

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

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

- Adoption of Agenda

Public Comment

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

Approval of Minutes

August 18, 2023, Board Meeting* ----- Page 5

Agency Director Report (Verbal Report) - Arne Owens

Chair Report (Verbal Report) – Mr. Aguirre

- Presentation – Yetty Shobo, PhD, Executive Director, DHP Health Care Workforce Data Center and Data Analytics Division; Barbara Hodgdon, PhD, Deputy Director, DHP Health Care Workforce Data Center and Data Analytics Division**
- Licensed Masters Social Worker Workforce: 2023.....Page 9
 - Licensed Clinical Social Worker Workforce: 2023:.....Page 33

Legislation and Regulatory Report – Erin Barrett, JD, Department of Health Professions (DHP) Director of Legislative and Regulatory Affairs

- Chart of Regulatory Actions.....Page 66
- Definition of “generalist social work*Page 68
- Completion of periodic review*Page 94

Staff Reports

- Executive Director’s Report – Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology, and Social Work (Verbal Report)
- Deputy Executive Director’s Report – Jennifer Lang, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work (Verbal Report)
- Deputy Executive Director’s Report, Licensing - Charlotte Lenart, Boards of Counseling, Psychology, and Social Work-----Page 105

Committee Reports

- Ad Hoc Committee (Verbal Report) – Sherwood Randolph, LCSW, and Eboni Bugg, LCSW

Meeting Dates

- Next Full Board Meeting: March 29, 2024
-
-

Meeting Adjournment

*Indicates a Board vote is required.

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

DRAFT

MISSION STATEMENT

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

EMERGENCY EGRESS

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

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

Board Room 1

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

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

Board Room 2

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

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

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

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

Board Rooms 3 and 4

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

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

Training Room 1

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

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

Training Room 2

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

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



DRAFT
Virginia Board of Social Work
Quarterly Board Meeting Minutes
Friday, August 18, 2023, at 10:30 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 2

- PRESIDING OFFICER:** Canek Aguirre, Citizen Member, Board Chairperson

- BOARD MEMBERS PRESENT:** Elke Cox, MSW, LCSW
 Martha Meadows, MSW, LCSW (*New Board Member*)
 Sherwood Randolph, MSW, LCSW
 Teresa Reynolds, MSW, LCSW

- BOARD MEMBERS ABSENT:** Angelia Allen, Citizen Member
 Eboni Bugg, MSW, LCSW
 Gloria Manns, MSW, LCSW
 Denise Purgold, MSW, LCSW

- BOARD STAFF PRESENT:** Latasha Austin, Licensing & Operations Manager
 Jaime Hoyle, JD, Executive Director
 Jennifer Lang, Deputy Executive Director- Discipline
 Charlotte Lenart, Deputy Executive Director- Licensing
 Sharniece Vaughan, Licensing Specialist

- DHP STAFF PRESENT:** Erin Barrett, JD, Director of Legislative and Regulatory Affairs, Department of Health Professions
 James Jenkins, RN, Agency Deputy Director, Special Advisor to the Governor on Workforce
 Matt Novak, Policy & Economic Analyst, Department of Health Professions
 Arne Owens, Agency Director, Department of Health Professions

- BOARD COUNSEL PRESENT:** James Rutkowski, Assistant Attorney General

- PUBLIC ATTENDEES:** Debbie Oswalt, Virginia Healthcare Foundation
 Debra Riggs, National Association of Social Workers (NASW)- Virginia Chapter
 Mark Smith, Virginia Society for Clinical Social Work

- CALL TO ORDER:** Mr. Aguirre called the Board Meeting to order at 10:36 a.m.

- ROLL CALL/ESTABLISHMENT OF A QUORUM:** An introduction was done of all Board members and staff. Five members of the Board were present at roll call; therefore, a quorum was established.

- MISSION STATEMENT:** Mr. Aguirre read the mission statement of the Department of Health Professions, which was also the mission statement of the Board.

- ADOPTION OF AGENDA:** The agenda was adopted as presented.

- PUBLIC COMMENT:** No public comment was provided.

- APPROVAL OF MINUTES:** The Board reviewed the minutes from the last meeting held on June 16, 2023.

Motion: Ms. Reynolds made a motion, which Mr. Randolph properly seconded to approve the minutes from the June 16, 2023 meeting as presented.

AGENCY REPORT:

Mr. Owens welcomed Ms. Meadows to the Board. Mr. Owens reported on several accomplishments for the agency. He indicated that staff vacancies have decreased, and the current rate is 3.4%. He reported that the agency had an overall satisfaction rating from applicants of 99%. Mr. Owens reported that a compensation study was conducted, and adjustments were made to compensate staff appropriately.

Mr. Owens also informed the Board of the updates to technology and the use of BOTs by the agency. He also informed the Board that the agency is in process of digitizing case files.

Mr. Owens reported that workforce continues to be the main focus of the Agency and behavioral health is the top focus of the Governor. Mr. Owens also informed the Board about Governor Youngkin's Right Help Right Now initiative to reform the current behavioral health system in Virginia and support individuals in crisis. He informed the Board that both Mr. Jenkins and Ms. Hoyle are part of the workgroup for this initiative.

BOARD CHAIR REPORT:

No report

LEGISLATION & REGULATORY REPORT:

- **Chart of Regulatory Actions**

Ms. Barrett reviewed with the Board the current regulatory actions for the Board of Social work as of August 2, 2023. A copy of the chart was included in the agenda packet.

- **Adoption of Revised Policy on Meetings Held with Electronic Participation Based on Statutory Change**

Ms. Barrett reviewed and discussed the proposed revised electronic participation policy with the Board.

Motion: Ms. Cox made a motion, which Mr. Randolph properly seconded, to revise the policy on meetings held with electronic participation as presented. The motion passed unanimously.

- **Initiation of Periodic Review of Public Participation Guidelines Contained in 18VAC140-11**

Ms. Barrett reviewed the Public Participation Guidelines with the Board and indicated the Agency is required to conduct a periodic review of regulatory chapters every four years. Even though there have been no changes to the chapter, the Board is still required to conduct a periodic review.

Motion: Mr. Randolph made a motion, which Ms. Reynolds properly seconded, to initiate periodic review of 18VAC140-11. The motion passed unanimously.

- **Consideration of Candidate Status for Educational Programs under 18VAC140-30-49**

The Board reviewed the documents included in the agenda packet. Ms. Cox provided an overview of the accreditation process for the Board.

Motion: Ms. Reynolds made a motion, which Ms. Cox properly seconded, to accept initial applicants for supervision who have graduated with a Master's degree from an institution that is in candidacy status with the Council on Social Work Education (CSWE). In addition, the applicant cannot be approved to sit for

the exam until their institution has been granted accredited status by CSWE. The motion passed unanimously.

Board staff are to come back to next meeting with steps that have been taken regarding this matter.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle welcomed Ms. Meadows to the Board. Ms. Hoyle reported that Ms. Allen's second term with the Board expired as of June 30, 2023, but she has not heard if her seat will be replaced. Ms. Allen will remain on the Board until her seat has been replaced.

Ms. Hoyle informed the Board that the ASWB Annual meeting would be held in Memphis, Tennessee the first weekend in November and that any Board members interested in attending should inform Board staff.

Ms. Hoyle informed the Board that she has received no update on a Social Work Board Member being appointed to the Board of Health Professions. Ms. Hoyle indicated she would inquiry to see if Mr. Randolph needs to re-apply.

DISCIPLINE REPORT:

Ms. Lang informed the Board there was no formal discipline report as there has not been enough time from the last meeting in June to the current meeting for enough data to be reported. Ms. Lang did inform the Board that she is currently looking to fill a part-time C.E. auditing position and is looking for an Agency Subordinate for the Board of Social Work.

