Virginia Department of Health Professions
Board of Social Work

Agenda
Full Board Meeting

January 14, 2022
9960 Mayland Dr.
2nd Floor, Board Room 2
10:00 a.m.

10:00 a.m . Call to Order – Dolores Paulson, Ph.D., LCSW, Board Chairperson

- Welcome and Introductions
- Establishment of a Quorum
- Mission of the Board Page 3
- Adoption of Agenda

10:05 Public Hearing

This public hearin will give opportunity for the public to provide comments on the following proposed change to the Regulations:

- Reduction in CE hours for continuation of approval to ba supervisor:
  - The Board is proposing an amendment to reduce the number of continueing education (CE) hours necessary to continue being approved as a supervisor. The regulation will retain the requirement for 14 hours of CE for the initial registration of supervision; therafter, as supervisor will only have to obtain seven hours of CE relating to provision of supervision every five years. The current requirement is 14 hours of CE every five years to continue as an approved supervisor.

Public Comment

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

Approval of Minutes

- Board Meeting –July 23, 2021* Page 4
- Music Therapy Advisory Board Minutes (For Informational Purposes Only)

Agency Director Report - David E. Brown, DC

Presentations

- Virginia's Licensed Clinical Social Work Workforce: 2021 - Yetty Shobo, Ph.D., Deputy Director, DHP Healthcare Workforce Data Center Page 10
- Assessment of Virginia's Licensed Behavioral Health Workforce – Debbie Oswalt, Virginia Health Care Foundation

Chairperson Report – Dr. Paulson

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

- Chart of Regulatory Actions Page 41
- Copy of Draft Legislative Proposal Submitted Page 42
- Adoption of Policy on Electronic Participation* Page 43
- Action on Proposed Regulations for Licensure of Music Therapists* Page 49
- Decision of Petitions for Rulemaking* Page 71

- Consideration of Bylaw Change* Page 79
- Copy of SD9 – Report on Social Work Page 85

Staff Reports

- Executive Director's Report – Jaime Hoyle, JD., Executive Director, Boards of Counseling, Psychology, and Social Work
- Discipline Report – Jennifer Lang, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work Page 133
- Board Office Report – Charlotte Lenart, Deputy Executive Director-Licensing, Boards of Counseling, Psychology, and Social Work Page 136

Next Meeting Dates:

- Regulatory: March 3, 2022
- Full Board: March 4, 2022

Meeting Adjournment

*Indicates a Board vote is required.

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

Virginia Department of
Health Professions
Board of Social Work

MISSION STATEMENT

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

Virginia Department of Health Professions
Board of Social Work

Virginia Board of Social Work
Quarterly Board Meeting Minutes
Friday, July 23, 2021 at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 2

PRESIDING OFFICER:	Dolores Paulson, PhD, LCSW, Chair
BOARD MEMBERS PRESENT:	Canek Aguirre, Citizen Member Angelia Allen, Citizen Member *(arrived at 10:55am)* Maria Eugenia del Villar, MSW, LCSW Michael Hayter, MSW, LCSW, CSAC Gloria Manns, MSW, LCSW Teresa Reynolds, MSW, LCSW John Salay, MSW, LCSW
BOARD MEMBERS ABSENT:	Jamie Clancey, MSW, LCSW
BOARD STAFF PRESENT:	Latasha Austin, Licensing & Operations Manager Jaime Hoyle, J.D., Executive Director Jennifer Lang, Deputy Executive Director- Discipline Charlotte Lenart, Deputy Executive Director- Licensing Sharniece Vaughan, Licensing Specialist
DHP STAFF PRESENT:	David Brown, D.C., Director, Department of Health Professions Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
BOARD COUNSEL PRESENT:	James Rutkowski, Assistant Attorney General
PUBLIC ATTENDEES:	Joseph G. Lynch, LCSW, Virginia Society for Clinical Social Work
CALL TO ORDER:	Dr. Paulson called the board meeting to order at 10:05 a.m.
ROLL CALL/ESTABLISHMENT OF A QUORUM:	Dr. Paulson requested a roll call. Ms. Austin announced that seven members of the Board were present at roll call; therefore, a quorum was established.
MISSION STATEMENT:	Ms. Hoyle read the mission statement of the Department of Health Professions, which was also the mission statement of the Board.
ADOPTION OF AGENDA:	The Board adopted the agenda as presented.
PUBLIC COMMENT:	Mr. Lynch provided public comment. A copy of the public comment provided was included in the agenda packet. Mr. Lynch expressed public comment regarding the three following concerns: 1. LMSW definition in the Code- The need to change the definition of "Masters Social Worker" in the Code of Virginia. 2. LMSW as requirement for LCSW supervisees- The need to bring Virginia into alignment with the majority of US jurisdictions that require social workers under supervision toward the ASWB clinical exam to be licensed while under such supervision. 3. Interconnectedness between unlicensed social workers, LBSW & LMSW, the QMHP and the Licensed Resident in Counseling.

APPROVAL OF MINUTES: The Board approved the meeting minutes from the Board Meeting held on March 12, 2021 as written.

AGENCY REPORT: Dr. Brown informed the Board that the declaration of emergency ended on June 30, 2021 and that the agency would be seeking legislation to allow the agency to conduct some of its board meetings virtually. He also informed the Board that the building would be re-opening to the public on August 2, 2021 and that staff would be returning to the office October 4, 2021 with options to telework at least 2 days a week.

Dr. Brown also informed the Board about the legislation passed by the General Assembly requiring all agencies to submit a strategic plan regarding Diversity Equity and Inclusion. Dr. Brown informed the Board that DHP has submitted their plan and has taken the following actions; DHP has established a DEI Counsel, has identified a lack of diversity in upper management, and is taking measures to ensure hiring pools are more diverse by expanding hiring advertisements to minority organizations.

BOARD CHAIR REPORT: Dr. Paulson welcomed new board member, Teresa Reynolds, and informed the Board of the anticipation of another new board member soon that would be replacing Mr. Salay. Dr. Paulson thanked Mr. Salay for all his years of service on the Board and for his dedication and leadership.

Dr. Paulson informed the Board that Ms. del Villar has volunteered to serve as the next Regulatory Chair.

Dr. Paulson also informed the Board about the work the Board has accomplished and the progression of the levels of licensure for social work over the years.

LEGISLATION & REGULATORY ACTIONS: Ms. Yeatts discussed the chart of regulatory actions. Ms. Yeatts informed the Board that the Governor's office has approved the notice of intended regulatory action for licensure of music therapists since the distribution of the agenda packet.

Ms. Yeatts also discussed with the Board the action on proposed regulatory changes to the endorsement requirements, reinstatement requirements, and standards of practice as presented in the agenda packet. Ms. Yeatts informed the Board that no public comment was made.

Motion: Mr. Aguirre made a motion, which Ms. del Villar properly seconded, to adopt the proposed regulations as presented in the agenda package.

After discussion by the Board, Mr. Aguirre amended his motion.

Amended Motion: to strike *"such as cradling, caressing, kissing, and groping"* from 18VAC140-20-150(D)(6) of the proposed regulatory changes as indicated below:

6. Not engage in physical contact ~~(such as cradling, caressing, kissing, and groping)~~ with a client when there is a likelihood of psychological harm to the client. Social workers who engage in physical contact are responsible for setting clear and culturally sensitive boundaries.

Motion: Mr. Aguirre made a motion, which Ms. del Villar properly seconded, to adopt the proposed regulations with the amendment. The motion passed

unanimously.

Additionally, Ms. Yeatts discussed with the Board the action on proposed regulations for reduction of CE requirements for supervisors.

Motion: Mr. Salay made a motion, which Mr. Aguirre properly seconded, to adopt the proposed regulations as presented in the agenda package. The motion passed with seven in favor and one opposed.

REGULATORY COMMITTEE REPORT:

Mr. Salay informed the Board that the regulatory committee met yesterday and had four recommendations to bring before the Board.

Recommendation 1:
The recommendation from the Regulatory Committee was to amend § 54.1-3705 of the Code of Virginia to license as residents persons proposing to obtain supervised post-degree experience in the practice of social work required by the Board for licensure as a clinical social worker. The recommended motion passed with five in favor and three opposed.

The Board took a break at 12:05pm. The meeting reconvened at 12:17pm.

Recommendation 2:
The recommendation from the Regulatory Committee was to have staff develop a Board of Social Work guidance document on emotional support animals. The recommended motion passed unanimously.

Recommendation 3:
The recommendation from the Regulatory Committee was to publish a Notice of Periodic Review. The recommended motion passed unanimously.

Recommendation 4:
The recommendation from the Regulatory Committee was to amend the licensure by endorsement requirements in the regulations to accept licenses who have taken another exam for state licensure other than the ASWB exam at the same level for licensure. The recommended motion passed unanimously.

The Board recommended that Board staff come to the next Board meeting with information from ASWB on when each states started requiring the ASWB clinical exam for licensure at the clinical level.

BOARD OF HEALTH PROFESSIONS REPORT:

Mr. Salay gave a recap of the last meeting from the Board of Health Professions. A copy of the minutes from the last meeting was included in the agenda packet.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle reported on the finances of the Board. A copy of the report provided was included in the agenda packet.

Ms. Hoyle also provided updates from ASWB. Ms. Hoyle informed the Board about Association of Social Work Board's (ASWB's) upcoming New Board Member Training in August and the Annual meeting in New Orleans in November. Any board members wishing to attend either should inform Ms. Hoyle. Ms. Hoyle also informed the Board that she has bene nominated for a director position for ASWB.

Ms. Hoyle also recognized outgoing Board member John Salay and presented him with a plague for his service on the Board. She also recognized Ms. Lang for 10 years of state service.

DISCIPLINE REPORT: Ms. Lang reported on the disciplinary statistics for the Board of Social Work from February 26, 2012- July 7, 2021. A copy of the report given was included in the agenda packet.

BOARD OFFICE REPORT: Ms. Austin reported on the licensure statistics for the Board from March 1, 2021- June 30, 2021. A copy of the report given was included in the agenda packet.

LICENSING UNIT REPORT: Ms. Lenart recognized Ms. Vaughan for 1 year of state service and Ms. Austin for 10 years of state service.

NEXT MEETING DATES: Dr. Paulson announced that the Regulatory Committee would hold its next meeting on Thursday, September 9, 2021 and the Board would hold its next meeting on Friday, September 10, 2021.

ADJOURNMENT: Dr. Paulson adjourned the July 23, 2021 Board meeting at 1:06p.m.

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Dolores Paulson, Ph.D., L.C.S.W., Chair

_____
Jaime Hoyle, Executive Director

Virginia Department of Health Professions
Board of Social Work

DRAFT

Advisory Board on Music Therapy
Board Meeting Minutes
Friday, October 8, 2021 at 2:00 p.m.
9960 Mayland Drive, Henrico, VA 23233
Training Room 1

PRESIDING OFFICER: Gary Verhagen, MM, MT-BC, LCAT

ADVISORY BOARD MEMBERS PRESENT:
Anna McChesney, MS, LPC, MT-BC
Anthony Meadows, PhD, MT-BC, FAMI
Linda Rae Stone, DVM, Citizen Member
Michelle Westfall, MS, MT-BC

BOARD STAFF PRESENT:
Latasha Austin, Licensing & Operations Manager
Jaime Hoyle, J.D., Executive Director
Jennifer Lang, Deputy Executive Director- Discipline
Charlotte Lenart, Deputy Executive Director- Licensing
Jordan Mudd, Executive Assistant

DHP STAFF PRESENT: Elaine Yeatts, Senior Policy Analyst, Regulatory Compliance Manager, Department of Health Professions

PUBLIC ATTENDEES: none

CALL TO ORDER: Mr. Verhagen called the Advisory Board on Music Therapy meeting to order at 2:10 p.m.

ESTABLISHMENT OF A QUORUM/ROLL CALL: Meeting for the first time in-person, Mr. Verhagen requested an introduction of Advisory Board Members and Board staff. Ms. Austin announced that five members of the Advisory Board were present; therefore, a quorum was established.

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

ADOPTIONS OF AGENDA: The agenda was approved as presented.

PUBLIC COMMENT: No public comment was provided

APPROVAL OF MINUTES: The minutes from the February 19, 2021 meeting were approved as presented.

NEW BUSINESS:

I. Recommendation to adopt proposed Regulations Governing the Practice of Music Therapy

Ms. Yeatts walked the Advisory Board through the process to adopt the proposed regulations. Ms. Yeatts informed the Advisory Board that no public comments were received on the Notice of Intended Regulatory Action. After a review of the proposed regulations, the Advisory Board suggested the following changes:

1. **18VAC140-30-20:** To change fees to the same as the fees for a LBSW as Music Therapist do not diagnose and they require a bachelor level degree.
2. **18VAC140-30-40:** Move the attestation section (18VAC140-30-40(B)(2)) up to section 18VAC140-30-40(A), then delete the remaining in section B
3. **18VAC140-30-60(G):** Remove "who was licensed by examination"
4. **18VAC140-30-80(C)(ii):** Add "or evidence of current certification as a MT-BC" after 80 hours

5. **18VAC140-30-90(B)(1):** Remove "diagnostic or"
6. **18VAC140-30-90(B)(4):** Change governing the practice of social work to governing the practice of music therapy
7. **18VAC140-30-90(C)(1):** Remove the word "diagnosis" from both sentences in this section
8. **18VAC140-30-90(C)(4):** Change the word "videotaping" to "video-recording"
9. **18VAC140-30-90(C)(5):** Add information for those practicing in institution or school setting
10. **18VAC140-30-90(D)(1), (2)(3) & (4):** Change "social workers" to "music therapist" in each section
11. **18VAC140-30-100(8)**: change practice of social work to practice of music therapy

Motion: Ms. McChesney made a motion, which Ms. Westfall properly seconded, to recommend to the full Board to adopt the proposed Regulations Governing the Practice of Music Therapy with the above amendments. The motion passed unanimously with none abstaining.

NEXT MEETING DATES: Ms. Hoyle will poll the Advisory Board members to schedule the next meeting.

ADJOURNMENT: Mr. Verhagen adjourned the October 8, 2021 Advisory Board on Music Therapy meeting at 4:13p.m.

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Gary Verhagen, MM, MT-BC, LCAT, Chair

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Jaime Hoyle, J.D., Executive Director

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Virginia's Licensed Clinical Social Worker Workforce: 2021

Healthcare Workforce Data Center

July 2021

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from:
http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

Nearly 7,000 Licensed Clinical Social Workers voluntarily participated in this survey. *Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Social Work express our sincerest appreciation for your ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD	Yetty Shobo, PhD	Rajana Siva, MBA	Christopher Coyle
Director	*Deputy Director*	*Data Analyst*	*Research Assistant*

Virginia Board of Social Work

DRAFT

Chair

Dolores Paulson, PhD, LCSW
McLean

Vice-Chair

Maria Eugenia del Villar, MSW, LCSW
Fairfax

Members

Canek Aguirre
Alexandria

Angelia Allen
Portsmouth

Jamie Clancey, MSW, LCSW
Culpepper

Michael Hayter, MSW, LCSW, CSAC
Abingdon

Gloria Manns, MSW, LCSW
Roanoke

Teresa Reynolds, LCSW
Cumberland

John Salay, MSW, LCSW
Midlothian

Executive Director

Jaime H. Hoyle, JD

Contents

The Licensed Clinical Social Worker Workforce At a Glance:

The Workforce

Licensees[1]:	8,330
Virginia's Workforce:	6,799
FTEs:	5,372

Survey Response Rate

All Licensees:	80%
Renewing Practitioners:	98%

Demographics

Female:	87%
Diversity Index:	39%
Median Age:	49

Background

Rural Childhood:	24%
HS Degree in VA:	46%
Prof. Degree in VA:	52%

Education

Masters:	96%
Other PhD:	3%

Finances

Median Income:	$70k-$80k
Health Benefits:	67%
Under 40 w/ Ed. Debt:	64%

Current Employment

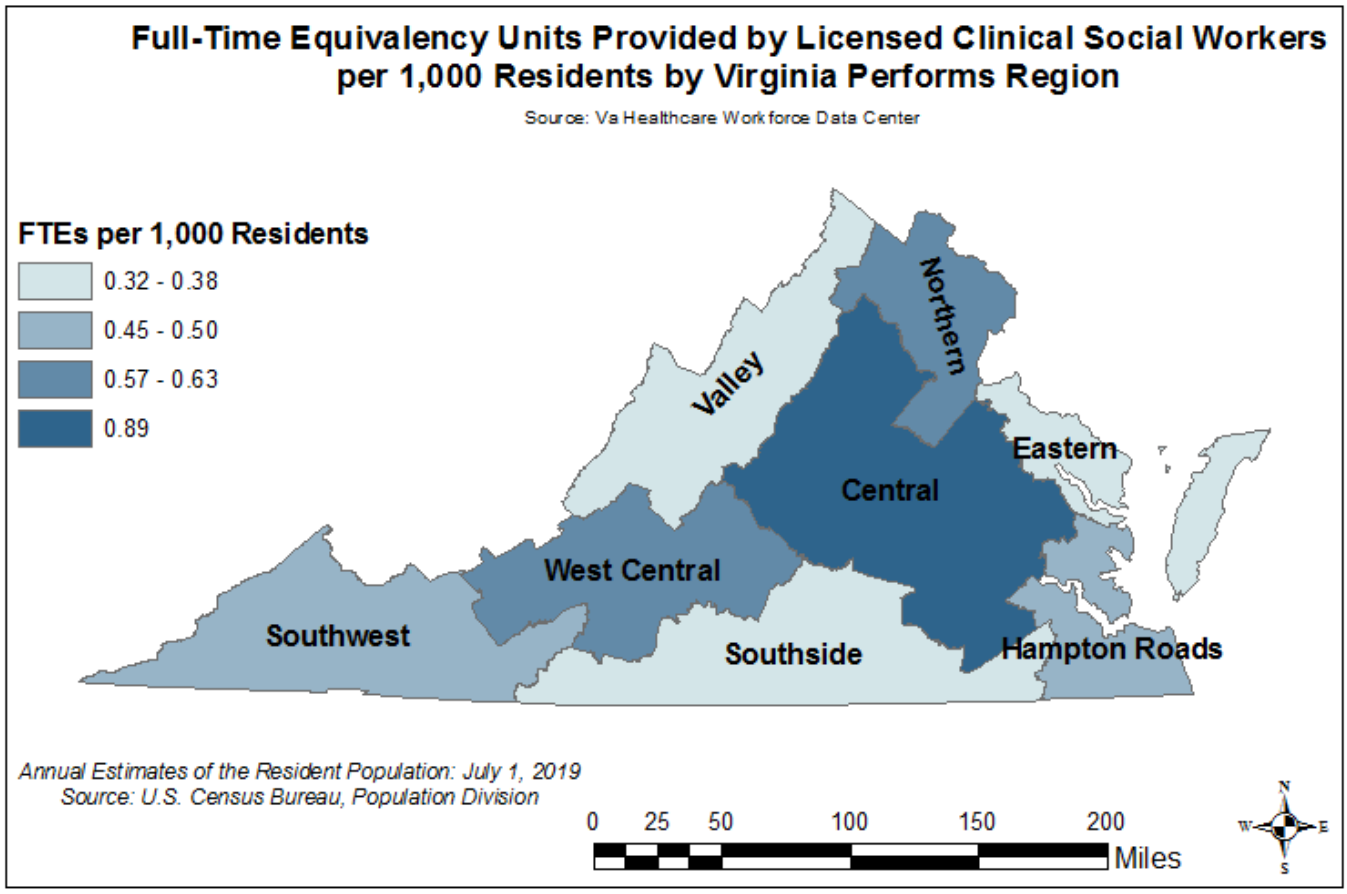
Employed in Prof.:	90%
Hold 1 Full-Time Job:	57%
Satisfied?:	95%

Job Turnover

Switched Jobs:	6%
Employed Over 2 Yrs.:	67%

Time Allocation

Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	62%



[1] Excludes 437 temporary licenses that were issued between April 2020 and September 2020 as a result of procedural changes that were implemented by the DHP due to the coronavirus pandemic. All of these temporary licenses expired in September 2020.

Results in Brief

This report contains the results of the 2021 Licensed Clinical Social Worker (LCSW) Workforce Survey. Nearly 7,000 LCSWs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LCSWs. These survey respondents represent 84% of the 8,330 LCSWs who possessed non-temporary licenses in the state and 98% of renewing practitioners.

The HWDC estimates that 6,799 LCSWs participated in Virginia's workforce during the survey period, which is defined as those LCSWs who worked at least a portion of the year in the state or who live in the state and intend to work as a LCSW at some point in the future. Over the past year, Virginia's LCSW workforce provided 5,372 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly nine out of every ten LCSWs are female, including 91% of those LCSWs who are under the age of 40. In a random encounter between two LCSWs, there is a 39% chance that they would be of different races or ethnicities, a measure known as the diversity index. For LCSWs who are under the age of 40, the diversity index increases to 47%. However, both of these values are below the comparable diversity index of 57% for Virginia's population as a whole. Nearly one-quarter of all LCSWs grew up in rural areas, and 13% of LCSWs who grew up in rural areas currently work in non-metro areas of Virginia. In total, 6% of all LCSWs work in non-metro areas of the state.

Nine out of every ten LCSWs are currently employed in the profession, 57% hold one full-time job, and 47% work between 40 and 49 hours per week. Meanwhile, 2% of LCSWs have experienced involuntary unemployment at some point over the past year, and 2% have also experienced underemployment during the same time period. Seven out of every ten LCSWs are employed in the private sector, including one-half who work in the for-profit sector. The median annual income of Virginia's LCSW workforce is between $70,000 and $80,000. Nearly all LCSWs are satisfied with their current work situation, including 67% of LCSWs who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2017 LCSW workforce. The number of licensed LCSWs in Virginia has increased by 27% (8,330 vs. 6,569). In addition, the size of Virginia's LCSW workforce has increased by 24% (6,799 vs. 5,465), and the number of FTEs provided by this workforce has increased by 17% (5,372 vs. 4,587). Virginia's renewing LCSWs are more likely to respond to this survey (98% vs. 95%).

LCSWs are more likely to be female (87% vs. 85%), and the median age of this workforce has fallen (49 vs. 53). In addition, Virginia's LCSW workforce has become more diverse (39% vs. 31%), a trend that is also occurring among LCSWs who are under the age of 40 (47% vs. 42%). LCSWs are more likely to have grown up in rural areas (24% vs. 22%), but are slightly less likely to work in non-metro areas of Virginia (13% vs. 14%). On the other hand, the percentage of all LCSWs who work in non-metro areas of the state has increased slightly (6% vs. 5%).

LCSWs are more likely to carry education debt (39% vs. 32%), although the opposite is the case among those LCSWs who are under the age of 40 (64% vs. 67%). The median debt amount among those LCSWs who carry education debt has increased ($50k-$60k vs. $40k-$50k). At the same time, the median annual income of Virginia's LCSWs has also increased ($70k-$80k vs. $60k-$70k). In addition, wage and salaried LCSWs are more likely to receive at least one employer-sponsored benefit (80% vs. 77%), including those LCSWs who have access to health insurance (67% vs. 65%) and a retirement plan (64% vs. 61%).

Although LCSWs are less likely to have been employed at their primary work location for more than two years (67% vs. 71%), they are more likely to currently hold one full-time job (57% vs. 55%). LCSWs are more likely to be employed in the for-profit sector (50% vs. 47%) rather than the non-profit sector (20% vs. 21%). Overall, LCSWs are slightly less likely to indicate that they are satisfied with their current work situation (95% vs. 96%). This is also the case among those LCSWs who indicated that they are "very satisfied" (67% vs. 69%).

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A Closer Look:

Licensees		
License Status	**#**	**%**
Renewing Practitioners	6,777	77%
New Licensees	927	11%
Temporary Licensees[1]	437	5%
Non-Renewals	626	7%
All Licensees	**8,767**	**100%**
All Licensees Without Temporary	**8,330**	**95%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Nearly all renewing LCSWs submitted a survey. These represent 80% of the 8,767 LCSWs who held a license at some point during the survey period.

Definitions

1. **The Survey Period:** The survey was conducted in June 2021.
2. **Target Population:** All LCSWs who held a Virginia license at some point between July 2020 and June 2021.
3. **Survey Population:** The survey was available to LCSWs who renewed their licenses online. It was not available to those who did not renew, including LCSWs newly licensed in 2021.

