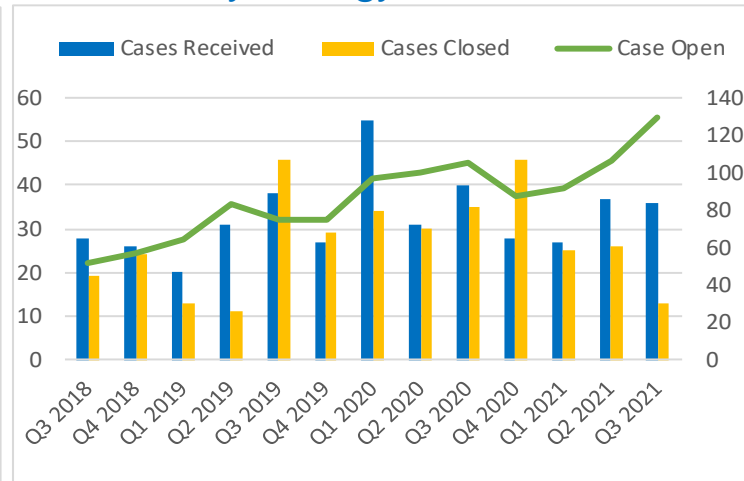
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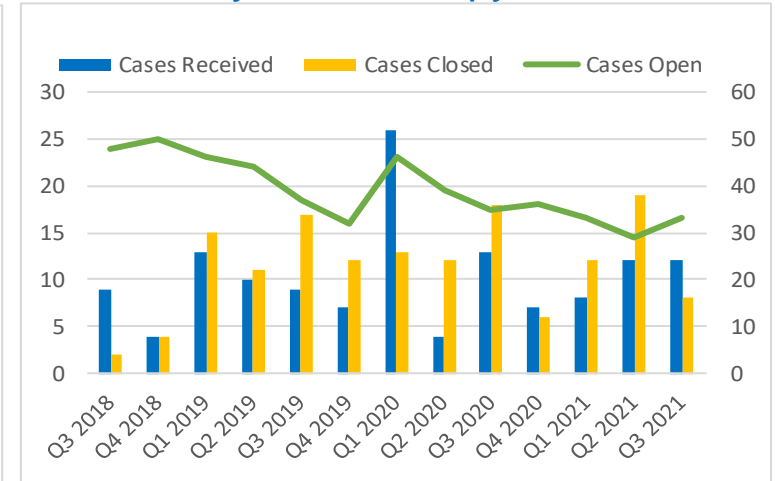
### Pharmacy



### Psychology



### Physical Therapy

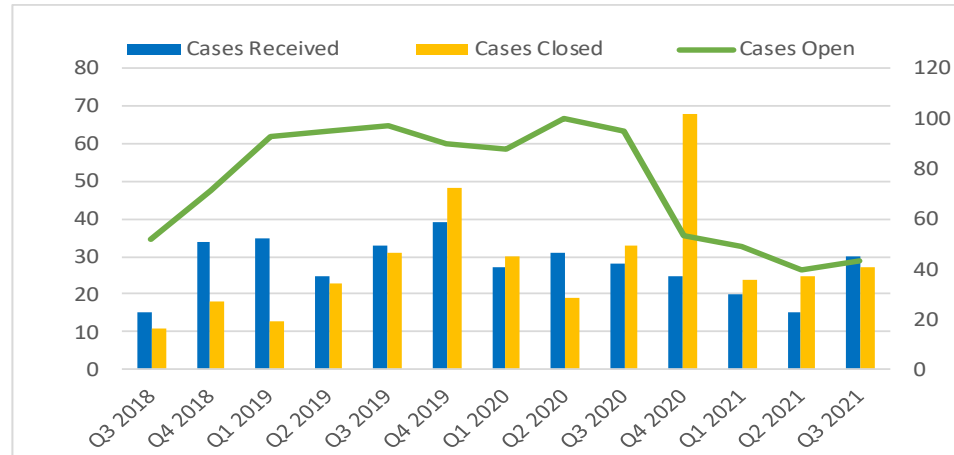


## Cases Received, Open & Closed Agency Summary Quarter 3 – Fiscal Year 2021

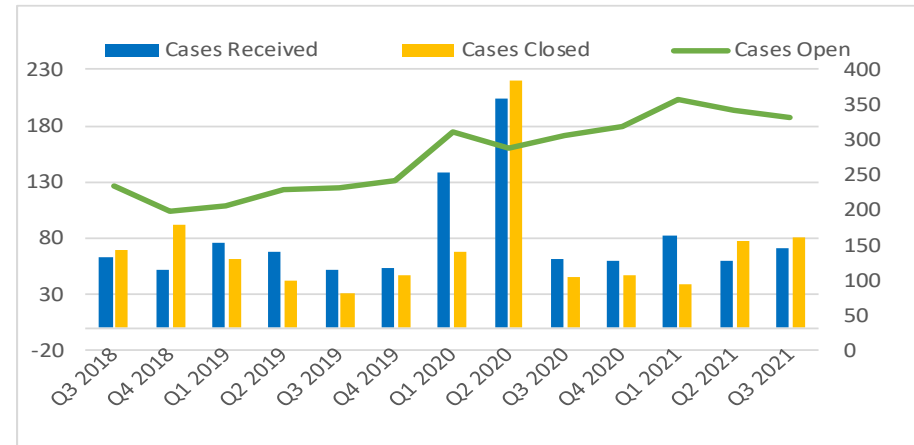
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Quarter 4	April 1 - June 30

### Social Work



### Veterinary Medicine





# Virginia Department of Health Professions

## Applicant Satisfaction Survey

### Quarterly Summary

Quarter 3- Fiscal Year 2021

Application Satisfaction Survey are sent to all applicants, and includes seven categories for which applicants rate their satisfaction on a scale from one to four, one and two being degrees of satisfaction, three and four being degrees of dissatisfaction. This report calculates the percentage of total responses falling into the approval range. "N/A" indicates that no response was received for that board during the specified timeframe.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	CURRENT												
	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
<b>Audiology/Speech Pathology</b>	28.6%	57.1%	92.9%	100.0%	89.8%	100.0%	85.7%	100.0%	89.4%	89.0%	88.2%	47.4%	N/A
<b>Counseling</b>	87.7%	98.3%	92.7%	93.5%	91.6%	90.0%	89.9%	95.7%	96.2%	93.3%	87.2%	97.6%	93.6%
<b>Dentistry</b>	72.2%	93.2%	81.8%	92.6%	N/A	80.0%	71.9%	100.0%	79.5%	92.3%	97.5%	83.9%	85.3%
<b>Funeral Directors and Embalmers</b>	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	N/A	85.7%	N/A	83.3%	100.0%	N/A	N/A
<b>Long-Term Care Adminsitrators</b>	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
<b>Medicine</b>	89.4%	83.4%	90.5%	84.1%	90.5%	85.5%	88.1%	95.4%	93.2%	92.6%	85.7%	85.1%	88.3%
<b>Nurse Aide</b>	88.2%	98.3%	98.3%	92.6%	97.2%	94.2%	95.1%	98.8%	75.3%	100.0%	96.7%	86.3%	94.9%
<b>Nursing</b>	91.0%	87.3%	86.4%	90.1%	91.5%	89.7%	77.8%	78.4%	84.5%	87.0%	89.0%	92.0%	91.1%
<b>Optometry</b>	100.0%	100.0%	100.0%	100.0%	N/A	N/A	100.0%	14.3%	100.0%	100.0%	100.0%	100.0%	100.0%
<b>Pharmacy</b>	100.0%	99.5%	93.0%	94.6%	100.0%	97.5%	94.4%	98.8%	88.9%	97.6%	99.3%	96.4%	99.2%
<b>Physical Therapy</b>	86.8%	100.0%	97.2%	94.3%	N/A	100.0%	100.0%	97.7%	97.4%	89.6%	100.0%	97.0%	98.2%
<b>Psychology</b>	92.0%	89.6%	87.8%	93.6%	88.9%	100.0%	100.0%	94.6%	95.0%	91.0%	92.3%	95.6%	91.4%
<b>Social Work</b>	93.1%	81.7%	82.3%	79.4%	95.8%	89.5%	83.3%	66.0%	87.9%	90.5%	92.9%	97.1%	85.2%
<b>Veterinary Medicine</b>	100.0%	84.6%	84.8%	100.0%	100.0%	N/A	100.0%	100.0%	90.5%	97.8%	97.6%	100.0%	81.5%
<b>Agency</b>	91%	91%	89%	90%	93%	90%	87%	88.0%	88.1%	91.0%	90.6%	92.8%	91.4%



# Virginia Department of Health Professions

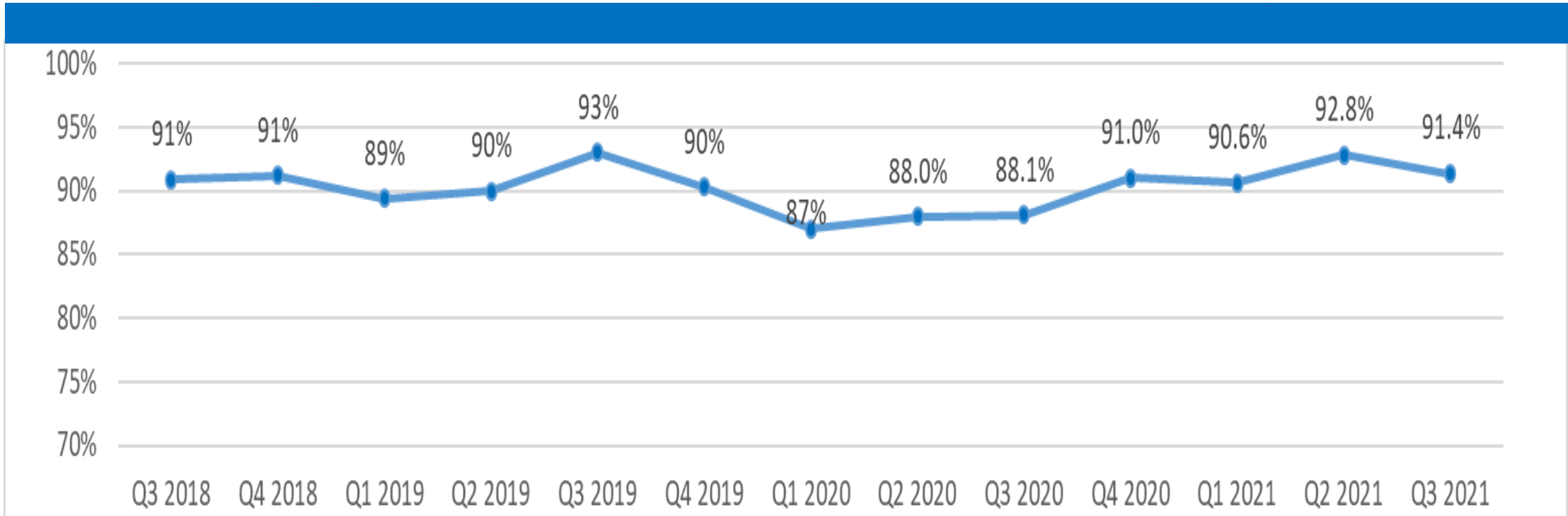
## Applicant Satisfaction Survey

### Quarterly Summary

Quarter 3- Fiscal Year 2021

Application Satisfaction Survey are sent to all applicants, and includes seven categories for which applicants rate their satisfaction on a scale from one to four, one and two being degrees of satisfaction, three and four being degrees of dissatisfaction. This report calculates the percentage of total responses falling into the approval range. "N/A" indicates that no response was received for that board during the specified timeframe.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1 - December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30







# Virginia Department of Health Professions

## Applicant Satisfaction Survey

### Quarterly Summary

Fiscal Year 2020

Application Satisfaction Survey are sent to all applicants, and includes seven categories for which applicants rate their satisfaction on a scale from one to four, one and two being degrees of satisfaction, three and four being degrees of dissatisfaction. This report calculates the percentage of total responses falling into the approval range. "N/A" indicates that no response was received for that board during the specified timeframe.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1 - December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	FY 2016	Change Between FY 17 & FY 16	FY 2017	Change Between FY 18 & FY 17	FY 2018	Change Between FY 19 & FY 18	FY 2019	Change Between FY 20 & FY 19	FY 2020
<b>Audiology/Speech Pathology</b>	88%	2.4%	91%	-4.8%	86%	7%	93%	-3%	90.0%
<b>Counseling</b>	80%	7.7%	86%	8.2%	93%	-2%	92%	2%	94.2%
<b>Dentistry</b>	95%	4.9%	100%	-6.1%	94%	-9%	86%	0%	86.0%
<b>Funeral Directing</b>	93%	3.8%	97%	3.2%	100%	0%	100%	-20%	83.3%
<b>Long-Term Care Administrator</b>	100%	0.0%	100%	0.0%	100%	-3%	97%	3%	100.0%
<b>Medicine</b>	83%	4.8%	87%	0.0%	87%	0%	87%	3%	89.8%
<b>NurseAide</b>	97%	-3.9%	94%	1.2%	95%	2%	97%	-1%	96.0%
<b>Nursing</b>	85%	-9.1%	78%	11.5%	87%	1%	87%	-5%	83.0%
<b>Optometry</b>	100%	0.0%	100%	0.0%	100%	0%	100%	-17%	85.4%
<b>Pharmacy</b>	98%	1.1%	99%	-0.8%	98%	-3%	95%	-3%	92.6%
<b>Physical Therapy</b>	95%	3.5%	99%	-2.4%	96%	1%	97%	-2%	95.2%
<b>Psychology</b>	90%	-3.5%	87%	5.9%	92%	-3%	90%	4%	94.0%
<b>Social Work</b>	94%	-1.3%	93%	-3.5%	90%	-8%	83%	-4%	79.6%
<b>Veterinary Medicine</b>	100%	0.0%	100%	-10.6%	89%	-8%	83%	14%	96.6%
<b>Agency</b>	<b>87.9%</b>	<b>-2.0%</b>	<b>86.1%</b>	<b>4.9%</b>	<b>90.2%</b>	<b>1.6%</b>	<b>91.7%</b>	<b>-3.0%</b>	<b>89.0%</b>