LICENSING REPORT:

Ms. Lenart report on the licensure statistics and satisfaction survey results for the Board of Social Work. A copy of the report given was included in the agenda packet. In addition, she indicated that over 866 supervisors are currently listed on the supervisor registry. She indicated that staff continue to work hard which is reflective of the 97% satisfaction survey and applications are currently being processed within 7- 10 business days.

Ms. Lenart reported that we would be interviewing for another full-time licensing specialist position in 2 weeks but would be losing Darlene Graham who is a part-time employee at the end of September. Ms. Graham will be retiring for the second time from DHP after having worked for the Board of Nursing for many years before coming to Social Work.

Ms. Lenart report that staff is continuing to use BOT technology to keep applicants informed of their application status and that the online application upload feature continues to be a success.

Lastly, Ms. Lenart reported that a QR code will now appear on all new licenses issued by the Board that will enable clients to directly verify a licensee's credential and disciplinary actions.

COMMITTEE REPORTS:

- **Regulatory Committee**
Mr. Aguirre reported that more Board members are needed to volunteer to join the Regulatory Committee.
- **Ad Hoc Committee**
Mr. Randolph reported that one school has expressed interest in outreach with the Board. Mr. Randolph will develop guidelines and goals for the Committee and bring it back to the Board, as the initial focus was on exams. It will include the target area of the dialogue, what's to be discussed, a plan to invited ASWB and

potentially having Board members volunteer to do outreach at schools in their geological area.

- **Election of Officers**

The Board reviewed the slate of candidates presented by the Nominations Committee at the last Board meeting held on June 16, 2023. No new nominations were presented from the floor.

Motion: Ms. Cox made a motion, which Ms. Reynolds properly seconded, to re-elect Mr. Aguirre as chair. The motion passed unanimously.

Motion: Ms. Reynolds made a motion, which Mr. Randolph properly seconded, to elect Ms. Bugg as vice-chair. The motion passed unanimously.

NEW BUSINESS:

The Board reviewed and discussed House Bill 2231, Code of Virginia 54.1-2400.02, and Code of Virginia 54.1-2506.1, that were included in the agenda packet, as Board staff requested clarification as to what contact information should be provided on the supervisory registry. Major concerns were raised by the Board about licensees' personal information being on the registry. It was suggested that persons could use google and other professional resources to search for personal contact information for supervisors listed on the registry. No changes were recommended by the Board to the registry.

Ms. Hoyle informed the Board to save the date for October 13, 2023, for the Department of Health Professions Board Member Training. The training is for both new and old board members. The training will take place at the Department of Health Professions headquarters. More information about the training to come.

NEXT MEETING DATES:

The next meeting is scheduled for Friday, November 3, 2023

ADJOURNMENT:

Mr. Aguirre adjourned the meeting at 11:45 a.m.

Canek Aguirre, Citizen Member, Chair

Jaime Hoyle, JD, Executive Director

Virginia's Licensed Master's Social Worker Survey: 2023

Healthcare Workforce Data Center

August 2023

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/>

More than 800 Licensed Master's 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 their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

Arne E. Owens, MS
Director

James L. Jenkins, Jr., RN
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

Saga Balla
Intern

Virginia Board of Social Work

Chairperson

Canek Aguirre
Alexandria

Members

Angelia Allen
Portsmouth

Eboni C. Bugg, MSW, LCSW
Albemarle

Elke Cox, MSW, LCSW
Lynchburg

Gloria Manns, MSW, LCSW
Roanoke

Martha A. Meadows, MA, LCSW
Lynchburg

Denise Purgold, MSW, LCSW
Henrico

Sherwood Randolph, Jr., MSW, LCSW
Richmond

Teresa Reynolds, MSW, LCSW
Cumberland

Executive Director

Jaime H. Hoyle, JD

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The Licensed Master's Social Worker Survey At a Glance:

Licensees

| | |
|-----------------------|-------|
| Licensees: | 1,301 |
| Virginia's Workforce: | 879 |
| FTEs: | 830 |

Work Location

| | |
|----------------|-----|
| Northern VA: | 43% |
| Central VA: | 26% |
| Hampton Roads: | 16% |

Micro

| | |
|--------------------|-----|
| CSW Concentration: | 67% |
| Work at Agency: | 73% |
| Pursuing LCSW: | 77% |

Survey Response Rate

| | |
|-------------------------|-----|
| All Licensees: | 64% |
| Renewing Practitioners: | 93% |

Supervision

| | |
|---------------------|-----|
| Supervised: | 61% |
| Supervisor w/ LCSW: | 52% |

Job Turnover

| | |
|-----------------------|-----|
| New Location: | 39% |
| Employed Over 2 Yrs.: | 37% |

Age

| | |
|----------------|-----|
| Median Age: | 39 |
| % Under 40: | 52% |
| % 55 and Over: | 15% |

Macro

| | |
|----------------------|-----|
| Macro Concentration: | 23% |
| Work at Agency: | 73% |
| Pursuing LCSW: | 57% |

Time Allocation

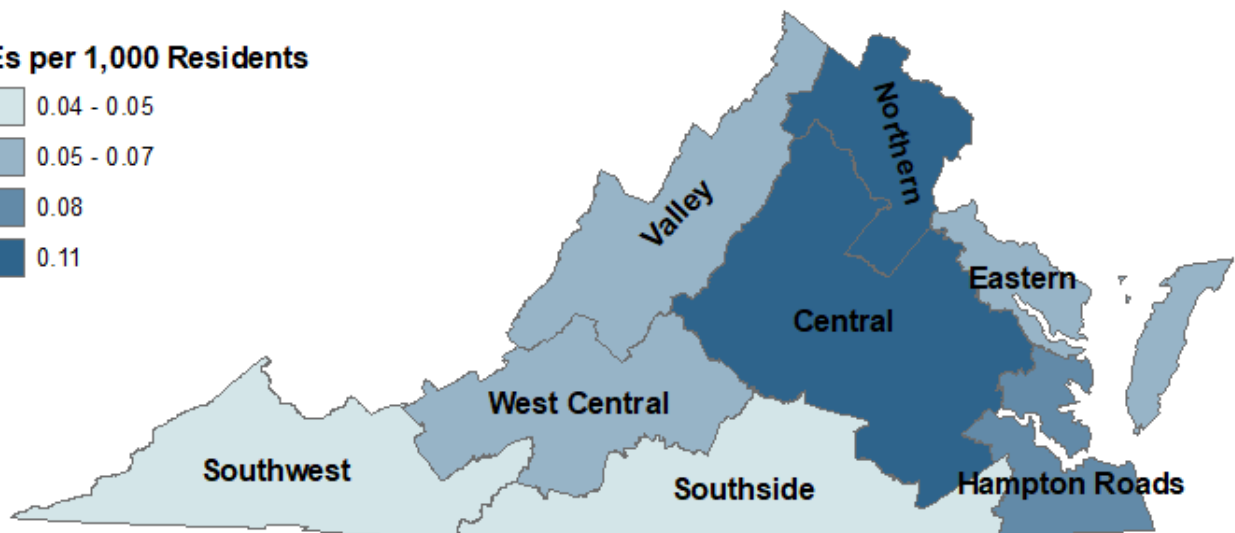
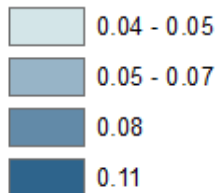
| | |
|---------------------|---------|
| Clinical Work: | 41%-50% |
| Administration: | 11%-20% |
| Clinical Work Role: | 41% |

Source: Va. Healthcare Workforce Data Center

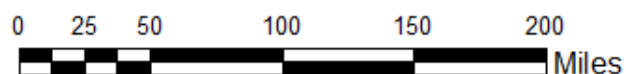
Full-Time Equivalency Units Provided by Licensed Master's Social Workers per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2023 Licensed Master’s Social Worker (LMSW) Survey. Among all LMSWs, 833 voluntarily participated in this survey, an increase of 16% compared to the 717 LMSWs who participated in the 2022 survey. The Virginia Department of Health Professions’ Healthcare Workforce Data Center (HWDC) administers this survey during the license renewal process, which takes place every June for LMSWs. Over the past year, the total number of licensees in Virginia’s LMSW workforce has increased by 13% from 1,154 to 1,301. At the same time, the overall survey response rate among all licensees has increased from 62% to 64%. On the other hand, the survey response rate among renewing practitioners has fallen from 95% to 93%.

