

# 2013-15 Governor's Balanced Budget - Board of Licensed Social Workers

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- Presentation to Oregon State Legislature  
Joint Committee on Ways and Means –  
Subcommittee on Education
  - SB 5510 Budget Bill
- Martin Pittioni, Interim Executive Director  
February 13, 2013

# General Overview

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2013-15 main drivers for Budget and KPMs unchanged from 2011-13

- Significant Agency Growth in Licensee Base and Rise in Complaints
- Cause: Significant Expansion of Board Authority due to passage of Senate Bill 177 (2009)
  - Mandated clinical licensure and added two new voluntary license types that for the first time allowed non-clinical social workers to become licensed, and added “social worker” title protection
  - Strong, positive reaction and acceptance of voluntary licensure
  - Fully implemented, 2011 Legislature approved fees for new licenses

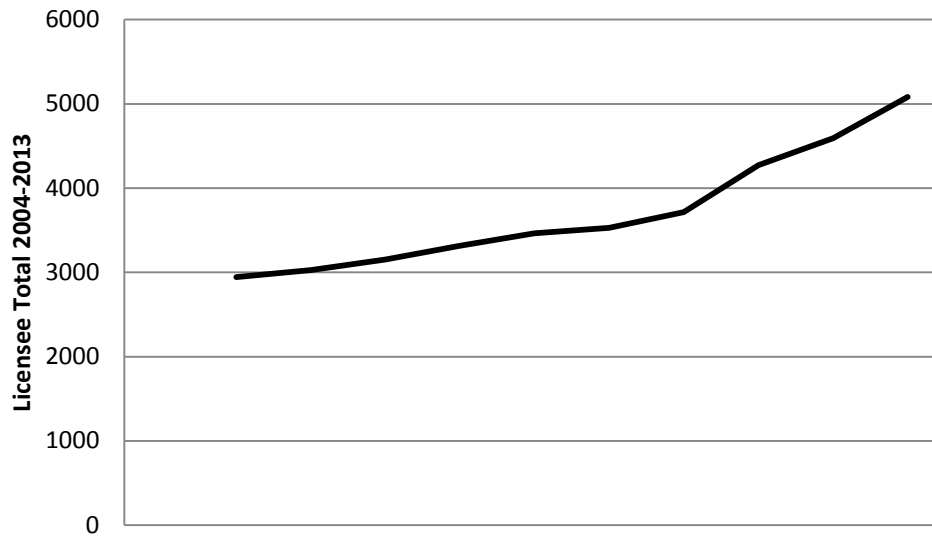
# Licensing Growth – Impact of Regulatory Changes

- **Board of Licensed Social Workers  
License Summary July 1, 2009 to January 31, 2013**

■ TYPE	LCSW	CSWA	LMSW	RBSW
■ BASELINE ISSUED 7/1/09	3,056	473	0	0
■ Issued as of 01/31/2013	3,509	822	463	55
■ Pending as of 01/31/2013	19	10	23	8
■ Total as of 01/31/2013	3,528	832	486	63
■ Growth	472	359	486	63
■ Total Growth Added =1,380 or 39% since the beginning of 09-11				
■ Total Licensee Base now is at 4,909 with an additional 174 applicants in the pipeline				