# Virginia Department of Health Professions

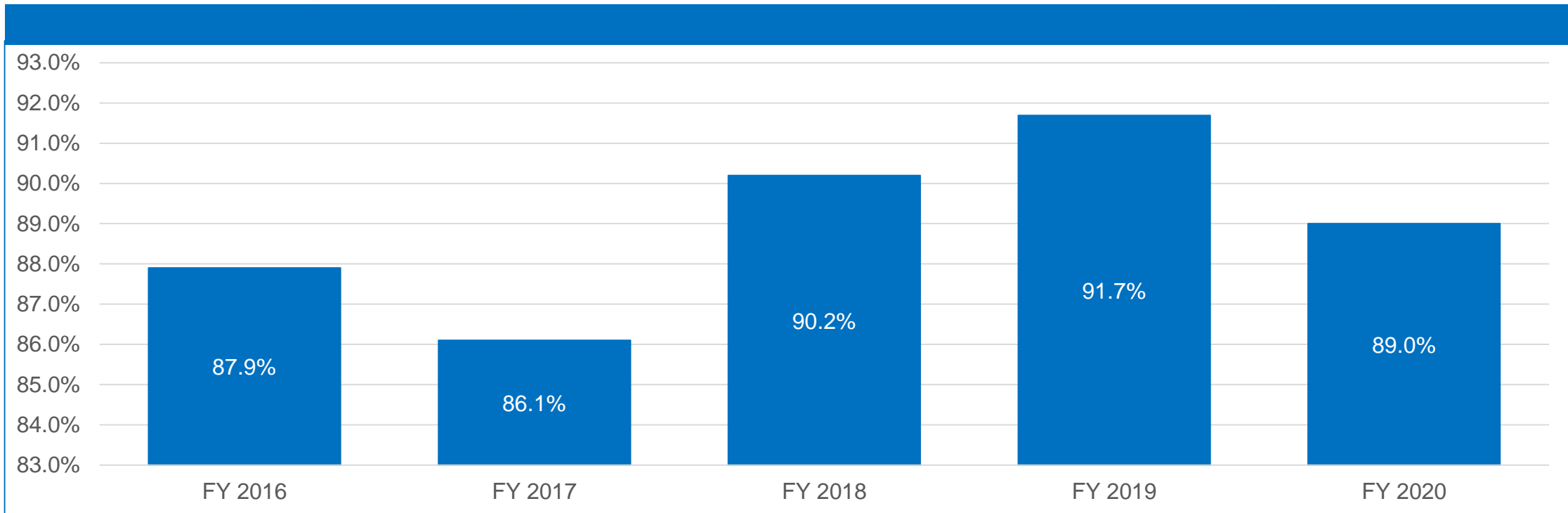
## Applicant Satisfaction Survey

### Quarterly Summary

Fiscal Year 2020

Application Satisfaction Survey are sent to all applicants, and includes seven categories for which applicants rate their satisfaction on a scale from one to four, one and two being degrees of satisfaction, three and four being degrees of dissatisfaction. This report calculates the percentage of total responses falling into the approval range. "N/A" indicates that no response was received for that board during the specified timeframe.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1 - December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30



New License Count  
Quarterly Summary  
Quarter 3- Fiscal Year 2021

Licenses issued by board and occupation during the quarter.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	CURRENT												
	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
<b>Audiology/Speech Pathology</b>	61	86	181	177	92	137	269	113	116	216	229	139	129
<b>Counseling</b>	434	2,256	3,798	3,447	4,504	1,314	2,068	1,605	5,481	1,435	1,541	1,188	1,247
<b>Dentistry</b>	103	130	335	400	113	134	269	112	169	116	490	165	121
<b>Funeral Directing</b>	25	42	43	51	40	28	53	43	51	49	68	46	56
<b>Long Term Care Administrator</b>	78	78	91	107	81	56	108	0	76	68	72	69	66
<b>Medicine</b>	939	1,391	2,495	1,630	1,217	1,382	1,786	1,180	1,582	2,742	2,081	1,325	1,492
<b>Nurse Aide</b>	1,689	1,656	2,560	2,060	1,517	1,824	2,260	1,735	1,434	787	1,598	1,888	1,730
<b>Nursing</b>	2,353	3,152	3,146	4,532	3,194	1,535	4,870	2,650	3,324	2,564	4,473	2,415	3,519
<b>Optometry</b>	17	20	53	23	31	30	28	22	35	52	39	28	24
<b>Pharmacy</b>	841	1,045	923	1,316	196	656	1,326	971	966	717	1,205	996	1,041
<b>Physical Therapy</b>	164	196	392	457	934	282	414	205	143	316	430	213	166
<b>Psychology</b>	105	118	109	100	171	61	130	148	116	488	375	176	120
<b>Social Work</b>	335	360	360	399	430	353	525	572	503	597	733	574	567
<b>Veterinary Medicine</b>	76	92	328	222	106	175	134	84	99	240	177	93	114
<b>Total</b>	<b>7,220</b>	<b>10,622</b>	<b>14,814</b>	<b>14,921</b>	<b>12,626</b>	<b>7,967</b>	<b>14,240</b>	<b>9,440</b>	<b>14,095</b>	<b>10,387</b>	<b>13,511</b>	<b>9,315</b>	<b>10,392</b>



# Virginia Department of Health Professions

## Current Count of Licenses

### Quarterly Summary

#### Quarter 3 - Fiscal Year 2021

Current licenses by board and occupation as of the last day of the quarter.

\*\* New Occupation

\*\*\* Veterinary Establishments are now grouped together, as the board works on designating existing establishments as "Ambulatory" or "Stationary", instead of "Full Service" or "Restricted Service".

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	CURRENT Q3 2021
<b>Audiology/Speech Pathology</b>	4,991	5,085	5,272	5,384	5,106	5,249	5,458	5,565	5,569	5,780	5,390	5,542	5,677
<b>Counseling</b>	17,654	22,731	25,584	31,448	35,732	37,449	37,588	38,895	38,895	33,789	34,028	35,176	34,246
<b>Dentistry</b>	14,835	14,544	14,885	15,018	15,144	14,654	14,911	14,911	14,079	14,491	14,982	15,133	15,286
<b>Funeral Directing</b>	2,620	2,532	2,564	2,603	3,198	3,087	3,135	3,170	3,066	3,090	3,161	3,205	3,190
<b>Long-Term Care Administrators</b>	2,258	2,114	2,192	2,248	2,303	2,140	2,217	2,266	2,094	2,141	2,190	2,226	2,274
<b>Medicine</b>	69,628	70,959	69,687	70,076	70,573	72,819	72,747	73,054	73,485	73,486	75,040	74,654	75,929
<b>Nurse Aide</b>	52,888	53,276	52,466	53,241	53,241	53,758	53,898	52,956	52,987	52,341	51,407	50,753	51,820
<b>Nursing</b>	171,385	171,964	1,722,989	173,905	174,537	174,518	176,647	175,558	168,181	169,204	171,004	170,050	172,380
<b>Optometry</b>	1,859	1,913	1,933	1,954	1,895	1,970	2,008	2,015	1,905	1,970	2,010	2,040	2,068
<b>Pharmacy</b>	35,995	36,967	38,002	36,034	36,034	37,265	38,388	35,564	36,791	36,210	38,699	36,040	37,356
<b>Physical Therapy</b>	12,939	13,341	13,797	38,001	12,611	13,022	13,447	13,666	13,815	14,143	14,588	13,269	13,577
<b>Psychology</b>	5,582	5,690	5,497	5,583	5,852	5,939	5,787	5,916	6,019	6,089	6,016	5,755	5,875
<b>Social Work</b>	9,468	9,671	9,350	9,810	10,113	10,346	10,243	10,616	10,917	11,041	11,051	11,443	11,805
<b>Veterinary Medicine</b>	7,448	7,767	7,994	8,097	7,789	8,073	8,210	7,729	7,998	8,234	8,384	7,894	8,181
<b>Agency Total</b>	409,550	418,554	422,212	432,338	434,128	440,289	444,684	441,971	435,801	432,009	437,950	433,180	439,664



# Virginia Department of Health Professions

## Cases Closed in Less than One Year Quarterly Summary Quarter 3 - Fiscal Year 2021

The percent of cases closed in fewer than 365 days shows, from the total of all cases closed during the specified period, from entry to closure. These calculations include only cases closed within the quarter specified.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	CURRENT Q3 2021
<b>Audiology/Speech Pathology</b>	80.0%	33.3%	100.0%	71.4%	100.0%	84.6%	87.5%	62.5%	50.0%	N/A	25.0%	50.0%	N/A
<b>Counseling</b>	91.3%	84.8%	89.7%	89.3%	73.8%	68.0%	84.8%	83.7%	68.5%	87.5%	82.6%	61.3%	77.7%
<b>Dentistry</b>	84.0%	93.3%	90.3%	95.7%	86.9%	71.8%	64.7%	52.4%	76.8%	97.1%	61.4%	58.4%	50.9%
<b>Funeral Directing</b>	61.1%	87.0%	69.2%	83.3%	100.0%	73.3%	80.5%	90.3%	68.1%	88.9%	75.8%	87.0%	51.4%
<b>Long Term Care Administrator</b>	25.0%	29.0%	64.3%	36.4%	42.6%	64.3%	64.4%	41.9%	19.6%	44.7%	50.0%	35.1%	40.0%
<b>Medicine</b>	93.7%	94.6%	93.3%	92.4%	83.9%	93.8%	88.6%	85.2%	86.8%	87.3%	80.3%	84.2%	82.9%
<b>Nurse Aide</b>	93.1%	75.3%	85.2%	78.2%	85.6%	95.3%	87.2%	78.5%	85.6%	88.0%	65.4%	69.7%	86.4%
<b>Nursing</b>	81.0%	62.3%	79.2%	72.5%	69.9%	79.3%	59.6%	44.4%	53.6%	59.3%	57.7%	37.7%	53.0%
<b>Optometry</b>	62.5%	88.9%	83.3%	50.0%	47.8%	100.0%	64.7%	49.5%	35.7%	40.0%	66.7%	56.0%	37.5%
<b>Pharmacy</b>	91.4%	94.0%	90.3%	92.6%	83.4%	95.8%	64.7%	95.8%	92.7%	89.6%	88.4%	89.6%	93.6%
<b>Physical Therapy</b>	100.0%	25.0%	46.7%	45.5%	32.7%	54.5%	54.8%	78.6%	50.0%	100.0%	48.5%	46.9%	88.2%
<b>Psychology</b>	100.0%	90.5%	92.3%	81.8%	86.4%	93.1%	95.7%	36.2%	78.0%	62.7%	76.9%	75.7%	71.4%
<b>Social Work</b>	81.8%	66.7%	84.2%	78.3%	50.9%	70.8%	46.7%	47.9%	37.3%	41.9%	100.0%	59.1%	96.8%
<b>Veterinary Medicine</b>	74.3%	53.8%	64.5%	73.8%	67.1%	44.6%	64.6%	93.8%	51.0%	56.1%	31.8%	66.3%	56.3%
<b>Agency Total</b>	87.6%	80.6%	80.6%	80.6%	80.6%	80.6%	80.6%	72.9%	74.3%	75.8%	70.1%	64.0%	71.1%



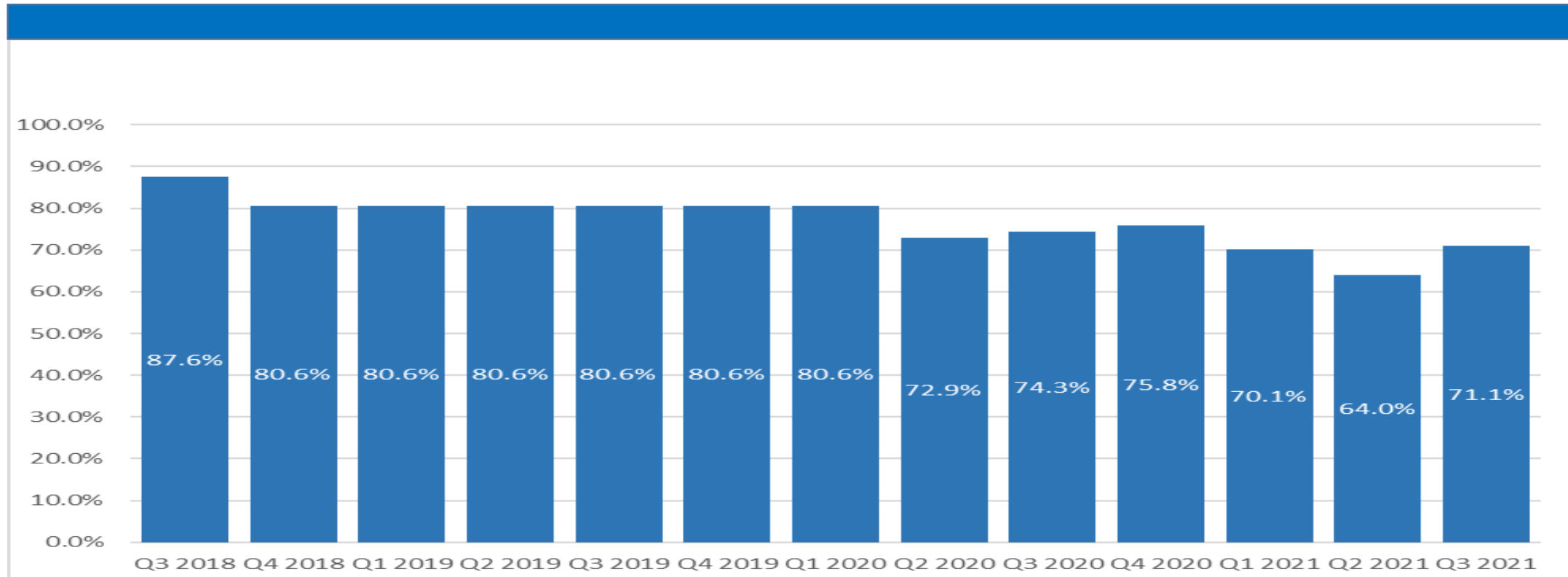
# Virginia Department of Health Professions

## Cases Closed in Less than One Year

### Quarterly Summary

Quarter 3 - Fiscal Year 2021

The percent of cases closed in fewer than 365 days shows, from the total of all cases closed during the specified period, from entry to closure. These calculations include only cases closed within the quarter specified.