The HWDC estimates that 879 LMSWs participated in Virginia’s workforce during the survey period. For the purposes of this survey, the LMSW workforce is defined as those LMSWs who worked at least a portion of the year in the state, but it does not include LMSWs who live in the state and intend to work as an LMSW at some point in the future. Over the past year, Virginia’s LMSW workforce provided 830 “full-time equivalency units,” which the HWDC defines simply as working 2,000 hours per year.

Nearly one-quarter of all LMSWs pursued a Master’s in Social Work with a macro concentration, and nearly three-quarters of LMSWs with a macro concentration work at an agency. Among the group of LMSWs with a macro concentration who work at an agency, two-thirds provide clinical social work services through their employment at that agency, 30% of which are exempt from licensing requirements. More than two out of every five LMSWs provide case management services at their agency, while another 24% offer assessment services. Nearly three out of every five LMSWs with a macro concentration intend to eventually pursue licensure as a clinical social worker. More than one-quarter of all LMSWs with a macro concentration are registered as a supervisee in social work.

Two-thirds of all LMSWs pursued a Master’s in Social Work with a micro concentration, and nearly three-quarters of LMSWs with a micro concentration work at an agency. Among the group of LMSWs with a micro concentration who work at an agency, 82% provide clinical social work services through their employment at that agency, 13% of which are exempt from licensing requirements. Nearly two out of every five LMSWs provide treatment services at their agency, while another 25% offer assessment services. More than three-quarters of all LMSWs with a micro concentration intend to eventually pursue licensure as a clinical social worker. More than half of all LMSWs with a micro concentration are registered as a supervisee in social work.

The median age of the LMSW workforce is 39. More than half of this workforce is under the age of 40, while 15% of LMSWs are age 55 or over. Among all LMSWs who have a primary work location in Virginia, 96% work in a metro area, 3% work in an urban area, and 2% work in a rural area. More than two out of every five LMSWs obtained a LMSW license because they believed it to be a prerequisite for licensure as a clinical social worker. More than three out of every five LMSWs have a supervisor on site, and 52% of all supervisors are LCSWs.

LMSWs spend approximately half of their time performing clinical work, and 41% of LMSWs fill a clinical work role, defined as spending at least 60% of their time in clinical work activities. Another 7% of LMSWs fill a macro work role, while 6% of LMSWs fill an administrative role. Nearly two out of every five LMSWs have started work at either a new primary or secondary work location at some point in the past year. Meanwhile, 37% of LMSWs have worked at their primary work location for more than two years. More than two out of every five LMSWs have a primary work location in Northern Virginia, while another 26% have a primary work location in Central Virginia.

A Closer Look:

| Licensees | | |
|------------------------|--------------|-------------|
| License Status | # | % |
| Renewing Practitioners | 770 | 59% |
| New Licensees | 322 | 25% |
| Non-Renewals | 209 | 16% |
| All Licensees | 1,301 | 100% |

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing LMSWs, 93% submitted a survey. These represent 64% of the 1,301 LMSWs who held a license at some point during the survey period.

Definitions

- The Survey Period:** The survey was conducted in June 2023.
- Target Population:** All LMSWs who held a Virginia license at some point between July 2022 and June 2023.
- Survey Population:** The survey was available to LMSWs who renewed their licenses online. It was not available to those who did not renew, including LMSWs newly licensed in 2023.

| Response Rates | | | |
|---------------------|-----------------|-------------|---------------|
| Statistic | Non Respondents | Respondents | Response Rate |
| By Age | | | |
| Under 30 | 81 | 105 | 57% |
| 30 to 34 | 106 | 142 | 57% |
| 35 to 39 | 73 | 153 | 68% |
| 40 to 44 | 55 | 120 | 69% |
| 45 to 49 | 52 | 92 | 64% |
| 50 to 54 | 37 | 81 | 69% |
| 55 to 59 | 28 | 63 | 69% |
| 60 and Over | 36 | 77 | 68% |
| Total | 468 | 833 | 64% |
| New Licenses | | | |
| Issued in Past Year | 204 | 118 | 37% |
| Metro Status | | | |
| Non-Metro | 21 | 40 | 66% |
| Metro | 280 | 586 | 68% |
| Not in Virginia | 167 | 207 | 55% |

Source: Va. Healthcare Workforce Data Center

| Response Rates | |
|------------------------------|------------|
| Completed Surveys | 833 |
| Response Rate, All Licensees | 64% |
| Response Rate, Renewals | 93% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LMSWs

Number: 1,301
 New: 25%
 Not Renewed: 16%

Response Rates

All Licensees: 64%
 Renewing Practitioners: 93%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LMSW Workforce: 879
 FTEs: 830

Utilization Ratios

Licensees in VA Workforce: 68%
 Licensees per FTE: 1.57
 Workers per FTE: 1.06

Source: Va. Healthcare Workforce Data Center

Definitions

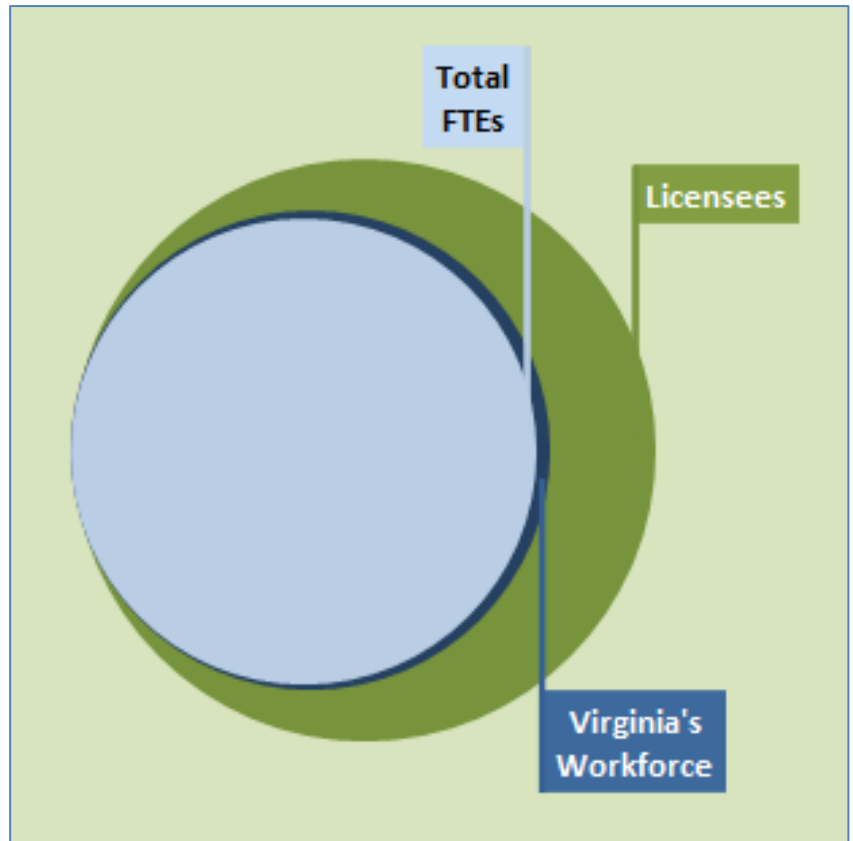
- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year. It does not include those who intend to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) 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 LMSW Workforce

| Status | # |
|----------------------|-------|
| Virginia's Workforce | 879 |
| Total FTEs | 830 |
| Licensees | 1,301 |

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 | | |
|--------------------|------------|-------------|
| Age | # | % |
| Under 30 | 128 | 15% |
| 30 to 34 | 184 | 21% |
| 35 to 39 | 146 | 17% |
| 40 to 44 | 117 | 13% |
| 45 to 49 | 92 | 10% |
| 50 to 54 | 80 | 9% |
| 55 to 59 | 55 | 6% |
| 60 and Over | 78 | 9% |
| Total | 880 | 100% |

Source: Va. Healthcare Workforce Data Center

The median age of the LMSW workforce is 39. Among all LMSWs, 52% are under the age of 40, while 15% are age 55 or over.