# Strategic Context – Rise in licensee base

**Board of Licensed Social Workers  
Licensee Base Growth - 10 year chart  
from 2004 to 2013**



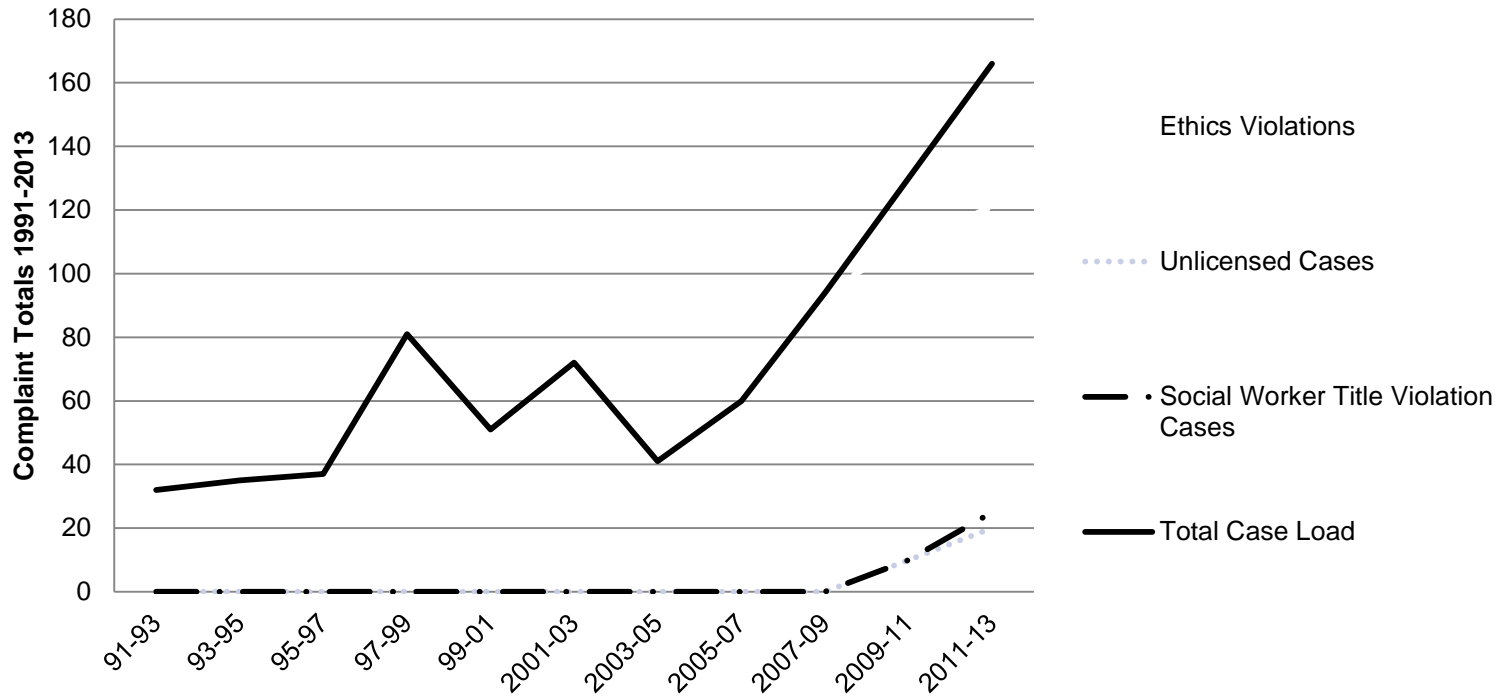
# Administrative Efficiencies Implemented to Handle Growth

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- Implementation of on-line licensure (completed)
- Continuing Education Process streamlined through attestation and random audit procedures (complete)
- Conversion of main licensee base (LCSWs) to 2-year licensure from annual licensure (in progress as of January 2013, completion by December 2014)
- Board also implemented in 2012 an e-solution (secure iPads), to move Board communication to a highly secure and paper-less environment
- Board also completed implementation of transition to a fully staff-based investigation function

# Strategic Context – Rise in complaints

Board of Licensed Social Workers  
Complaint Load Growth - 20 Year



# Policy Option Package 100 & Key Performance Measure 1-Part 1

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- KPM 1 = % of Complaints resolved within 6 months
- Historic (and future) Target = 85%
- Downward performance trend since 2005 amid significant rise in complaints and no compliance staff until 10/2008
- FY 2008 - 73.5% resolution within 6 months
- FY 2009 – drop to 54%
- FY 2010 – improvement to 61%
- FY 2011 – drop to 51%
- FY 2012 back up to 67% - but we have work to do

# Policy Option Package 100 / & Key Performance Measure 1-Part 2

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## Strategic Response by the Board and Legislature:

- July 1, 2008 fee increase to fund the Board's first and only compliance position on a limited duration basis
- 2009 Legislature - approved fee increase and allowed position as limited duration to 06/30/2011
- 2011 Legislature approved adding the Board's first and only compliance on a permanent basis, and added second, limited-duration half-time investigator
- Requested Strategic Action in GBB 2013-15:
  - Approve addition of a second, 1.0 FTE investigator position due to continued strong licensee base growth and rise in case load



# Other Performance Measures – Overview

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- KPM 1 on timely resolution of complaints is the only Performance Measure where Board is not meeting targets
- Board has 3 other Key Performance Measures that are on target and cover the areas of
  - Continuing Education
  - Customer Satisfaction (standard legislative measure)
  - Board Best Practices (standard legislative measure)

# 2013 Legislative measures that could impact budget / fees

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- SB 302 (consolidation into OHLA)
- Changes to Oregon Health Authority Program for Impaired Professionals (HPSP)
  - HB 2120, HB 2124 and HB 2130
  - Board to date could not afford HPSP participation
  - Board lost its authority to operate its own confidential monitoring program on 06/30/2010 (HB 2345 -2009 consolidated these health boards programs into OHA)
  - If measures pass that allow option to participate in OHA HPSP Program with a direct-referral component only, the Board may be able to consider participation – with a fee increase to fund such participation