# Virginia Department of Health Professions

## Cases Closed in Less than One Year

### Fiscal Year Summary

Fiscal Year 2020

The percent of cases closed in fewer than 365 days shows, from the total of all cases closed during the specified period, from entry to closure. These calculations include only cases closed within the quarter specified.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

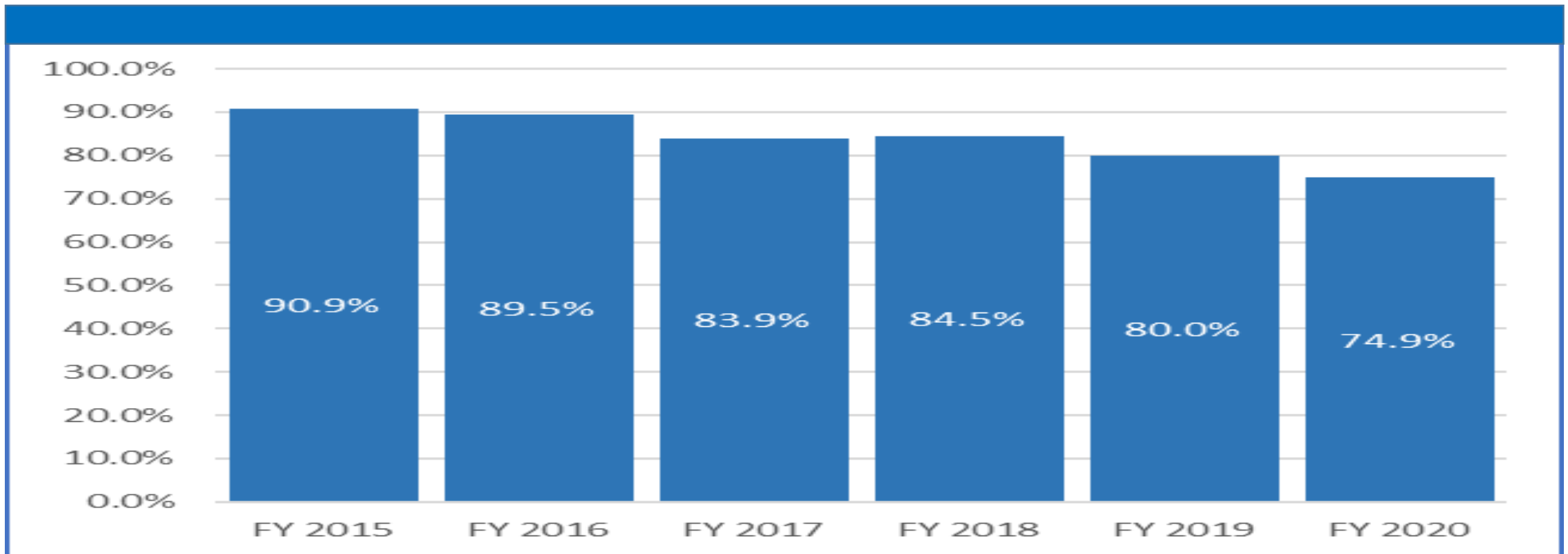
BOARD	FY 2015	Change Between FY 16 & FY 15	FY 2016	Change Between FY 16 & FY 17	FY 2017	Change Between FY 17 & FY 18	FY 2018	Change Between FY 18 & FY 19	FY 2019	Change Between FY 19 & FY 20	FY 2020
<b>Audiology</b>	96.8%	3.3%	100.0%	-10.5%	89.5%	-10.6%	80.0%	9.3%	88.2%	-12.2%	78.6%
<b>Counseling</b>	76.6%	-25.8%	56.8%	35.0%	76.8%	13.8%	87.4%	-11.3%	78.5%	2.7%	80.7%
<b>Dentistry</b>	72.4%	0.0%	72.4%	3.4%	74.8%	13.9%	85.2%	-6.1%	80.3%	-11.8%	71.8%
<b>Funeral Directing</b>	95.7%	-6.0%	90.0%	-14.4%	77.1%	0.5%	77.4%	8.6%	84.7%	-5.3%	80.4%
<b>Long-Term Care Administrator</b>	90.0%	-6.4%	84.2%	-19.0%	68.3%	-38.9%	41.7%	-16.5%	35.8%	16.4%	42.8%
<b>Medicine</b>	90.8%	-1.7%	89.3%	5.0%	93.7%	0.1%	93.8%	-9.6%	85.6%	0.9%	86.4%
<b>Nurse Aide</b>	96.0%	-2.2%	94.0%	-9.4%	85.1%	-3.0%	82.5%	-0.4%	82.2%	2.7%	84.5%
<b>Nursing</b>	90.3%	-4.7%	86.1%	0.7%	86.7%	-9.7%	78.3%	-0.9%	77.6%	-40.8%	55.1%
<b>Optometry</b>	86.7%	4.9%	90.9%	-1.4%	89.7%	-29.4%	63.3%	1.1%	64.0%	-30.9%	48.9%
<b>Pharmacy</b>	88.0%	4.4%	91.9%	-15.6%	77.6%	14.6%	89.0%	4.3%	93.0%	0.5%	93.5%
<b>Physical Therapy</b>	90.0%	3.4%	93.0%	-33.3%	62.1%	25.3%	77.8%	-130.2%	33.8%	43.0%	59.3%
<b>Psychology</b>	93.8%	-49.5%	47.3%	21.8%	57.6%	60.0%	92.2%	-8.2%	85.2%	-39.0%	61.3%
<b>Social Work</b>	85.0%	-28.4%	60.9%	-15.3%	51.5%	57.1%	81.0%	-16.4%	69.6%	-61.9%	43.0%
<b>Veterinary Medicine</b>	100.0%	-37.6%	62.4%	16.7%	72.8%	-9.2%	66.2%	-4.7%	63.2%	18.3%	77.4%
<b>AGENCY</b>	<b>90.9%</b>	<b>-1.6%</b>	<b>89.5%</b>	<b>-6.2%</b>	<b>83.9%</b>	<b>0.7%</b>	<b>84.5%</b>	<b>-5.6%</b>	<b>80.0%</b>	<b>-6.8%</b>	<b>74.9%</b>



# Virginia Department of Health Professions

## Cases Closed in Less than One Year Fiscal Year Summary Fiscal Year 2020

The percent of cases closed in fewer than 365 days shows, from the total of all cases closed during the specified period, from entry to closure. These calculations include only cases closed within the quarter specified.







# Virginia Department of Health Professions

## Average Age of Cases Closed


### Quarterly Summary

Quarter 3 - Fiscal Year 2021

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.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	CURRENT Q3 2021
<b>Audiology</b>	179	463.3	97.4	190.3	149	208	241	291	282.5	N/A	569.5	458.4	N/A
<b>Counseling</b>	153.7	185	164.2	161.3	251	279	173	157	293.9	187.7	217	284.8	236.2
<b>Dentistry</b>	239.7	165	141.5	83.6	192	395	316	466	270.1	160.9	403	366.1	595.5
<b>Funeral Directing</b>	383.3	211.8	225.7	298.8	116	259	287	180	243.7	197	311	265.3	360.7
<b>Long-Term Care Administrators</b>	424.1	395.5	253	396.8	400	433	291	385	553.1	492	332	429.1	430.2
<b>Medicine</b>	153.5	133.3	142.1	147.3	240	170	172	238	197.7	196	255	209.5	206.5
<b>Nurse aide</b>	200.7	235.3	150.1	201.7	204	147	164	226	185.3	156	262.59	242.2	178.9
<b>Nursing</b>	215.8	280.3	192.3	198.3	276	3003	300	350	323.8	312	325.89	438.0	350.3
<b>Optometry</b>	240	190.7	194.2	506.5	379	129	275	380	411.1	298	227.5	379.5	350.1
<b>Pharmacy</b>	173.7	114.1	160.2	152.3	255	116	275	117	105.3	149	142.33	165.0	116.7
<b>Physical Therapy</b>	152.5	412.8	389.3	366.5	467	322	280	174	346.6	141	340.33	395.2	198.8
<b>Psychology</b>	118.8	175.2	170.4	228.6	225	153	72	548	226.1	305	213.81	198.6	208.0
<b>Social Work</b>	277.5	237.2	113.8	200.7	263	211	271	377	338.6	363	111.81	340.4	101.4
<b>Veterinary Medicine</b>	278.7	376.7	321.9	261.9	293	423	285	79	357.8	308	543.16	337.9	313.0
<b>Agency total</b>	196.4	201.1	173.8	169.2	258	204	214	258.4	236.4	239	280.6	307.0	276.2



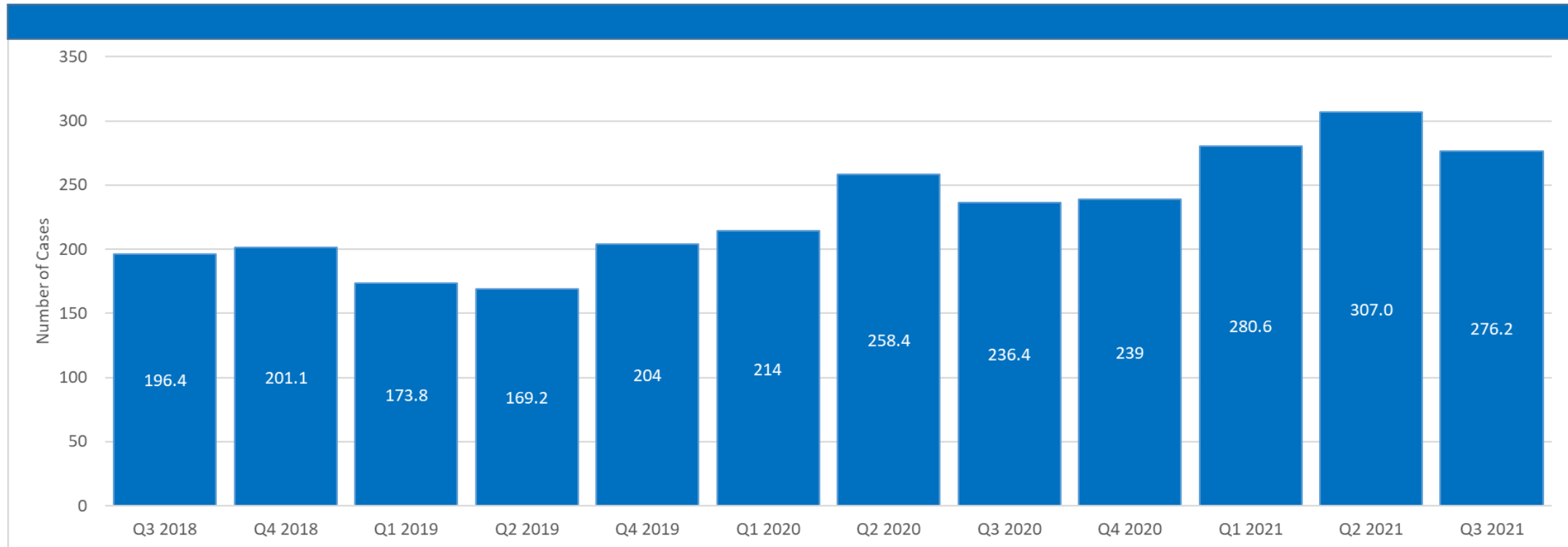
# Virginia Department of Health Professions

## Average Age of Cases Closed

### Quarterly Summary

Quarter 3 - Fiscal Year 2021

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.





# Virginia Department of Health Professions

## Average Age of Cases Closed Fiscal Year Summary Fiscal Year 2020

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.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1 - December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	FY 2015	Change Between FY 16 & FY 15	FY 2016	Change Between FY 17 & FY 16	FY 2017	Change Between FY 18 & FY 17	FY 2018	Change Between FY 19 & FY 18	FY 2019	Change Between FY 20 & FY 19	FY 2020
Audiology/Speech Pathology	99	67.4%	165.8	39.1%	230.5	14.7%	264.5	-57.4%	168.00	18.1%	205.19
Counseling	258.3	22.0%	315	-18.4%	257.2	-30.5%	178.9	15.6%	212.00	31.7%	310.20
Dentistry	282.9	-1.4%	278.9	-7.4%	258.1	-16.1%	216.5	2.5%	222.00	4.9%	233.51
Funeral Directing	148.3	28.2%	190.1	16.4%	221.3	17.8%	260.7	-33.0%	196.00	53.5%	421.79
Long-Term Care Administrators	188.5	12.7%	212.4	45.0%	307.9	14.7%	353.3	18.4%	433.00	-111.4%	204.80
Medicine	171	-0.9%	169.5	-17.2%	140.4	-0.3%	139.9	31.8%	205.00	76.0%	854.00
Nurse Aide	143.4	0.5%	144.2	33.4%	192.2	22.5%	235.6	-11.1%	212.00	34.5%	323.54
Nursing	194	3.4%	200.6	-1.9%	196.8	14.5%	225.2	16.6%	270.00	20.8%	340.73
Optometry	170.7	19.6%	204.2	-17.7%	168	118.7%	367.4	-19.8%	306.76	-152.0%	121.71
Pharmacy	162.6	-20.7%	129	103.5%	262.5	-36.0%	167.9	-24.4%	135.00	51.5%	278.44
Physical Therapy	179.7	-5.9%	169.1	58.9%	268.6	-11.2%	238.5	47.4%	453.00	-30.9%	345.94
Psychology	182.7	89.0%	345.2	-8.3%	316.6	-53.1%	148.6	31.5%	217.00	36.7%	342.95
Social Work	229.4	11.0%	254.7	47.4%	375.3	-40.5%	223.1	-8.8%	205.00	15.0%	241.25
Veterinary Medicine	230	48.4%	341.4	-12.6%	298.2	4.6%	311.8	3.8%	324.00	-74.8%	185.34
<b>Agency Total</b>	<b>186.8</b>	<b>4.5%</b>	<b>195.3</b>	<b>6.1%</b>	<b>207.2</b>	<b>-4.2%</b>	<b>198.4</b>	<b>11.8%</b>	<b>225</b>	<b>5.9%</b>	<b>239</b>