At a Glance:

Age

Median Age: 39
 % Under 40: 52%
 % 55 or Over: 15%

Location

Metro: 96%
 Urban: 3%
 Rural: 2%

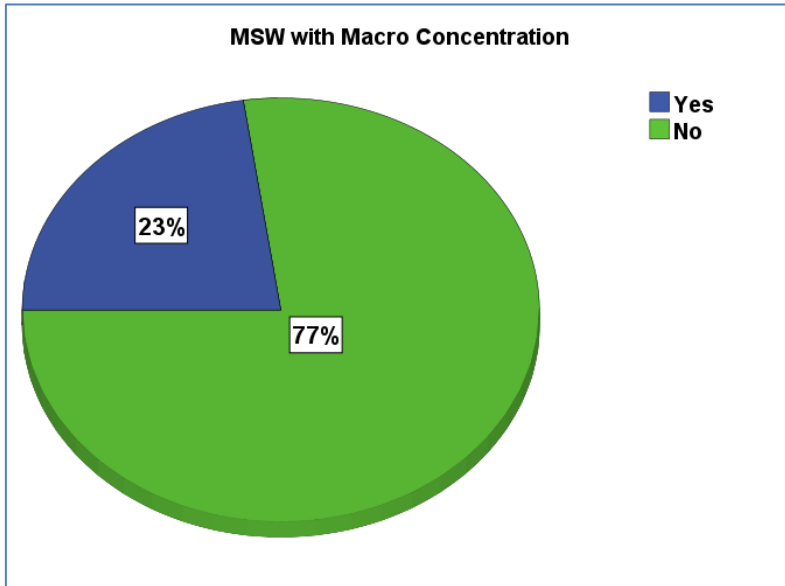
Source: Va. Healthcare Workforce Data Center

| USDA Rural/Urban Continuum | | |
|---|------------|-------------|
| Area | # | % |
| Metro Counties | | |
| Metro, 1 Million+ | 697 | 84% |
| Metro, 250,000 to 1 Million | 30 | 4% |
| Metro, 250,000 or Less | 64 | 8% |
| Non-Metro Counties | | |
| Urban, Pop. 20,000+, Metro Adjacent | 5 | 1% |
| Urban, Pop. 2,500-19,999, Metro Adjacent | 6 | 1% |
| Urban, Pop. 2,500-19,999, Non-Adjacent | 11 | 1% |
| Rural, Metro Adjacent | 9 | 1% |
| Rural, Non-Adjacent | 4 | 0% |
| Total | 826 | 100% |

Source: Va. Healthcare Workforce Data Center

Among all LMSWs who have a primary work location in Virginia, 96% work in a metro area. Another 2% of LMSWs have a primary work location in a rural area.

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Macro
% Concentration: 23%

Licensure
Future LCSW: 57%
Supervisee: 27%

Source: Va. Healthcare Workforce Data Center

| Macro Concentration | | |
|---------------------|------------|-------------|
| Response | # | % |
| Yes | 198 | 23% |
| No | 676 | 77% |
| Total | 874 | 100% |

Source: Va. Healthcare Workforce Data Center

Nearly one out of every four LMSWs pursued a MSW with a macro concentration.

Nearly three out of every five LMSWs with a macro concentration intend to eventually pursue licensure as a clinical social worker.

| Intention to Pursue LCSW | | |
|--------------------------|------------|-------------|
| Response | # | % |
| Yes | 110 | 57% |
| No | 84 | 43% |
| Total | 194 | 100% |

Source: Va. Healthcare Workforce Data Center

More than one-quarter of all LMSWs with a macro concentration are registered with the Board as a supervisee in Social Work.

| Registered as a Supervisee | | |
|----------------------------|------------|-------------|
| Response | # | % |
| Yes | 53 | 27% |
| No | 141 | 73% |
| Total | 194 | 100% |

Source: Va. Healthcare Workforce Data Center

Agency Employment for LMSWs with Macro Concentration

At a Glance:

Agency

Work at Agency: 73%
% CSW Services: 66%

Services

Case Management: 41%
Assessment: 24%
Treatment: 18%

Source: Va. Healthcare Workforce Data Center

Works at Agency

| Response | # | % |
|--------------|------------|-------------|
| Yes | 145 | 73% |
| No | 53 | 27% |
| Total | 198 | 100% |

Source: Va. Healthcare Workforce Data Center

Nearly three out of every four LMSWs with a macro concentration work at an agency.

Provisioning of CSW Services

| Response | # | % |
|--------------|------------|-------------|
| Yes | 95 | 66% |
| No | 50 | 34% |
| Total | 145 | 100% |

Source: Va. Healthcare Workforce Data Center

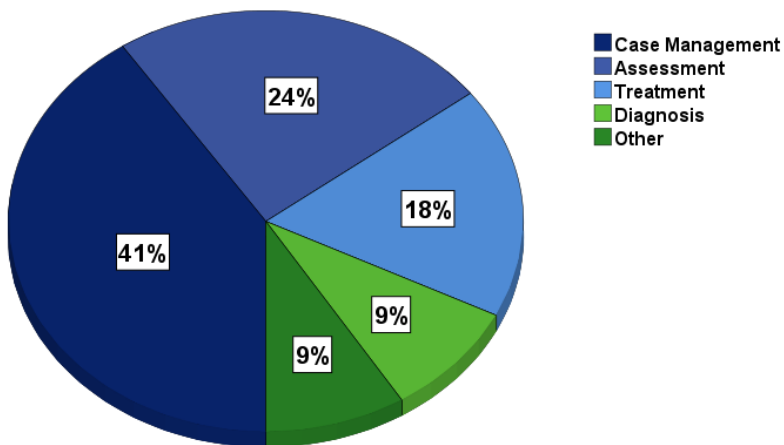
Clinical Services Offered

| Service | # | % |
|-----------------|-----------|-------------|
| Case Management | 39 | 41% |
| Assessment | 23 | 24% |
| Treatment | 17 | 18% |
| Diagnosis | 8 | 9% |
| Other | 8 | 9% |
| Total | 95 | 100% |

Source: Va. Healthcare Workforce Data Center

Two-thirds of all LMSWs who work at an agency provide clinical social work services through their employment at their agency.