Response Rates			
Statistic	**Non Respondents**	**Respondents**	**Response Rate**
By Age			
Under 35	329	729	69%
35 to 39	275	903	77%
40 to 44	203	901	82%
45 to 49	176	865	83%
50 to 54	179	874	83%
55 to 59	160	751	82%
60 to 64	115	717	86%
65 and Over	341	1,249	79%
Total	**1,778**	**6,989**	**80%**
New Licenses			
Issued in Past Year	759	338	31%
Metro Status			
Non-Metro	77	323	81%
Metro	818	5,282	87%
Not in Virginia	883	1,384	61%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	**6,989**
Response Rate, All Licensees	**80%**
Response Rate, Renewals	**98%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LCSWs

Number:	8,767
New:	11%
Not Renewed:	7%

Response Rates

All Licensees:	80%
Renewing Practitioners:	98%

Source: Va. Healthcare Workforce Data Center

[1] These 437 temporary licenses were issued between April 2020 and September 2020 as a result of procedural changes that were implemented by the DHP due to the coronavirus pandemic. All of these temporary licenses expired in September 2020.

At a Glance:

Workforce

Virginia's LCSW Workforce:	6,799
FTEs:	5,372

Utilization Ratios

Licensees in VA Workforce:	78%
Licensees per FTE:	1.63
Workers per FTE:	1.27

Source: Va. Healthcare Workforce Data Center

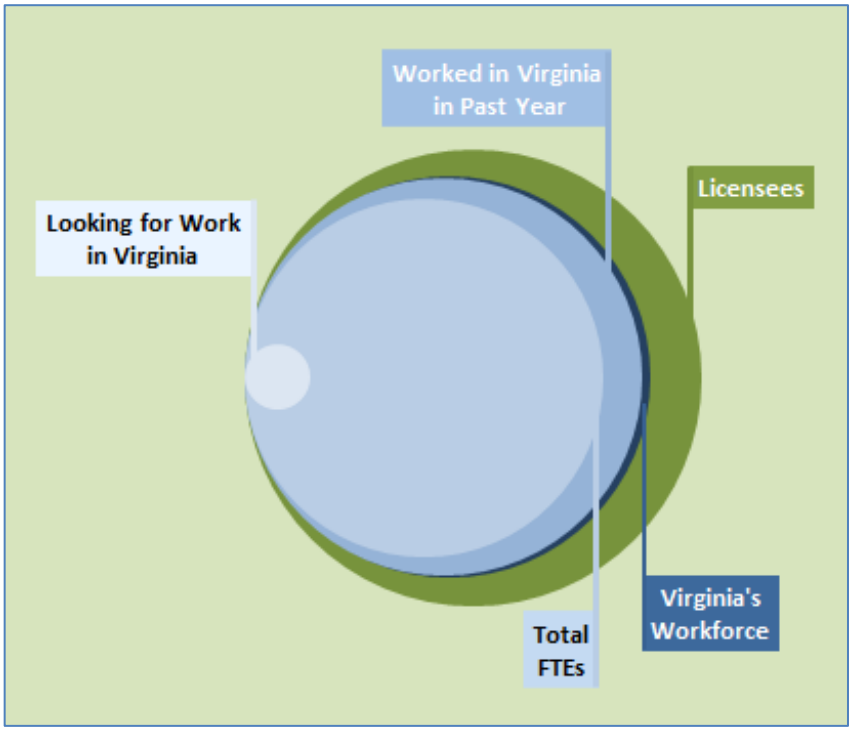
Definitions

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

Virginia's LCSW Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	6,622	97%
Looking for Work in Virginia	177	3%
Virginia's Workforce	**6,799**	**100%**
Total FTEs	**5,372**	
Licensees	**8,767**	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	55	7%	758	93%	813	14%
35 to 39	85	10%	744	90%	829	14%
40 to 44	91	12%	654	88%	746	13%
45 to 49	63	10%	597	91%	660	11%
50 to 54	92	13%	605	87%	698	12%
55 to 59	79	13%	530	87%	609	10%
60 to 64	71	14%	453	87%	524	9%
65 and Over	217	22%	784	78%	1,000	17%
Total	**752**	**13%**	**5,125**	**87%**	**5,877**	**100%**

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	LCSWs		LCSWs Under 40	
	%	#	%	#	%
White	61%	4,485	76%	1,150	70%
Black	19%	914	16%	299	18%
Hispanic	10%	236	4%	89	5%
Asian	7%	89	2%	37	2%
Two or More Races	3%	117	2%	53	3%
Other Race	0%	41	1%	15	1%
Total	**100%**	**5,882**	**100%**	**1,643**	**100%**

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2019.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	87%
% Under 40 Female:	91%

Age

Median Age:	49
% Under 40:	28%
% 55 and Over:	36%

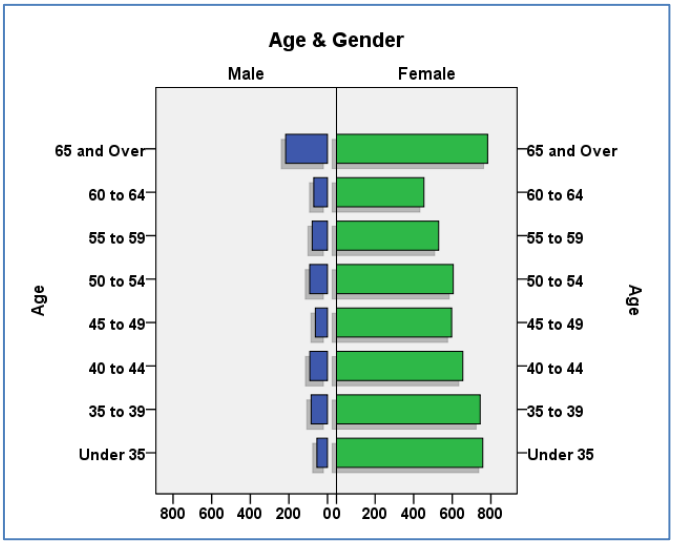
Diversity

Diversity Index:	39%
Under 40 Div. Index:	47%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LCSWs, there is a 39% chance that they would be of different races or ethnicities, a measure known as the diversity index.

Nearly 30% of all LCSWs are under the age of 40, and 91% of these professionals are female. In addition, the diversity index among this group of LCSWs is 47%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	15%
Rural Childhood:	24%

Virginia Background

HS in Virginia:	46%
Prof. Edu. in VA:	52%
HS or Prof. Edu. in VA:	62%

Location Choice

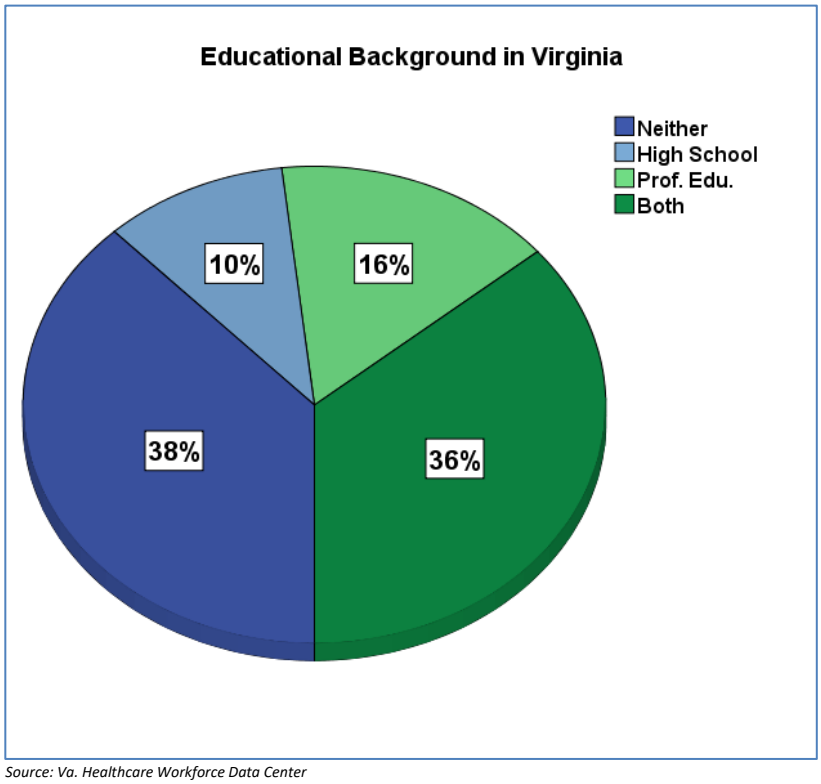
% Rural to Non-Metro:	13%
% Urban/Suburban to Non-Metro:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	18%	66%	16%
2	Metro, 250,000 to 1 Million	49%	39%	12%
3	Metro, 250,000 or Less	33%	53%	14%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	53%	24%	22%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	43%	46%	12%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	81%	15%	4%
8	Rural, Metro Adjacent	36%	64%	0%
9	Rural, Non-Adjacent	38%	49%	14%
	Overall	**24%**	**62%**	**15%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly one-quarter of all LCSWs grew up in self-described rural areas, and 13% of these professionals currently work in non-metro counties. In total, 6% of all LCSWs in the state currently work in non-metro counties.

Top Ten States for Licensed Clinical Social Worker Recruitment

Rank	All LCSWs			
	High School	#	Init. Prof. Degree	#
1	Virginia	2,706	Virginia	3,015
2	New York	431	Washington, D.C.	439
3	Maryland	327	New York	334
4	Pennsylvania	253	Maryland	276
5	North Carolina	230	Massachusetts	172
6	New Jersey	197	North Carolina	162
7	Outside U.S./Canada	132	Pennsylvania	143
8	California	112	Florida	128
9	Ohio	107	California	115
10	Florida	106	Michigan	99

Source: Va. Healthcare Workforce Data Center

Close to half of all LCSWs received their high school degree in Virginia, while 52% received their initial professional degree in the state.

Among LCSWs who have obtained their initial license in the past five years, 45% received their high school degree in Virginia, while 45% also received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	880	Virginia	876
2	New York	126	New York	124
3	Maryland	110	Washington, D.C.	107
4	North Carolina	101	Maryland	84
5	New Jersey	67	North Carolina	80
6	Pennsylvania	57	California	75
7	Florida	57	Massachusetts	74
8	Outside U.S./Canada	47	Florida	68
9	California	40	Pennsylvania	48
10	Michigan	39	Illinois	36

Source: Va. Healthcare Workforce Data Center

More than one-fifth of Virginia's licensees did not participate in the state's LCSW workforce during the past year. Among this group of professionals, 89% worked at some point in the past year, including 81% who worked in a job related to the behavioral sciences.

At a Glance:

Not in VA Workforce

Total:	1,967
% of Licensees:	22%
Federal/Military:	19%
Va. Border State/D.C.:	30%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	**#**	**%**
Bachelor's Degree	0	0%
Master's Degree	5,531	96%
Doctor of Psychology	25	0%
Other Doctorate	192	3%
Total	**5,748**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

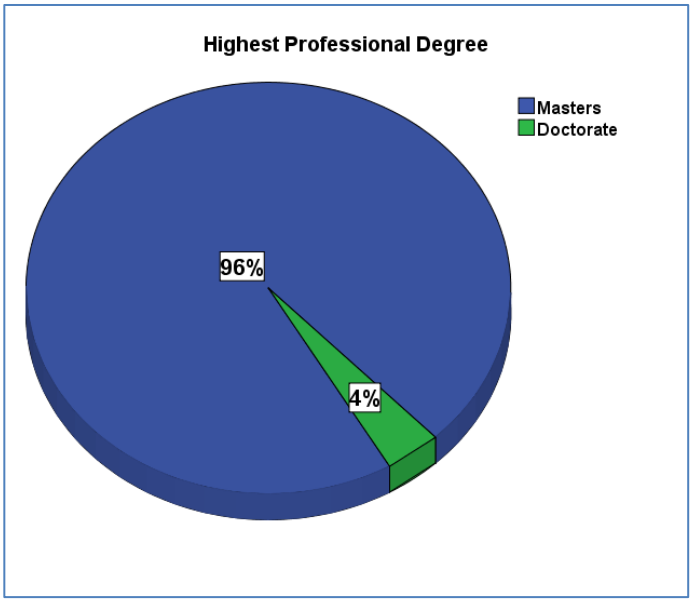
Education

Masters: 96%
Doctorate/PhD: 3%

Education Debt

Carry Debt: 39%
Under Age 40 w/ Debt: 64%
Median Debt: $50k-$60k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	**All LCSWs**		**LCSWs Under 40**	
	#	**%**	**#**	**%**
None	3,059	61%	502	36%
Less than $10,000	176	3%	57	4%
$10,000-$29,999	361	7%	142	10%
$30,000-$49,999	326	6%	122	9%
$50,000-$69,999	287	6%	146	10%
$70,000-$89,999	233	5%	134	10%
$90,000-$109,999	220	4%	108	8%
$110,000-$129,999	128	3%	72	5%
$130,000-$149,999	74	1%	35	2%
$150,000 or More	192	4%	83	6%
Total	**5,056**	**100%**	**1,401**	**100%**

Source: Va. Healthcare Workforce Data Center

Nearly 40% of LCSWs carry education debt, including 64% of those LCSWs who are under the age of 40. For those LCSWs with education debt, the median debt amount is between $50,000 and $60,000.

At a Glance:

Primary Specialty

Mental Health:	59%
Child:	7%
Health/Medical:	6%

Secondary Specialty

Mental Health:	16%
Substance Abuse:	11%
Behavioral Disorders:	11%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every five LCSWs have a primary specialty in mental health, while another 7% of LCSWs have a primary specialty in children's health.

A Closer Look:

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Mental Health	3,328	59%	753	16%
Child	394	7%	507	10%
Health/Medical	341	6%	250	5%
Behavioral Disorders	251	4%	529	11%
Substance Abuse	211	4%	539	11%
Family	196	3%	422	9%
School/Educational	194	3%	211	4%
Gerontology	84	1%	125	3%
Marriage	50	1%	153	3%
Sex Offender Treatment	28	0%	36	1%
Forensic	27	0%	46	1%
Social	23	0%	66	1%
Vocational/Work Environment	12	0%	19	0%
Public Health	9	0%	35	1%
Industrial-Organizational	6	0%	16	0%
Rehabilitation	3	0%	21	0%
Experimental or Research	1	0%	4	0%
Neurology/Neuropsychology	0	0%	11	0%
General Practice (Non-Specialty)	269	5%	733	15%
Other Specialty Area	252	4%	355	7%
Total	**5,679**	**100%**	**4,829**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

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

Positions Held

1 Full-Time: 57%
2 or More Positions: 23%

Weekly Hours:

40 to 49: 47%
60 or More: 4%
Less than 30: 17%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	9	< 1%
Employed in a Behavioral Sciences-Related Capacity	5,178	90%
Employed, NOT in a Behavioral Sciences-Related Capacity	301	5%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	19	< 1%
Voluntarily Unemployed	151	3%
Retired	117	2%
Total	**5,776**	**100%**

Source: Va. Healthcare Workforce Data Center

Nine out of every ten LCSWs are currently employed in the profession, 57% hold one full-time job, and 47% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	287	5%
1 to 9 Hours	164	3%
10 to 19 Hours	341	6%
20 to 29 Hours	480	8%
30 to 39 Hours	863	15%
40 to 49 Hours	2,645	47%
50 to 59 Hours	632	11%
60 to 69 Hours	170	3%
70 to 79 Hours	45	1%
80 or More Hours	25	0%
Total	**5,652**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	**#**	**%**
No Positions	287	5%
One Part-Time Position	848	15%
Two Part-Time Positions	234	4%
One Full-Time Position	3,245	57%
One Full-Time Position & One Part-Time Position	908	16%
Two Full-Time Positions	27	0%
More than Two Positions	112	2%
Total	**5,661**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	**#**	**%**
Volunteer Work Only	71	2%
Less than $20,000	246	6%
$20,000-$29,999	154	4%
$30,000-$39,999	188	4%
$40,000-$49,999	310	7%
$50,000-$59,999	560	13%
$60,000-$69,999	672	15%
$70,000-$79,999	681	15%
$80,000-$89,999	539	12%
$90,000-$99,999	348	8%
$100,000 or More	658	15%
Total	**4,426**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: $70k-$80k

Benefits
(Salary/Wage Employees Only)
Health Insurance: 67%
Retirement: 64%

Satisfaction
Satisfied: 95%
Very Satisfied: 67%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	3,674	67%
Somewhat Satisfied	1,569	28%
Somewhat Dissatisfied	218	4%
Very Dissatisfied	65	1%
Total	**5,526**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical LCSW earns between $70,000 and $80,000 per year. Among LCSWs who receive either an hourly wage or a salary as compensation at their primary work location, 67% have access to health insurance, and 64% have access to a retirement plan.

Employer-Sponsored Benefits			
Benefit	**#**	**%**	**% of Wage/Salary Employees**
Paid Vacation	3,000	58%	74%
Health Insurance	2,738	53%	67%
Paid Sick Leave	2,717	52%	68%
Retirement	2,632	51%	64%
Dental Insurance	2,616	51%	65%
Group Life Insurance	2,075	40%	52%
Signing/Retention Bonus	230	4%	6%
At Least One Benefit	**3,325**	**64%**	**80%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . .?	**#**	**%**
Work Two or More Positions at the Same Time?	1,519	22%
Switch Employers or Practices?	403	6%
Experience Voluntary Unemployment?	325	5%
Experience Involuntary Unemployment?	131	2%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	128	2%
Experience At Least One	**2,091**	**31%**

Source: Va. Healthcare Workforce Data Center

Only 2% of Virginia's LCSWs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 5.6% during the same time period.[2]

Location Tenure				
Tenure	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Not Currently Working at This Location	133	2%	72	5%
Less than 6 Months	223	4%	132	9%
6 Months to 1 Year	424	8%	180	13%
1 to 2 Years	1,003	18%	323	23%
3 to 5 Years	1,346	25%	300	22%
6 to 10 Years	974	18%	189	14%
More than 10 Years	1,343	25%	196	14%
Subtotal	**5,446**	**100%**	**1,393**	**100%**
Did Not Have Location	193		5,329	
Item Missing	1,160		77	
Total	**6,799**		**6,799**	

Source: Va. Healthcare Workforce Data Center

More than three out of every five LCSWs are salaried employees, while 18% receive income from their own business or practice.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 2%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 6%
New Location: 18%
Over 2 Years: 67%
Over 2 Yrs., 2nd Location: 49%

Employment Type

Salary/Commission: 61%
Business/Practice Income: 18%

Source: Va. Healthcare Workforce Data Center

Two-thirds of all LCSWs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	**#**	**%**
Salary/Commission	2,437	61%
Business/Practice Income	708	18%
Hourly Wage	574	14%
By Contract	285	7%
Unpaid	20	0%
Subtotal	**4,024**	**100%**
Did Not Have Location	193	
Item Missing	2,582	

Source: Va. Healthcare Workforce Data Center

[2] As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 3.9% and a high of 8.1%. At the time of publication, the unemployment rate for June 2021 was still preliminary.

At a Glance:

Concentration

Top Region:	37%
Top 3 Regions:	81%
Lowest Region:	1%

Locations

2 or More (Past Year):	26%
2 or More (Now*):	24%

Source: Va. Healthcare Workforce Data Center

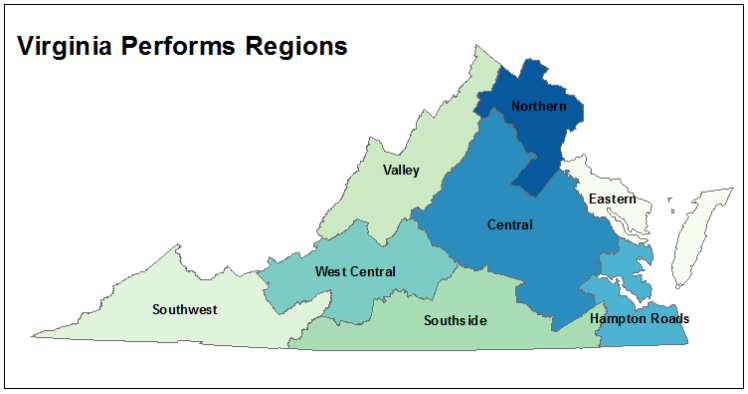
More than 80% of all LCSWs in the state work in Northern Virginia, Central Virginia, and Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Northern	2,001	37%	488	34%
Central	1,538	28%	361	25%
Hampton Roads	857	16%	230	16%
West Central	410	8%	100	7%
Valley	213	4%	38	3%
Southwest	161	3%	45	3%
Southside	105	2%	32	2%
Eastern	63	1%	19	1%
Virginia Border State/D.C.	50	1%	41	3%
Other U.S. State	35	1%	78	5%
Outside of the U.S.	3	0%	2	0%
Total	**5,436**	**100%**	**1,434**	**100%**
Item Missing	1,170		35	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Number of Work Locations

Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	176	3%	282	5%
1	3,975	71%	3,994	71%
2	707	13%	703	13%
3	680	12%	596	11%
4	34	1%	20	0%
5	13	0%	7	0%
6 or More	27	1%	10	0%
Total	**5,612**	**100%**	**5,612**	**100%**

*At the time of survey completion, June 2021.

Source: Va. Healthcare Workforce Data Center

Nearly one-quarter of all LCSWs currently have multiple work locations, while 26% have had multiple work locations over the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	2,470	50%	941	74%
Non-Profit	974	20%	179	14%
State/Local Government	1,066	21%	118	9%
Veterans Administration	237	5%	8	1%
U.S. Military	180	4%	16	1%
Other Federal Government	54	1%	10	1%
Total	**4,981**	**100%**	**1,272**	**100%**
Did Not Have Location	193		5,329	
Item Missing	1,624		197	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

For-Profit: 50%
Federal: 9%

Top Establishments

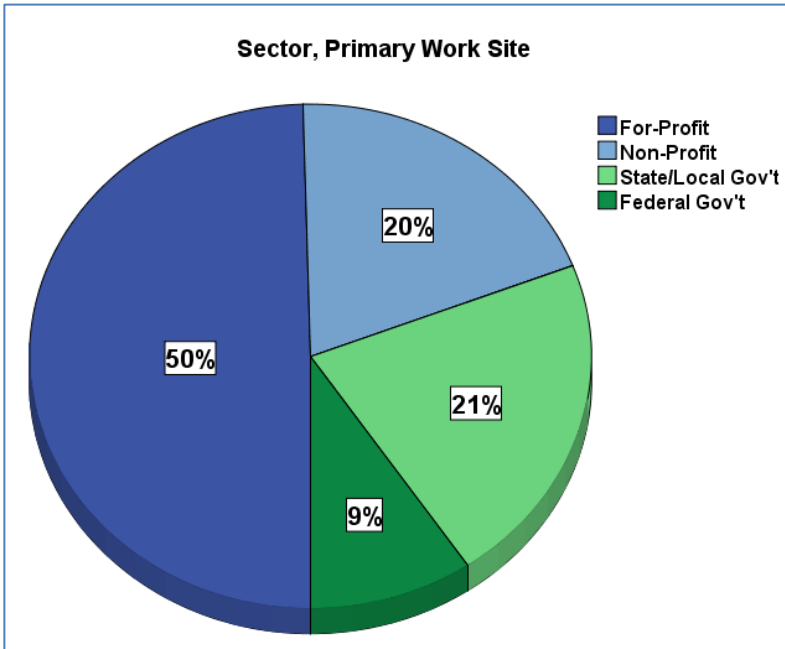
Private Practice, Solo: 16%
Private Practice, Group: 14%
Mental Health Facility (Outpatient): 14%

Payment Method

Cash/Self-Pay: 52%
Private Insurance: 44%

Source: Va. Healthcare Workforce Data Center

70% of LCSWs work in the private sector, including 50% who work in the for-profit sector. Another 21% of LCSWs work for a state or local government.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Solo	772	16%	260	21%
Private Practice, Group	659	14%	290	24%
Mental Health Facility, Outpatient	641	14%	176	15%
Community Services Board	446	10%	35	3%
Community-Based Clinic or Health Center	342	7%	80	7%
Hospital, General	342	7%	40	3%
School (Providing Care to Clients)	333	7%	28	2%
Hospital, Psychiatric	129	3%	39	3%
Academic Institution (Teaching Health Professions Students)	91	2%	55	5%
Residential Mental Health/Substance Abuse Facility	90	2%	22	2%
Administrative or Regulatory	76	2%	7	1%
Physician Office	69	1%	12	1%
Home Health Care	58	1%	12	1%
Corrections/Jail	42	1%	9	1%
Long-Term Care Facility, Nursing Home	23	0%	0	0%
Rehabilitation Facility	19	0%	3	0%
Residential Intellectual/Development Disability Facility	18	0%	3	0%
Other practice setting	537	11%	140	12%
Total	**4,687**	**100%**	**1,211**	**100%**
Did Not Have a Location	193		5,329	

Source: Va. Healthcare Workforce Data Center

Solo and group private practices employ more than 30% of all LCSWs in Virginia. Another 14% of LCSWs work at outpatient mental health facilities.