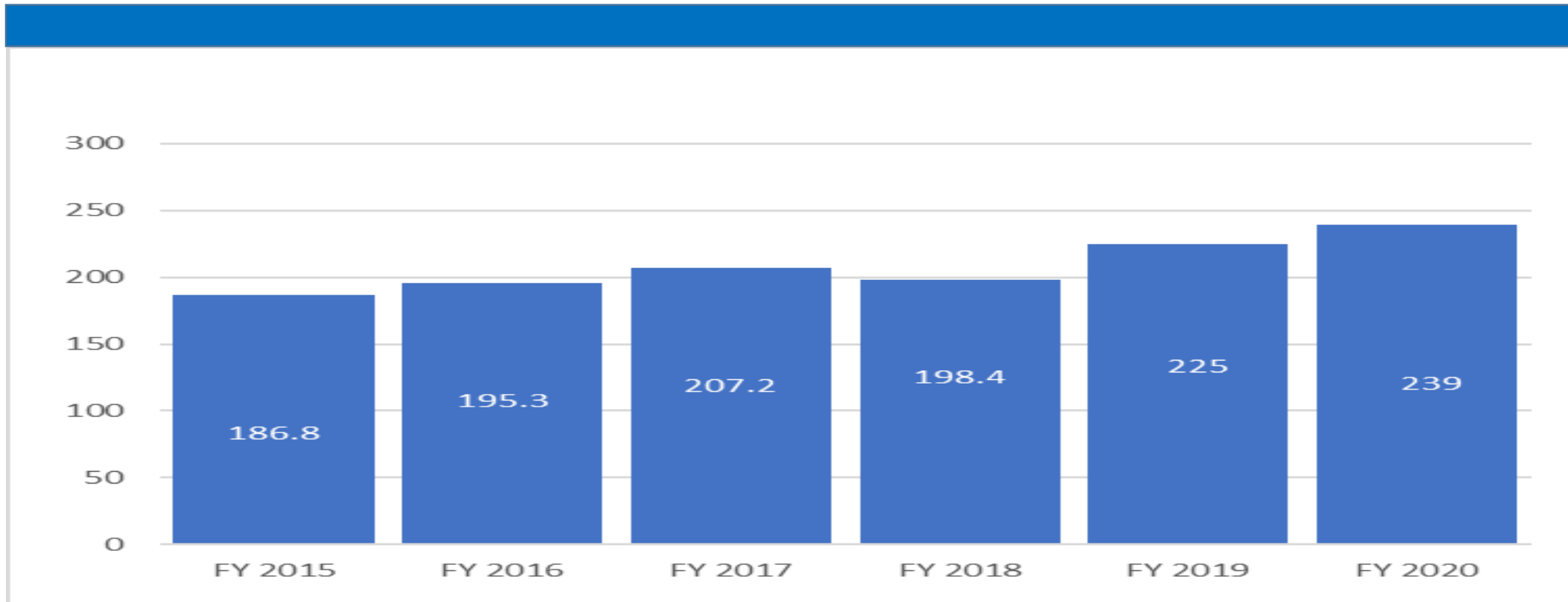
# Virginia Department of Health Professions

## Average Age of Cases Closed

### Fiscal Year Summary

Fiscal Year 2020

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.



# Agency Statistics and Performance Measures

Elizabeth A. Carter, Ph.D.

Executive Director, Virginia Board of Health Professions

Director, DHP Healthcare Workforce Data Center

**Virginia Board of Health  
Professions Virtual Meeting  
May 13, 2021**



# Agency Performance Reporting

- DHP has formally measured and tracked performance for decades. Results are published in several online reports including the Biennial and Quarterly Reports posted on the DHP website (<http://www.dhp.virginia.gov/AboutDHP/AgencyReports/>).
- Quarterly Reports are also a standard in your meeting packet.
  - **Enforcement**
    - Cases Closed, Open & Received
    - Average Time to Close a Case
    - Percent of Cases Closed within a Year
  - **Licensing**
    - Count of Current Licensees
    - New Licenses Issued
    - Applicant Satisfaction Survey Results
  - **Finances**
    - Board Cash Balances

## Historical Perspective on Key Performance Measures (KPMs)

- Since in the late 1990's, state budget and strategic planning processes require agencies to submit specified measures and methodologies for approval and reporting to the Department of Planning and Budget (DPB).
- In 2006, the DPB “Key Performance Measures” approach was instituted.
- DPB publishes “Public Reports” (formerly Virginia Performs):  
[http://publicreports.dpb.virginia.gov//rdPage.aspx?rdReport=vp\\_Agency&rdAgReset=True&Agency=223](http://publicreports.dpb.virginia.gov//rdPage.aspx?rdReport=vp_Agency&rdAgReset=True&Agency=223).

# Historical Perspective on KPMs

- 2006 - **one** disciplinary case process KPM: Time to Disposition  
Quarterly Goal: 90% of Patient Care cases resolved within 250 days  
By 2007, “days” became 250 *business* days.
- 2007 – Initially “Patient Care” not operationally defined. Priority was a *rough proxy*: Priority A – C = Patient Care D = Non-Patient Care



## Historical Perspective on KPMs

- 2008/9 – Case Category distinguishes Patient Care/Non-Patient Care
- DHP streamlined and formalized the measurement system.
  - 178 case category “labels” were collapsed into 30 meaningful Case Categories with definitions added
  - Rules were established to record the **most serious** category as the very first entered in MLo(**Case Category1**).
  - Training sessions were held for both staff and Boards.

## Historical Perspective on KPMs

- 2009 – DHP Senior staff and Visual Research met with DPB, Dept. of Accounts and Governor’s staff.
- Today - Eight quarter rolling window & **three** measures instead of one:
  - **Clearance Rate** (100% Received vs. Closed)
  - **Age of Pending Caseload** (<=20% of older than 250 Business Days)
  - **Time to Disposition** (90% of patient care cases within 250-Business Days)

See next slide for the latest report also accessible at “DHP Performs” link:  
<https://www.dhp.virginia.gov/media/dhpweb/docs/about-dhp/DHP%20Perf%20Measure%20Report%20Q2%20FY2021.pdf>

# Performance Measures: DHP Performs

## Patient Care Case Clearance Rate, Age of Pending Caseload & Time to Disposition

**Virginia Department of Health Professions**  
**Patient Care Disciplinary Case Processing Times (with Continuance Days Removed):**  
**Quarterly Performance Measurement, Q2 2017 - Q2 2021**

David E. Brown, D.C.  
 Director

*"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."*  
**DHP Mission Statement**

In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload; Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation. This report includes the number of days the case was in the continuance activity.

**Clearance Rate** - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct.

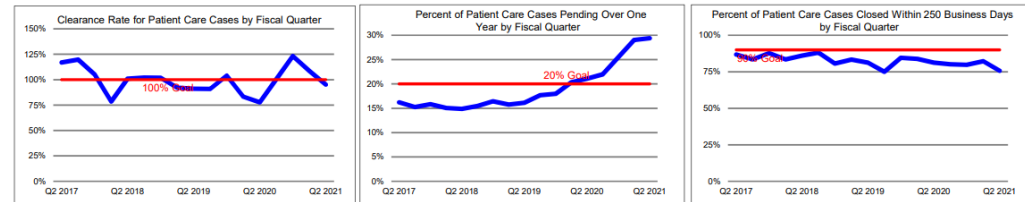
**Age of Pending Caseload** - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20%.

**Time to Disposition** - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days.

The current quarter's clearance rate is 95%, with 1028 patient care cases received and 978 closed.

The current quarter shows 29% patient care cases pending over 250 business days with 3294 patient care cases pending and 968 pending over 250 business days.

The current quarter shows 76% of patient care cases being resolved within 250 business days with 921 cases closed and 697 closed within 250 business days.



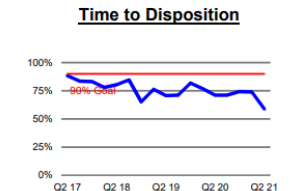
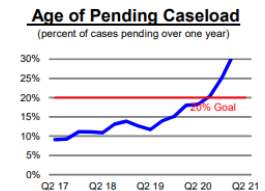
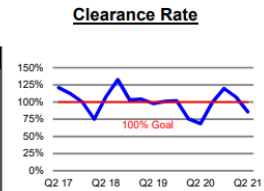
Submitted: 2/18/2021

Patient Care Disciplinary Case Processing Times(with Continuance Days Removed)

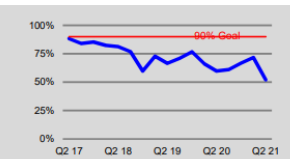
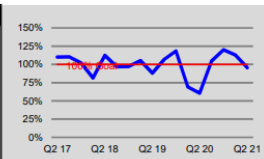
Prepared by: Department of Health Professions

**Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board**

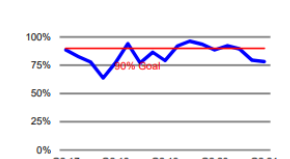
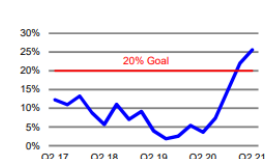
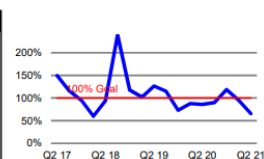
**Nursing**  
**Clearance Rate: 86%**  
 409 Cases Received  
 351 Cases Closed  
**Pending Caseload: 33%**  
 527 Cases Pending over 250 Days  
**Time to Disposition: 59%**  
 194 Cases Closed within 250 Days



**Nurses**  
**Clearance Rate: 96%**  
 275 Cases Received  
 263 Cases Closed  
**Pending Caseload: 36%**  
 421 Cases Pending over 250 Days  
**Time to Disposition: 52%**  
 126 Cases Closed within 250 Days



**CNA**  
**Clearance Rate: 66%**  
 134 Cases Received  
 88 Cases Closed  
**Pending Caseload: 26%**  
 106 Cases Pending over 250 Days  
**Time to Disposition: 78%**  
 68 Cases Closed within 250 Days



Additional versions are available from staff that have continuance days included by 415 Day goals.

## Other Ongoing Performance Measures

- **Licensure** performance is tracked through “Completed Applications within 30 Days” and is a DPB KPM.
- Prescription Monitoring Program is also a DPB KPM, but has ceased to be tracked due to the need for revision to reflect advances in that program’s system
- DHP also tracks Customer Satisfaction Survey results (former DPB KPM) in its online Quarterly Reports

See the following for accessing DPB’s website site and the current measures.

# Performance Measures: Department of Planning and Budget “Public Reports” (formerly “Virginia Performs”)

The screenshot shows the Virginia Department of Planning and Budget website. The header includes the Virginia state flag and the text 'Virginia Department of Planning & Budget'. A navigation menu on the left lists various sections like 'About DPB', 'Documents, Instructions and Publications', 'Virginia's Budget', 'Regulatory Review', 'School Reviews', 'Strategic Planning', 'Resource Links', and 'Agency Applications'. The main content area is titled 'State Agency Planning & Performance Measures' and contains several paragraphs of text explaining the department's role in strategic planning and performance measurement. A red arrow points to the 'Select an Agency' link. Below this, there are links for 'All of Virginia's Performance Measures', a search box, and an 'Archive of Agency Strategic Plans and Executive Progress Reports'. At the bottom, there is a section for 'Links to Training Materials and Other Resources' with a button for 'Strategic Planning Application Login'.

[http://publicreports.dpb.virginia.gov//rdPage.aspx?rdReport=vp\\_Agency&rdAgReset=True&Agency=223](http://publicreports.dpb.virginia.gov//rdPage.aspx?rdReport=vp_Agency&rdAgReset=True&Agency=223)

# Current Department of Planning and Budget Performance Measures for DHP - Agency Key, Other Agency, Productivity

## Performance Measures

Active performance measures for this agency

[Detailed Measures Report - Table Format](#)

Measure Name	Measure Class
Percent of initial licensure applications processed within 30 days of receipt of a completed application	Agency Key
Percent of patient care cases pending over one year	Other Agency
Percent of patient care cases pending over one year without continuances	Other Agency
Percent of patient care cases resolved within 250 business days	Other Agency
Percent of patient care cases resolved within 250 business days without continuances	Other Agency
The cost to issue a new registered nurse license.	Productivity
The number of queries by prescribers to the Prescription Monitoring Program as a percent of prescriptions added	Agency Key

7 Measures

# Extract from DPB on DHP's "Time to Disposition" Measure

It was a challenge at the beginning to go from the baseline 68% to 90%.

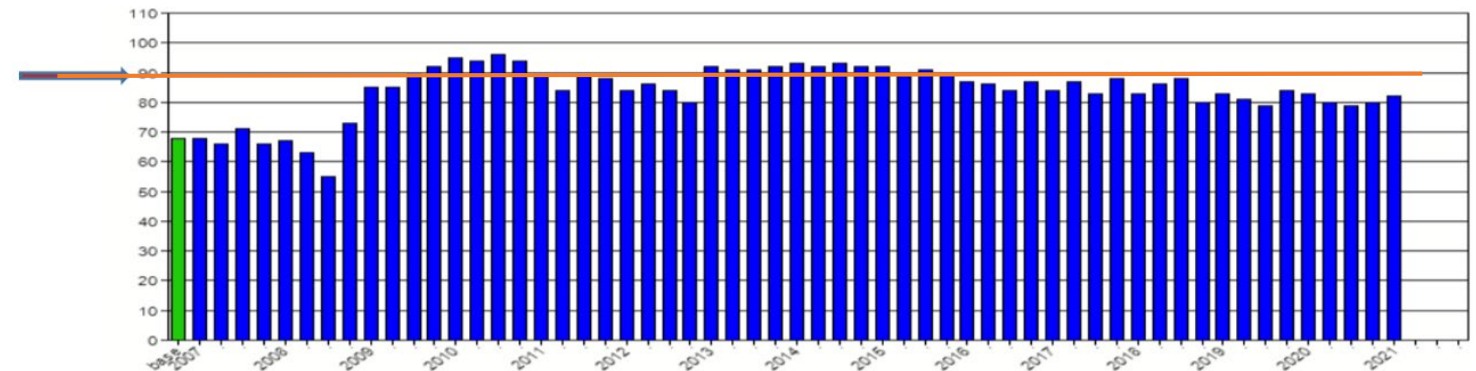
- Operationally define "patient care"
- Identify process bottlenecks
- "Blitz" oldest cases
- Institute up front tiering, etc.

Since 2009, the agency had several quarters where it consistently met the 90% goal (i.e., 2010-2011 and 2013-2015).

But since 2015(4), result have remained high but below 90% and hovering in the lower 80% range since 2019.