Clinical Services Offered at Agency for LMSWs with Macro Concentration



Source: Va. Healthcare Workforce Data Center

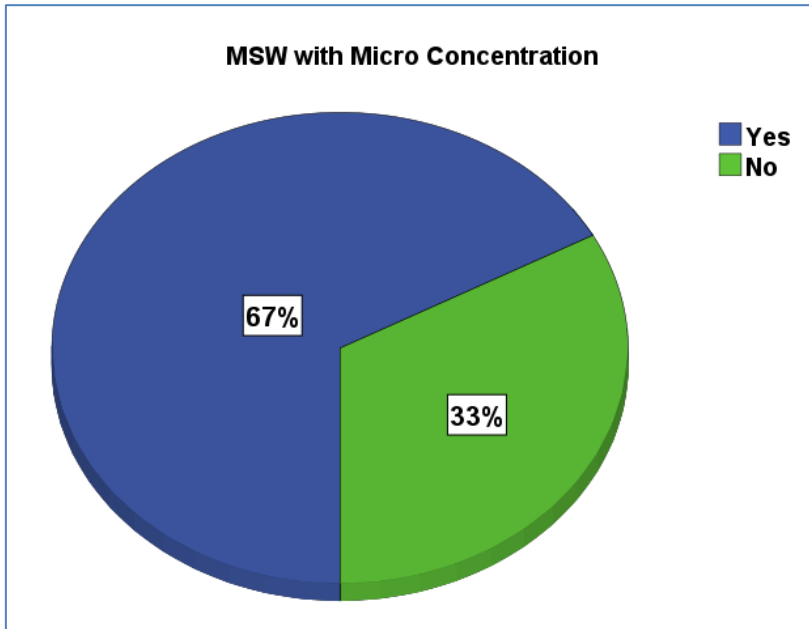
Three out of every ten LMSWs with a macro concentration who perform clinical social work services are employed at an agency that is exempt from licensure.

Licensure Exemption

| Response | # | % |
|--------------|-----------|-------------|
| Yes | 27 | 30% |
| No | 63 | 70% |
| Total | 90 | 100% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Micro
% Concentration: 67%

Licensure
Future LCSW: 77%
Supervisee: 53%

Source: Va. Healthcare Workforce Data Center

| Micro Concentration | | |
|---------------------|------------|-------------|
| Response | # | % |
| Yes | 573 | 67% |
| No | 282 | 33% |
| Total | 855 | 100% |

Source: Va. Healthcare Workforce Data Center

Two-thirds of all LMSWs pursued a MSW with a micro concentration.

More than three out of every four LMSWs with a micro concentration intend to eventually pursue licensure as a clinical social worker.

| Intention to Pursue LCSW | | |
|--------------------------|------------|-------------|
| Response | # | % |
| Yes | 417 | 77% |
| No | 126 | 23% |
| Total | 543 | 100% |

Source: Va. Healthcare Workforce Data Center

More than one-quarter of LMSWs with a micro concentration are registered with the Board as a supervisee in Social Work.

| Registered as a Supervisee | | |
|----------------------------|------------|-------------|
| Response | # | % |
| Yes | 288 | 53% |
| No | 256 | 47% |
| Total | 544 | 100% |

Source: Va. Healthcare Workforce Data Center

Agency Employment for LMSWs with Micro Concentration

At a Glance:

Agency

Work at Agency: 73%
% CSW Services: 82%

Services

Treatment: 39%
Assessment: 25%
Case Management: 18%

Source: Va. Healthcare Workforce Data Center

Works at Agency

| Response | # | % |
|--------------|------------|-------------|
| Yes | 415 | 73% |
| No | 151 | 27% |
| Total | 566 | 100% |

Source: Va. Healthcare Workforce Data Center

Nearly three out of every four LMSWs with a micro concentration are employed at an agency.

Provisioning of CSW Services

| Response | # | % |
|--------------|------------|-------------|
| Yes | 337 | 82% |
| No | 75 | 18% |
| Total | 412 | 100% |

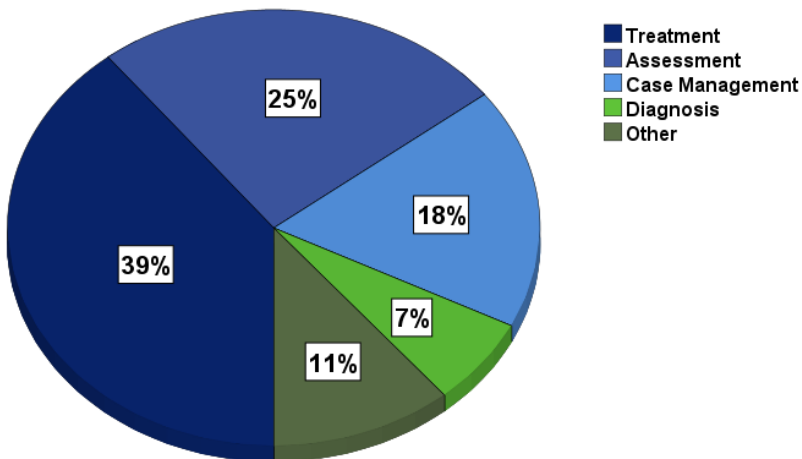
Source: Va. Healthcare Workforce Data Center

Clinical Services Offered

| Service | # | % |
|-----------------|------------|-------------|
| Treatment | 130 | 39% |
| Assessment | 83 | 25% |
| Case Management | 59 | 18% |
| Diagnosis | 21 | 7% |
| Other | 37 | 11% |
| Total | 330 | 100% |

Source: Va. Healthcare Workforce Data Center

Clinical Services Offered at Agency for LMSWs with Micro Concentration



Source: Va. Healthcare Workforce Data Center

More than four out of every five LMSWs with a micro concentration who work at an agency provide clinical social work services through their employment at their agency.

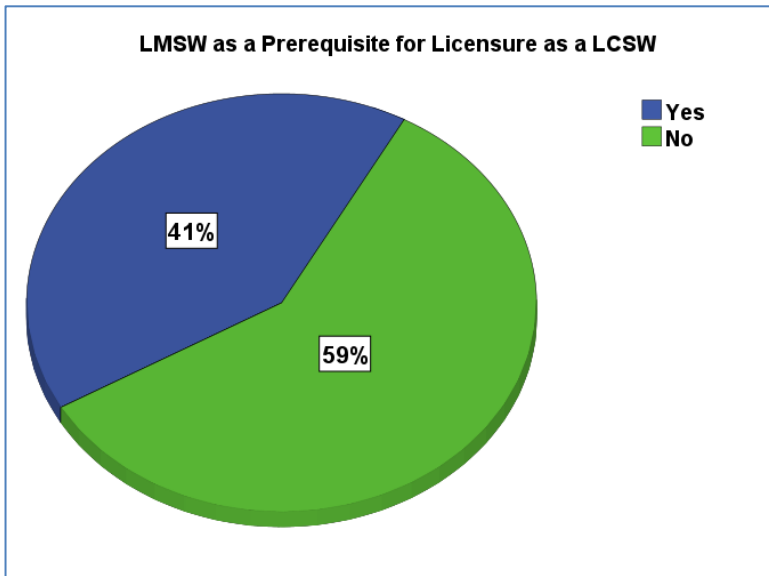
More than one out of every ten LMSWs with a micro concentration who perform clinical social work services are employed at an agency that is exempt from licensure.

Licensure Exemption

| Response | # | % |
|--------------|------------|-------------|
| Yes | 44 | 13% |
| No | 282 | 87% |
| Total | 326 | 100% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Prerequisite
Prerequisite for LCSW: 41%

Source: Va. Healthcare Workforce Data Center

| LMSW as a Prerequisite for LCSW | | |
|---------------------------------|------------|-------------|
| Response | # | % |
| Yes | 355 | 41% |
| No | 504 | 59% |
| Total | 859 | 100% |

Source: Va. Healthcare Workforce Data Center

More than two out of every five LMSWs pursued a MSW because they believed that it was a prerequisite for licensure as a clinical social worker.