More than half of all LCSWs work at establishments that accept cash/self-pay as a form of payment for services rendered. This makes cash/self-pay the most commonly accepted form of payment among Virginia's LCSW workforce.

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	3,564	52%
Private Insurance	3,000	44%
Medicaid	2,141	31%
Medicare	1,856	27%

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

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

Roles

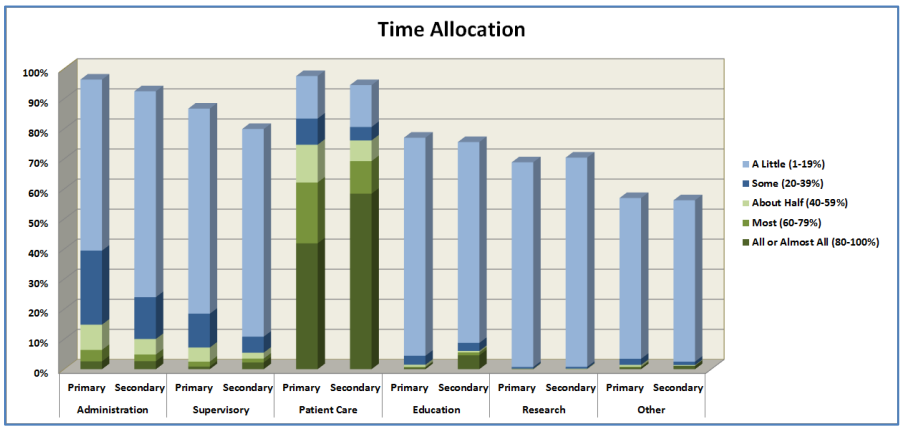
Patient Care:	62%
Administration:	6%
Supervisory:	3%

Patient Care LCSWs

Median Admin. Time:	10%-19%
Avg. Admin. Time:	10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

LCSWs spend approximately 75% of their time treating patients. In fact, 62% of all LCSWs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation												
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	3%	3%	1%	2%	42%	58%	1%	5%	0%	0%	1%	1%
Most (60-79%)	4%	2%	2%	1%	20%	11%	0%	1%	0%	0%	0%	0%
About Half (40-59%)	8%	5%	5%	2%	13%	7%	1%	1%	0%	0%	1%	0%
Some (20-39%)	25%	14%	11%	5%	9%	4%	3%	3%	1%	1%	2%	1%
A Little (1-19%)	57%	68%	68%	69%	14%	14%	73%	67%	68%	70%	53%	54%
None (0%)	4%	8%	13%	20%	2%	5%	23%	24%	31%	30%	43%	44%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	467	9%	173	14%
1 to 24	3,025	61%	919	75%
25 to 49	1,247	25%	108	9%
50 to 74	109	2%	16	1%
75 or More	71	1%	15	1%
Total	**4,919**	**100%**	**1,231**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

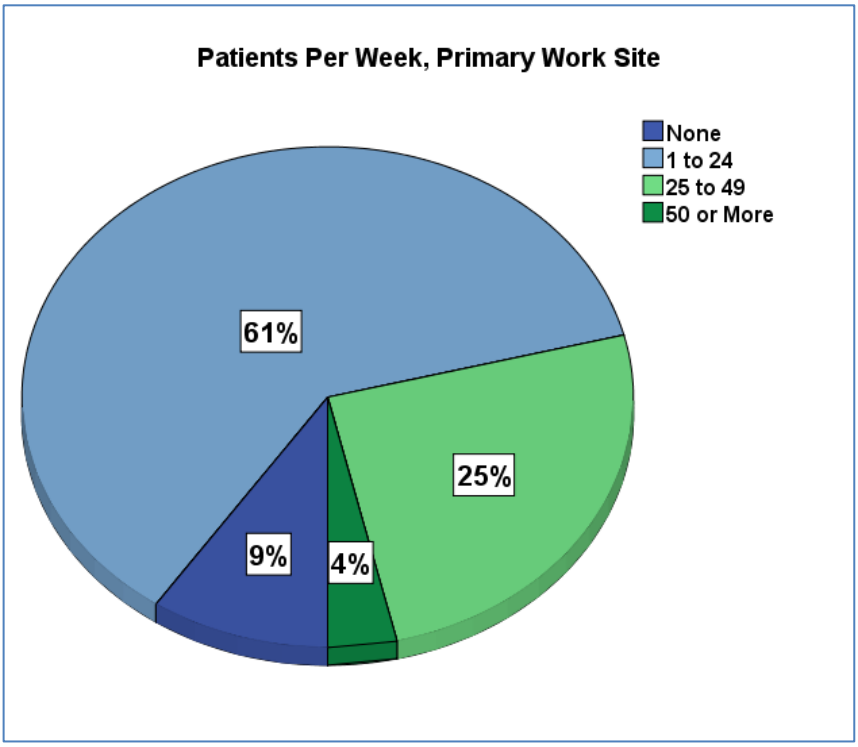
Patients Per Week

Primary Location: 1-24

Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

More than 60% of all LCSWs treat between 1 and 24 patients per week at their primary work location. Among those LCSWs who also have a secondary work location, three-quarters treat between 1 and 24 patients per week.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Patient Allocation

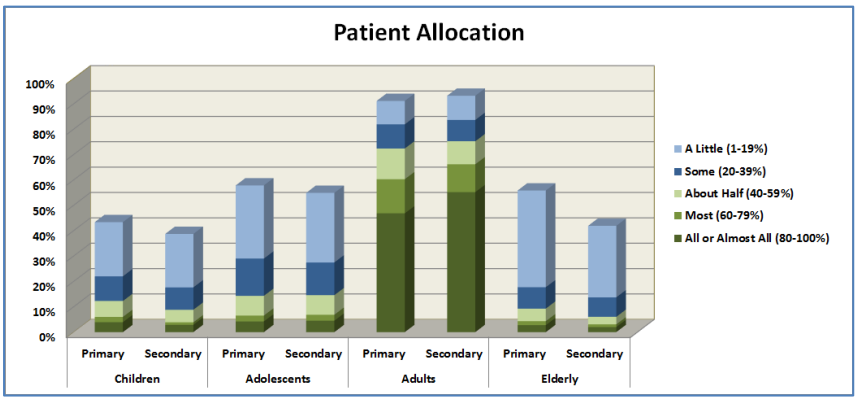
Children:	None
Adolescents:	1%-9%
Adults:	70%-79%
Elderly:	1%-9%

Roles

Children:	6%
Adolescents:	7%
Adults:	60%
Elderly:	4%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

In general, approximately 75% of all patients seen by LCSWs at their primary work location are adults. In addition, 60% of LCSWs serve an adult patient care role, meaning that at least 60% of their patients are adults.

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	4%	3%	4%	5%	47%	55%	3%	2%
Most (60-79%)	2%	1%	2%	2%	13%	11%	2%	1%
About Half (40-59%)	6%	5%	8%	8%	12%	9%	5%	3%
Some (20-39%)	10%	9%	15%	13%	10%	8%	8%	8%
A Little (1-19%)	21%	21%	29%	27%	9%	10%	38%	28%
None (0%)	57%	61%	42%	45%	9%	7%	44%	58%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LCSWs		LCSWs 50 and Over	
	#	%	#	%
Under Age 50	67	1%	-	-
50 to 54	107	2%	3	0%
55 to 59	327	7%	86	4%
60 to 64	946	19%	343	14%
65 to 69	1,614	33%	731	31%
70 to 74	874	18%	577	24%
75 to 79	354	7%	261	11%
80 or Over	164	3%	130	5%
I Do Not Intend to Retire	405	8%	247	10%
Total	**4,858**	**100%**	**2,378**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LCSWs

Under 65: 30%

Under 60: 10%

LCSWs 50 and Over

Under 65: 18%

Under 60: 4%

Time Until Retirement

Within 2 Years: 8%

Within 10 Years: 27%

Half the Workforce: By 2041

Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 30% expect to retire before the age of 65. Among those LCSWs who are age 50 or over, 18% expect to retire by the age of 65.

Within the next two years, 11% of LCSWs expect to increase their patient care hours, and 8% expect to pursue additional educational opportunities.

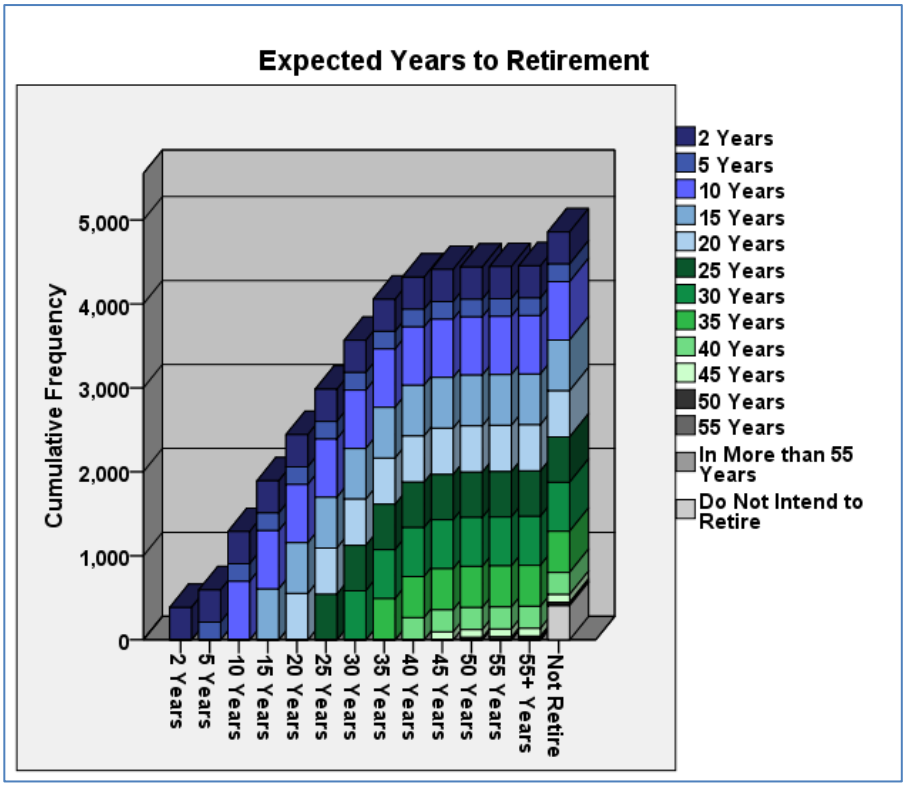
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Decrease Patient Care Hours	605	9%
Leave Virginia	129	2%
Leave Profession	75	1%
Decrease Teaching Hours	39	1%
Increase Participation		
Increase Patient Care Hours	738	11%
Pursue Additional Education	544	8%
Increase Teaching Hours	360	5%
Return to Virginia's Workforce	69	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LCSWs. While 8% of LCSWs expect to retire in the next two years, 27% expect to retire in the next ten years. Half of the current workforce expect to retire by 2041.

Time to Retirement			
Expect to Retire Within. . .	**#**	**%**	**Cumulative %**
2 Years	383	8%	8%
5 Years	210	4%	12%
10 Years	695	14%	27%
15 Years	604	12%	39%
20 Years	550	11%	50%
25 Years	540	11%	61%
30 Years	583	12%	73%
35 Years	490	10%	83%
40 Years	263	5%	89%
45 Years	92	2%	91%
50 Years	28	1%	91%
55 Years	6	0%	91%
In More than 55 Years	8	0%	92%
Do Not Intend to Retire	405	8%	100%
Total	**4,858**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2031. Retirement will peak at 14% of the current workforce around the same time before declining to under 10% of the current workforce again around 2061.

At a Glance:

FTEs

Total: 5,372
FTEs/1,000 Residents[3]: 0.629
Average: 0.81

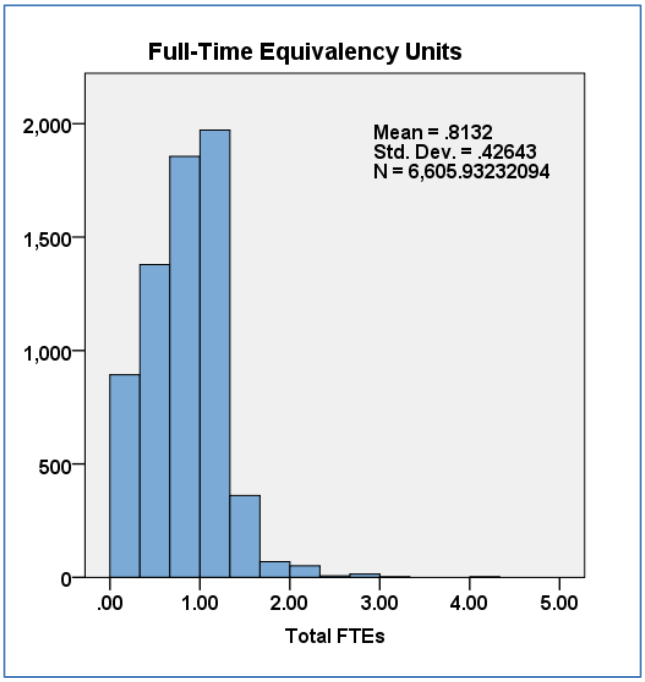
Age & Gender Effect

Age, *Partial Eta*^{2}: Small
Gender, *Partial Eta*^{2}: Negligible

Partial Eta^2 *Explained:*
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

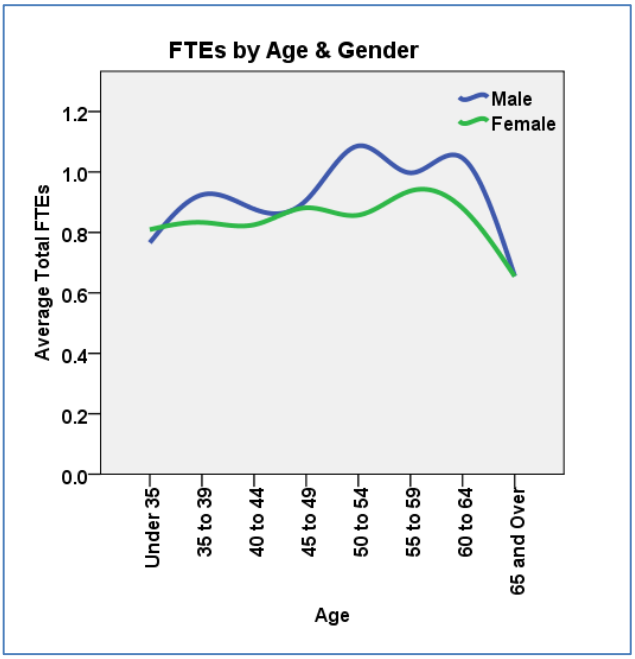


Source: Va. Healthcare Workforce Data Center

The typical (median) LCSW provided 0.86 FTEs over the past year, or approximately 34 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.[4]

Full-Time Equivalency Units		
Age	**Average Age**	**Median Age**
Under 35	0.81	0.86
35 to 39	0.85	0.96
40 to 44	0.81	0.84
45 to 49	0.85	0.77
50 to 54	0.80	0.87
55 to 59	0.95	1.01
60 to 64	0.89	0.89
65 and Over	0.64	0.54
Gender		
Male	0.87	0.95
Female	0.83	0.90

Source: Va. Healthcare Workforce Data Center

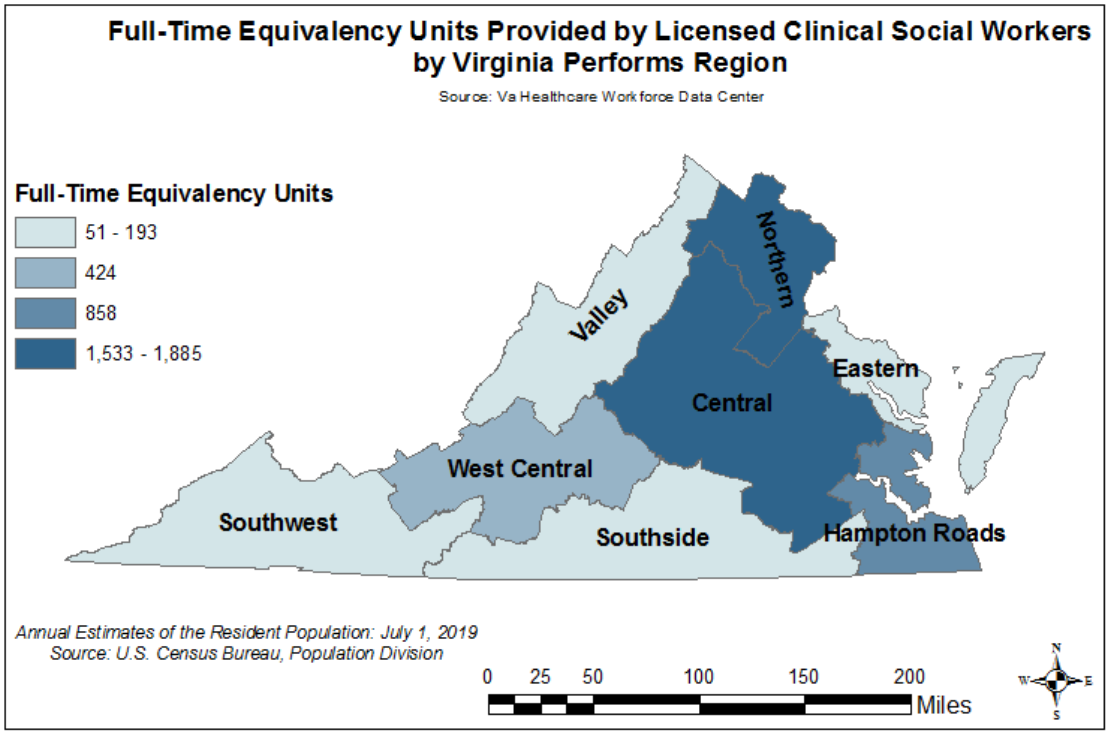


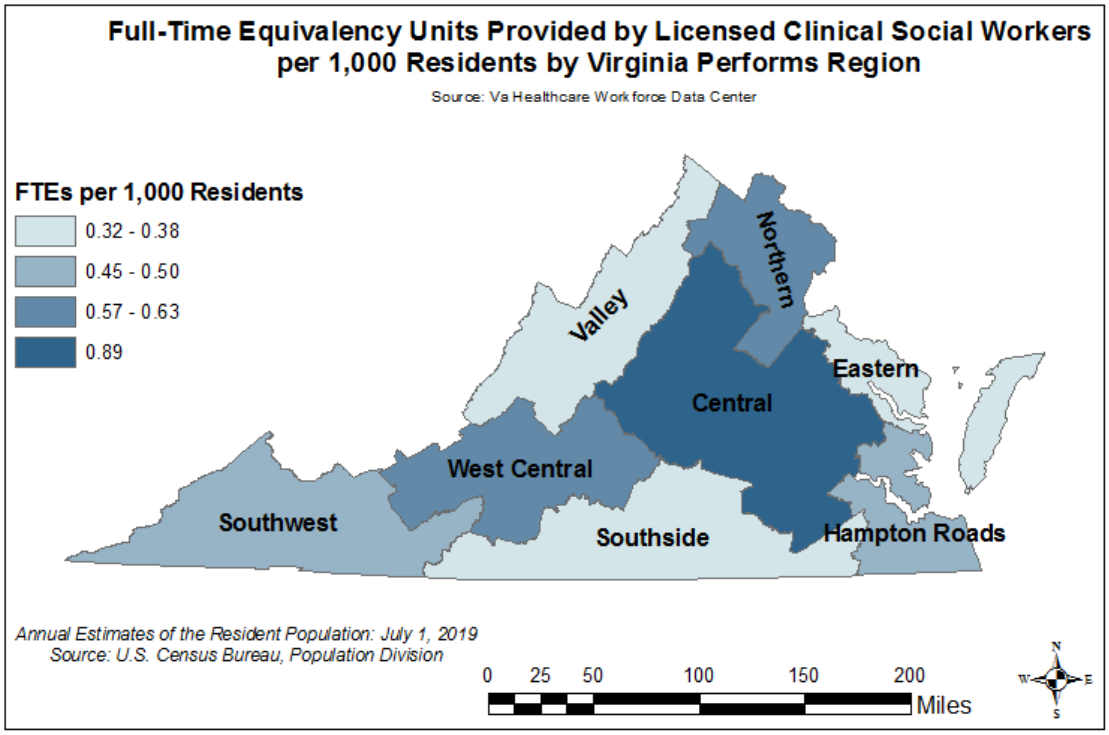
Source: Va. Healthcare Workforce Data Center

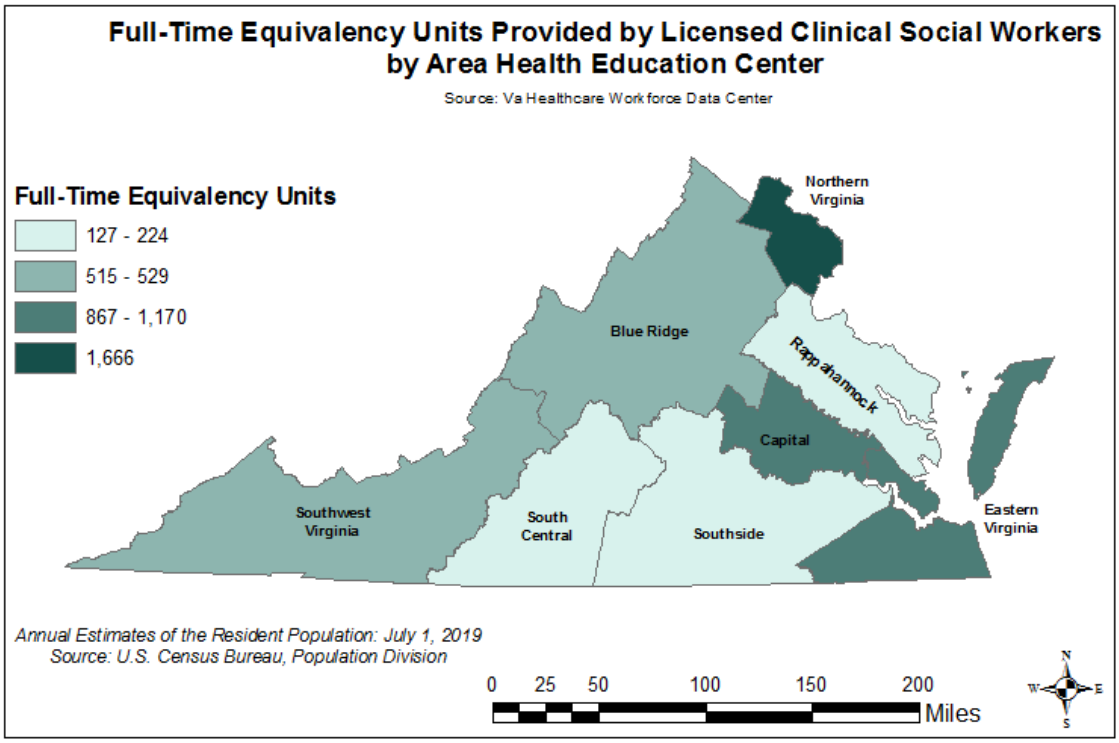
[3] Number of residents in 2019 was used as the denominator.
[4] Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).