*Percent of patient care cases resolved within 250 business-days*

Measure Results					Explanatory Note
Year	Q1	Q2	Q3	Q4	
2007	68	66	71	66	
2008	67	63	55	73	
2009	85	85	90	92	
2010	95	94	96	94	
2011	90	84	90	88	
2012	84	86	84	80	
2013	92	91	91	92	
2014	93	92	93	92	
2015	92	89	91	90	
2016	87	86	84	87	There has been a push across the agency to close cases that have been open for longer than 250 business days. Because of the push, the closed cases under 250 business days measure has dropped over the last 3 quarters.
2017	84	87	83	88	
2018	83	86	88	80	Results for Q4 2018 were calculated using data compiled on 08/01/2018, instead of the first day of the new quarter, due to an issue when compiling the data.
2019	83	81	79	84	
2020	83	80	79	80	
2021	82				



\*P1.31 - Run Date: 03/05/2021 12:50:44



# Extract from DPB on DHP's "Age of Pending Caseload Measure"

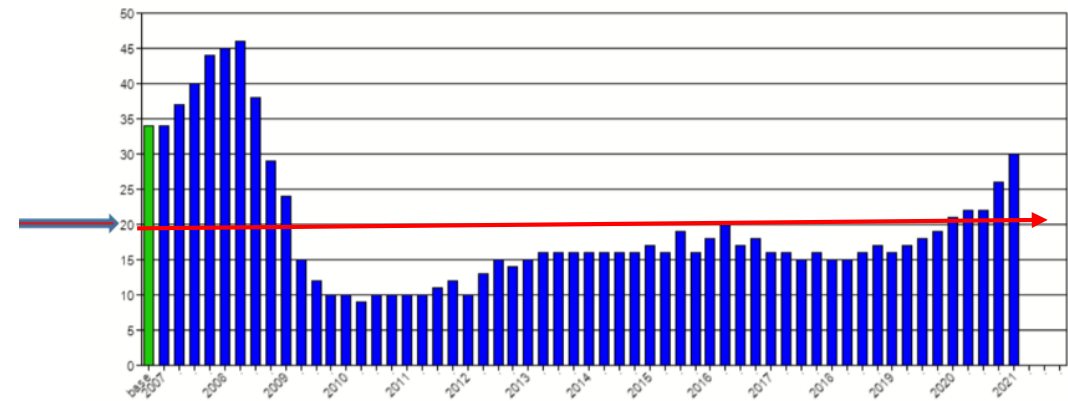
Similarly, this 20% goal (also based on a 250-business day "year") was hard reach initially. But was sustained from 2009 until 2020 and has grown to 30% in 2021 (1).

The upward growth in backlog began in 2018, with increases almost each quarter since then.

Note that 2020 and 2021 may have been adversely affected by delays due to COVID-19. The agency has been tracking "Temporary Hold" activities since March 2020. Results on the overall impact are pending.

*Percent of patient care cases pending over one year*

Measure Results					Explanatory Note
Year	Q1	Q2	Q3	Q4	
2007	34	37	40	44	
2008	45	46	38	29	
2009	24	15	12	10	
2010	10	9	10	10	
2011	10	10	11	12	
2012	10	13	15	14	
2013	15	16	16	16	
2014	16	16	16	16	
2015	17	16	19	16	
2016	18	20	17	18	
2017	16	16	15	16	
2018	15	15	16	17	Results for Q4 2018 were calculated using data compiled on 08/01/2018, instead of the first day of the new quarter, due to an issue when compiling the data.
2019	16	17	18	19	
2020	21	22	22	26	
2021	30				



\*P1.31 - Run Date: 03/05/2021 01:46:10



## What may be delaying case processing?

- Managers opined – growing demand for continuances. Rescheduling conference/hearing date essentially stops what staff can do until the proceeding occurs.
- 2018(1) to present, DPB publishes results with and without continuance days removed to track the differences.
  - 1-3% difference each quarter.
  - But continuances, alone, cannot account for the approximately 10% differences in meeting Time to Disposition Age of Pending Caseload goals.

## What may be delaying cases processing?

- For an independent, comprehensive analysis of relevant factors, DHP contracted with Visual Research, Inc.
- Analyzed variables tracked in MLo and data download with calculated days in respective processing stages on cases closed 7/1/2013-6/30/2018.
- Specific factors have been identified as more or less likely to increase time to closure, with variation among the boards.

## What may be delaying case processing?

### Key Point:

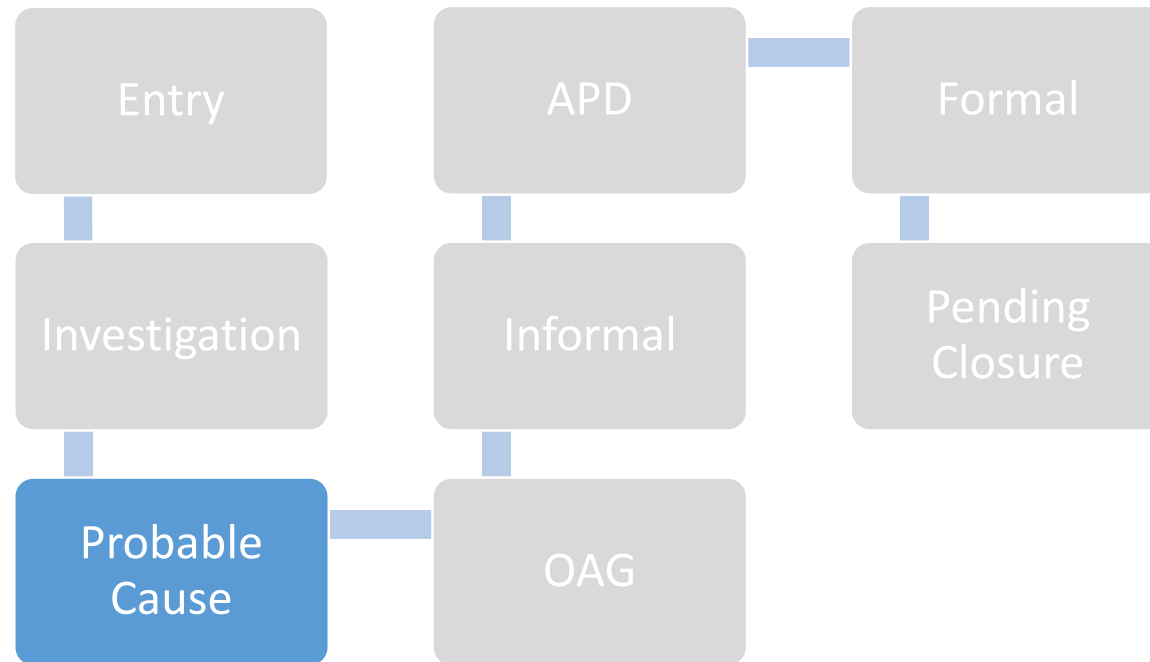
- The 250-business day timeframe cannot reasonably equate to a year's worth of actual days in which work could be accomplished. It cannot account for even minimal annual leave time, illness, training, travel, etc. that a routine year entails.
- A 415-day approach does. Pending DPB review/approval.

## What may be delaying case processing?

- In addition to Visual Research's work, DHP analytic staff have been conducting exploratory analyses of variable trends and correlations related to *total* caseloads as well as patient-care during FY2011-2020. The following are some initial findings:
  - Overall, increasing closed case **volume** is highly positively associated with increasing **mean days** (almost 1:1)
    - Overall volume of closed cases increased by over 1000 (18%) and patient care cases by nearly 800 (21%) with
    - Concomitant growth in mean days to closure by 20 and 32 mean days, respectively.

## What may be delaying case processing?

- **Little to association with volume and average date** at the Entry, Investigation, APD, Informal, OAG, and Formal stages, alone.



But there were higher correlations at Probable Cause, alone, and in combination with post-Investigations stages.

There is great variability among boards.

## What may be delaying case processing?

- Attention now focused on “Board-level” tracking (Probable Cause, Informal, Formal and Pending, collectively). The patient care case goal is for 90% of cases to clear these stages within 120 days (of the 250-days allotted overall).
- In no quarter from 2017 (1) to 2021 (3) has the overall goal been reached. On average more cases are being processed at the “Board level” but fewer are on-time -- only 85% overall.
- There are substantial differences between boards. The range is as low as 34% to 55% for some and 97-100% for others.

# Next steps. . .

- Further internal analyses at the “Board-level” and meetings with respective Board Executive Directors to review board-specific and gain insights from their perspectives.
- DPB review with DHP on the 415-day approach.

# Healthcare Workforce Data Center

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

## Data Products

### [Profession Reports](#)

The HWDC Profession Reports are the mainstay of the HWDC's data products. They provide a statewide look at the healthcare workforce on a profession-by-profession basis. Profession reports are published following the end of the data collection period. Profession reports include HWDC CareForce Indicators as well as more detailed information pertaining to the professions.

### [Virginia CareForce Snapshots](#)

The Virginia CareForce Snapshot is a compilation of the CareForce indicators for all professions, statewide, in a given HWDC survey year. The Careforce Snapshot, updated annually in spring, provide an interactive guide to compare CareForce Indicators across professions.

### [Regional CareForce Snapshot](#)

Produced in collaboration with the Virginia Healthcare Workforce Development Authority, (VHWDA) our Regional CareForce Products provide an interactive guide to the CareForce in each of Virginia's eight AHEC regions. Regional Reports are updated each spring.

### [Trends in Healthcare Workforce Full Time Equivalency \(FTE\) Units](#)

Starting in June 2016, the Trends in Healthcare Workforce Full Time Equivalency (FTE) Units feature enables FTE trend comparisons of the original surveyed professions from 2012 to 2015. It also compares 2015 results for 20 professions by county, as well as AHEC, Council on Virginia's Future, Workforce Investment Area, and Health Planning Districts.

### [Student Choice](#)

Our interactive Student Choice page uses HWDC data and data from the Bureau of Labor Statistics to help students begin thinking about health careers and education. This tool highlights the interoperability of HWDC data and how it can be used in analysis and decision making.

### [Trends in Virginia Healthcare Workforce](#)

Launched in 2018, this tool provides users with profession-specific data for all the years available.

### [Virginia Healthcare Workforce Briefs](#)

The Healthcare Workforce Data Center's Virginia Healthcare Workforce Briefs provide timely indicators of the strength of Virginia's healthcare labor market in an accessible format. Information in these briefs is based on data provided by the US Department of Labor, Bureau of Labor Statistics and the US Department of Commerce, Bureau of Economic Analysis. The briefs consist of three series:

- *Series 1: State & National Employment (Monthly)*
- *Series 2: Virginia Regional & Sectoral Employment (Monthly)*
- *Series 3: Income & Compensation (Quarterly)*

### [Trends in Healthcare Employment in Virginia](#)

The US Bureau of Labor releases nonseasonally adjusted monthly data on nonfarm employment for states and metropolitan areas. The data is obtained from the Current Employment Statistics (CES) State and Local Areas. This story presents some of Virginia data and drills down to sectors and metropolitan statistical areas (MSA) for which data is available in the healthcare sector.



# Virginia's Chief Data Officer Website

<https://www.cdo.virginia.gov/>

## Data Sage

An Agency of the Commonwealth of Virginia Virginia.gov | Find an Agency

**Chief Data Officer**  
Carlos Rivero

Home Register | Log in

My Project <<  
Data Dictionary

**Welcome to the Commonwealth of Virginia Data Secure Analytics and Governance Environment (SAGE)**, a multi-agency collaborative effort to securely link data across agencies to facilitate data sharing, analytics, and intelligence supporting evidence-based, actionable decision making across the Commonwealth. DataSAGE offers data across a variety of domains and agencies, including education, health, social services, workforce, criminal justice, agricultural and environment, commerce and trade, and transportation data from partner agencies and is extensible to include other agencies, localities, and organizations in the future. In addition to existing reports, the MyDataSAGE offers individuals the ability to build custom data sets through access to a curated public data catalog and a query building tool.

*Carlos Rivero*

Agency:

## myDATASAGE Metadata

[Expand All](#) [Collapse All](#)

- Adult Education
- Department for Aging and Rehabilitative Services
- Department of Health Professions
- Department of Juvenile Justice
- Department of Social Services
- Office of Childrens Services
- Open Data Portal
- State Council of Higher Education for Virginia
- Virginia Community College System
  
- Virginia Department of Education
- Virginia Employment Commission
- Virginia Goodwill Network

Please join us for the Library of Virginia's obs...  
[uncommonwealth.virginiamemory.com](http://uncommonwealth.virginiamemory.com)

# VIRGINIA ACTS OF ASSEMBLY -- 2021 SPECIAL SESSION I

## CHAPTER 314

*An Act to amend and reenact § 2.2-203.2:4 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 25 of Title 2.2 an article numbered 13, consisting of sections numbered 2.2-2558 through 2.2-2564, relating to data governance; Office of Data Governance and Analytics; Chief Data Officer; Virginia Data Commission; report.*

[S 1365]

Approved March 24, 2021

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

**1. That § 2.2-203.2:4 of the Code of Virginia is amended and reenacted and the Code of Virginia is amended by adding in Chapter 25 of Title 2.2 an article numbered 13, consisting of sections numbered 2.2-2558 through 2.2-2564 as follows:**

#### **§ 2.2-203.2:4. Office of Data Governance and Analytics; Chief Data Officer; creation; report.**

A. As used in this section, "~~open~~ unless the context requires a different meaning:

"Board" means the Executive Data Board.

"CDO" means the Chief Data Officer of the Commonwealth.

"Commonwealth Data Trust" means a secure, multi-stakeholder data exchange and analytics platform with common rules for data security, privacy, and confidentiality. The Commonwealth Data Trust shall include data from state, regional, and local governments, from public institutions of higher education, and from any other sources deemed necessary and appropriate.

"Council" means the Data Governance Council.

"Group" means the Data Stewards Group.

"Office" means the Office of Data Governance and Analytics.

"Open data" means data that is collected by an agency that is not prohibited from being made available to the public by applicable laws or regulations or other restrictions, requirements, or rights associated with such data.