At a Glance:

Supervision

Supervisor on Site: 61%

Credential of Supervisor

LCSW: 52%

RN: 14%

LMSW: 7%

Source: Va. Healthcare Workforce Data Center

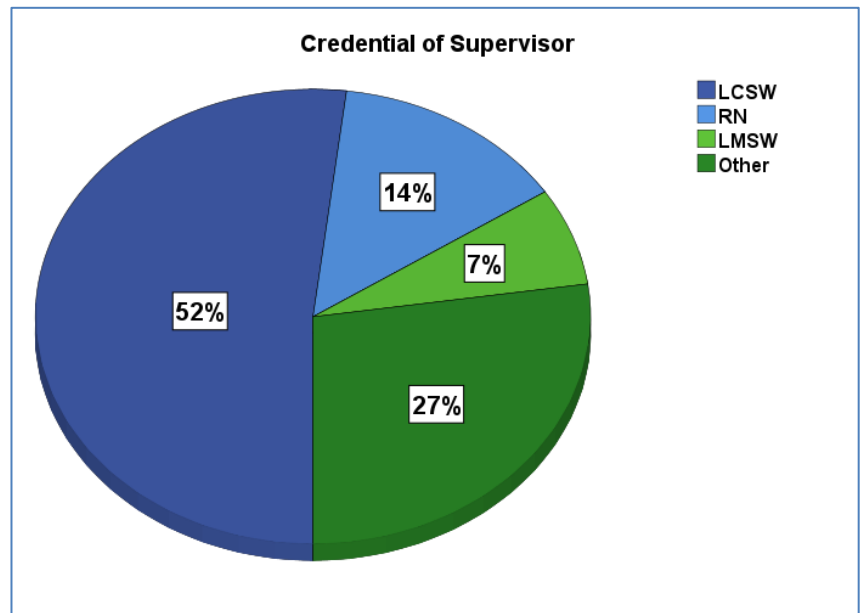
A Closer Look:

| Supervisor on Site | | |
|--------------------|------------|-------------|
| Response | # | % |
| Yes | 496 | 61% |
| No | 311 | 39% |
| Total | 807 | 100% |

Source: Va. Healthcare Workforce Data Center

More than three out of every five LMSWs have a supervisor on site at their place of employment.

More than half of all LMSWs have a supervisor with a LCSW. Of those who reported "Other" as their supervisor's profession or credential, 15% of supervisors were in the education field, and 13% held an MSW.

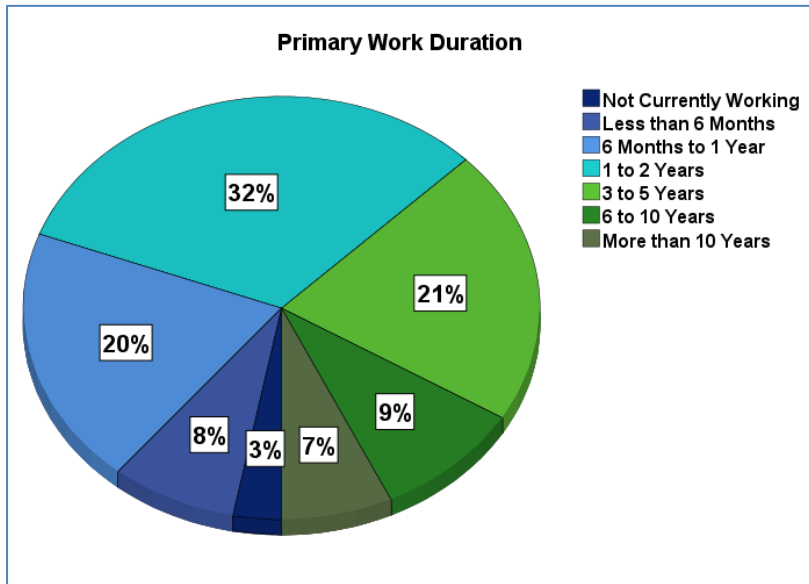


Source: Va. Healthcare Workforce Data Center

| Credential of Supervisor | | |
|--------------------------|------------|-------------|
| Credential | # | % |
| LCSW | 426 | 52% |
| RN | 113 | 14% |
| LMSW | 57 | 7% |
| LPC | 26 | 3% |
| MD | 6 | 1% |
| LCP | 1 | 0% |
| Other | 191 | 23% |
| Total | 820 | 100% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Turnover & Tenure

New Location: 39%

Over 2 Years: 37%

Over 2 Yrs., 2nd Location: 31%

Source: Va. Healthcare Workforce Data Center

More than one-third of all LMSWs have worked at their primary work location for more than two years.

| Location Tenure | | | | |
|---|------------|-------------|------------|-------------|
| Tenure | Primary | | Secondary | |
| | # | % | # | % |
| Not Currently Working at This Location | 26 | 3% | 37 | 10% |
| Less than 6 Months | 68 | 8% | 45 | 13% |
| 6 Months to 1 Year | 171 | 20% | 57 | 16% |
| 1 to 2 Years | 276 | 32% | 108 | 30% |
| 3 to 5 Years | 182 | 21% | 60 | 17% |
| 6 to 10 Years | 81 | 9% | 34 | 9% |
| More than 10 Years | 60 | 7% | 18 | 5% |
| Subtotal | 865 | 100% | 360 | 100% |
| Did Not Have Location | 0 | | 499 | |
| Item Missing | 13 | | 19 | |
| Total | 879 | | 879 | |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Concentration

| | |
|----------------|-----|
| Top Region: | 43% |
| Top 3 Regions: | 86% |
| Lowest Region: | 1% |

Locations

| | |
|-------------------|-----|
| 2 or More (Now*): | 36% |
|-------------------|-----|

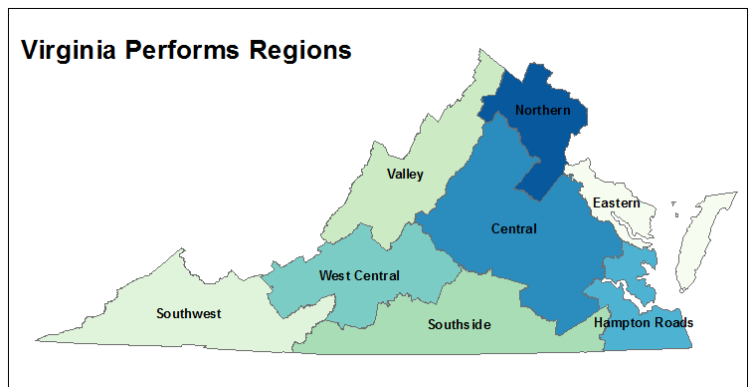
Source: Va. Healthcare Workforce Data Center

Nearly nine out of every ten LMSWs in the state work in Northern Virginia, Central Virginia, or Hampton Roads.

A Closer Look:

| Regional Distribution of Work Locations | | | | |
|---|------------------|-------------|--------------------|-------------|
| Virginia Performs Region | Primary Location | | Secondary Location | |
| | # | % | # | % |
| Central | 223 | 26% | 78 | 21% |
| Eastern | 10 | 1% | 7 | 2% |
| Hampton Roads | 136 | 16% | 68 | 18% |
| Northern | 365 | 43% | 136 | 37% |
| Southside | 10 | 1% | 1 | 0% |
| Southwest | 17 | 2% | 14 | 4% |
| Valley | 32 | 4% | 13 | 4% |
| West Central | 32 | 4% | 14 | 4% |
| Virginia Border State/D.C. | 14 | 2% | 8 | 2% |
| Other U.S. State | 7 | 1% | 30 | 8% |
| Outside of the U.S. | 0 | 0% | 2 | 1% |
| Total | 846 | 100% | 371 | 100% |
| Item Missing | 31 | | 9 | |

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than one-third of all LMSWs currently have multiple work locations.

| Number of Work Locations | | |
|--------------------------|---------------------|-------------|
| Locations | Work Locations Now* | |
| | # | % |
| 0 | 31 | 4% |
| 1 | 531 | 60% |
| 2 | 272 | 31% |
| 3 | 34 | 4% |
| 4 | 7 | 1% |
| 5 | 0 | 0% |
| 6 or More | 4 | 1% |
| Total | 879 | 100% |

*At the time of survey completion, June 2023.