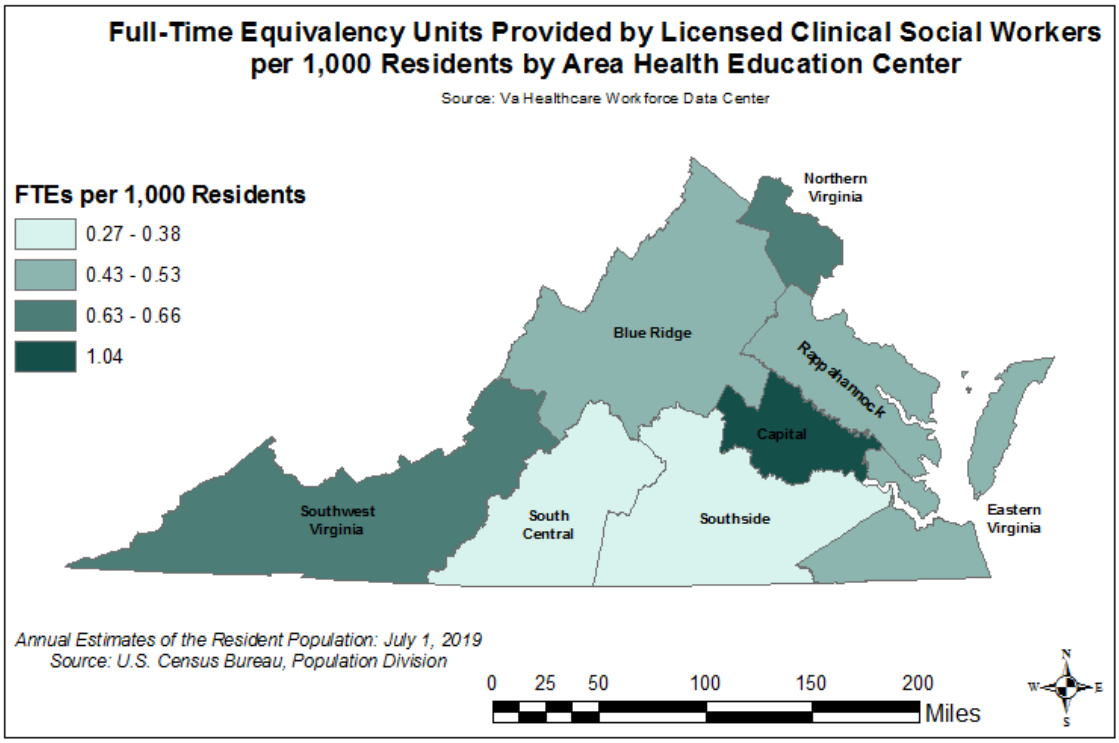
Maps

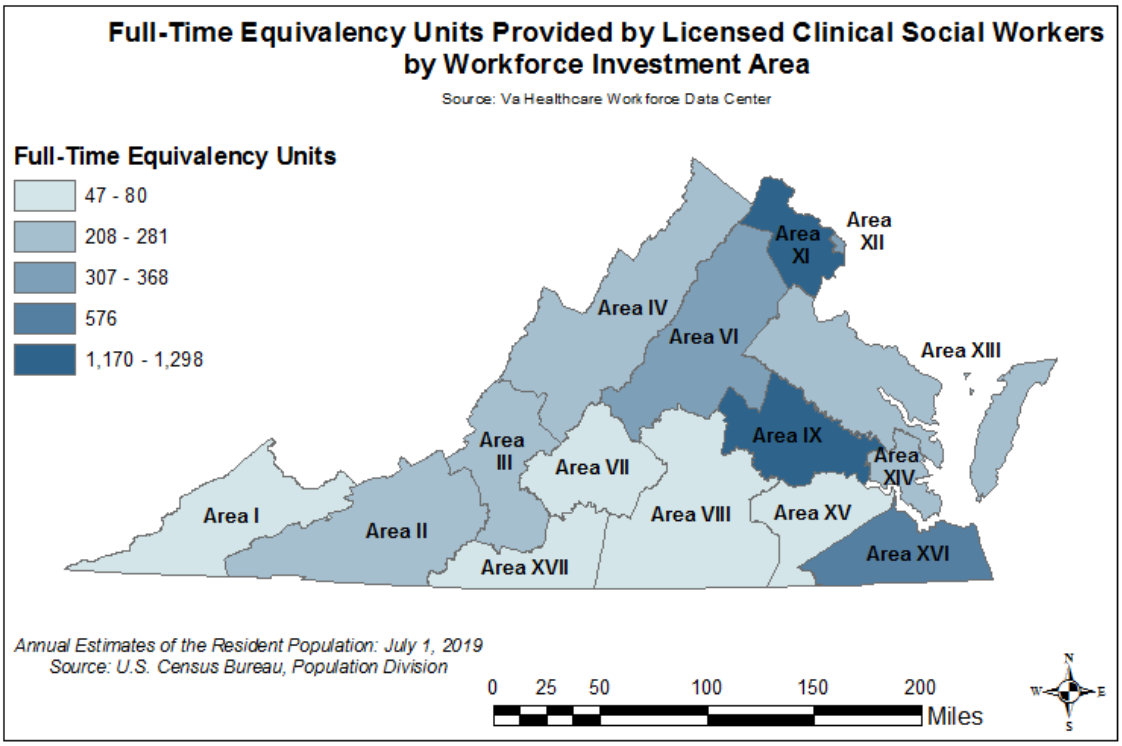
Virginia Performs Regions

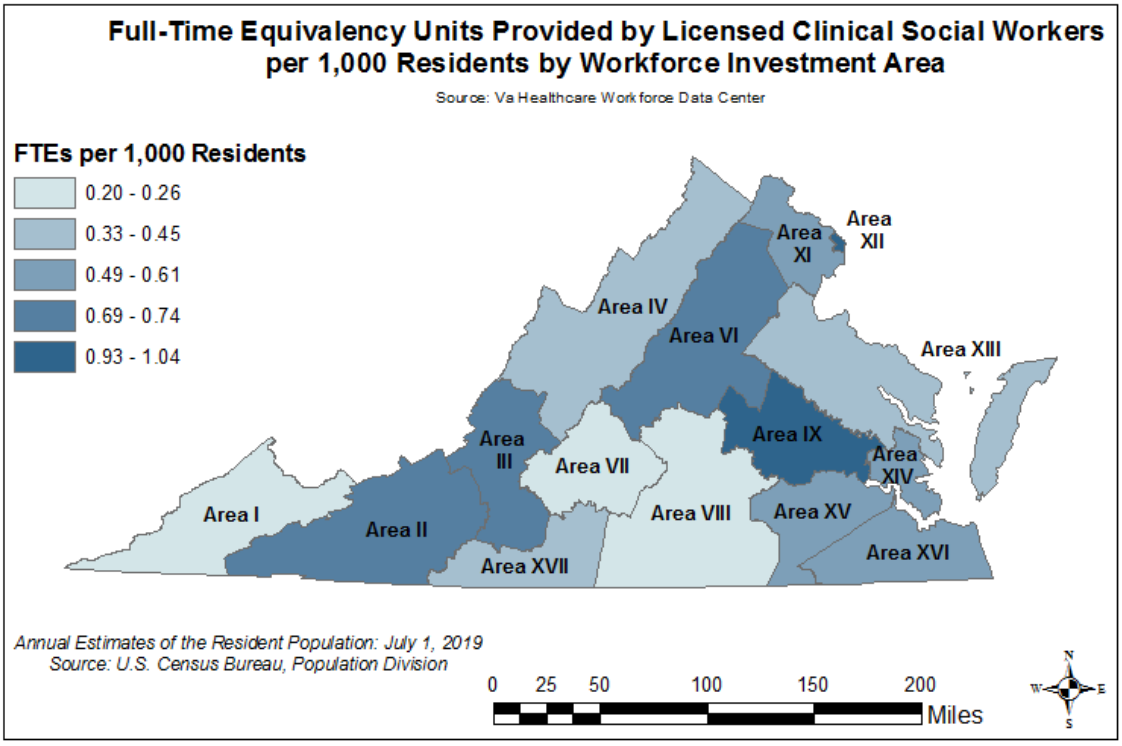


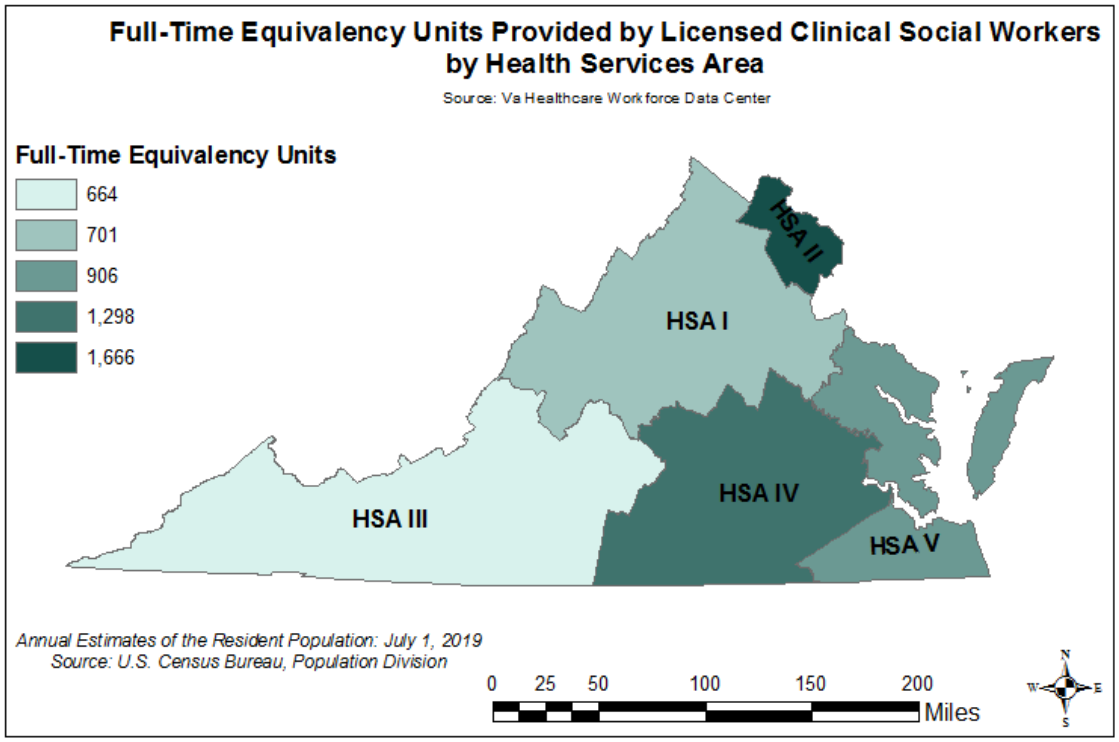


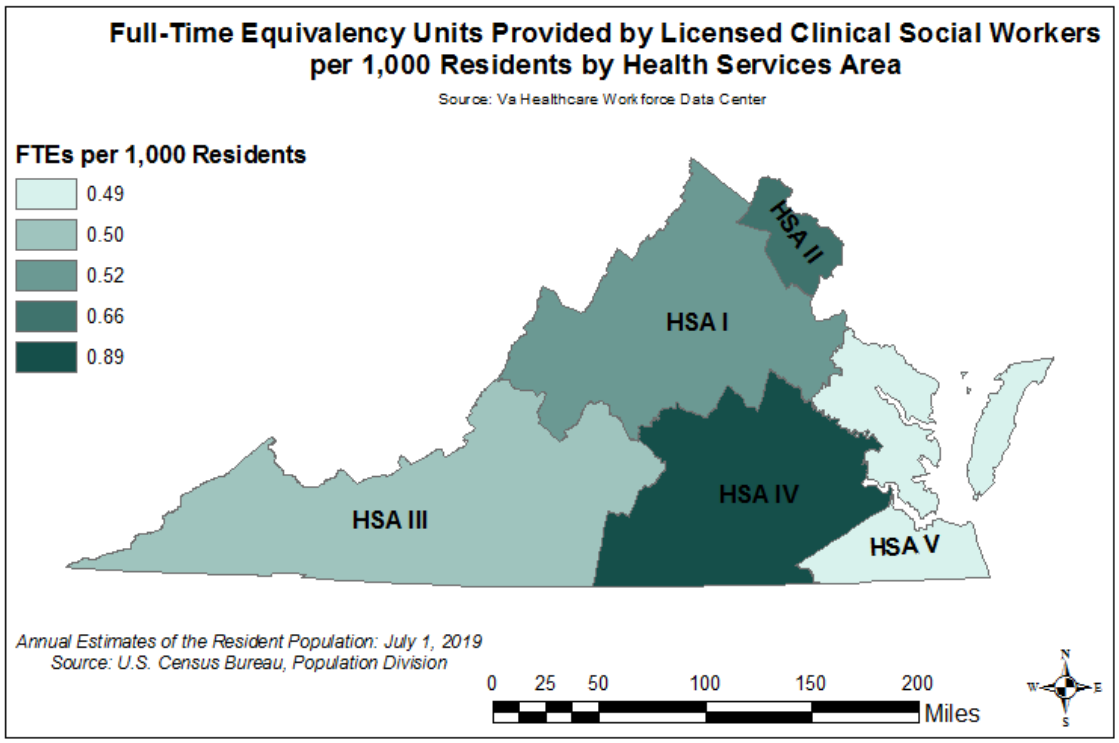

Full-Time Equivalency Units Provided by Licensed Clinical Social Workers by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
127 - 224
515 - 529
867 - 1,170
1,666
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

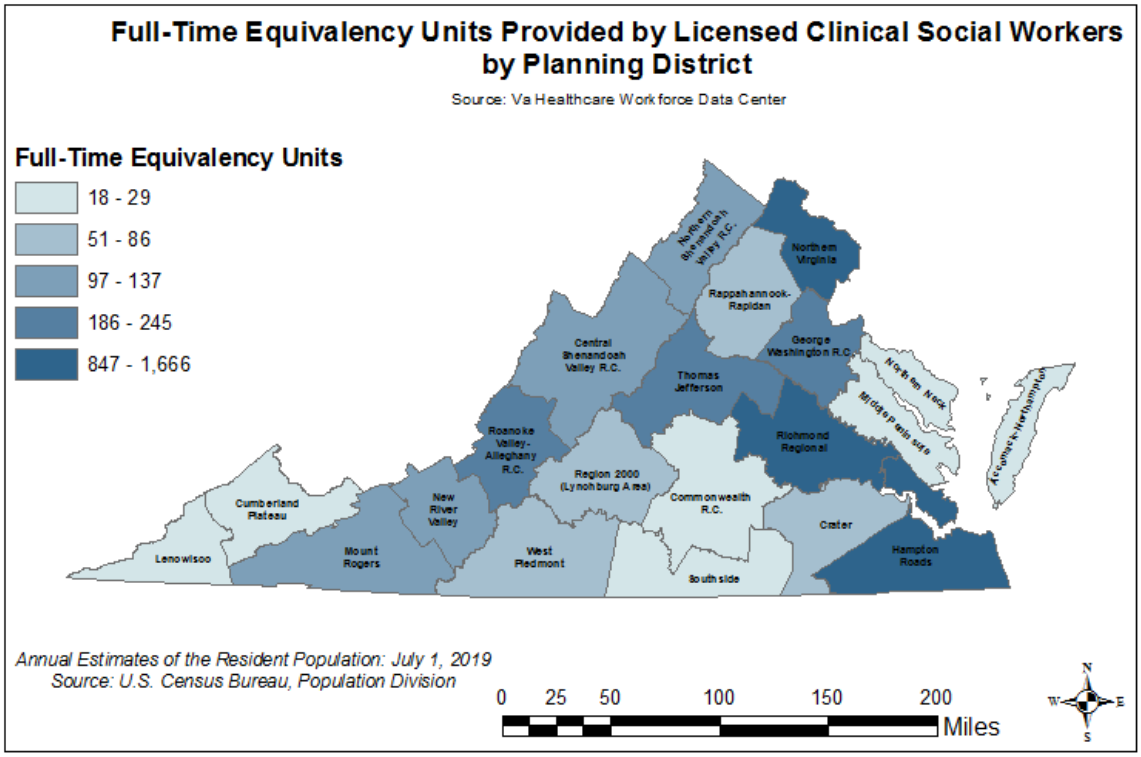

Full-Time Equivalency Units Provided by Licensed Clinical Social Workers per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.27 - 0.38
0.43 - 0.53
0.63 - 0.66
1.04
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

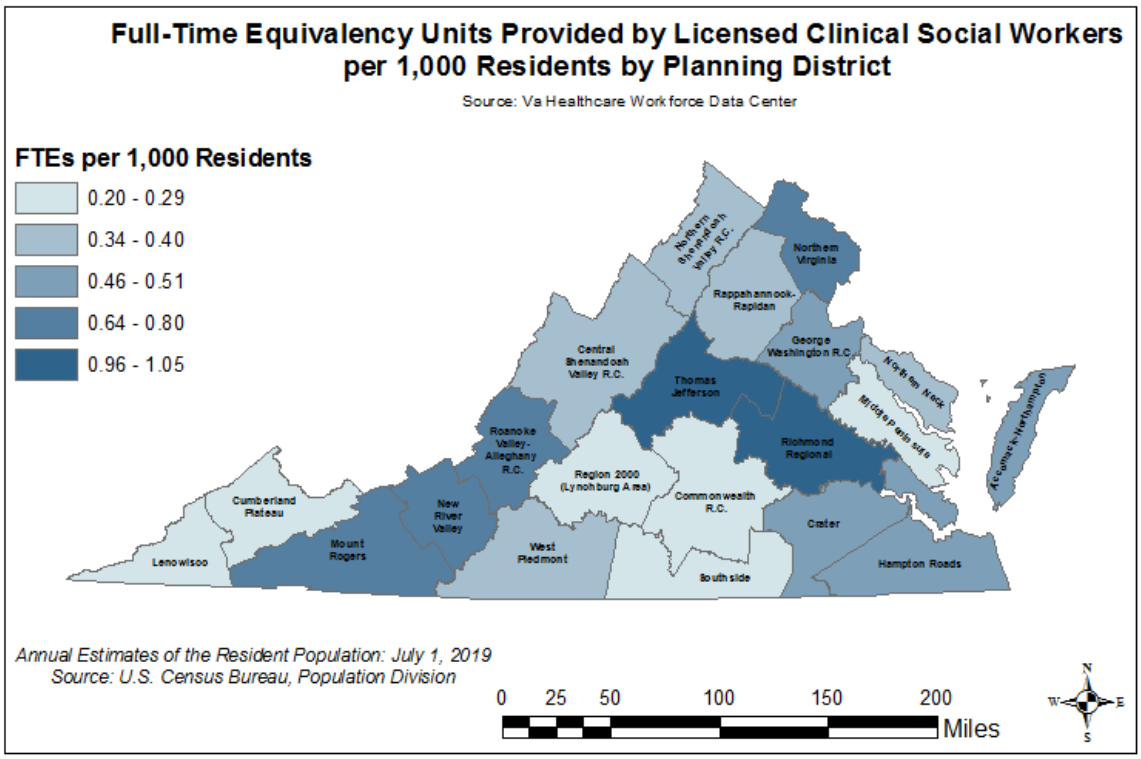

Full-Time Equivalency Units Provided by Licensed Clinical Social Workers by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
47 - 80
208 - 281
307 - 368
576
1,170 - 1,298
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Licensed Clinical Social Workers per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.20 - 0.26
0.33 - 0.45
0.49 - 0.61
0.69 - 0.74
0.93 - 1.04
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Licensed Clinical Social Workers by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
664
701
906
1,298
1,666
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Licensed Clinical Social Workers per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.49
0.50
0.52
0.66
0.89
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Licensed Clinical Social Workers by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
18 - 29
51 - 86
97 - 137
186 - 245
847 - 1,666
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Southside
Hampton Roads
Lenowisco
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Licensed Clinical Social Workers per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.20 - 0.29
0.34 - 0.40
0.46 - 0.51
0.64 - 0.80
0.96 - 1.05
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Southside
Hampton Roads
Lenowisco
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	5,030	86.52%	1.156	1.069	1.337
Metro, 250,000 to 1 Million	422	88.39%	1.131	1.047	1.309
Metro, 250,000 or Less	648	85.96%	1.163	1.076	1.346
Urban, Pop. 20,000+, Metro Adj.	42	83.33%	1.200	1.110	1.388
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	141	78.01%	1.282	1.186	1.483
Urban, Pop. 2,500-19,999, Non-Adj.	79	94.94%	1.053	0.974	1.219
Rural, Metro Adj.	109	76.15%	1.313	1.215	1.519
Rural, Non-Adj.	29	68.97%	1.450	1.341	1.678
Virginia Border State/D.C.	1,332	64.71%	1.545	1.429	1.788
Other U.S. State	935	55.83%	1.791	1.657	2.072

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 35	1,058	68.90%	1.451	1.219	2.072
35 to 39	1,178	76.66%	1.305	1.095	1.863
40 to 44	1,104	81.61%	1.225	1.029	1.750
45 to 49	1,041	83.09%	1.203	1.011	1.718
50 to 54	1,053	83.00%	1.205	1.012	1.720
55 to 59	911	82.44%	1.213	1.019	1.732
60 to 64	832	86.18%	1.160	0.974	1.657
65 and Over	1,590	78.55%	1.273	1.069	1.818

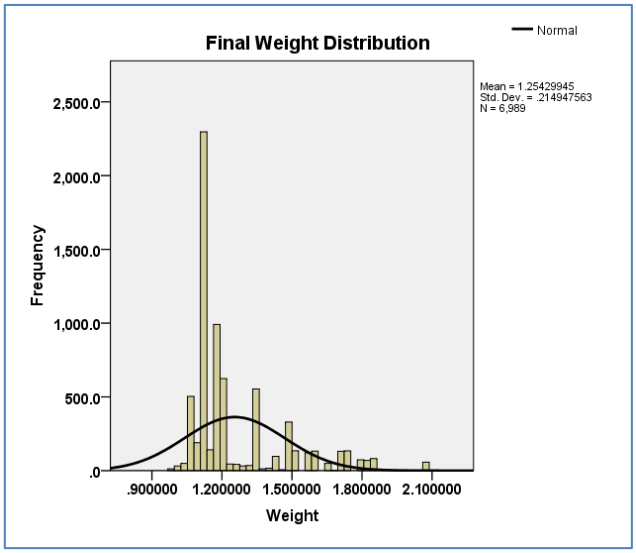
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

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

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: **0.797194**



Source: Va. Healthcare Workforce Data Center

Agenda Item: **Regulatory Actions - Chart of Regulatory Actions**

As of January 7, 2022

Chapter		Action / Stage Information
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	Acceptance of state examinations [Action 5792] NOIRA - *Register Date: 1/3/22* *Comment closes: 2/2/22*
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	Changes to endorsement and reinstatement; standards of practice [Action 5631] Proposed - *Register Date: 1/31/22* *Comment closes: 4/1/22* *Public hearing: 3/3/22*
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	Reduction in CE hours for continuation of approval to be a supervisor [Action 5702] Proposed - *Register Date: 1/3/22* *Comment closes: 3/4/22* *Public hearing: 1/16/22*
[18 VAC 140 - 30]	Regulations Governing the Practice of Music Therapy (under development)	Initial regulations for licensure of music therapists [Action 5704] NOIRA - *Register Date: 8/16/21* *Board to adopt proposed regs: 1/16/22*

2022 Session of the General Assembly

Department of Health Professions

A BILL to amend the *Code of Virginia* by amending § 54.1-3705, relating to powers and duties of the Board of Social Work to authorize licensure of residents in clinical social work.

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-3705 of the *Code of Virginia* is amended and reenacted as follows:

§ 54.1-3705. Specific powers and duties of the Board.

In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties:

1. To cooperate with and maintain a close liaison with other professional boards and the community to ensure that regulatory systems stay abreast of community and professional needs.

2. To conduct inspections to ensure that licensees conduct their practices in a competent manner and in conformance with the relevant regulations.

3. To designate specialties within the profession.

4. Expired.

5. To license baccalaureate social workers, master's social workers, and clinical social workers to practice consistent with the requirements of the chapter and regulations of the Board.

6. To ~~register~~ license as residents persons proposing to obtain supervised post-degree experience in the practice of social work required by the Board for licensure as a clinical social worker.

7. To pursue the establishment of reciprocal agreements with jurisdictions that are contiguous with the Commonwealth for the licensure of baccalaureate social workers, master's social workers, and clinical social workers. Reciprocal agreements shall require that a person hold a comparable, current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the Code of Virginia and regulations of the Board.