B. There is created in the Office of the Secretary of Administration the ~~position~~ Office of Chief Data Officer of the Commonwealth Governance and Analytics to ~~coordinate~~ foster and oversee the effective sharing of data among state, regional, and local public entities and public institutions of higher education and to, implement effective data governance strategies to maintain data integrity and security, and promote access to ~~open~~ Commonwealth data. The purpose of the Office shall be to (i) improve compliance with the Government Data Collection and Dissemination Practices Act (§ 2.2-3800 et seq.); (ii) increase access to and sharing of Commonwealth data, including open data, between state, regional and local public entities and public institutions of higher education across all levels of government; (iii) Increase the use of data and data analytics to improve the efficiency and efficacy of government services and improve stakeholder outcomes; and (iv) establish the Commonwealth as a national leader in data-driven policy, evidence-based decision making, and outcome-based performance management.

C. The Office shall have the following powers and duties:

1. To support the collection, dissemination, analysis, and proper use of data by state agencies and public entities as defined in the Government Data Collection and Dissemination Practices Act (§ 2.2-3800 et seq.);

2. To facilitate and guide data-sharing efforts between state, regional, and local public entities and public institutions of higher education;

3. To develop innovative data analysis and intelligence methodologies and best practices to promote data-driven policy making, decision making, research, and analysis;

4. To manage and administer the Commonwealth Data Trust;

5. To assist the Chief Data Officer and the Chief Information Officer of the Commonwealth in the development of a comprehensive six-year Commonwealth strategic plan for information technology;

6. In cooperation with the Chief Information Officer of the Commonwealth, to provide technical assistance to state agencies, local governments, and regional entities to establish and promote data sharing and analytics projects including data storage, data security, privacy, compliance with federal law, the de-identification of data for research purposes, and the appropriate access to and presentation of open data and datasets to the public;

7. To develop measures and targets related to the performance of the Commonwealth's data governance, sharing, analytics, and intelligence program;

8. To undertake, identify, coordinate, and oversee studies linking government services to stakeholder outcomes;

9. To implement a website dedicated to (i) hosting open data from state, regional, and local public entities and public institutions of higher education and (ii) providing links to any other additional open

*data websites in the Commonwealth;*

*10. To provide staff and operational support to the Virginia Data Commission, Executive Data Board, Data Governance Council, and Data Stewards Group;*

*11. To apply for and accept grants from the United States government and agencies and instrumentalities thereof and any other source. To those ends, the Office shall have the power to comply with such conditions and execute such agreements as may be necessary or desirable;*

*12. To solicit, receive, and consider proposals for funding projects or initiatives from any state or federal agency, local or regional government, public institution of higher education, nonprofit organization, or private person or corporation;*

*13. To enter into public-private partnerships and agreements with public institutions of higher education in the Commonwealth to conduct data sharing and analytics projects;*

*14. To solicit and accept funds, goods, and in-kind services that are part of any accepted project proposal;*

*15. To establish ad hoc committees or project teams to investigate related technology or technical issues and provide results and recommendations for Office action; and*

*16. To establish such bureaus, sections, or units as the Office deems appropriate to carry out its goals and responsibilities.*

*☒ D. There is created in the Office of the Secretary of Administration the position of Chief Data Officer of the Commonwealth to oversee the operation of the Office. The CDO shall exercise and perform the duties conferred or imposed upon him by law and perform such other duties as may be required by the Governor and the Secretary of Administration. The CDO shall not be considered the custodian of any public records in or derived from the Commonwealth Data Trust. The ~~Chief Data Officer~~ CDO shall:*

*1. Establish business rules, guidelines, and best practices for the use of data, including open data, in the Commonwealth. Such rules, guidelines, and best practices shall address, at a minimum, (i) the sharing of data between state, regional, and local public entities and public institutions of higher education, and, when appropriate, private entities; (ii) data storage; (iii) data security; (iv) privacy; (v) compliance with federal law; (vi) the de-identification of data for research purposes; and (vii) the appropriate access to and presentation of open data and datasets to the public;*

*2. Assist state, regional, and local public entities, public institutions of higher education, and employees thereof, with the application of the Government Data Collection and Dissemination Practices Act (§ 2.2-3800 et. seq.) and understanding the applicability of federal laws governing privacy and access to data to the data sharing practices of the Commonwealth;*

*3. Assist the Chief Information Officer of the Commonwealth with matters related to the creation, storage, and dissemination of data upon request;*

*4. Encourage and coordinate efforts of state, regional, and local public entities and public institutions of higher education to access and share data, including open data, across all levels of government in an effort to improve the efficiency and efficacy of services, improve outcomes, and promote data-driven policy making, decision making, research, and analysis; ~~and~~*

*5. Oversee the implementation of a website dedicated to (i) hosting open data from state, regional, and local public entities and public institutions of higher education and (ii) providing links to any other additional open data websites in the Commonwealth;*

*6. Enter into contracts for the purpose of carrying out the provisions of this section;*

*7. Rent office space and procure equipment, goods, and services necessary to carry out the provisions of this section; and*

*8. Report on the activities of the Office, the Commonwealth Data Trust, and the Virginia Data Commission established pursuant to Article 13 (§ 2.2-2558 et seq.) of Chapter 25 annually by December 1 to the Governor and the General Assembly.*

*E. The Commonwealth Data Trust shall be governed by a multi-level governance structure as follows:*

*1. The Executive Data Board shall consist of the directors or chief executives, or their designees, of executive branch agencies engaged in data sharing and analytics projects with the Commonwealth Data Trust. The CDO shall chair the Board. Members of the Board shall (i) translate the Commonwealth's data-driven policy goals and objectives into performance targets at their respective agencies; (ii) allocate appropriate resources at their respective agencies to support data governance, sharing, and analytics initiatives; and (iii) provide any reports to the Office regarding their respective agencies' data analytics work and implementation of recommendations.*

*2. The Data Governance Council shall consist of employees of the agencies represented on the Board, selected by the Board members from their respective agencies. The CDO, or his designee, shall chair the Council. The Council shall (i) liaise between state agency operations and the CDO; (ii) advise the CDO on data technology, policy, and governance structure; (iii) administer data governance policies, standards, and best practices, as set by the Board; (iv) oversee data sharing and analytics projects; (v) review open data assets prior to publication; (vi) provide to the Board any reports on the Council's recommendations and work as required by the Board; (vii) develop necessary privacy and*

*ethical standards and policies for Commonwealth Data Trust resources; (viii) monitor the sharing of Commonwealth Data Trust member-contributed data resources; (ix) review and approve new Commonwealth Data Trust-managed data resources; and (x) conduct any other business the CDO deems necessary for Commonwealth Data Trust governance.*

*3. The Data Stewards Group shall consist of employees from executive branch agencies with technical experience in data management or data analytics. Executive branch agencies shall be encouraged to designate at least one agency data steward to serve on the Group and may designate multiple data stewards as appropriate based upon organizational or data system responsibilities. The Group shall (i) provide the Board and Council with technical subject matter expertise in support of data policies, standards, and best practices; (ii) implement data sharing and analytics projects promoting data accessibility, sharing, and reuse, thereby reducing redundancy across the Commonwealth; (iii) coordinate and resolve technical stewardship issues for standardized data; (iv) ensure data quality processes and standards are implemented consistently by agencies in the Commonwealth; (v) provide communication and education to data users on the appropriate use, sharing, and protection of the Commonwealth's data assets; (vi) promote the collection and sharing of metadata by registering data assets in the Virginia Data Catalog; (vii) liaise with agency project managers and information technology investment staff to ensure adherence to Commonwealth data standards and data sharing requirements; and (viii) support informed, data-driven decision making through compliance with Commonwealth data policies, standards, and best practices.*

*F. In carrying out the provisions of this section, the Office shall coordinate and collaborate with, to the fullest extent authorized by federal law and notwithstanding any state law to the contrary, all agencies set forth in subsection A of § 2.2-212 and subsection A of § 2.2-221; any other state, regional, and local public bodies, including community services boards; local law-enforcement agencies; any health and human services-related entity of a political subdivision that receives state funds; public institutions of higher education; and, when appropriate, private entities.*

*G. The Office shall be considered an agent of any state agency in the executive branch of government that shares information or data with the office, and shall be an authorized recipient of information under any statutory or administrative law governing the information or data. Interagency data shared pursuant to this section shall not constitute a disclosure or release of information or data under any statutory or administrative law governing the information or data.*

#### Article 13.

#### Virginia Data Advisory Commission.

##### **§ 2.2-2558. Virginia Data Advisory Commission; purpose.**

*The Virginia Data Advisory Commission (the Commission) is established as an advisory commission in the executive branch of state government. The Commission shall advise the Office of Data Governance and Analytics (the Office), established pursuant to § 2.2-203.2:4, on issues related to data sharing, including open data, data analytics, and data governance. The Commission shall (i) set, plan, and prioritize data sharing performance goals for the Commonwealth, (ii) review agency accomplishments, and (iii) recommend solutions that will establish the Commonwealth as a national leader in data-driven policy, evidence-based decision making, and outcome-based performance management.*

##### **§ 2.2-2559. Membership; terms; vacancies; chairman and vice-chairman.**

*A. The Commission shall have a total membership of 27 members that shall consist of six legislative members, seven nonlegislative citizen members, and 14 ex officio members. Members shall be appointed as follows: three members of the Senate, to be appointed by the Senate Committee on Rules; three members of the House of Delegates, to be appointed by the Speaker of the House of Delegates in accordance with the principles of proportional representation contained in the Rules of the House of Delegates; and seven nonlegislative citizen members to be appointed by the Governor. The Executive Secretary of the Supreme Court of Virginia, the Chief Workforce Advisor to the Governor, the Chief Data Officer of the Commonwealth, the Secretary of Administration, the Secretary of Health and Human Resources, the Secretary of Public Safety and Homeland Security, the Secretary of Finance, the Secretary of the Commonwealth, the Secretary of Agriculture and Forestry, the Secretary of Natural Resources, the Secretary of Commerce and Trade, the Secretary of Education, the Secretary of Veterans and Defense Affairs, and the Secretary of Transportation, or their designees, shall serve ex officio with voting privileges. Nonlegislative citizen members appointed by the Governor shall represent the seven geographic areas of the Commonwealth. Of the nonlegislative citizen members, at least one shall represent a baccalaureate public institution of higher education in the Commonwealth, at least one shall be an elected official representing a local government in the Commonwealth, and at least one shall represent a private business with expertise and experience in the establishment, operation, and maintenance of a data intelligence platform.*

*B. Each nonlegislative citizen member may designate a representative of his organization as an alternate. Each alternate may attend meetings in place of the appointed member and shall be counted as a member of the Commission for purposes of establishing a quorum. Nonlegislative citizen members of the Commission, and their alternates, shall be citizens of the Commonwealth.*

C. Legislative members and ex officio members of the Commission shall serve terms coincident with their terms of office. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired terms. Vacancies shall be filled in the same manner as the original appointments. All members may be reappointed. After the initial staggering of terms, nonlegislative citizen members shall be appointed for a term of four years. No Senate member shall serve more than two consecutive four-year terms, no House member shall serve more than four consecutive two-year terms, and no nonlegislative citizen member shall serve more than two consecutive four-year terms. The remainder of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining the member's eligibility for reappointment.

D. The Commission shall elect a chairman and vice-chairman from among its membership.

E. Any members of the Commission who represent private businesses that provide data-related products and services, and such private businesses that the members represent are precluded from contracting to provide goods or services to the Office of Data Governance and Analytics.

**§ 2.2-2560. Quorum; meetings.**

A majority of the members shall constitute a quorum. The Commission shall meet at least biennially or at the call of the chairman or the Chief Data Officer.

**§ 2.2-2561. Compensation; expenses.**

Legislative members of the Commission shall receive such compensation as provided in § 30-19.12. Nonlegislative citizen members shall serve without compensation. All members shall be reimbursed for all reasonable and necessary expenses incurred in the performance of their duties as provided in §§ 2.2-2813 and 2.2-2825. Funding for the costs of compensation and expenses of the members shall be provided by the Office of Data Governance and Analytics.

**§ 2.2-2562. Powers and duties of the Commission.**

The Commission shall have the following powers and duties:

1. Promote and facilitate, subject to all applicable federal and state laws, rules, and regulations, the secure and appropriate sharing and use of data assets in the Commonwealth in support of data-driven policy making, research, analysis, study, and economic development;
2. Maximize the value and utility of Commonwealth data-related investments and assets;
3. Promote increased data sharing between state agencies and localities that provides tangible operational improvements in assisting state agencies and localities to fulfill their missions in a more coordinated, cost-efficient manner;
4. Leverage government data, using appropriate security and privacy standards, to support evidence-based policy making that addresses high-priority public policy issues;
5. Provide for public access to certain data assets, where lawful and appropriate, to enhance research, innovation, and insight; and
6. Make any other recommendations deemed necessary related to performance goals and objectives to require engagement from organizations across the Commonwealth.

**§ 2.2-2563. Staffing.**

The Chief Data Officer of the Commonwealth, or his designee, shall provide staff support to the Commission. All agencies of the Commonwealth shall provide assistance to the Commission, upon request.

**§ 2.2-2564. Sunset.**

This article shall expire on July 1, 2024.

2. That the initial appointments of nonlegislative citizen members by the Governor shall be staggered as follows: three members for a term of two years, two members for a term of three years, and two members for a term of four years.
3. That the provisions of this act amending § 2.2-203.2:4 of the Code of Virginia shall expire on July 1, 2023.
4. That the Virginia Data Advisory Commission (the Commission) established by this act shall, in addition to any other powers and duties, review and evaluate the structure and organization of the Office of Data Governance and Analytics (the Office). Such review and evaluation shall include (i) a review of the long-term funding of the Office and the development of recommendations, if necessary, for a financing or fee structure for services provided by the Office and (ii) the development of recommendations for the permanent structure for such Office including a recommendation as to the appropriate place for the Office within the executive branch of government. The Commission shall report its findings and recommendations to the Governor and the Chairmen of the House Committee on Appropriations and the Senate Committee on Finance and Appropriations no later than November 1, 2022.