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

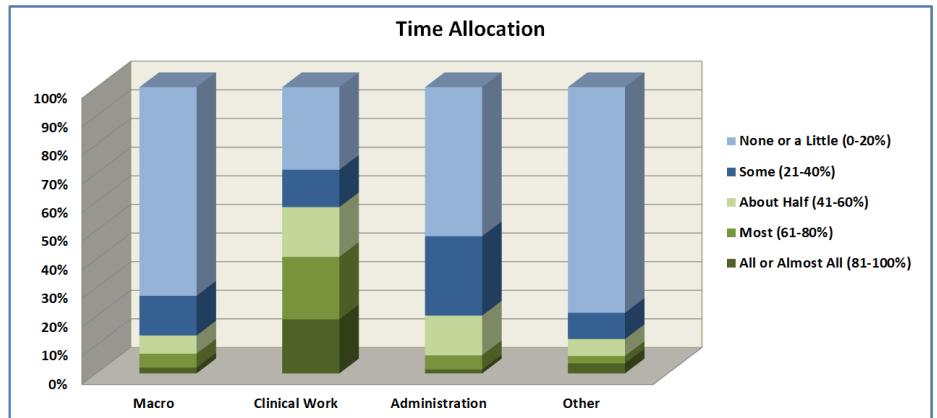
Macro: 0%-10%
 Clinical Work: 41%-50%
 Administration: 11%-20%
 Other: 0%-10%

Roles

Macro: 7%
 Clinical Work: 41%
 Administration: 6%
 Other: 6%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

LMSWs spend approximately half of their time performing clinical work. In fact, 41% of all LMSWs fill a clinical work role, defined as spending more than 60% of their time on clinical work activities.

| Time Allocation | | | | |
|------------------------------------|-------|---------------|--------|-------|
| Time Spent | Macro | Clinical Work | Admin. | Other |
| All or Almost All (81-100%) | 2% | 19% | 1% | 4% |
| Most (61-80%) | 5% | 22% | 5% | 3% |
| About Half (41-60%) | 6% | 17% | 14% | 6% |
| Some (21-40%) | 14% | 13% | 28% | 9% |
| None or a Little (0-20%) | 73% | 29% | 52% | 79% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

FTEs

Total: 830
 FTEs/1,000 Residents¹: 0.096
 Average: 0.95

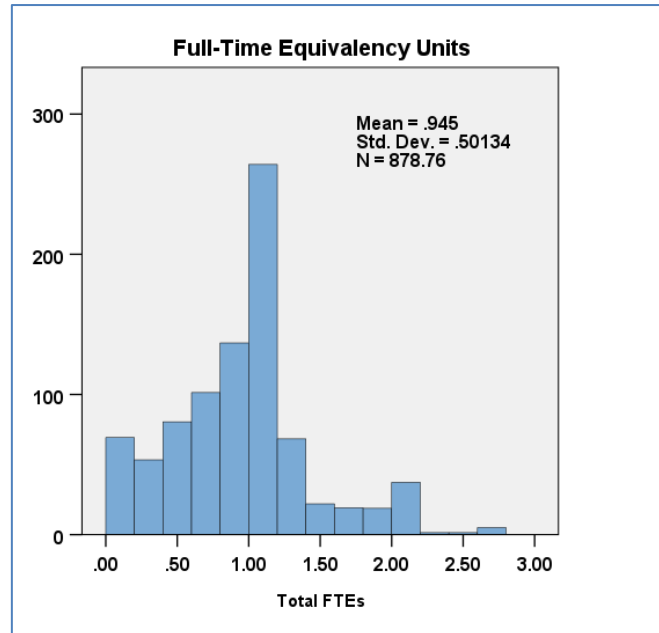
Age & Gender Effect

Age, *Partial Eta*²: Small

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

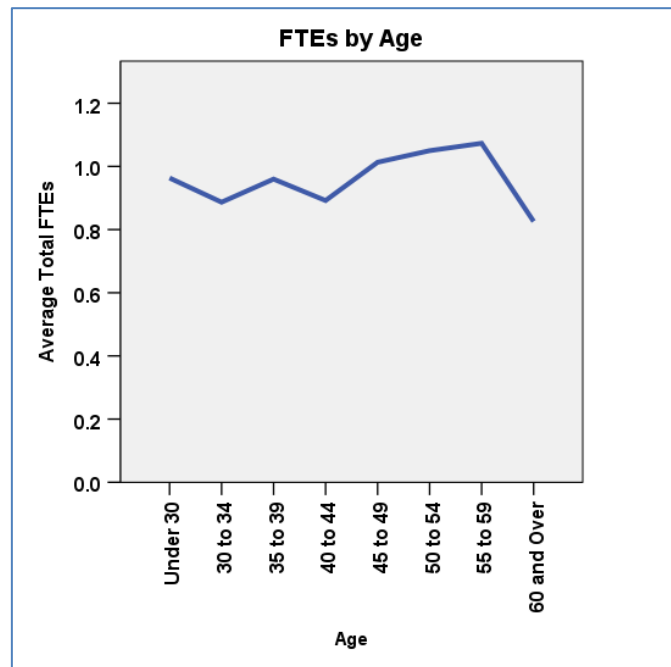


Source: Va. Healthcare Workforce Data Center

The typical (median) LMSW provided 0.99 FTEs over the past year, or approximately 40 hours per week for 50 weeks. Statistical tests indicate that FTEs vary by age.