Virginia Board of Social Work

Meetings Held with Electronic Participation

Purpose:

To establish a written policy for holding meetings of the Board of Social Work with electronic participation by some of its members and the public.

Policy:

This policy for conducting a meeting with electronic participation shall be in accordance with *§ 2.2-3708.2 of the Code of Virginia.*

Authority:

§ 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 (i) a temporary or permanent disability or other medical condition that prevents the member's physical attendance or (ii) a family member's medical condition that requires the member to provide care for such family member, thereby preventing 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 b is limited each calendar year to two meetings or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater.
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 (i) a temporary or permanent disability or other medical condition that prevented the member's physical attendance or (ii) a family member's medical condition that required the member to provide care for such family member, thereby preventing 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, or any joint meetings thereof, 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 or the locality in which the public body is located has declared a local state of emergency pursuant to § 44-146.21, 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 provide for the continuity of operations of the public body or the discharge of its lawful purposes, duties, and responsibilities. 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 through electronic communication means, including videoconferencing if already used by the public body;
c. Provide the public with the opportunity to comment at those meetings of the public body when public comment is customarily received; and
d. Otherwise comply with the provisions of this chapter.
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.
The provisions of this subdivision 3 shall be applicable only for the duration of the emergency declared pursuant to § 44-146.17 or 44-146.21.
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.

Procedures:

1. In order to conduct a meeting with electronic participation, a quorum of the board or a committee of the board must be physically present at a central location.

2. If a quorum is attained, one or more members of the board or committee may participate electronically if, on or before the day of a meeting, the member notifies the chair and the executive director that he/she is unable to attend the meeting due to: 1) a temporary or permanent disability or other medical condition that prevents the member's physical attendance; 2) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance; or 3) a personal matter, identifying with specificity the nature of the personal matter. Attendance by a member electronically for personal reasons is limited to two meetings per calendar year or no more than 25% of meetings held.

3. Participation by a member through electronic communication means must be approved by the board chair or president. If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity

4. The board or committee holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location does not need to be open to the public.

5. The board or committee 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 or if the member participated electronically due to a personal matter, the minutes shall state the specific nature of the personal matter cited by the member. If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity.

6. If a board or committee holds a meeting through electronic communication, it must also hold at least one meeting annually where members are in attendance at the central location and no members participate electronically.

7. Notice of a meeting to be conducted electronically, along with the agenda, should be provided to the public contemporaneously with such information being sent to board members at least three working days in advance of such meeting. Notice of special, emergency, or continued meetings must be given contemporaneously with the notice provided to members.

8. Meeting notices and agendas shall be posted on the Virginia Regulatory Townhall (which sends notice to Commonwealth Calendar and the Board's website). They should also be provided electronically to interested parties on the Board's public participation guidelines list.

9. The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary meeting location; shall include notice as to the electronic communication means by which members of the public may participate in 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.

10. The board or committee must make arrangement for the voice of the remote participant(s) to be heard by all persons at the primary or central meeting location.

11. The agenda shall include a link to a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § 30-179 to allow members of the public to assess their experience with participation in the electronic meeting.

Form:
Link to Public comment form from the Freedom of Information Council
http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm

Adopted on (date): ___ _____

Agenda Item: Board action on Proposed regulations for Licensure of Music Therapists

Included in your agenda package are:

Copy of Townhall announcement of NOIRA (there were no comments)

Copy of draft minutes of Advisory Board on Music Therapy – October 8, 2021

Copy of DRAFT proposed regulations as recommended by the Advisory Board

Board action:

To adopt proposed regulations as presented in the agenda package, OR

To adopt proposed regulations as amended.

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Agency **Department of Health Professions**

Board **Board of Social Work**

Chapter **Regulations Governing the Practice of Music Therapy (under development) [18 VAC 140 - 30]**

Action: Initial regulations for licensure of music therapists

Notice of Intended Regulatory Action (NOIRA)

Action 5704 / Stage 9232

Edit Stage | Withdraw Stage | Go to RIS Project

Documents		
Preliminary Draft Text	None submitted	Sync Text with RIS
Agency Background Document	3/17/2021	Upload / Replace
Governor's Review Memo	7/22/2021	
Registrar Transmittal	7/22/2021	

Status	
Public Hearing	Will be held at the **proposed** stage
Exempt from APA	No, this stage/action is subject to Article 2 of the *Administrative Process Act*
DPB Review	Submitted on 3/17/2021 Policy Analyst: Jeannine Rose Review Completed: 3/31/2021
Secretary Review	Secretary Review Completed: 7/5/2021
Governor's Review	Review Completed: 7/22/2021 Result: Approved
Virginia Registrar	Submitted on 7/22/2021 **The Virginia Register of Regulations** Publication Date: 8/16/2021 **Volume: 37 Issue: 26**
Comment Period	Ended 9/15/2021 0 comments

Contact Information	
Name / Title:	Jaime Hoyle / *Executive Director*
Address:	9960 Mayland Drive Suite 300 Richmond, VA 23233
Email Address:	jaime.hoyle@dhp.virginia.gov

Virginia Department of
Health Professions
Board of Social Work

DRAFT

Advisory Board on Music Therapy
Board Meeting Minutes
Friday, October 8, 2021 at 2:00 p.m.
9960 Mayland Drive, Henrico, VA 23233
Training Room 1

PRESIDING OFFICER: Gary Verhagen, MM, MT-BC, LCAT

ADVISORY BOARD MEMBERS PRESENT:
Anna McChesney, MS, LPC, MT-BC
Anthony Meadows, PhD, MT-BC, FAMI
Linda Rae Stone, DVM, Citizen Member
Michelle Westfall, MS, MT-BC

BOARD STAFF PRESENT:
Latasha Austin, Licensing & Operations Manager
Jaime Hoyle, J.D., Executive Director
Jennifer Lang, Deputy Executive Director- Discipline
Charlotte Lenart, Deputy Executive Director- Licensing
Jordan Mudd, Executive Assistant

DHP STAFF PRESENT: Elaine Yeatts, Senior Policy Analyst, Regulatory Compliance Manager, Department of Health Professions

PUBLIC ATTENDEES: none

CALL TO ORDER: Mr. Verhagen called the Advisory Board on Music Therapy meeting to order at 2:10 a.m.

ESTABLISHMENT OF A QUORUM/ROLL CALL: Meeting for the first time in-person, Mr. Verhagen requested an introduction of Advisory Board Members and Board staff. Ms. Austin announced that five members of the Advisory Board were present; therefore, a quorum was established.

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

ADOPTIONS OF AGENDA: The agenda was approved as presented.

PUBLIC COMMENT: No public comment was provided

APPROVAL OF MINUTES: The minutes from the February 19, 2021 meeting were approved as presented.

NEW BUSINESS:

I. Recommendation to adopt proposed Regulations Governing the Practice of Music Therapy

Ms. Yeatts walked the Advisory Board through the process to adopt the proposed regulations. Ms. Yeatts informed the Advisory Board that no public comments were received on the Notice of Intended Regulatory Action. After a review of the proposed regulations, the Advisory Board suggested the following changes:

1. **18VAC140-30-20:** To change fees to the same as the fees for a LBSW as Music Therapist do not diagnose and they require a bachelor level degree.
2. **18VAC140-30-40:** Move the attestation section (18VAC140-30-40(B)(2)) up to section 18VAC140-30-40(A), then delete the remaining in section B
3. **18VAC140-30-60(G):** Remove "who was licensed by examination"
4. **18VAC140-30-80(C)(ii):** Add "or evidence of current certification as a MT-BC" after 80 hours

5. **18VAC140-30-90(B)(1):** Remove "diagnostic or"
6. **18VAC140-30-90(B)(4):** Change governing the practice of social work to governing the practice of music therapy
7. **18VAC140-30-90(C)(1):** Remove the word "diagnosis" from both sentences in this section
8. **18VAC140-30-90(C)(4):** Change the word "videotaping" to "video-recording"
9. **18VAC140-30-90(C)(5):** Add information for those practicing in institution or school setting
10. **18VAC140-30-90(D)(1), (2)(3) & (4):** Change "social workers" to "music therapist" in each section
11. **18VAC140-30-100(8):** change practice of social work to practice of music therapy

Motion: Ms. McChesney made a motion, which Ms. Westfall properly seconded, to recommend to the full Board to adopt the proposed Regulations Governing the Practice of Music Therapy with the above amendments. The motion passed unanimously with none abstaining.

NEXT MEETING DATES: Ms. Hoyle will poll the Advisory Board members to schedule the next meeting.

ADJOURNMENT: Mr. Verhagen adjourned the October 8, 2021 Advisory Board on Music Therapy meeting at 4:13p.m.

Gary Verhagen, MM, MT-BC, LCAT, Chair

Jaime Hoyle, J.D., Executive Director

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF MUSIC THERAPY

VIRGINIA BOARD OF SOCIAL WORK

Title of Regulations: 18 VAC 140-30-10 et seq.

Statutory Authority: §§ 54.1-2400 and Chapter 37 of Title 54.1 of the *Code of Virginia*

Date: 2022

9960 Mayland Drive
Henrico, VA 23233

Phone: (804) 367-4441
FAX: (804) 977-9915
email: socialwork@dhp.virginia.gov

TABLE OF CONTENTS

Part I. General Provisions.

18VAC140-30-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in §§ 54.1-3700 and 54.1-3709.1 of the Code of Virginia:

"Music therapist"

"Music therapy"

"Board"

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

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a music therapist.

"CBMT" means the Certification Board for Music Therapists.

"MT-BC" means a Music Therapist-Board Certified, a credential issued by the CBMT after completing the academic and clinical training requirements of the American Music Therapy Association and passing a national examination.

18VAC140-30-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as a music therapist:

Initial licensure: Application processing and initial licensure	$100
Active annual license renewal	$55
Inactive annual license renewal	$30
Late renewal	$20
Duplicate license	$15
Verification of licensure to another jurisdiction	$25
Reinstatement of a lapsed license	$120
Replacement of or additional wall certificate	$25
Returned check or dishonored credit card or debit card	$50
Reinstatement following revocation or suspension	$500

B. All fees are nonrefundable.

Part II. Requirements for Licensure as a Music Therapist

18VAC140-30-30. Prerequisites for licensure as a music therapist.

A. Every applicant for licensure shall submit to the board:

1. A completed application;

2. The application processing fee and initial licensure fee as prescribed in 18VAC140-20-20;

3. Verification of any other mental health or health professional license, registration, or certificate ever held in Virginia or another jurisdiction; and

4. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

B. An applicant shall have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration held in Virginia or in another U. S. jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC140-30-40. Requirements for licensure.

In addition to prerequisites as set forth in 18VAC140-30-30, every applicant for licensure by examination shall submit to the board:

1. Evidence of the current certification as a MT-BC granted by the Certification Board for Music Therapists or its successor organization, as approved by the board; and

2. An attestation of having read and understood the regulations and laws governing the practice of music therapy in Virginia.

Part III. Licensure Renewal; Reinstatement.

18VAC140-30-50. Annual renewal of licensure.

A. Every licensed music therapist who intends to continue active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing education requirements prescribed in this chapter; and
2. The renewal fee prescribed in 18VAC140-30-20.

B. A licensed music therapist who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC140-30-20. No person shall practice music therapy in Virginia unless he holds a current active license. A licensee who has selected an inactive status may become active by fulfilling the reactivation requirements set forth in subsection C of 18VAC140-30-80.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. Practice with an expired license is prohibited and may constitute grounds for disciplinary action.

18VAC140-30-60. Continuing competency requirements for renewal of a license.

A. For annual licensure renewal, a music therapist shall either hold a current credential as a MT-BC or be required to have completed a minimum of 20 hours of continuing education within the past 12 months. A minimum of three of these hours every five years shall be in courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia.

B. Approved hours of continuing competency activity for a music therapist shall be approved if they meet the continued education requirements for recertification as an MT-BC.

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

D. The board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

E. A music therapist who holds another license issued by a Virginia health regulatory board shall not be required to obtain more than 20 total continuing education hours in order to renew a music therapy license, except at least 10 of the required hours of continuing education shall be specifically related to music therapy.

F. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of music therapy services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

G. A licensed professional music therapist is exempt from meeting continuing competency requirements for the first renewal following initial licensure in Virginia.

18 VAC 140-30-70. Documenting compliance with continuing education requirements.

A. All licensees are required to maintain original documentation for a period of two years following renewal.

B. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.

C. Upon request, a licensee shall provide documentation as follows:

1. To document completion of formal organized learning activities the licensee shall provide:

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

D. Continuing education hours required by a disciplinary order shall not be used to satisfy renewal requirements.

18VAC140-30-80. Late renewal; reactivation or reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC140-30-20 as well as the license renewal fee prescribed for the year the license was not renewed and providing evidence of having met all applicable continuing education requirements.

B. A person who fails to renew a license after one year or more and wishes to resume practice shall apply for reinstatement, pay the reinstatement fee for a lapsed license, submit verification of any mental health license he holds or has held in another jurisdiction, if applicable, and provide evidence of having met all applicable continuing education requirements not to exceed a maximum of 80 hours or evidence of current certification as a MT-BC. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) documentation of continued education hours equal to the number of years the license has been inactive not to exceed a maximum of 80 hours or evidence of current certification as a MT-BC; and (iii) verification of any mental health license he holds or has held in another jurisdiction, if applicable. The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

Part V. Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement.

18VAC140-30-90. Standards of practice.

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

B. Persons licensed as music therapists shall:

1. Be able to justify all services rendered to or on behalf of clients as necessary for therapeutic purposes.

2. Provide for continuation of care when services must be interrupted or terminated.

3. Practice only within the competency areas for which they are qualified by education and experience.

4. Report to the board known or suspected violations of the laws and regulations governing the practice of music therapy.

5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services.

6. Ensure that clients are aware of fees and billing arrangements before rendering services.

7. Inform clients of potential risks and benefits of services and the limitations on confidentiality and ensure that clients have provided informed written consent to treatment.

8. Keep confidential their therapeutic relationships with clients and disclose client records to others only with written consent of the client, with the following exceptions: (i) when the client is a danger to self or others; or (ii) as required by law.

9. When advertising their services to the public, ensure that such advertising is neither fraudulent nor misleading.

10. As treatment requires and with the written consent of the client, collaborate with other health or mental health providers concurrently providing services to the client.

11. Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.

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

13. Not engage in conversion therapy with any person younger than 18 years of age.

C. In regard to client records, music therapists shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia on health records privacy and shall:

1. Maintain written or electronic clinical records for each client to include identifying information and assessment that substantiates treatment plans. Each record shall include a treatment plan, progress notes for each case activity, information received from all collaborative contacts and the treatment implications of that information, and the termination process and summary.

2. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.

3. Disclose or release records to others only with clients' expressed written consent or that of their legally authorized representative or as mandated by law.

4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (i) video-recording, (ii) audio recording, (iii) permitting third-party observation, or (iv) using identifiable client records and clinical materials in teaching, writing or public presentations.

5. For a music therapist practicing in an institution or school setting, the recordkeeping, follow the policies of the institution or school. For a music therapist practicing in a non-institutional setting, maintain records for a minimum of six years or as otherwise required by law from the date of termination of the therapeutic relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for six years after attaining the age of majority or 10 years following termination, whichever comes later.

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time.

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

D. In regard to dual relationships, music therapists shall:

1. Not engage in a dual relationship with a client or a supervisee that could impair professional judgment or increase the risk of exploitation or harm to the client or supervisee. (Examples of such a relationship include familial, social, financial, business, bartering, or a close personal relationship with a client or supervisee.) Music therapists shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

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

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

4. Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the music therapist in his professional capacity.

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

18VAC140-30-100. Grounds for disciplinary action or denial of issuance of a license.

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

1. Conviction of a felony or of a misdemeanor involving moral turpitude;

2. Procuring, attempting to procure, or maintaining a license by fraud or misrepresentation;

3. Conducting one's practice in such a manner so as to make the practice a danger to the health and welfare of one's clients or to the public. In the event a question arises concerning the continued competence of a licensee, the board will consider evidence of continuing education.

4. Being unable to practice music therapy with reasonable skill and safety to clients by reason of illness, excessive use of alcohol, drugs, narcotics, chemicals or any other type of material or as a result of any mental or physical condition;

5. Conducting one's practice in a manner contrary to the standards of ethics of music therapy or in violation of 18VAC140-30-90, standards of practice;

6. Performing functions outside the board-licensed area of competency;

7. Failure to comply with the continued education requirements set forth in 18VAC140-30-60; and

8. Violating or aiding and abetting another to violate any statute applicable to the practice of music therapy or any provision of this chapter.

18VAC140-30-110. Reinstatement following disciplinary action.

Any person whose license has been suspended, revoked, or denied renewal by the board under the provisions of 18VAC140-30-100 shall, in order to be eligible for reinstatement, (i) submit a new application to the board for a license, (ii) pay the appropriate reinstatement fee, and (iii) submit any other credentials as prescribed by the board. After a hearing, the board may, at its discretion, grant the reinstatement.

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF MUSIC THERAPY

VIRGINIA BOARD OF SOCIAL WORK

Title of Regulations: 18 VAC 140-30-10 et seq.

Statutory Authority: §§ 54.1-2400 and Chapter 37 of Title 54.1 of the *Code of Virginia*

Date: 2022

9960 Mayland Drive
Henrico, VA 23233

Phone: (804) 367-4441
FAX: (804) 977-9915
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"Music therapy"

"Board"

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18VAC140-30-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as a music therapist:

Initial licensure: Application processing and initial licensure	$100
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Inactive annual license renewal	$30
Late renewal	$20
Duplicate license	$15
Verification of licensure to another jurisdiction	$25
Reinstatement of a lapsed license	$120
Replacement of or additional wall certificate	$25
Returned check or dishonored credit card or debit card	$50
Reinstatement following revocation or suspension	$500

B. All fees are nonrefundable.

Part II. Requirements for Licensure as a Music Therapist

18VAC140-30-30. Prerequisites for licensure as a music therapist.

A. Every applicant for licensure shall submit to the board:

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2. The application processing fee and initial licensure fee as prescribed in 18VAC140-20-20;

3. Verification of any other mental health or health professional license, registration, or certificate ever held in Virginia or another jurisdiction; and

4. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

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In addition to prerequisites as set forth in 18VAC140-30-30, every applicant for licensure by examination shall submit to the board:

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2. An attestation of having read and understood the regulations and laws governing the practice of music therapy in Virginia.

Part III. Licensure Renewal; Reinstatement.

18VAC140-30-50. Annual renewal of licensure.

A. Every licensed music therapist who intends to continue active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing education requirements prescribed in this chapter; and
2. The renewal fee prescribed in 18VAC140-30-20.

B. A licensed music therapist who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC140-30-20. No person shall practice music therapy in Virginia unless he holds a current active license. A licensee who has selected an inactive status may become active by fulfilling the reactivation requirements set forth in subsection C of 18VAC140-30-80.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. Practice with an expired license is prohibited and may constitute grounds for disciplinary action.

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A. For annual licensure renewal, a music therapist shall either hold a current credential as a MT-BC or be required to have completed a minimum of 20 hours of continuing education within the past 12 months. A minimum of three of these hours every five years shall be in courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia.

B. Approved hours of continuing competency activity for a music therapist shall be approved if they meet the continued education requirements for recertification as an MT-BC.

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

D. The board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

E. A music therapist who holds another license issued by a Virginia health regulatory board shall not be required to obtain more than 20 total continuing education hours in order to renew a music therapy license, except at least 10 of the required hours of continuing education shall be specifically related to music therapy.

F. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of music therapy services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

G. A licensed professional music therapist is exempt from meeting continuing competency requirements for the first renewal following initial licensure in Virginia.

18 VAC 140-30-70. Documenting compliance with continuing education requirements.

A. All licensees are required to maintain original documentation for a period of two years following renewal.

B. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.

C. Upon request, a licensee shall provide documentation as follows:

1. To document completion of formal organized learning activities the licensee shall provide:

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

D. Continuing education hours required by a disciplinary order shall not be used to satisfy renewal requirements.

18VAC140-30-80. Late renewal; reactivation or reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC140-30-20 as well as the license renewal fee prescribed for the year the license was not renewed and providing evidence of having met all applicable continuing education requirements.

B. A person who fails to renew a license after one year or more and wishes to resume practice shall apply for reinstatement, pay the reinstatement fee for a lapsed license, submit verification of any mental health license he holds or has held in another jurisdiction, if applicable, and provide evidence of having met all applicable continuing education requirements not to exceed a maximum of 80 hours or evidence of current certification as a MT-BC. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) documentation of continued education hours equal to the number of years the license has been inactive not to exceed a maximum of 80 hours or evidence of current certification as a MT-BC; and (iii) verification of any mental health license he holds or has held in another jurisdiction, if applicable. The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

Part V. Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement.

18VAC140-30-90. Standards of practice.

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

B. Persons licensed as music therapists shall:

1. Be able to justify all services rendered to or on behalf of clients as necessary for therapeutic purposes.

2. Provide for continuation of care when services must be interrupted or terminated.

3. Practice only within the competency areas for which they are qualified by education and experience.

4. Report to the board known or suspected violations of the laws and regulations governing the practice of music therapy.

5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services.

6. Ensure that clients are aware of fees and billing arrangements before rendering services.

7. Inform clients of potential risks and benefits of services and the limitations on confidentiality and ensure that clients have provided informed written consent to treatment.

8. Keep confidential their therapeutic relationships with clients and disclose client records to others only with written consent of the client, with the following exceptions: (i) when the client is a danger to self or others; or (ii) as required by law.

9. When advertising their services to the public, ensure that such advertising is neither fraudulent nor misleading.

10. As treatment requires and with the written consent of the client, collaborate with other health or mental health providers concurrently providing services to the client.

11. Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.

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

13. Not engage in conversion therapy with any person younger than 18 years of age.

C. In regard to client records, music therapists shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia on health records privacy and shall:

1. Maintain written or electronic clinical records for each client to include identifying information and assessment that substantiates treatment plans. Each record shall include a treatment plan, progress notes for each case activity, information received from all collaborative contacts and the treatment implications of that information, and the termination process and summary.

2. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.

3. Disclose or release records to others only with clients' expressed written consent or that of their legally authorized representative or as mandated by law.

4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (i) video-recording, (ii) audio recording, (iii) permitting third-party observation, or (iv) using identifiable client records and clinical materials in teaching, writing or public presentations.

5. For a music therapist practicing in an institution or school setting, the recordkeeping, follow the policies of the institution or school. For a music therapist practicing in a non-institutional setting, maintain records for a minimum of six years or as otherwise required by law from the date of termination of the therapeutic relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for six years after attaining the age of majority or 10 years following termination, whichever comes later.

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time.

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

D. In regard to dual relationships, music therapists shall:

1. Not engage in a dual relationship with a client or a supervisee that could impair professional judgment or increase the risk of exploitation or harm to the client or supervisee. (Examples of such a relationship include familial, social, financial, business, bartering, or a close personal relationship with a client or supervisee.) Music therapists shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

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

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

4. Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the music therapist in his professional capacity.

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

18VAC140-30-100. Grounds for disciplinary action or denial of issuance of a license.

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

1. Conviction of a felony or of a misdemeanor involving moral turpitude;

2. Procuring, attempting to procure, or maintaining a license by fraud or misrepresentation;

3. Conducting one's practice in such a manner so as to make the practice a danger to the health and welfare of one's clients or to the public. In the event a question arises concerning the continued competence of a licensee, the board will consider evidence of continuing education.

4. Being unable to practice music therapy with reasonable skill and safety to clients by reason of illness, excessive use of alcohol, drugs, narcotics, chemicals or any other type of material or as a result of any mental or physical condition;

5. Conducting one's practice in a manner contrary to the standards of ethics of music therapy or in violation of 18VAC140-30-90, standards of practice;

6. Performing functions outside the board-licensed area of competency;

7. Failure to comply with the continued education requirements set forth in 18VAC140-30-60; and

8. Violating or aiding and abetting another to violate any statute applicable to the practice of music therapy or any provision of this chapter.

18VAC140-30-110. Reinstatement following disciplinary action.