# Virginia Longitudinal Data System Research Agenda

April 2021

Prepared by:



Performance Management Group

L. Douglas Wilder School of Government and Public Affairs



# Contents

Research Agenda Committee Participants .....	2
Introduction .....	3
Intended Outcomes of the Research Agenda .....	4
Research Questions .....	6
Appendix A: Research Studies Consulted During the Development of the Research Agenda .....	17

General Reference Only

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# Research Agenda Planning Committee Participants



**State Council of Higher Education for Virginia**

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**Virginia Community College System**

Cat Finnegan  
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**Virginia Office of Children’s Services**

Howard Sanderson



**Virginia Department of Aging and  
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Kurt Sprenger



**Virginia Department for the Blind and Vision  
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**Virginia Department of Education**

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Jennifer Piver-Renna  
Jamie Williams  
Eric Ekholm  
Dave Myers  
Ron Parrish  
Leah Walker  
Susan Williams



**Virginia Department of Health Professions**

Yetty Shobo



**Virginia Department of Juvenile Justice**

Jenna Easton  
Autumn Kaufman  
Jesse Schneider



**Virginia Department of Social Services**

Eleanor Brown  
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Jeff Price  
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**Virginia Employment Commission**

Tim Kestner  
Stacy Maher

**Family and Children’s Trust Fund of Virginia**

Nicole Poulin

**George Mason University**

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**Howard University**

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Cristóbal Rodríguez

**Joint Legislative Audit & Review Committee**

Erik Beecroft  
Ellen Miller

**Syracuse University**

Colleen Heflin

**University of Virginia**

Luke Miller  
Jim Wyckoff

**Urban Institute**

Matt Chingos

**Virginia Commonwealth University**

David Naff  
Jesse Senechal

**Virginia Department of Health**

Justin Crow

**Virginia Early Childhood Foundation**

Kathy Glazer

**Virginia General Assembly**

Delegate Lashrecse Aird  
Delegate Carrie Coyner  
Senator Ghazala Hashmi

**Virginia State University**

Willis Walter

**Virginia Tech**

David Knight



VLDS Participating Agencies



## Introduction

**VLDS (Virginia Longitudinal Data System)** is a pioneering collaboration for Virginia's future, giving the Commonwealth an unprecedented and cost-effective mechanism for extracting, shaping, and analyzing partner agency data in an environment that ensures the highest levels of privacy. Funded by the 2009 Statewide Longitudinal Data Systems Grant Program of the United States Department of Education, VLDS is comprised of several component technologies that support secure, authorized research addressing today's top policy and state program questions.

VLDS is a shared resource among multiple Virginia government agencies: the Virginia Department of Education (VDOE), the State Council of Higher Education for Virginia (SCHEV), the Virginia Employment Commission (VEC), the Virginia Department of Social Services (VDSS), the Virginia Community College System (VCCS), the Virginia Department for Aging and Rehabilitative Services (DARS), Virginia Department of Health Professions (DHP), Virginia's Office of Children's Services (OCS), the Department of Juvenile Justice (DJJ), and the Virginia Department for Blind and Vision Impaired (DBVI). VLDS is built on a federated system to merge data across the participating agencies in a complex double-deidentifying hashing process that leaves private data behind the existing firewalls of the participating agencies. Additional information about VLDS can be found at [vlds.virginia.gov/about-vlds](http://vlds.virginia.gov/about-vlds).

### A Focus on Equity-Centered Research

The Commonwealth's [One Virginia Plan](#) focuses on cultivating and promoting a diverse, equitable, and inclusive culture across state agencies. VLDS, as an extension of robust state agency partnerships, is poised to become a critical tool in the toolbox to promote equity among Virginians. By making data available and collaborating across agencies and research institutions, VLDS can answer equity-centered research questions about program access, pathways, and impacts, and identify conditions that have the greatest effect on individuals' ability to thrive.

The VLDS Research Agenda, centered in equity, reflects a shared commitment among VLDS members to prioritize equity in Virginia's data landscape. VLDS supports policy development and service delivery models that ensure every Virginian receives what they need, when they need it, to achieve the excellence they are looking for in their lives. Members of VLDS strive to achieve equity through the availability of data, research, and partnerships in service of this goal within the Commonwealth.

### What is equity?

Equity refers to the creation of opportunities for historically underrepresented populations to have equal access and equitable opportunity. Equity is also the process of allocating resources, programs, and opportunities to employees, customers, and residents, to address historical discrimination and existing imbalances.<sup>1</sup>

Inequities in education, social service, workforce, criminal justice, and health systems exist because of historical and long-standing imbalances in power and resources across lines of race, gender, socioeconomic conditions, sexual orientation, ability, and other dimensions of individual and group identity. Addressing long-standing system inequities requires an intentional, focused investigation into the policies and practices that created inequities, and into effective strategies that can reduce barriers and create equitable, material outcomes for all Virginians.

The VLDS Research Agenda is a communication tool that establishes priorities, frames conversations, and promotes partnerships, collaboration, and trust building across the Commonwealth. The VLDS Research Agenda necessitates interdisciplinary collaboration and critical exploration of equity in Virginia's state policy and service delivery models. Researchers, practitioners, policy makers, and advocates will find the agenda useful for understanding high-priority research priorities of the VLDS.

#### **A note about data availability:**

In most cases, VLDS data are currently available on the Research Agenda's priority research questions. However, the Research Agenda also acknowledges the importance of additional data sources to understand equity, which may not be available yet. VLDS continues to expand the richness of its data by onboarding additional agency partners. Those wishing to conduct research using VLDS data are encouraged to contact [Agency Project Leaders](#) to understand data availability before requesting data access. Those wishing to understand the outcomes of the research conducted using VLDS data are encouraged to view the [Insights page on the VLDS website](#).

## Intended Outcomes of the Research Agenda

### *Promoting action to dismantle systemic inequities and bias*

Putting the VLDS commitment to equity into action means using the Research Agenda to drive policies that end systemic inequities and re-create systems free from material inequality and oppression. Implicit within the Research Agenda is the need to examine the variation in opportunities and outcomes by dimensions of individual and group

<sup>1</sup> Virginia Governor's Office of Diversity, Equity, and Inclusion. (2021). *One Virginia Strategic Plan for Inclusive Excellence*. Available at: <https://www.governor.virginia.gov/diversity/one-virginia/>

identity. Only through acknowledgment and understanding of discrimination and bias will appropriate actions to promote change be identified.



### ***Impacting social issues of political and practical importance***

The Research Agenda focuses on six social issues of great importance to Virginians; Measuring Equity, Promoting Equity through Spatial and Longitudinal Systems-level Evaluations, Impacts of COVID-19, Early Childhood, Virginia's Workforce, and Overrepresentation of Racialized Minorities and the Overextension of the Criminal Justice System. These issues, along with related priority and sub-questions for each topic, will guide the research using VLDS data.



### ***Addressing critical knowledge and information gaps***

The Research Agenda aims to add to the body of equity-centered research by focusing on areas that need additional investigation or insight to prompt action. Research must inform practice in ways that improve services. Identifying knowledge gaps can begin the process of increasing equitable access and outcomes for Virginians who have experienced historical, social, and material discrimination.



### ***Acknowledging multi-sector contributions to these research questions***

The Research Agenda includes research areas that require data contributions and insights from multiple agencies and organizations. Leveraging collaboration across state agencies, the VLDS aims to provide new insights by combining and analyzing data that agencies were unable to merge in the past.



### ***Demonstrating the importance of collecting and analyzing Virginia data to understand the local context***

The Research Agenda allows researchers to find answers to the most pressing questions for Virginia practitioners and policymakers. Virginia is an economically diverse state, so a one-size-fits-all approach – and a single data source – would be inadequate to address each region's needs. VLDS encourages researchers to supplement available data with contextually rich, localized data to identify the best solutions.



### ***Ethical use of Virginia data***

One of the core tenants of the VLDS is respecting and protecting the privacy of those whose data are shared within the VLDS. The Research Agenda offers researchers an opportunity to investigate key research areas without compromising the data's confidentiality. VLDS encourages researchers to question and to understand the source and rationale for collecting data, and to use data to better the lives of those studied. Research is intended to be conducted with the beneficence of Virginians in mind.

# Research Questions

## *Development of Research Topics*

In July 2020, the VLDS members began developing the Research Agenda by creating a shared vision. Through a series of meetings, the Research Agenda Planning Committee, which represents 22 organizations from around the Commonwealth, hosted a series of meetings to determine the research topic areas and develop the agenda. The committee members represented the diverse identities of the Virginians VLDS serves.

Through a brainstorming session, the committee suggested critical topics and research questions expected to have a high impact on equity. These topics were grouped according to similarity, and disseminated to the committee for further consideration between formal meetings. Topical sub-groups within the committee engaged in a recursive process where topics and questions were regrouped, revised, and merged into a draft Research Agenda. Additional stakeholders from the 22 organizations, plus others from the greater VLDS research community, provided input to the draft Research Agenda during the open comment period from November 12, 2020 through November 24, 2020. At the final committee meeting, members used a consensus-building process to refine the questions further. The committee provided feedback on multiple iterations of the Research Agenda to arrive at the final set of research questions in addition to a list of relevant scientific literature (see Appendix A). VCU Performance Management Group facilitated the Research Agenda development process.

## *Priority Topic: Measuring Equity*

The topic of measuring equity is broad in concept, spanning conversations from how equity is operationalized within and across sectors, to questioning the origin and purpose of data collected to quantify it. Coupled with conversations about measurement is the importance of defining research priorities in ways that require action when inequities are discovered. Such actions could range from monitoring and reporting group-level differences in opportunities and outcomes, to identifying the root causes of systemic inequity.

The research questions outlined in this section prioritize the use of data from the VLDS to promote action. Priority questions focus on malleable factors that drive variation in opportunity and access to services, identifying programs that are successfully preparing individuals for the workforce, and the actualized benefits of engagement with human service programs. In addition, priority questions focus on the importance of educators in conversations about equity, particularly in the distribution of qualified educators aligned with students' needs.

Equity-centered researchers must adopt, as a point of practice, publishing disaggregated results by group dimensions, such as race or gender. Researchers should also translate findings into policy- and practice-based recommendations, but not in isolation. In other words, the research process should include early and frequent engagement with stakeholders and equity experts to

avoid the consequences of well-intentioned but ill-informed recommendations. This collaborative process is even more critical when administrative data are used for research, which is often lacking important context and history.

### Priority Research Questions

***Research Priority 1: What factors drive variation in the access to and availability of opportunities (e.g., housing, employment, education, ability and healthcare) in Virginia?***

Example Research Questions:

- What are the longitudinal impact of social and geographical location throughout the lifecycle?
- What are the drivers of differences in opportunities and outcomes across Virginia?

***Research Priority 2: Which programs or policies have been most successful at preparing students for higher education and for the workforce, and why? How do definitions of college and career readiness align with the experiences and success of Virginia students?***

Example Research Questions:

- How should Virginia operationalize college readiness?
- How should Virginia operationalize workforce readiness?
- What factors contribute to differential attendance and retention at public versus private colleges?
- How do opportunity gaps in student participation in college preparatory or advanced coursework classes vary? How do college readiness inequities (e.g., access to college preparatory coursework or advanced coursework) inform workforce disparities?
- How do systemic inequities affect K-12 graduation rates, post-secondary training, and employment outcomes?
- How effective is Virginia's PK-20 education systems in preparing students for college and careers?

***Research Priority 3: How do individual and family outcomes vary by level of engagement in human and community service programs and the types of support received?***

Example Research Questions:

- How does variation in an individual or a communities' engagement across human service systems over time impact outcomes?
- Do human service systems have connected effects across systems and programs?

***Research Priority 4: Through which pathways are educator characteristics (e.g., race or ethnicity) and educator qualifications (e.g., preparation, licensing, and endorsements) most likely to affect student outcomes positively?***

Example Research Question:

- How do educator characteristics and educator qualifications affect students' academic, post-secondary, and workforce outcomes?

### ***Priority Topic: Promoting Equity through Spatial and Longitudinal Systems-level Evaluation***

The emergence of many data systems and frameworks used in government infrastructure has enhanced administrative data opportunities in systems-level evaluations. These studies can lead to an enhanced understanding of system cross-sectionalism, interrelatedness, and effectiveness. The VLDS partners are prioritizing the use of systems-level evaluation to promote equity in Virginia. When considering this priority research topic, researchers are encouraged to use a broad vision of equity factors, including race, income, gender, ability, geography, and others.

The topic of systems-level evaluations could be viewed as a meta-topic while considering other areas of the Research Agenda, specifically the impacts of COVID-19, early childhood, and criminal justice. Systems do not work in isolation but rather intersect with one another and may enact positive or negative feedback. Researchers are encouraged to consider how systems-level evaluations may provide additional insight into equity throughout all of the Research Agenda priority topic areas.

#### ***Priority Research Questions***

***Research Priority 1: What are the consequences associated with segregated and isolated systems across Virginia by group and individual characteristics such as race, socioeconomic status, gender, other identities and the intersections of those?***

Example Research Questions:

- How does the level of integration within one system influence other systems?
- What programs reduce inequities in segregated systems?
- How should systems be aligned to mitigate school and housing segregation?
- When and where can the consequences of segregated systems first be identified, and how long do they last?

***Research Priority 2: Which programs or policies promote family, community, or economic prosperity, and what impact do such programs have on student, workforce and health outcomes?***



Example Research Question:

- How, and to what extent, do programs promote prosperity and support successful educational achievement throughout life trajectories?

***Research Priority 3: What factors are most likely to change, predict, or anticipate life trajectories?***

Example Research Questions:

- How do inequities become exacerbated over an individual's life course?
- How do inequalities in childhood affect individuals now and later in their lives?
- How do communities differ or are similar in their supports to families?
- How do children's early experiences and environments shape their trajectories and outcomes?

***Research Priority 4: What factors contribute to the gaps between earnings and costs of living, and what are the consequences of those gaps for other outcomes?***

**Priority Topic: Impacts of COVID-19**

This priority topic addresses research questions that examine the impacts that the COVID-19 pandemic has had on Virginians in the Commonwealth, including the potentially disparate effects on different individuals and communities. These research questions intentionally define COVID-19 impacts broadly across various domains and stakeholders. The research priorities address not just the disease itself (SAR-CoV-2), but also its social and economic residual effects and community responses to the pandemic. For instance, the consequences of COVID-19 may be felt in areas such as employment, housing stability, family welfare (e.g., poverty, hunger, child abuse, and domestic violence), child care, public education (pre-kindergarten through post-secondary), and health and mental health issues (e.g., prevalence, detection, treatment).

These research questions assume that COVID-19 will have immediate, short-term and long-term impacts across multiple sectors. Not all data needed to quantify the influence of COVID-19 is available through VLDS alone. Researchers are encouraged to use multiple sources of information to contextualize near-term events, and to define further the duration of the effects based on time or milestones, such as the implementation of state and federal policy changes, relief programs, public health mitigation strategies and campaigns, and public mass vaccination.

**Priority Research Questions**

***Research Priority 1: Which communities have been most impacted by COVID-19, and what is their relative use of human services?***

Example Research Questions:

- Which communities have experienced restrictions or stay at-home orders the most during the pandemic and what are the trends in their relative use of human services?
- Which communities have the highest proportion of essential workers, and what is the communities' relative use of human services?
- Which communities have endured the highest hospitalization and mortality rates due to COVID-19 and what is their relative use of human services?
- How has COVID-19 affected access and use of child-serving programs?

***Research Priority 2: Which components of PK-12 schools' response and recovery to COVID-19 had the greatest impact on learning loss and students' educational outcomes? Which components of response and recovery had the greatest impact on educator retention and working conditions?***

Example Research Questions:

- How did PK-12 students receive instruction (in-person, remote-online, remote-physical) in School Year (SY) 2020–2021? How did schools respond to students' lack of access to the internet and connected devices? How are schools leveraging the online learning environment moving forward?
- How do educational outcomes in SY 2020-21 compare to pre-shutdown trends by type of instruction received? How do the trends change moving forward and how does that change compare across groups?
- How are schools assessing and addressing learning loss? What hurdles do schools face in addressing that learning loss?
- How does the educator workforce in SY 2020-21 compare to prior years? Which educators did not return? How did teaching assignments change? Who fills teaching vacancies?
- How has the pandemic impacted educator perceptions of their working conditions? Impacted their mental health and well-being? What are schools doing to counter this? How does this change over time?

***Research Priority 3: How has COVID-19 impacted student enrollment trends in Virginia K-12 schools and enrollment in higher education? How do changes in enrollment vary by student groups and what are the outcomes for those students?***

Example Research Questions:

- Which students who were previously enrolled did not enroll in public schools in SY 2020-21? Which of these students return in SY 2021-22?
- How did access to higher education, defined as enrollment patterns (whether enrolled and where) of recent high school graduates and older students change during and after the pandemic?



- How did student outcomes, such as graduation rates, field of study, and career and technical education (CTE) participation and credentials change during and following the pandemic?

***Research Priority 4: Which colleges in Virginia have been most successful at blunting the impact of the pandemic on underrepresented students? Which colleges and programs are best preparing students for success in the post-COVID economy?***

Example Research Questions:

- How did public funding for higher education and the net prices paid by students change during and following the pandemic?
- How have the economic outcomes of new college graduates evolved over the course of the pandemic?

***Research Priority 5: How have trends in household income, poverty, and demand for human service programs changed with COVID-19? What is the impact of relief programs and policies on family economic, social, and educational prosperity?***

Example Research Questions:

- How do changes in family economic health impact students' social-emotional well-being and educational outcomes? What are schools doing to counteract any possible negative impact?
- How has the loss of healthcare coverage due to job displacement affected the well-being of individuals and families?
- How have family household incomes changed? Are more families living in poverty?
- Have there been more evictions? Are there more families with children who are without stable housing because of job loss and eviction due to the pandemic?
- Are more households, with or without children, experiencing food insecurity?
- Are more people and families applying for Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families benefits?
- Has opioid use (measured through drug-related hospitalizations and arrests) increased? Were there more deaths due to opioid and illegal prescription drug use?
- Are there more calls to domestic violence hotlines and shelters?
- Has the number of Child Protective Services reports (including substantiated reports) increased? Has mandated reporting decreased because fewer children are not being in school, daycare, or visiting the doctor?
- Have more children been removed from homes or families due to neglect, abuse or maltreatment because of parental substance use, family violence, or housing instability?

***Research Priority 6: What is COVID-19's immediate, short, and long-term impact on workforce demand signals in Virginia, particularly in highly impacted sectors such as healthcare and education?***

Example Research Questions:

- How has a decrease in healthcare demand, due to job displacement and loss of coverage, impacted healthcare service providers by profession?
- How has job displacement affected workers skills and experiences over the long-term?
- Has COVID-19 induced a structural change within industries?
- How is workforce quality distributed across Virginia?

***Research Priority 7: How proportionally are mental health resources allocated to schools and communities based on the relative impact of COVID-19, specifically across race and socioeconomic status?***

Example Research Questions:

- How has the prevalence of diagnosed mental disorders changed during the COVID-19 pandemic?
- How proportionally are mental health resources allocated to communities and schools based on the relative impact of COVID-19?

**Priority Topic: Early Childhood**

While a wide range of experiential and environmental factors in early life shape an individual's future outcomes, this priority topic focuses mainly on early childhood education due to the relative high dosage of intervention and impact. While health, social, and family influences lay a primary foundation for the child, access to quality early childhood education has the potential to enhance both their short-term and long-term outcomes. Prior research demonstrates that access to quality early childhood education from birth to elementary school has multiple benefits, including readying children with skills for their education, interpersonal, and workforce trajectory, as well as impacting their families' work and life success.

Many young children and their families still lack equitable access to programs that can provide these benefits. An opportunity remains to investigate the primary dynamics, characteristics, and ingredients of childcare and early education programs that directly drive children's positive outcomes. Additional research is needed to look at factors of access to, availability of, and quality of interactions and experiences within early education environments that support children's optimal growth and development, and how these factors vary in relation to families' demographics, socioeconomic status, and geographic location. Analysis of whether high quality early education programs are accessible, affordable, and meet families' preferences with young children who stand to benefit most can shed light on where inequities may limit participation and accrual of benefit. Uncovering these gaps and disparities in access can inform and shape policies and investment in areas that will most greatly impact equitable outcomes for all children.

While the priority questions focus on early childhood education, additional opportunities remain to augment VLDS data and broaden the research scope. Some examples of additional services and support systems in early childhood that can affect outcomes are access to primary health care, developmental screenings, mental and behavioral health services, social services, family services, including home visiting programs, and nutrition or food security supports. Researchers are encouraged to consider both traditional and alternative pathways for families to equitably access comprehensive services to meet their needs, support their best outcomes, and improve how Virginia’s public sector systems across health, education, and social and family services can be improved to better support these outcomes.

### Priority Research Questions

***Research Priority 1: How do early childhood programs vary in availability, affordability, and access across different regions of the state, as well as by the demographic and socioeconomic status of the child?***

Example Research Questions:

- Are there some areas of the state that lack affordable, quality early childhood programs?
- Are there some populations whose needs are not met by the early childhood education programs available to them? Do existing early childhood programs meet the needs of their communities?
- Are high quality facilities, programs, and services equitably accessible (including whether they are affordable and available) to all children, families, and communities?

***Research Priority 2: Which components of early childhood education programs and facilities are indicative of program quality and most predictive of children's success?***

Example Research Questions:

- What measures can be used to effectively assess the impact of early childhood education and programs on child outcomes?
- To what extent do Virginia’s publicly funded early education programs adopt standards to guide program quality, and is support needed to ensure programs adopt quality standards and measure outcomes?
- Is there a correlation between the adoption of quality standards and measures of children’s success? Are children achieving and succeeding as expected if the programs are meeting standards and quality goals?
- Are Virginia’s standards, definitions, and measures culturally competent, and do they promote social equity?
- How does the early childhood education workforce, including its demographics and diversity, qualifications, access to professional development, and conditions, including compensation, affect young children’s outcomes?

- How are childcare facility's condition and location related to the program and children's success?

***Research Priority 3: Through which pathways can access to comprehensive early childhood programs and services be improved, particularly in areas of need based on community health indicators?***

Example Research Questions:

- How can improving families' access to early childhood support services and programs promote young children's optimal growth and development?
- What types of community partnerships and cross-system strategies best support families' holistic success?
- What outreach, communication, and engagement strategies work best to meet families' needs, preferences, and encourage their participation in early childhood programs?

**Priority Topic: Virginia's Workforce**

Priority research areas on Virginia's workforce focus on the relevance, quality, accessibility, and effectiveness of workforce preparation efforts and programs across the Commonwealth. Virginia increasingly implemented and expanded workforce development programs over the last decade, to include industry credentialing, increased access to associate degrees from community colleges, internships, and required career exploration programs for all K-12 students, including students with disabilities. Investigating the effectiveness of Virginia's workforce preparation will increase understanding of additional opportunities for improvement in the availability and quality of these programs.

Priority research areas were developed to seek analytics and research that will drive intentional action to promote equitable access to high quality, effective workforce preparation programs. Identifying barriers that challenge the Commonwealth's ability to provide the most effective workforce preparation programs is also important. Researchers are encouraged to consider the varying audience, purposes, and goals of workforce preparation programs to inform the methods selected to measure quality and effectiveness.

**Priority Research Questions**

***Research Priority 1: How well are workforce preparation programs accessed by students, including students with disabilities, aligned with future industry trends, and predictive of employment and earnings?***

Example Research Questions:

- Does alignment between workforce preparation programs focused on community needs restrict outcomes of students?

- Are state employment data providing desired information to determine the quality of workforce preparation and performance?
- To what extent is data available to assess whether workforce supply, preparation and performance are equitably distributed across local communities throughout the Commonwealth?
- Are programs relevant and focusing on industries with the greatest demand, as well as where people can get jobs?
- How many people are being attracted to these programs and what are the outcomes of preparatory programs?

***Research Priority 2: What programs, policies, or services promote or inhibit intergenerational mobility in the workforce?***

Example Research Questions:

- Do workforce preparation programs lead to higher-level jobs?
- Are programs increasing awareness of and preparing students from diverse geographical backgrounds for higher-level or paying jobs?
- Are there barriers in Virginia that constrain entry and/or advancement in the labor market, with particular attention to higher skilled or paid jobs across multiple sectors?

***Research Priority 3: Through which pathways does school funding for workforce preparation programs and resources target communities in need? How do school funding formulas enable or constrain equitable access to educational programs?***

Example Research Questions:

- Does Virginia's education funding formula enable or constrain adequate and equitable access to job training or educational readiness programs for students?
- What is the relationship between school funding and college or workforce readiness inequities?

***Research Priority 4: How does the relationship between earned credentials and the ability to achieve a living wage vary by individual demographic and socioeconomic factors?***

***Research Priority 5: What factors contribute to pay inequities in Virginia?***

Example Research Question:

- Do differences in resources and opportunities across local communities in the Commonwealth contribute to differences in labor market outcomes?

## Priority Topic: Overrepresentation of Racialized Minorities and the Overextension of the Criminal Justice System

This priority topic focuses on understanding and explicating the root causes of systemic disparities in the Virginia criminal justice system. While many factors lead to an overrepresentation of racialized minorities in the criminal justice system and mass incarceration, education and social service systems must be examined to identify and eliminate fundamental inequities that influence these outcomes. For instance, poverty, exposure to violence, negative school experiences and educational outcomes, and other factors that increase the likelihood of criminal involvement are more prevalent among non-white populations. Systematic biases in the infrastructure and operations of criminal justice agencies also contribute; for example, increased police presence in poor, non-white neighborhoods result in more arrests of Black residents. Instead of addressing resource scarcity and community needs, Virginia and the United States as a whole has relied on the systematically inequitable systems of policing and incarceration. This overextension leads to disproportionate incarceration rates. For Black people, the rate of incarceration is two and a half times their percentage of the population.<sup>2</sup> For Indigenous people, the incarceration rate is seven times that of whites.<sup>3</sup>

With that in mind, research questions in this priority area were developed to address systemic issues rather than individual-level characteristics. Individual-level policies (e.g., recruiting a diverse police force) and interventions (e.g., implicit bias training for judges) alone are unlikely to change systemic, discriminatory outcomes and they have even, in some instances, demonstrated harmful effects. Instead, the research questions focus on identifying the role of educational systems, public service programs, and human and community services in identifying, addressing, and providing solutions for the resource scarcity, community need, and system structures at the root of the inequities of the criminal justice system.

### Priority Research Questions

***Research Priority 1: What factors reduce disproportionality in school discipline? What programs, policies, or interventions interrupt the school to prison pipeline?***

#### Example Research Questions:

- How does disproportionality in exclusionary school discipline affect students' later involvement in the criminal justice system? What individual and school-level factors lead to disproportionality in school discipline?
- How does school quality affect later students' court involvement?
- What interventions affect the relationship between school discipline disproportionality and students' later involvement in the criminal justice system?

<sup>2</sup> Sentencing Project (2020). Trends in U.S. Corrections. <https://www.sentencingproject.org/wp-content/uploads/2020/08/Trends-in-US-Corrections.pdf>

<sup>3</sup> Daniel, R. (2020). Since you asked: What data exist about Native American people in the criminal justice system? Prison Policy Initiative. <https://www.prisonpolicy.org/blog/2020/04/22/native/>



***Research Priority 2: What attributes of human service programs are most likely to reduce the risk of future criminal justice involvement?***

Example Research Questions:

- What human service resources affect the relationship between higher education outcomes and reduce the risk of criminal justice involvement?
- What is the relationship between the age of entry into foster care, placement type, and later criminal justice involvement?
- What is the relationship between people participating in human service programs and involvement in the criminal justice system?
- What services received while in foster care mitigate or increase the likelihood of an individual's involvement in the criminal justice system?

***Research Priority 3: What policies or programs reduce disparate treatment in the criminal justice system?***

Example Research Questions:

- How do judicial districts and judges vary in the application of sentencing guidelines by offense type and defendant demographic characteristics?
- What individual and system factors determine incarceration?

***Research Priority 4: What economic, social, or community characteristics eliminate or reduce the effects of concentrated poverty, over-policing, and other criminal justice involvement?***

Example Research Questions:

- What neighborhood characteristics help eliminate or reduce the effects of concentrated poverty, over-policing, and other criminal justice involvement?
- What is the relationship between social determinants of health, environmental factors such as transportation access and housing discrimination and the likelihood of criminal justice involvement?

***Research Priority 5: What programs, policies, or interventions reduce the likelihood of involvement in the criminal justice system or reduce the likelihood of recidivism?***

Example Research Questions:

- Which post-release resources have the biggest effect on recidivism rates?
- Which interventions effectively reduce the overrepresentation of key demographic groups within the criminal justice system?
- What aspects of implementation and administration affect the success of these programs, policies, and interventions?

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