Any person whose license has been suspended, revoked, or denied renewal by the board under the provisions of 18VAC140-30-100 shall, in order to be eligible for reinstatement, (i) submit a new application to the board for a license, (ii) pay the appropriate reinstatement fee, and (iii) submit any other credentials as prescribed by the board. After a hearing, the board may, at its discretion, grant the reinstatement.

Agenda Item: Board action on petitions for rulemaking

Included in your agenda package are two petitions for rulemaking:

Copy of petitions:

Hendrickson – Deletion of passage of exam for licensure by endorsement
Rodriguez – Allowance of long years of practice to count as supervised experience

Copy of notices in Townhall – there were no comments

Applicable section of regulation

Copy of actions already taken by the Board on licensure by endorsement

Board action:

The Board must decide whether or not to initiate rulemaking

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VIRGINIA REGULATORY TOWN HALL

Secretariat: **Health and Human Resources**

Agency: **Department of Health Professions**

Board: **Board of Social Work**

Edit Petition

Petition 348

Petition Information	
Petition Title	Licensure by endorsement as clinical social worker
Date Filed	6/9/2021 [Transmittal Sheet]
Petitioner	Adrian Rodriguez
Petitioner's Request	To amend section 45 of Chapter 20 to allow long years of experience to count as supervised experience for licensure
Agency's Plan	In accordance with Virginia law, the petition was filed with the Register of Regulations and will be published on July 5, 2021 with comment accepted through August 4, 2021. The petition is also posted on the Virginia Regulatory Townhall at **www.townhall.viginia.gov**. The petition and any comment will be considered by the Board at its next meeting following the close of comment, which is scheduled for September 10, 2021. The petitioner will be informed of its decision following that meeting.
Comment Period	Ended 8/4/2021 0 comments
Agency Decision	Pending

Contact Information	
Name / Title:	Jaime Hoyle / *Executive Director*
Address:	9960 Mayland Drive Suite 300 Richmond, 23233
Email Address:	jaime.hoyle@dhp.virginia.gov
Telephone:	(804)367-4406 FAX: (804)527-4435 TDD: ()-

This petition was created by Elaine J. Yeatts on 06/09/2021 at 9:36am

Virginia Department of
Health Professions
Board of Social Work

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/social

Email:socialwork@dhp.virginia.gov
(804) 367-4441 (Tel)
(804) 977-9915 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)

Rodriguez, Adrian R.

Street Address	Area Code and Telephone Number
6607 Mistflower Ln.	713 - 480 - 8132

City	State	Zip Code:
Katy	Texas	7 7 4 4 9

Email Address (optional)
adrian2006@sbcglobal.net

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

I am requesting an ammendment for 18 VAC 140 - 20 - 45 Requirement for licensure via endorsement.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

I am presently seeking to have change aformentioned amendment by aloud clinical supervision and over 20 years of experience alone to be sufficient for a candidate seeking to become an LCSW. In addition the board could address request by writing in a grandfathering protocol for individuals like me. I am moving to the Commonwealth Of Virginia, i have work through out my career in different arenas, medical social worker, therapist for individuals, groups and families as well as case manager for chronic mentally ill. I have also work as a clinician with pain management clinics and victims of sex- human trafficking. I strongly believe that my skills and previous work experiences will enrich and help your population in many ways. I also think that my vast experiences will be a great asset to your state. Should you have additional questions regarding my petition, feel free to contact me at the above email address or phone number.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

The board has the authority to revise, amend rules and regulations as recently ocucurred on 3/18/2021.

Signature: Adrian R. Rodriguez **Date:** 06/08/2021

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Secretariat: Health and Human Resources

Agency: Department of Health Professions

Board: Board of Social Work

Edit Petition

Petition 349

Petition Information	
Petition Title	Deletion of requirement for passage of exam for endorsement
Date Filed	6/24/2021 [Transmittal Sheet]
Petitioner	Adeyola Hendrickson
Petitioner's Request	To delete the requirement of passage of a board-approved national exam for applicants with a LCSW license in another state applying for licensure by endorsement.
Agency's Plan	In accordance with Virginia law, the petition was filed with the Register of Regulations and will be published on July 19, 2021 with comment accepted through August 18, 2021. The petition is also posted on the Virginia Regulatory Townhall at **www.townhall.virginia.gov**. The petition and any comment will be considered by the Board at its next meeting following the close of comment, which is scheduled for September 10, 2021. The petitioner will be informed of its decision following that meeting.
Comment Period	Ended 8/29/2021 0 comments
Agency Decision	Pending

Contact Information	
Name / Title:	Jaime Hoyle / *Executive Director*
Address:	9960 Mayland Drive Suite 300 Richmond, 23233
Email Address:	jaime.hoyle@dhp.virginia.gov
Telephone:	(804)367-4406 FAX: (804)527-4435 TDD: ()-

This petition was created by Elaine J. Yeatts on 06/24/2021 at 3:06pm
This petition was last modified by Elaine J. Yeatts on 06/24/2021 at 3:07pm

Virginia Department of
Health Professions
Board of Social Work

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Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)

ADEYOLA O HENDRICKSON

Street Address	Area Code and Telephone Number
505 E LINCOLN AVE (317)	917-859-6419

City	State	Zip Code:
MOUNT VERNON	New York	1 0 5 5 2

Email Address (optional)
yolayemi@icloud.com

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

18VAC140-20-45(B) of the Virginia Regulations Governing the Practice of Social Work under the requirements for licensure by endorsement, every applicant for licensure by endorsement must provide verification of a passing score on a board-approved national exam at the level for which the applicant is seeking licensure in Virginia.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

Thank you for considering my petition. I would like the Board to consider amending this requirement as it will limit the number of qualified LCSWs that can practice in the State of Virginia. I submitted an application for LCSW by endorsement (my NY LCSW license#077816, 2010), only to find out that I would need to take the clinical exam. Please be advised that the reason I did not take the clinical exam was because based on my experience and supervision hrs I was one of the first group of SWs in NY to be 'grandfathered' into the LCSW license when NY started making them available. As such it was not necessary to take the exam and I have been able to practice without limitations/restrictions since 2010, including having a private practice. I did not fail to take the test or failed the test, I simply was grandfathered into the LCSW by NY. Thank you for your consideration.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

Signature: Adeyola Hendrickson

Date: 06/23/2021

Virginia Administrative Code
Title 18. Professional And Occupational Licensing
Agency 140. Board Of Social Work
Chapter 20. Regulations Governing the Practice of Social Work

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

A. Every applicant for licensure by endorsement shall submit in one package:

1. A completed application and the application fee prescribed in 18VAC140-20-30.

2. Documentation of active social work licensure in good standing obtained by standards required for licensure in another jurisdiction as verified by the out-of-state licensing agency. Licensure in the other jurisdiction shall be of a comparable type as the licensure that the applicant is seeking in Virginia.

3. Verification of a passing score on a board-approved national exam at the level for which the applicant is seeking licensure in Virginia.

4. Documentation of any other health or mental health licensure or certification, if applicable.

5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

6. Verification of:

a. Active practice at the level for which the applicant is seeking licensure in another United States jurisdiction for 24 out of the past 60 months;

b. Active practice in an exempt setting at the level for which the applicant is seeking licensure for 24 out of the past 60 months; or

c. Evidence of supervised experience requirements substantially equivalent to those outlined in 18VAC140-20-50 A 2 and A 3

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

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

Statutory Authority
§ 54.1-2400 of the Code of Virginia.

Historical Notes
Derived from Virginia Register Volume 15, Issue 5, eff. December 23, 1998; amended, Virginia Register Volume 27, Issue 11, eff. March 2, 2011; Volume 29, Issue 22, eff. July 31, 2013; Volume 29, Issue 25, eff. September 26, 2013; Volume 32, Issue 22, eff. August 12, 2016; Volume 36, Issue 11, eff. March 5, 2020.

Form: TH-01
April 2020

townhall.virginia.gov

Notice of Intended Regulatory Action (NOIRA)
Agency Background Document

Agency name	Board of Social Work, Department of Health Professions
Virginia Administrative Code (VAC) Chapter citation(s)	18VAC140-20
VAC Chapter title(s)	Regulations Governing the Practice of Social Work
Action title	Acceptance of state exam
Date this document prepared	7/27/2021

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1VAC7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code.*

Brief Summary

Provide a brief summary (preferably no more than 2 or 3 paragraphs) of the subject matter, intent, and goals of this this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation.

The Board is considering an amendment to licensure by endorsement that would allow acceptance of a state examination rather than the national examination, which is currently required for licensure in Virginia. A state examination would be acceptable only if another U. S. jurisdiction did not require the national examination at the time the social worker was initially licensed and if the examination was deemed to be a comparable level for the license being sought.

to be proposed

Acronyms and Definitions

Define all acronyms or technical definitions used in this form.

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Proposed Text

highlight

Action: Changes to endorsement and reinstatement; standards of practice
Stage: Proposed 7/23/21 2:19 PM

18VAC140-20-45 Requirements for licensure by endorsement

A. Every applicant for licensure by endorsement shall submit in one package:

1. A completed application and the application fee prescribed in 18VAC140-20-30.

2. Documentation of active social work licensure in good standing obtained by standards required for licensure in another jurisdiction as verified by the out-of-state licensing agency. Licensure in the other jurisdiction shall be of a comparable type as the licensure that the applicant is seeking in Virginia.

3. Verification of a passing score on a board-approved national exam at the level for which the applicant is seeking licensure in Virginia.

4. Documentation of any other health or mental health licensure or certification, if applicable.

5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

6. ~~Verification of:~~

~~a. Active practice at the level for which the applicant is seeking licensure in another United States jurisdiction for 24 out of the past 60 months;~~

~~b. Active practice in an exempt setting at the level for which the applicant is seeking licensure for 24 out of the past 60 months; or~~

~~c. Evidence of supervised experience requirements substantially equivalent to those outlined in 18VAC140-20-50 A 2 and A 3.~~

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

Already proposed

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

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

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

1. Providing evidence of having met all applicable continuing education requirements.

2. Paying the penalty for late renewal and the renewal fee as prescribed in 18VAC140-20-30.

B. An LBSW, LMSW, or clinical social worker who fails to renew the license after one year and who wishes to resume practice shall apply for reinstatement and pay the reinstatement fee, which shall consist of the application processing fee and the

VIRGINIA BOARD OF SOCIAL WORK
BYLAWS

ARTICLE I: AUTHORIZATION

A. Statutory Authority

The Virginia Board of Social Work ("Board") is established and operates pursuant to §§ 54.1-2400 and 54.1-3700, et seq., of the *Code of Virginia*. Regulations promulgated by the Virginia Board of Social Work may be found in 18VAC140-20-10 et seq., "Regulations Governing the Practice of Social Work".

B. Duties

The Virginia Board of Social Work is charged with promulgating and enforcing regulations governing the licensure and practice of social work and clinical social work in the Commonwealth of Virginia. This includes, but is not limited to: setting fees; creating requirements for and issuing licenses, certificates, or registrations; setting standards of practice; and implementing a system of disciplinary action.

C. Mission

To ensure the delivery of safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public.

ARTICLE II: THE BOARD

A. Membership

1. The Board shall consist of nine (9) members, appointed by the Governor as follows:
    a. Seven (7) shall be licensed social workers in Virginia, who have been in active practice of social work for at least five years prior to appointment and,

    b. Two (2) shall be citizen members.
2. The terms of the members of the Board shall be four (4) years.
3. Members of the Board of Social Work holding a voting office in any related professional association or one that takes a policy position on the regulations of the Board shall abstain from voting on issues where there may be a conflict of interest present.

B. Officers

1. The Chairperson or designee shall preserve order and conduct all proceedings according to parliamentary rules, the Virginia Freedom of Information Act, and the Administrative Process Act. Roberts Rules of Order will guide parliamentary procedure for the meetings. Except where specifically provided otherwise by the law or as otherwise ordered by the Board, the Chairperson shall appoint all committees, and shall sign as Chairperson to the certificates authorized to be signed by the Chairperson.

2. The Vice-Chairperson shall act as Chairperson in the absence of the Chairperson and assume the duties of Chairperson in the event of an unexpired term.
3. In the absences of the Chairperson and Vice-Chairperson, the Chairperson shall appoint another board member to preside at the meeting and/or formal administrative hearing.

C. Duties of Members

1. Each member shall participate in all matters before the Board.
2. Members shall attend all regular and special meetings of the Board unless prevented by illness or similar unavoidable cause. In the event of two (2) consecutive unexcused absences at any meeting of the Board or its committees, the Chairperson shall make a recommendation to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.
3. The Governor may remove any Board member for cause, and the Governor shall be sole judge of the sufficiency of the cause for removal pursuant to §2.2-108.

D. Election of Officers

1. The Nomination Committee shall present a slate of officers for Chairman and Vice-Chairman at the meeting scheduled prior to July 1. The election of officers shall occur at the first scheduled Board meeting following July 1 of each year, and elected officers shall assume their duties at the end of the meeting.
2. Officers shall be elected at a meeting of the Board with a quorum present.
3. The Chairperson shall ask for additional nominations from the floor by office.
4. Voting shall be by voice vote, roll call, or show of hands. A simple majority shall prevail with the current Chairperson casting a vote only to break a tie.
5. Special elections shall be held in the same manner in the event of a vacancy of a position to fill the unexpired term.
6. The election shall occur in the following order: Chairperson, Vice-Chairperson.
7. All officers shall be elected for a term of one year, and may serve no more than two consecutive terms.

E. Meetings

1. The full Board shall meet quarterly, unless a meeting is not required to conduct Board business.
2. Order of Business at Meetings:

    a. Period of Public Comment
    b. Approval of Minutes of preceding regular Board meeting and any called meeting since the last regular meeting of the Board.
    c. Reports of Officers and staff
    d. Reports of Committees
    e. Election of Officers (as needed)

f. Unfinished Business
g. New Business

3. The order of business may be changed at any meeting by a majority vote.

ARTICLE III: COMMITTEES

A. Duties and Frequency of Meetings.

1. Members appointed to a committee shall faithfully perform the duties assigned to the committee.
2. All standing committees shall meet as necessary to conduct the business of the Board.

B. Standing Committees

Standing committees of the Board shall consist of the following:

Regulatory/Legislative Committee
Special Conference Committee
Credentials Committee
Nomination Committee
Any other Standing Committees created by the Board.

1. Regulatory/Legislative Committee

   a. The Regulatory/Legislative Committee shall consist of at least two (2) Board members appointed by the Chairperson of the Board.
   b. The Chairperson of the Committee shall be appointed by the Chairperson of the Board.
   c. The Committee shall consider all questions bearing upon state legislation and regulation governing the professions regulated by the Board.
   d. The Committee shall recommend to the Board changes in law and regulations as it may deem advisable and, at the direction of the Board, shall take such steps as may further the desire of the Board in matters of legislation and regulation.
   e. The Chairperson of the Committee shall submit proposed changes in applicable laws and regulations in writing to the Board prior to any scheduled meeting.

2. Special Conference Committee
   a. The Special Conference Committee shall consist of two (2) Board members.
   b. The Special Conference Committee shall conduct informal conferences pursuant to §§2.2-4019, 2.2-4021, and 54.1-2400 of the *Code of Virginia* as necessary to adjudicate cases in a timely manner in accordance with the agency standards for case resolution.
   c. The Special Conference Committee shall hold informal conferences at the request of the applicant or licensee to determine if Board requirements have been met.
   d. The Chairperson of the Board shall designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date.

e. Should the caseload increase to the level that additional special conference committees are needed, the Chairperson of the Board may appoint additional committees.

3. Credentials Committee
   a. The Credentials Committee shall consist of at least two (2) Board members appointed by the Chairman of the Board, with the Chairman of the Committee to be appointed by the Chairman of the Board.
   b. The members of the committee shall review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.
   c. The Committee member who conducted the initial review shall provide guidance to staff on action to be taken.
   d. The Credentials Committee shall not be required to meet collectively to conduct initial reviews.

4. Nomination Committee
   a. The Nomination Committee shall be composed of at least two members of the Board appointed by the Chairman of the Board, with the Chairman of the Committee to be appointed by the Chairman of the Board.
   b. The Nomination Committee shall consult with Bard members and staff to recommend nominee(s) for the Board positions of Chairman and Vice-Chairman.
   c. Sitting officers shall not serve on the Nomination Committee.

ARTICLE IV: GENERAL DELEGATION OF AUTHORITY

The Board delegates the following functions:

1. The Board delegates to Board staff the authority to issue and renew licenses, certificates, or registrations and to approve supervision applications for which regulatory and statutory qualifications have been met. If there is basis upon which the Board could refuse to issue or renew the license or certification or to deny the supervision application, the Executive Director may only issue a license, certificate, or registration upon consultation with a member of the Credentials Committee, or in accordance with delegated authority provided in a guidance document of the Board.

2. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of Board business, to include, but not be limited to, licensure and registration applications, renewal forms, and documents used in the disciplinary process.

3. The Executive Director shall be the custodian of all Board records. He/she shall preserve a correct list of all applicants and licensees, shall manage the correspondence of the Board, and shall perform all such other duties as naturally pertain to this position.

4. The Board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for Board-required examinations pursuant to the Americans with Disabilities Act, provided the candidate provides documentation that supports such an accommodation.

5. The Board delegates to the Executive Director authority to grant an extension for good cause of up to one (1) renewal cycle for the completion of continuing education requirements upon written request from the licensee prior to the renewal date.

6. The Board delegates to the Executive Director authority to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee or certificate holder, such as temporary disability, mandatory military service, or officially declared disasters.

7. The Board delegates to the Executive Director the authority to reinstate a license or certificate when the reinstatement is due to the lapse of the license or certificate rather than a disciplinary action and there is no basis upon which the Board could refuse to reinstate.

8. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.

9. The Board delegates to the Executive Director, who may consult with a member of the Special Conference Committee, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.

10. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee dispute cases without review by a Board member.

11. The Board delegates to the Executive Director the authority to review alleged violations of law or regulations with a Board member to make a determination as to whether probable cause exists to proceed with possible disciplinary action.

12. <u>The Board delegates to the Executive Director the authority to assign the determination of probable cause for disciplinary action to a board member, or the staff disciplinary review coordinator in consultation with board staff, who may offer a confidential consent agreement, offer a pre-hearing</u>

consent order, cause the scheduling of an informal conference, request additional information, or close the case.

13. In accordance with established Board guidance documents, the Board delegates to the Executive Director the determination of probable cause, for the purpose of offering a confidential consent agreement, a pre-hearing consent order, or for scheduling an informal conference.

14. The Board delegates to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.

15. The Board delegates to the Executive Director the convening of a quorum of the Board by telephone conference call, for the purpose of considering the summary suspension of a license or for the purpose of considering settlement proposals.

16. The Board delegates to the Chairperson, the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.

17. The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Virginia Code § 54.1-2400.2(F), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.

18. The Board delegates authority to the Executive Director to delegate tasks to the Deputy Executive Director, as necessary.

ARTICLE V: AMENDMENTS

Proposed amendments to these bylaws shall be presented in writing to all Board members, the Executive Director of the Board, and the Board's legal counsel prior to any scheduled Board meeting. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the members present at that regular meeting.

Originally adopted: 12/17/96

REPORT OF THE VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

Social Work in the Commonwealth of Virginia: An Assessment of Compensation, Licensure, and the Labor Market (SJ49, 2020)

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

SENATE DOCUMENT NO. 9

COMMONWEALTH OF VIRGINIA
RICHMOND
2021

COMMONWEALTH of VIRGINIA

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Director

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TO: The Honorable Ralph S. Northam
Governor of Virginia

Members of the Senate of Virginia
c/o The Honorable Susan Clarke Schaar

Members of the House of Delegates
c/o The Honorable Suzette Denslow

FROM: David E. Brown, D.C.
Director, Department of Health Professions

Barbara Allison-Bryan, M.D.
Chief Deputy Director, Department of Health Professions

DATE: October 22, 2021

RE: **Report on the need for additional social workers pursuant to SJ49 (2020)**

Attached is the report of the on the need for additional micro-level, mezzo-level, and macro-level social workers and increased compensation of such social workers in the Commonwealth, as requested in SJ49 of the 2020 Session of the General Assembly. The report was prepared by the Department in partnership with a Capstone team from the VCU Wilder School of Public Administration.

Should you have questions about this report, please feel free to contact Dr. Allison-Bryan at barbara.allison-bryan@dhp.virginia.gov or at (804) 367-4542.

Social Work in the Commonwealth of Virginia:

An Assessment of Compensation, Licensure, and the Labor Market

Prepared by the Virginia Department of Health Professions and the Virginia Commonwealth University

Amanda Silvester, Matthew Whibley, Shaddi Zeid, Barbara Allison-Bryan, MD

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Senate Joint Resolution 49

20105090D

SENATE JOINT RESOLUTION NO. 49

Offered January 8, 2020

Prefiled January 7, 2020

Requesting the Department of Health Professions to study the need for additional micro-level, mezzo-level, and macro-level social workers and increased compensation of such social workers in the Commonwealth. Report.

Patrons—McClellan; Delegate: Guzman

Referred to Committee on Rules

WHEREAS, social workers form society's social safety net and offer important services to individuals, families, groups, organizations, and the governmental agencies and political subdivisions of the Commonwealth, guided by special knowledge of social resources and systems, human capabilities, and the part that conscious and unconscious motivations play in determining human behavior; and

WHEREAS, social workers are trained to provide service and action to effect changes in human behavior, emotional responses, and social conditions by the application of the values, principles, methods, and procedures of the profession of social work; and

WHEREAS, social workers have demanding positions that entail increasing levels of required paperwork, large caseloads, and consistent difficulties with challenging clients, including increased safety risks; and

WHEREAS, salaries of social workers are, on average, among the lowest of all occupations in the United States, especially among social workers with a master's degree; and

WHEREAS, workforce challenges facing the social work profession include high student loan debt, lack of fair market compensation, translation of social work research to practice, social worker safety, a lack of state-level licensure policies and reciprocity agreements for social workers providing services across state lines and via telehealth, and a lack of diversity, all of which affect recruitment and retention of social workers and lower the level of services provided to clients; and

WHEREAS, in order to continue the successful growth and development of citizens of the Commonwealth through the practice of social work, it is essential that efforts be taken to ensure that an adequate number of social workers are available to provide services and that social workers are compensated in a manner that both rewards their work and encourages a long-term workforce; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Department of Health Professions be requested to study the need for additional micro-level, mezzo-level, and macro-level social workers and increased compensation of such social workers in the Commonwealth.

In conducting its study, the Department of Health Professions shall convene a work group, which shall include representatives of the Virginia Chapter of the National Association of Social Workers, institutions of higher education with social work programs, the Department of Social Services, and local departments of social services. The work group shall (i) identify the number of social workers needed in the Commonwealth to adequately serve the population; (ii) identify opportunities for the Commonwealth's social work workforce to successfully serve and respond to increasing biopsychosocial needs of individuals, groups, and communities in areas related to aging, child welfare, social services, military and veterans affairs, criminal justice, juvenile justice, corrections, mental health, substance abuse treatment, and other health and social determinants; (iii) gather information about current social workers in the Commonwealth related to level of education, school of social work attended, level of licensure, job title and classification, years of experience, gender, employer, and compensation; (iv) analyze the impact of compensation levels on social workers' job satisfaction and performance, as well as its impact on the likelihood of other persons entering the profession and any complications to such compensation levels caused by student debt; and (v) make recommendations for additional sources of funding to adequately compensate social workers and increase the number of social workers in the Commonwealth. The Department of Health Professions shall enter into data sharing agreements with the Department of Social Services and other employers of social workers to enable the exchange of de-identified data necessary to comply with the directives set forth in this paragraph.

All agencies of the Commonwealth shall provide assistance to the Department of Health Professions for this study, upon request.

The Department of Health Professions shall complete its meetings by November 30, 2020, and shall submit to the Governor and the General Assembly an executive summary and a report of its findings and recommendations for publication as a House or Senate document. The executive summary and report shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports no later than the first day of the 2021 Regular Session of the General Assembly and shall be posted on the General Assembly's website.

Executive Summary

As required by Senate Joint Resolution 49 (2020) and in partnership with a VCU Wilder School Master of Public Administration Capstone team, the Virginia Department of Health Professions (DHP) examined social work in the Commonwealth of Virginia by assessing compensation, licensure, and labor market data. Findings suggest that compensation in Virginia is competitive compared to neighboring states. The regulatory processes and subsequent potential barriers that exist are also similar to adjacent state regulations. Data gathered from the Virginia Employment Commission (2019) indicates that the demand for social workers within Virginia will grow 23% in the coming years.

The social work field is generally divided into three categories: macro, mezzo, and micro-level practitioners. Social work is a title-protected profession that requires obtaining an accredited Bachelor of Social Work or Master of Social Work to claim the title professionally. Licensure is within the Virginia Board of Social work. Licensure prerequisites, in addition to the university degree, include official supervision, and successful completion of the Association of Social Work Board Examination. An out-of-state social worker may also secure Virginia licensure through endorsement.

A significant complicating issue this study faced is that not all social workers are required to be licensed by the Virginia Board of Social Work. Exemptions from licensure in Virginia code § 54.1-3701 include salaried employees or volunteers of the federal government, the Commonwealth, a locality, or a private, nonprofit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization, and the clergy. At this time, it is not possible to quantify the number of unlicensed social workers or the work they do.

Once a social worker enters the field, retention becomes a priority. The literature suggests that the inherent stress of a social worker's scope of practice contributes to turnover within the profession. Senate Joint 49 suggested that more competitive salaries could support retention. The study employed a web-crawler (i.e., automated data collection) to gather secondary salary data and demand data. The most in-demand social work areas within Virginia were Mental Health and Healthcare Social Workers. The average salary for social work jobs collected by the web-crawler was $69,964 compared to the 2019 average of $56,858 (Virginia Employment Commission, 2019).

The Virginia Board of Social work has already done much to streamline application requirements and minimize licensure fees. In the past year, a 3000 hour supervisory requirement for licensure at the bachelor's level has been eliminated. Regulations to support ease of licensure by endorsement are at the notice of intended regulatory action (NOIRA) phase.

DHP and the VCU Capstone Team recommend additional study of this issue. Funded studies, especially targeting data capture of unlicensed social workers, can address the data gap and provide more complete understanding about what actions could be taken by public organizations and private firms to support the social work profession in the Commonwealth. Additional recommendations include pay band increases for public-sector social workers, reviewing current licensure requirements to ensure they are not overly restrictive, sponsored scholarships, and service loan forgiveness. These actions work toward ensuring a robust workforce with a steady stream of new entrants and a low rate of current practitioners leaving the profession.

Summary of Recommendations

1. *Per §54.1-3701 many public and private sector social workers are not licensed. The number, duties, need for accountability, and potential burdens of licensure on unlicensed social workers should be included in a funded study of the social work workforce conducted by a professional firm or educational institution.*
2. *Social work compensation should be adjusted to be commensurate with average salaries in Virginia.*
3. *The Board of Social Work has developed a pathway for the over 900 Licensed Master of Social Work (LMSW) licensees to work clinically under supervision if desired. The General Assembly will need to pass legislation to license these individuals as "Licensed Resident in Social Work" practitioners.*
4. *The Board of Social Work should work with professional organizations and other stakeholders to assess regulation around licensure.*
5. *The Board of Social work should pursue both reciprocal licensure with Virginia's contiguous states and engage in discussions with the Council of State Governments concerning a Social Work Compact.*
6. *The General Assembly, healthcare and community organizations, and educational institutions should consider avenues to attract new practitioners such as loan forgiveness or scholarships.*

Introduction

In January 2020, the Virginia General Assembly passed Senate Joint Resolution 49 requesting the Department of Health Professions review the current need for additional social workers in the Commonwealth of Virginia. The Joint Resolution called for input from stakeholders including social work educators, professional organization leaders, and social workers themselves to address the pertinent issues. The Resolution called for an examination of challenges and professional barriers for social workers.

Projections of the demand for social workers outpace the national labor market by nearly quadruple the growth rate (Bureau of Labor Statistics, 2019). The increased demand for social work services prompts a review of compensation, licensure regulations, and the current labor market, which are the primary factors that contribute to social worker availability in Virginia. Retention and job satisfaction for those in the profession are also critical factors (National Association of Social Workers, 2020; Wermeling & Smith, 2009; Barak, 2001).

Through a review of current literature, interviews with stakeholders, and an examination of available wage data, job satisfaction statistics, and open position data, this study responds to three research questions:

1. Is compensation for social workers competitive in Virginia?
2. Are there regulatory barriers to the practice of social work?
3. What is the current demand for social workers in the Commonwealth?

Answers to these questions will help inform the number of social workers in the Commonwealth needed to serve the population adequately and how they can be retained.

Background Information

There are three categories of social workers: macro-level, mezzo-level, and micro-level (University of Southern California, 2018). Macro-level social workers affect societal change at the national, state, and local levels. Roles include community organizers, policy advocates, and scholars of social work. Mezzo-level social workers work at the group level and provide services to small groups, families, or organizations. These social workers may work for companies, healthcare entities, or within religious organizations. Micro-level social work is the domain of clinical social workers. This category of social work is the most regulated as these social workers are involved in individual casework, most often in a healthcare setting. In the literature, as well as in public policy, the divide between the macro/mezzo social worker and micro-level social worker is evident. Macro and mezzo social workers are not captured in the few empirical studies that have been done on the workforce. This divide is more pronounced in Virginia because social workers in government agencies, clergy social workers, and certain others are not required to be licensed (§ 54.1 3701). Inherent divisions in social-work practice appear in characteristics of social workers' compensation, licensure, and workforce roles, which makes capturing the different divisions of labor within the profession important because one data set cannot be extrapolated to all.

Compensation

In examining social worker compensation in the Commonwealth, several factors must be considered due to the scope of social work practice. Most data represented in the current literature have an overrepresentation of licensed and clinical social workers. Macro-level and unlicensed social worker compensation data are very difficult to capture, and based on both scholarly review and current authorities in the field, are

virtually non-existent. Most sources attempting to capture this subset of the social work population are incomplete and outdated, and subsequently lack relevance. Additionally, much workforce data on social work focuses on educational statistics, turnover, and burnout (Irene, 2010). While this information is vital to understanding the challenges of social workers in Virginia, it does not supplant the need for adequate wage data from all fields of social work practice.

An assessment of a competitive wage for the field also presents challenges. Characteristically, social workers have an extensive scope of practice, encompassing billable hours in a clinical setting as well as community organizing, administration, and policy development (Zerden, 2016). Title protection in the Commonwealth does not allow for individuals to use the title "social worker" without a baccalaureate (BSW) or graduate-level (MSW) degree in social work from an accredited program. Macro/mezzo social workers located in religious, nonprofit, and similar settings may practice social work without being accounted for or operating under title protection. The National Association of Social Work details its definition of social work as the "professional application of social work values, principles, and techniques to one or more of the following ends: helping people obtain tangible services; counseling and psychotherapy with individuals, families, and groups; helping communities or groups provide or improve social and health services; and participating in legislative processes." Social work can be accomplished by policy advocates, community organizers, clinical practitioners, and even social work researchers and faculty members. Due to this wide scope of practice, there are inherent challenges in attempting to determine what compensation is competitive and adequate when speaking of social work as a whole profession. The divide inherent in social work between the macro, mezzo, and micro roles and practices leads to difficulty capturing what social workers do and an assessment of adequate compensation. Salary sources for social workers include public

agencies, private companies, and nonprofit organizations. Addressing the need for salary increases across any sector is left to the discretion of managers and human resource directors. State and local realignments may have minimal effects on the private sector (Barth, 2003). Due to the resource-limited environment in which many social workers operate, a substantial salary increase may not be feasible due to the excessive financial strain on smaller, community-based organizations (Barth, 2003).

Compensation Analysis. The past 20 years of wage data have demonstrated that social workers, even those who have obtained a Licensed Clinical Social Worker (LCSW) designation, are largely under-compensated compared to similar professions in the Healthcare and Human Services field (Barth, 2003; Irene, 2010; NASW, 2019). Several factors such as licensure stratification, the broad scope of practice, and trifurcation of the field contribute to compensation's variable nature, though some characteristics remain stable across these strata. Social work continues to be a female-dominated profession, with >85% of BSW & MSW students in 2019 identifying as female (CSWE, 2019). Although women make up the vast majority of social workers, males in the profession, consistent with persistent wage inequalities in other job sectors in the United States, reported an average income of $2,900 more than their female counterparts (NASW, 2020).

Nurses, often used as the closest professional comparison to clinical social work, were paid 116% of the median national income in 2007, versus social workers who were paid 80% of the median salary (Irene, 2010). Commonly held views propose that social work, though an underpaid profession, offers intrinsic rewards and that the satisfaction from fulfilling the mission is more important than higher salaries (Schweitzer, 2013). While individual reasons for entering social work may be idealistically motivated, a 2009 study by Wermeling & Smith of 785 MSW graduates upended this assumption. Of those graduates, 92% of respondents indicated that "earning an above-average income was

not only important but also associated with retaining social workers in the profession" (p.384). While many social workers may not enter the field due to the draw of substantial financial compensation, it is a significant factor in retention and job satisfaction (Wermeling, 2013). The NASW 2020 workforce data report also supports these findings, reporting that 44.5% of survey respondents report having difficulty finding a job in which they were satisfied. The most common reason for that lack of satisfaction cited was inadequate compensation (13.6%). In contrast, the Virginia Healthcare Workforce Data Center's (HWDC) annual survey of licensed clinical social workers demonstrates 96% of respondents are satisfied with their jobs (Healthcare Workforce Data Center (HWDC), 2020). Lack of data on unlicensed social workers, however, make workplace satisfaction, especially in regard to total compensation difficult to determine for all social work specializations.

Before Barth's 2003 comprehensive study on social work wage data, there is no aggregated empirical study on wage trends, though the Bureau of Labor Statistics, the Virginia Employment Commission, National Association of Social Workers, and Council on Social Work Education publish workforce statistics. Concurrent with other data, there is a lack of representation of unlicensed social workers to provide a complete comparative analysis. Relying on data from licensed practitioners alone does not provide for a total picture of adequate compensation.

State and National Compensation Comparison. According to the Virginia Department of Health Professions (2020), there are over 11,000 licensed Social Workers in the Commonwealth of Virginia. There are an unknown number of unlicensed social workers operating in various macro, mezzo, and micro social work roles in the state. Virginia Employment Commission (VEC) data from 2019 lists four categories under "Social Work" in the official occupational title and related Standard Occupational Classification (SOC) system designation. SOC codes are used to categorize occupational job categories for

data collection at the federal level. The occupations are grouped according to similar job function, required skills, education, or training level (Bureau of Labor Statistics), but might not relate directly to Virginia's licensure categories. A SOC designation is a human resource data collection tool rather than a licensure regulation tool. Data collected from the Health Care Workforce Data Center through the Department of Health Professions, while robust, provide data on approximately 7,600 licensed social workers, while the Bureau of Labor Statistics identifies over 16,770 total social workers in the state based on the SOC classification system. The significant difference in these numbers underscores the importance of capturing data on unlicensed social workers.

Data from VEC details annual average wages for 16,770 social workers jobs in 2019. Using additional information from the Bureau of Labor Statistics, Table 1 offers comparative wage data demonstrating that Virginia's compensation for captured social work occupations is above the national average, with the exception of Health Care Social Workers:

Table 1 *Comparison of Average Annual Pay of Virginia SWs v. Average Annual Pay of National SWs with Employment Data (Virginia)*

Social Work Specialization	Estimated Employed (VA)	Average Annual Pay (Virginia)	Average Annual Pay (US)
Social Workers, All Other	610	$74,850	$61,230
Child, Family & School Social Workers	8,730	$48,690	$47,390
Mental Health & Substance Abuse Social Workers	4,340	$48,150	$46,650
Healthcare Social Workers	3,090	$55,740	$56,750
Total		**$56,858**	**$53,005**

Source: U.S. Bureau of Labor Statistics (2019)

Using aggregated pay data, the average 2019 annual pay in Virginia across all job sectors was $56,740 (Bureau of Labor Statistics, 2019). Table 2 compares the average wage for each social work SOC category comparative to the mean annual salary in Virginia for all jobs.

Table 2 *Comparison of Virginia Average Pay (SW) v. Virginia Average Pay (All Job Sectors)*

Social Work Specialization	Average Wages (Social Workers)	Average Wages (All Job Sectors)
Social Workers, All Other	$74,850	132%
Child, Family & School Social Workers	$48,690	86%
Mental Health & Substance Abuse Social Workers	$48,150	85%
Healthcare Social Workers	$55,740	98%

Source: Virginia Employment Commission (2019)

Comparing the average wages of social workers in Virginia with the average salaries for all jobs in Virginia illustrates that Virginia's social workers are compensated at a rate below the state average. The lack of existing data for macro/mezzo practitioners could widen pay gaps even further for unlicensed social workers unrepresented in these datasets. However, without complete wage information, concrete conclusions cannot be drawn. These two datasets show that although most social workers in Virginia earn a competitive wage relative to other social workers nationally, they are earning less than the average Virginian.

Licensure

As of March, 2021, the Virginia Board of Social Work had issued 11,628 licenses or registrations.[1]

Social Work Category	Current Active	Current Inactive	Total
Licensed Clinical Social Worker	7,709	190	7,899
Licensed Masters Social Worker	913	19	932
Licensed Baccalaureate Social Worker	27	0	27
Registration of Supervision	2,761	0	2,761
Registered Social Worker	8	0	8
Associate Social Worker	1	0	1
			11,628

By far, the largest group of licensees is the Licensed Clinical Social Workers. A clinical social worker practices at the micro level and is a social worker who, by education and experience, is professionally qualified at the autonomous practice level to provide direct diagnostic, preventive and treatment services when functioning is affected by social and psychological stress or health impairment. This is the group that is surveyed annually by the Healthcare Workforce Data Center. Demographic data, current employment situation, workload descriptions, trending data and the like are available for these Virginia professionals in the Profession Report (HWDC 2020).

In contrast, a masters social worker engages in the practice of social work and provides non-clinical, generalist services, including staff supervision and management. A

[1] Associate Social Workers and Registered Social Workers are registrations initiated with the former Virginia Board of Registration of Social Workers under former §54-775.4 of the Code of Virginia. Registrations are no longer issued in these two categories; there are only nine still "grandfathered" and current in the Commonwealth.

baccalaureate social worker engages in the practice of social work under the supervision of a masters social worker and provides basic generalist services, including casework management and supportive services and consultation and education.

These social workers are generally practicing at the mezzo or macro level.

To License or Not to License. The overall goal of health professional licensure is the protection of those receiving services from a healthcare provider. Social work licensing boards create, maintain, and amend licensure requirements in line with the Board's assessment of how to protect the public and maintain quality of care. In the Commonwealth of Virginia, students and clergy whose scope of practice includes social work are exempt from licensure. In addition, §54.1 3701 exempts:

> persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or of any agency established or funded, in whole or part, by any such governmental entity or of a private, nonprofit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization. Any person who renders psychological services, as defined in Chapter 36 (§ 54.1-3600 et seq.) of this title, shall be subject to the requirements of that chapter. Any person who, in addition to the above enumerated employment, engages in an independent private practice shall not be exempt from the requirements for licensure;

as well as

> persons regularly employed by private business firms as personnel managers, deputies or assistants so long as their counseling activities relate only to employees of their employer and in respect to their employment. (§54.1 3701)

Given these descriptions, aside from the clergy, many of the exempted practitioners are likely to be practicing on the mezzo or macro level. For the past two decades, an

academic and regulatory debate about licensure for macro-level practice weighs the benefits and disadvantages of policy change (Rothman, 2014). The discussion has not been resolved; and there are several reasoned arguments for and against universal licensure for social workers. Supporters of universal licensing assert macro-practitioner licensure will ease the push for clinical licensure as the profession's pinnacle and reinstate the unique person-environment systems interplay central to social work. Some scholars argue that the focus on clinical social work licensure has marginalized macro social work practice (Ezell, Chernesky, & Healy, 2004). Rothman (2012) noted that, because licensing focuses on clinical social work, "macro students feel that their employment options will be constrained because they will not be qualified to work in the much larger clinical arena if they are not able to get macro jobs or if they want to switch emphasis" (p. 9). At present, macro and mezzo-level social workers often compete with other specialties, such as community organizing, public administration, policy analysts, and educators. (Donaldson, 2014). Supporters argue expanded macro-practitioner license will generate more inclusivity in the underrepresented population of unlicensed social workers.

In addition, this same focus has marginalized individuals with a masters of social work degree (MSW) who may have had significant clinical hours in training, but choose not to seek a full licensure as a clinical social worker (LCSW). The requirements for the LCSW leave masters social workers with a broad scope of micro/mezzo experience unable to practice on the micro level. The Virginia Board of Social Work has taken steps to rectify this. The Board has identified two types of Master's level social workers. Those that pursue a macro education remain LMSWs who pursue a macro education and do not provide clinical work, but work within an agency setting or focus on policy are one type. Masters level social workers who have taken a clinical course of study will be able to conduct clinical social work services under supervision. The Board has requested legislation to license these social workers with the title Licensed Resident in Social Work.

Those opposed to the expansion of licensure to require all macro and mezzo level SWs as well as those exempted from licensure by §54.1 3701 find it difficult to satisfy the cost-benefit ratio. Specialization in macro-level social work comprises only 6.5% of MSW and BSW graduates (Doaldson, 2014). Some social work scholars do not view licensure as appropriate to macro-level social work practice because of the additional financial and administrative burden placed on practitioners, who increasingly struggle with student debt (NASW, 2020).

Licensure by Examination: Virginia's population of 8.6 million people includes over 11,000 licensed social workers and an unknown number of unlicensed social workers. The regulating body for social workers is the Virginia Board of Social Work. Virginia issues three social work license types: the Licensed Baccalaureate Social Worker (LBSW), the Licensed Master's Social Worker (LMSW), and the Licensed Clinical Social Worker. Successful licensees for the LMSW hold a Master of Social Work degree (MSW) from a Council on Social Work Education (CSWE) approved program. The LCSW requires an MSW from a CSWE accredited university in addition to supervised work experience before LCSW licensure (Virginia Department of Health Professions Board of Social Work Licensure Process Handbook, 2020). LBSW, LMSW, and LCSW licenses each require successful completion of the appropriate Association of Social Work Boards (ASWB) licensing examination.

Regionally, contiguous states of Virginia follow a similar process to licensure; accredited degree, professional supervision, the appropriate level ASWB examination, and the state board approved licensure. The Commonwealth does not require more clinical or supervisory hours than other states for the LCSW license. There are numerous fees throughout the process, from exam request forms to applications to the examinations themselves. With examination fees, licensure may cost in the $300-$400 range. Virginia is comparable to neighboring states in their licensure process for all three license types.

Virginia tends to have lower licensing and renewal fees than neighboring states (examination fees are fairly constant). This information is tabulated in Appendix 1.

Licensure by Endorsement. An expedited process to obtain a license in a state when one is held in another state is referred to as licensure by endorsement (ASWB, 2021). Currently in Virginia, a social worker with an active and unrestricted license in good standing in another state with verification of active practice for 24 out of the past 60 months in another jurisdiction OR practice in an exempt setting (in Va. or out-of-state) for five years OR evidence of supervised experience (18VAC140-20-45), and who can document successful completion of the appropriate approved examination may apply for licensure in Virginia by endorsement at the comparative level of their primary license. The endorsement applicant for clinical social work must also provide post-licensure experience verification or submit evidence of the required supervision. Similar paths to licensure through endorsement are operative in all of Virginia's contiguous jurisdictions except Kentucky (Appendix 2). The Virginia Board of Social Work has proposed a regulation that eliminates the active practice requirement for licensure by endorsement. This proposed regulation is now in with the Department of Planning and Budget. Once that regulation becomes final, Virginia will boast the smoothest pathway for endorsement licensure in the contiguous states.

In 2020, precipitated by an acute need for behavioral health workers during the COVID pandemic and authorized through Executive Order 51 and the original Executive Order 57, the Virginia Board of Social Work granted a temporary license by endorsement to licensed clinical social workers with a license which was in good standing and free of current reports to the United States Department of Health and Human Services National Practitioner Data bank issued by any other state. The Board of Social Work licensed 510 temporary LCSWs by endorsement beginning on April 17, 2020. These licenses expired on September 8, 2020.

Reciprocal Licensure. Reciprocity is a system allowing professionals to seamlessly work in a different state when holding a license in another; drivers' licenses in the United States operate on a reciprocal system. No true reciprocity for social work licensure is in place anywhere in the country (ASWB, 2021). In 2020, however, the Virginia General Assembly approved Senate Bill 53. Now incorporated into Chapter 617 of the Code of Virginia, the Board of Social work shall:

> *pursue the establishment of reciprocal agreements with jurisdictions that are contiguous with the Commonwealth for the licensure of baccalaureate social workers, master's social workers, and clinical social workers. Reciprocal agreements shall require that a person hold a comparable, current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the Code of Virginia and regulations of the Board.*

The Board of Social Work is engaged in this pursuit. The ASWB is supportive of this initiative. In addition, social work was selected this year as one of five professions to work with the Department of Defense and the Council of State Governments to develop a licensing compact to support social work practice mobility (ASWB, 2021). The Executive Director of the Virginia Board of Social Work serves on the Technical Working Group for that initiative.

Labor Market

The number of licensed LCSWs in Virginia increased by 27% from 2015-2020 (HWDC, 2020). As presented in Table 4, a 23% increase in the social worker labor market is projected this decade in the Commonwealth. That translates to about 3,920 new social work positions. Further breakdown of areas of social work specialization is offered in Table 4. This estimate does not include current vacancies. It is important to note once again that these estimates lack data on unlicensed social workers.

Table 4 *Long-Term (2019-2029) Growth Projections for Social Work in Virginia*

Social Work Specialization	Estimated Employment	Projected Employment	Percent Change
Social Workers, All Other	610	680	12%
Child, Family & School Social Workers	8,730	10,760	23%
Mental Health & Substance Abuse Social Workers	4,340	5,390	17%
Healthcare Social Workers	3,090	3,860	14%
Total	**16,770**	**20,690**	**23%**

Source: Virginia Employment Commission, 2019

Retention. Available data from the Bureau of Labor Statistics (2019) and the Virginia Employment Commission (2019) show that demand for social workers will far outpace that of the general labor market over the next eight years. Analyzing the demand for new entrants into the labor market provides only a partial answer to how many social workers are needed. While continuous recruitment of quality employees is critical to building a strong workforce, equally important is retaining employees. Low retention of existing social workers exacerbates current demands and can compound the stress of those with intentions of remaining in the field (Yoon, 2017). Decades of literature on social work documents that the field maintains high turnover rates and consistently struggles with long-term retention (Mor Barak, 2001).

Virginia data, available only for LCSWs, do not affirm this high turnover rate. The Health Care Workforce Data Center annual profession report of LCSWs reports that over 29% of respondents have been in their current workplace for more than 10 years and 46% have been at their same workplace for more than 5 years (HWDC, 2020). Retention data nationally and in the Commonwealth are unavailable for unlicensed social workers,

LMSWs, and LBSWs. To draw more precise conclusions, a more accurate profile of the workforce's current state is a recommendation for further study.

Factors contributing to the reported high turnover rates may be inherent to a social worker's scope of practice. Often, social workers are exposed to traumatic cases in mental health, gerontology, child, family, and other fields. Health and human services workers have developed secondary traumatic stress (STS) due to their emotional labor in their profession. The prevalence of STS among those who manage caseloads involving client trauma is approximately two to five times higher than the general US prevalence rate of adults with PTSD (Quinn, 2019). High caseloads and intensive emotional investment can lead to high turnover. It is crucial to consider the impacts of caseloads, as well as other factors, on retention. More retention data on a local level is needed to understand its implications on the labor market.

Caseload. Client caseloads influence turnover and retention levels for social workers (Zhang et al, 2015). Each client represents an administrative workload. Due to the sweeping breadth of issues social workers address, it is difficult to estimate the specific amount of involvement a case will require. Attempts to address needs have yielded sweeping generalizations in demand estimations (Zhang et al, 2015). The supply side is further complicated due to variation in caseloads for social workers. The NASW Standards for Social Work Case Management (2013) defined caseloads as the number of clients served by a social worker at a given point in time. Caseloads and workloads vary based on the focus and scope of SW responsibilities and from organization to organization. Caseload size can directly affect a social worker's capacity to engage clients in case management's ongoing process. The only guidance that NASW provides is that "caseload size should allow for meaningful opportunities for client contact" (NASW, 2013). This leaves the final decision on caseload size to the supervisor and organization's discretion, allowing for dramatic variability from organization to

organization. Although LCSWs see clients in the clinical setting rather managing a caseload, according to data from the Virginia Healthcare Workforce Data Center, 63% of LCSWs in the state worked 40 hours or more per week (HWDC, 2020).

Specific caseload guidance is provided regarding only one group of social workers, those who work with child welfare. Multiple organizations have guided family and individual caseloads, including the Child Welfare League of America, which recommends caseloads between 12 and 15 children per worker. The Council on Accreditation recommends that caseloads not exceed 18 per worker (NASW, 2004). In the 2004 Child Welfare Report, the NASW found that the average caseload was between 24 and 31 children for social workers surveyed. This specific social work field can provide a sample of the disparity between recommended and realized caseloads but cannot be extrapolated to the broader population.

Summation of Literature Review

Determining the scope of unlicensed social work within the Commonwealth is the first step to capturing accurate data. Available data is in the form of licensed practitioners, of which there are over 11,000 currently practicing within Virginia. Differences in macro, micro, and mezzo social work lead to broad scopes of practice in varied settings that may be clinical or administrative, or focused in policy or community organizing. The vast array of skill and specialization variance leads to social work being largely classified as either a micro-level practitioner who is licensed or a macro/mezzo social worker who often is not. Unlicensed social workers are not represented in workforce data; definitive conclusions about their compensation, demand, and regulatory requirements are difficult.

Contiguous state analysis shows a similar picture of social work in states bordering Virginia. Though the process is relatively similar across Virginia's neighboring states,

regulatory barriers may be a deterrent to practice as there is no true reciprocity of licensure. A potential barrier to practice is the required supervisory hours for clinical licensure. While supervised experience is important, because the hours must be obtained within a specified period of time, securing them could prove difficult for candidates if unforeseen circumstances unfold during the supervision period. In Virginia, a minimum of 3000 hours of supervised post-master's degree experience in the delivery of clinical social work services must be completed within four consecutive years. The Board is able to grant a twelve month extension.

Growing labor market projections on a local and national level indicate rapid growth. The average 23% growth of the field by 2029 requires attention before workforce shortages are exacerbated (Virginia Employment Commission, 2019). While applications for licensure increase yearly, they are not increasing at this rate. Labor retention continues to be a pressing issue and research has shown many social workers are unsatisfied with their level of compensation. As previously stated, most licensed social worker's in Virginia make less than the average Virginian despite a high educational level. This conclusion is a byproduct of the demanding caseloads that tend to accompany mental health stressors faced by the practitioner. Future research can further examine the interdependence between compensation for social workers, the regulatory barriers to practice social work, and the labor market demand for social work in Virginia; a thorough description of unlicensed practice will aid in an accurate depiction.

Methodology

The review of current literature and data collected on licensed social workers allowed us to address the primary factors related to our three research questions:

1. Is compensation for social workers competitive in Virginia?
2. What are the regulatory barriers to practice social work?
3. What is the current demand for social workers in the Commonwealth?

To further illustrate the current demand for social workers in the Commonwealth and respond to research question three, the VCU Project Team conducted exploratory data collection and analysis of social work job postings on popular job board websites. The method gathers job postings that represent a snapshot in time, a high-level overview of the characteristics of the social work job market in Virginia. The data collected provides insight into the current hiring demands of employers around the Commonwealth.

Data Collection

To collect data, the team used a web crawler, an automated program that reads HTML and records data specified by the user. The program captured and collected information from job posts on three of the most highly trafficked job sites between March 5th and March 6th, 2021.

Indeed.com, Monster.com, and Glassdoor.com, allowed a web crawler to access their domains as defined in their Terms of Service. Starting with each website's internal search function, the web crawler searched using the job title "social worker" and each Virginia county or city name. The crawler then went through every listing one at a time and

grabbed the data as specified in its code. It moved in order of search result to be returned, scanning through every page until no new result was found. This process was repeated for every city and county in Virginia on each of the three job boards.

The information targeted for collection from each job post was the job title, the hiring organization, the city or county the job is located in, the salary, the summary information for the job, whether the job is full-time or part-time, the date the job was posted, the site the job posting was on, and the URL of the post. Summary information was any information that was provided in the space after salary under a job posting.

Collected data was validated through an organizational process that grouped all the job postings from the three web crawlers into a single file format. To ensure duplicate job postings were removed from the dataset, a program was developed that took each job posting one at a time and examined it against a list of postings the program had already observed. After two rounds of validation, a file was created with all of the unique values and converted into a CSV file where it could be analyzed in Microsoft Excel.

For analysis, the jobs were organized into the Standard Occupation Classification (SOC) framework developed by The Bureau of Labor Statistics. The SOC framework translates unique job titles into standardized groupings, allowing for comparison between job types via a coding and reconciliation process. Once the job postings were organized, descriptive statistics were captured for annual salaries, degree requirements, and employment type, for each social work specialization.

This analysis is not intended to be a comprehensive review of all available social work jobs in Virginia but rather a snapshot in time of social work job postings in the Commonwealth. Using the data captured in this process, analysis illustrates the current

job market in Virginia. Results provide insight into the characteristics of available social work jobs such as the average salary across analyzed job postings, the average job type, the types of qualifications sought, and locations for employment. These insights will inform stakeholder directions of inquiry and provide a starting point for further research.

Results

The web crawler captured an original 2,532 jobs, each of which represented a unique job identified through the validation process. In cleaning the data, 1,579 were deleted because they were not jobs based in Virginia or they were not social work jobs. Another 779 were removed because of incomplete data due to variation in the format of the job posting. The remaining 174 job postings represented micro, mezzo, and macro social work jobs in Virginia.

Reflected in Table 5.1 is the number of jobs returned for each of the four BLS social work specializations. Of the 174 job postings analyzed, 26% were Social Work, All Other, 11% were specialized in Child, Family & School Social Workers, 32% were Mental Health & Substance Abuse specialists, and 31% were Healthcare Social Workers.

Table 5.1 *Job Postings by Social Work Specialization*

Job Postings by Specialization		
Specializations	#of Jobs	Percent
Social Workers, All Other	46	26%
Child, Family & School Social Workers	19	11%
Mental Health & Substance Abuse Social Workers	56	32%
Healthcare Social Workers	53	31%
Total Job Postings	174	35%

As shown in Table 5.2, across all but one social work specialization the average salary for the jobs collected was higher than the average annual pay in Virginia as captured by Virginia Employment Commission.

Table 5.2 *Job Postings by Social Work Specialization*

Average Salary by Specialization			
Specialization	Average salary From job posts	Average annual pay in Virginia	Percent Difference
Social Workers, All Other	$71,460	$74,850	-5%
Child, Family & School Social Workers	$68,883	$48,690	+41%
Mental Health & Substance Abuse Social Workers	$69,154	$48,150	+44%
Healthcare Social Workers	$70,357	$55,740	+26%
Average Total	$69,964	$56,858	+23%

Source: Virginia Employment Commission (2019)

The exception to this was Social Work, All Other which was $3,390 lower than the State average. The average salary for all collected social work positions was $69,964, which is 23% higher than the state average for all social work specializations at $56,858.

Table 5.3 below shows the percent of jobs that required at least a Master's degree as the minimum hiring standard. A Master's degree was the minimum degree requirement for 35% of the social work job postings collected. Social Workers, All Other came in on the lowest end of that with 18% of jobs posted requiring a Master's degree, followed by Healthcare Social Workers at 26%, Child, Family & School Social Workers at 47%, and Mental Health and Substance Abuse Social Workers at 52%. Tying into table 5.3 licensure requirements often needed to practice in any one of the various specializations, without a Virginia social work license practice is not possible.

Table 5.3 *Degree Requirements by Social Work Specialization*

Degree Requirements by Specialization	
Specializations	Masters required
Social Workers, All Other	18%
Child, Family & School Social Workers	47%
Mental Health & Substance Abuse Social Workers	52%
Healthcare Social Workers	26%
Total	35%

Table 5.4 reflects recurring job titles in the data. The most frequently occurring title collected from the data across all specializations was Case manager which appeared in Social Work, All Other, Child, Family & School Social Worker, and Mental Health & Substance Abuse Social Worker.

Table 5.4 *Job Title by Social Work Specialization*

Job Title by Specialization			
Social Work, All Other	Child, Family & School Social Worker	Mental Health & Substance Abuse Social Worker	Health Care Social Worker
Case manager Social Services Associate Social Worker	Case manager School Social Worker	Case manager Mental Health Counselor Mental Health Therapist	Registered Nurse Social Worker Licensed Clinical Social Worker Registered Nurse Social Worker

Limitations

The data collection process was limited by the variability among the structures of a job post. Job posts are not uniform in format and vary from site to site and company to company. Given this unstructured post format, information may not have been recorded if it was not in the location that the web crawler was programmed to look for it. Additional time for development would allow for further sophistication to be programmed into the web account for variability. Beyond the limitation of the web crawler itself, job boards do not have consistent requirements for required information in a job post. Some job postings do not include such information as salary or if a position is full-time or part-time. This led to capturing null values in some places for some data.

Discussion

These findings suggest that there is a variety of market demand for social work job positions. Four specializations of the 174 social work jobs were collected and distributed by the web crawler, with over 60% of all job postings focusing on two areas Healthcare and Mental Health. The data collected indicates that degree requirements do not tightly restrict positions for social workers. The social work jobs that require a master's degree or higher represented 35% of all postings, Social Workers, All Other required the most at 65%, while Healthcare specialization only had 26% of job postings requiring a Masters. Many Healthcare postings are related to in-home patient care, which often does not require a graduate degree. Social work, all other, which encompassed director positions, academic faculty positions, and other positions outside of direct patient care, had more advanced degree requirements. The average salary for the job postings collected equaled $69,964, 23% more than the average annual pay for social workers across all specializations estimated by the Virginia Employment Commission in 2019. A future

study could determine if the increased annual pay drew social workers from other jurisdictions.

Current data and other recent trends suggest a growing market, and make it clear that social work is a vibrant industry with varied opportunities throughout Virginia. As this is an initial study, the snapshot is limited in its size, and the data collection was only conducted across three job sites. The findings reinforce the national discussion that social work is a needed and in-demand profession. We hope the findings displayed here will be followed by additional studies with more extensive data, including longitudinal data, currently unavailable for this first empirical study on the state of social work in the Commonwealth of Virginia.

Conclusions

Our research, stakeholder conversations, and data collection indicate the social work profession is in high demand and requires action to determine the best path forward for both unlicensed and licensed social workers. We demonstrate that demand for social workers in Virginia far outpaces that of the average projection of the U.S. job growth (Bureau of Labor Statistics, 2019). To adequately meet the needs of Virginia's residents, the field of social work must attract new social workers, as well as retain current practitioners.

Inadequate compensation is cited as one of the most common reasons social workers are not satisfied with their jobs. While social workers in Virginia are paid competitive salaries compared to the national average, they are still paid below the average salary for a professional in the state of Virginia. Due to chronic low-pay social workers have indicated in national surveys that compensation remains a chief concern for retention and job satisfaction (NASW, 2020) (Virginia Employment Commission, 2019). In consideration of these factors, DHP and the VCU project team put forth the following recommendations:

Compensation. Since there is a lack of extensive wage data at a state or national level, further data collection may provide a more representative dataset in order to fully understand if social work compensation is adequate and competitive. There are wide compensation variations depending on specialization and employers. Future policy actions affecting compensation of public-sector employees would not necessarily universally affect all social workers due to the resource-limited environment of some non-profit entities. However, state-employed social worker compensation could be

increased to attract new and retain current practitioners. The largest improvements to compensation would have to be private-sector driven for the biggest impact; if the state-employee wages rose, private employers would need to also raise wages to remain competitive. Raising public-sector wages could be accomplished by increasing the pay band ceiling within the job roles for social worker positions if a blanket equity adjustment is not feasible.

The question of if social workers as a whole are compensated adequately, given the current data available, cannot be determined. There is sufficient data on licensed clinical social workers in the Commonwealth through the Virginia Healthcare Workforce Data Center and some additional data available through the Virginia Employment Commission and Bureau of Labor Statistics. These sources suggest that Virginia's social workers are paid a competitive wage compared to the national average, but social workers as a healthcare profession are among the lowest-paid health professions (Bureau of Labor Statistics, 2019). Our own data collection suggest that social workers in Virginia may even be paid more than what is recorded in state data. However, there is lack of sufficient data capture on unlicensed social workers to provide a determination if all social workers are adequately compensated. The team recommends further comprehensive research targeting unlicensed social worker wage and workforce data to provide an accurate assessment.

Licensure. During conversations with both regulators and stakeholders in the social work profession, opinions surrounding licensure expansion and portability were one of the topics with the biggest divisions. These two salient issues raised the following questions:

1. Should licensure requirements be extended to all social workers so that every social worker could benefit from title protection and be more adequately captured in state data collection?
2. Would increased licensure portability, perhaps through a national interstate compact, yield more out-of-state practitioners moving into the Commonwealth?

As Virginia's demand for social workers will only increase in the next decade, regulators only focusing on social workers under license leave out more than half of macro and mezzo level practitioners who are practicing social work. Easing licensure portability between states is an avenue which could attract existing practitioners and new graduates to the Commonwealth. With enactment of regulations currently at the NOIRA stage, Virginia will have the smoothest pathway to licensure by endorsement. Additionally, native licensure requirements, especially around supervision hours in all jurisdictions, may be burdensome. Virginia's licensure by examination requirements are similar to all of her bordering states.

Market Demand. Retention and recruitment are of paramount importance if the social work needs of Virginians are to be met in the next decade. The project team recommends targeted recruitment tactics which will fill current and future need gaps. Most retention issues in licensed social work revolve around the mental and emotional toil that can be inherent in the profession. These hardships, however, could be alleviated by adequate staffing and compensation. Attracting more social workers to the profession will reduce caseloads and job-stressors due to overwork and providing an adequate wage will not only attract new social workers to the workforce, but also reinforce the vital importance of adequate clinical, behavioral, and social service administration in the Commonwealth. Possible avenues to ensure continued interest in the profession and provide incentives to practice include targeted recruitment tactics for

new practitioners through sponsored scholarships and loan forgiveness through service in the field.

The Virginia Department of Health Professions in partnership with the VCU Capstone Team has analyzed social work within the Commonwealth of Virginia by assessing compensation, licensure, and labor market data. Compensation in Virginia is relatively competitive compared to other states within the region and nationally. The regulatory barriers that exist are also similar to neighboring state licensing requirements. Finally, findings indicate that the demand for social workers within Virginia will increase in the coming years. This research is the first step to a more concrete understanding of the industry within Virginia, but more study is still needed on licensure, the labor market, and compensation. A funded study of the social work workforce conducted by a professional firm or educational institution is needed to shed additional light on the subject of social work in the Commonwealth of Virginia.

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Appendix 1: SW Licensure Comparisons

(Sources: Board Sites)

Social Work License at the Bachelor's Level

Jurisdiction	Degree	ASWB bachelor exam	Supervision (hrs/yrs)	Direct Supervision (hours)	Clinical Supervision (hours)	Other Supervision (hours)	*License Fee*	*Renewal Fee*
Virginia	BSW/MSW	yes	none	none	none	none	$100	$55
Kentucky	BSW	yes	none	none	none	none	$75	$75
Maryland	BSW	yes		none	none	none	$275	$85
North Carolina	BSW	yes	none	none	none	none	$115	$70
Tennessee	BSW	yes	none	none	none	none	$340	$45
Wash, DC	BSW	yes	none	none	none	none	$230	$145
West Virginia	BSW	yes	none	none	none	none	$100	$85

Social Work License at the Master's Level

Jurisdiction	Degree	ASWB master exam	Supervision (hrs/yrs)	Direct Supervision (hours)	Clinical Supervision (hours)	Other Supervision (hours)	*License Fee*	*Renewal Fee*
Virginia	MSW	yes	none	none	none	none	$115	$65
Kentucky	MSW	yes	none	none	none	none	$125	$125
Maryland	MSW	yes	3,000	100	none	none	$115	$275
North Carolina	MSW	yes	none	none	none	none	$385	$90
Tennessee	MSW	yes	none	none	none	none	$340	$45
Wash, DC	MSW	yes	3,000/4yrs	100	none	none	$230	$145
West Virginia	MSW	yes	3,000/2yrs	none	none	none	$100	$85

Licensed Clinical Social Worker

Jurisdiction	Degree	ASWB clinical exam	Supervision (hrs/yrs)	Direct Supervision (hours)	Clinical Supervision (hours)	Other Supervision (hours)	*License Fee*	*Renewal Fee*
Virginia	MSW	yes	none	100	3,000	600	$165	$90
Kentucky	MSW	yes	200/6yrs	100	none	none	$200	$200
Maryland	MSW	yes	3,000	144	1,500	none	$450	$275
North Carolina	MSW	yes	3,000/6yrs	100	none	none	$115	$150
Tennessee	MSW	yes	none	100	3,000	none	$495	$95
Wash, DC	MSW	yes	3,000/4yrs	100	none	none	$230	$145
West Virginia	MSW	yes	3,000/2yrs	100	none	none	$100	$85

Appendix 2: Contiguous State Endorsement Summaries

Jurisdiction	Summary of Endorsement Requirements
Virginia	Board allows licensure by endorsement. A social worker with an active and unrestricted license in another state with verification of active practice for 24 out of the past 60 months in another jurisdiction OR practice in an exempt setting (in Va. or out-of-state) for five years OR evidence of supervised experience (18VAC140-20-45) who is in good standing, and who can document successful completion of the appropriate approved examination is eligible. The Board has regulations at the NOIRA stage that eliminate the practice requirement. The application includes a checklist of supporting documentation including verification of current license and previous ASWB exam scores.
Kentucky	Kentucky does not have formal endorsement/reciprocity for social work licensing with any other state. A licensed social worker in a state other than Kentucky must apply to become a licensed social worker using the same process first-time licensees use and pay the associated fees.
Maryland	To be eligible for a license by endorsement in Maryland, a licensee must hold a social work license that is equivalent to one offered by the Maryland Board and have passed an exam to receive that license. If a social worker has been practicing social work under a license for at least 1,000 hours per year for five of the past 10 years, less primary source information regarding past training and experience is required than if a social worker has been in practice less than five years.

North Carolina	While the Board does not offer automatic licensure for social work license holders from other states, they do review each application on a case-by-case basis and may offer licensure and certification by substantial equivalency for licensees of other states determined to have licensing standards that are in line with those in North Carolina. Verification of current licensure and ASWB exam scores must be transferred directly to the Board.
Tennessee	Tennessee offers endorsement to social workers licensed in other states if they meet the Board's educational and training requirements for the Tennessee social work license they are seeking. An endorsement applicant must complete the appropriate application, include verification of current licensure, past licensing exam scores, and materials verifying training and education. If the Board determines that criteria for licensure are met, a Tennessee social work license is granted without having to repeat the licensing exam or required supervised experience.
Washington, DC	The Board allows social workers to apply for licensure by endorsement if they hold an out-of-state license in good standing that was earned under requirements at least equivalent to DC's. An endorsement applicant must complete the New License Application form and include all required supplemental documentation. Verification of the current license and ASWB exam scores must be sent directly from the sources.
West Virginia	The Board will issue social work licenses to out-of-state applicants provided they meet the education and experience requirements for the level of licensure they are seeking. An endorsement applicant need not repeat the exam, but must provide verification of past ASWB test scores.

Sources: Virginia: updated 2021 by the Virginia Board of Social Work from information extracted from https://csbs.uni.edu/sites/default/files/sw_licensing_reciprocity_by_state.pdf. Compiled in 2019 by Maddie Smith for the University of Northern Iowa Social Work Field Office.

All other jurisdictions: https://csbs.uni.edu/sites/default/files/sw_licensing_reciprocity_by_state.pdf. Compiled in 2019 by the University of Northern Iowa Social Work Field Office by Maddie Smith.

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Staff Discipline Reports

07/08/2021 - 11/17/2021

NEW CASES RECEIVED IN BOARD 07/08/2021 - 11/17/2021				
	Counseling	**Psychology**	**Social Work**	**BSU Total**
Cases **Received** for Board review	104	48	31	***183***

OPEN CASES (as of 11/17/2021)				
Open Case Stage	**Counseling**	**Psychology**	**Social Work**	**BSU Total**
Probable Cause Review	54	106	16	
Scheduled for Informal Conferences	20	4	16	
Scheduled for Formal Hearings	4	1	0	
Other (on hold, pending settlement, etc)	24	13	6	
Cases with APD for processing (IFC, FH, Consent Order)	9	0	0	
TOTAL CASES AT BOARD LEVEL	**111**	**124**	**38**	***273***
OPEN INVESTIGATIONS	**87**	**30**	**24**	***141***
TOTAL OPEN CASES	**198**	**154**	**62**	***414***

UPCOMING CONFERENCES AND HEARINGS		
Informal Conferences	Conferences Held:	September 24, 2021 (Canceled) October 15, 2021 (Canceled)
	Scheduled Conferences:	January 28, 2022 March 25, 2022 May 20, 2022
Formal Hearings	Hearings Held:	n/a
	Scheduled Hearings:	Following scheduled board meetings, as necessary

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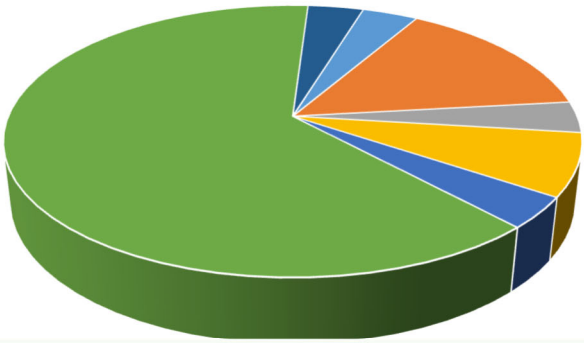
CASES CLOSED (07/08/2021 - 11/17/2021)	
Closed – **no violation**	22
Closed – **undetermined**	2
Closed – **violation**	3
Credentials/Reinstatement – **Denied**	0
Credentials/Reinstatement – **Approved**	0
TOTAL CASES CLOSED	**27**

Closed Case Categories



- Business Practice Issues (1) 1 violation
- Diagnosis/Treatment (4) 1 violation
- Fraud, non-patient care (1) 1 violation
- Inability to Safely Practice (2)
- Inappropriate Relationship (1)
- No jurisdiction (17)
- Records Release (1)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	**124**
Avg. time in Enforcement (investigations)	44
Avg. time in APD (IFC/FH preparation)	69
Avg. time in Board (includes hearings, reviews, etc).	68
Avg. time with board member (probable cause review)	4

Virginia Department of Health Professions
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DEPUTY EXECUTIVE DIRECTOR OF LICENSING REPORT

Satisfaction Survey Results
2021 4th Quarter (April 1, 2021- June 30, 2021) **84.5%**
2022 1st Quarter (July 1, 2021 – September 30, 2021) **81.6%**

Total as of December 1, 2021

Current Licenses	
Associate Social Worker	1
Licensed Baccalaureate Social Worker	41
Licensed Clinical Social Work	8,360
Licensed Master's Social Worker	968
LSW – Under Supervision	7
Registered Social Worker	7
Supervisees in Social Work	2,893
Total	**12,277**

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Licenses and Registrations Issued

Licenses and Registrations Issued	September 2021	October 2021*	November 2021	December 2021*
Licensed Baccalaureate Social Worker (LBSW)	4	1	1	2
Licensed Clinical Social Worker (LCSW)	81	82	107	111
Licensed Master's Social Worker (LMSW)	20	17	15	27
Supervisees in Social Work	65	188	115	98
Total	**170**	**288**	**238**	**238**

Applications Received

Licenses and Registrations Issued	September 2021*	October 2021*	November 2021*	December 2021*
Licensed Baccalaureate Social Worker (LBSW)	1	1	3	1
Licensed Clinical Social Worker (LCSW)	129	105	111	99
Licensed Master's Social Worker (LMSW)	23	34	35	34
Supervisees in Social Work	119	117	91	90
Total	**272**	**257**	**240**	**224**

*Unofficial numbers (for informational purposes only)