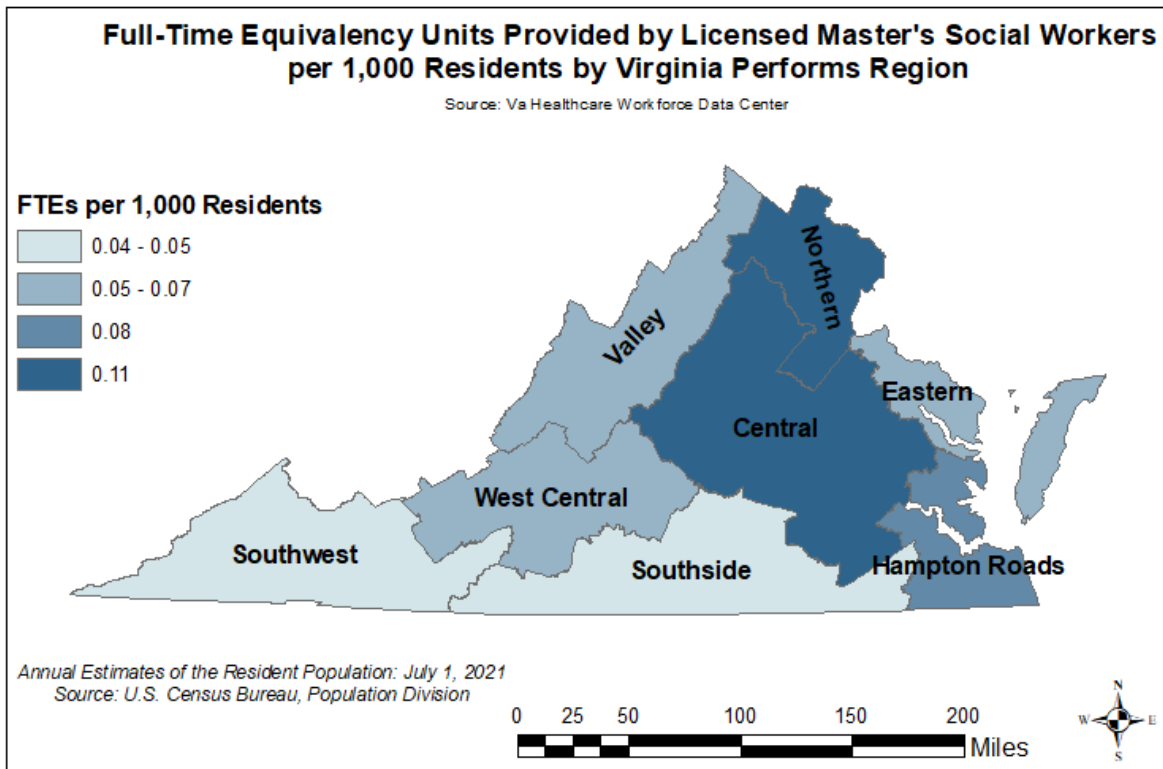
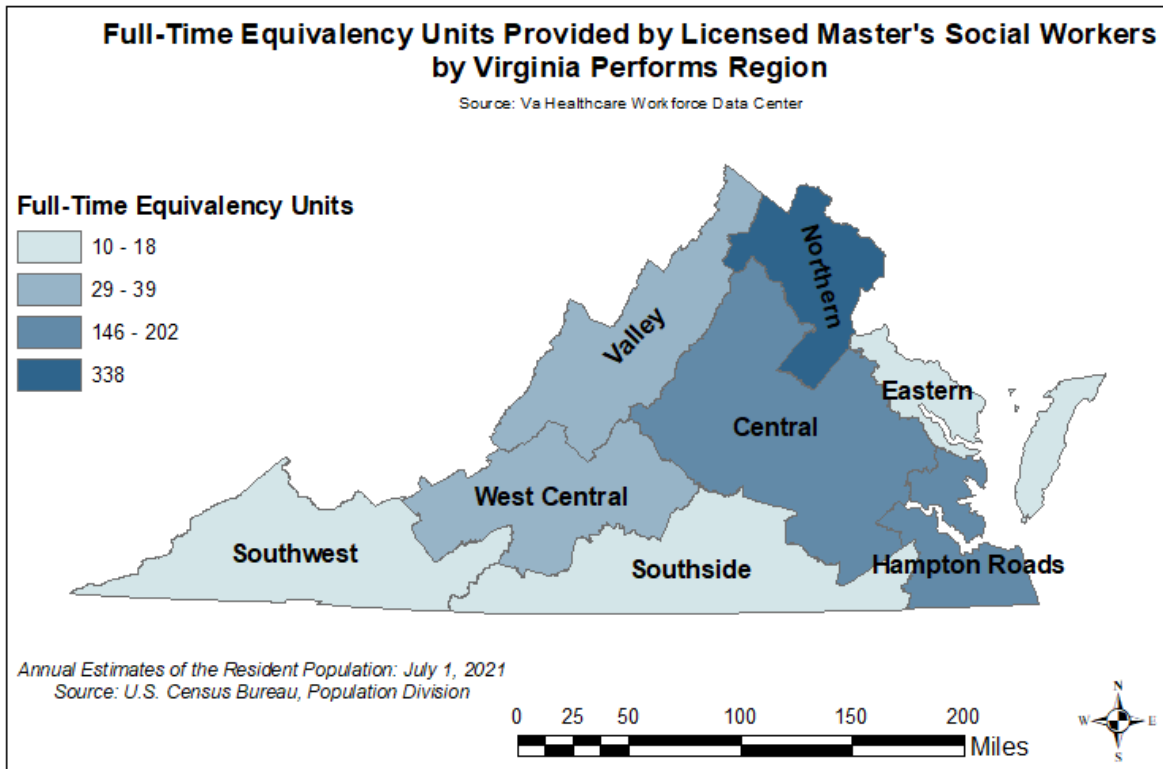
| Full-Time Equivalency Units | | |
|-----------------------------|---------|--------|
| Age | Average | Median |
| Age | | |
| Under 30 | 0.96 | 1.00 |
| 30 to 34 | 0.89 | 0.96 |
| 35 to 39 | 0.96 | 0.97 |
| 40 to 44 | 0.89 | 0.95 |
| 45 to 49 | 1.01 | 1.05 |
| 50 to 54 | 1.05 | 1.05 |
| 55 to 59 | 1.07 | 1.09 |
| 60 and Over | 0.83 | 0.83 |

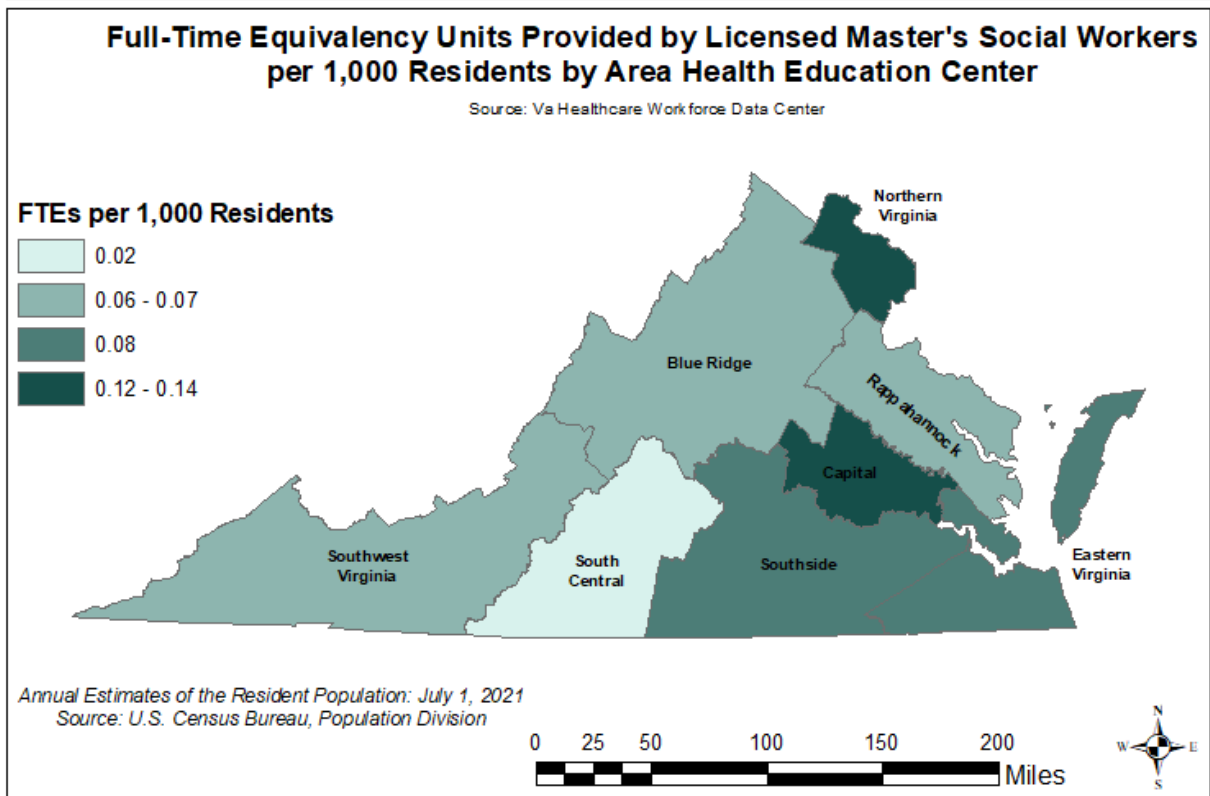
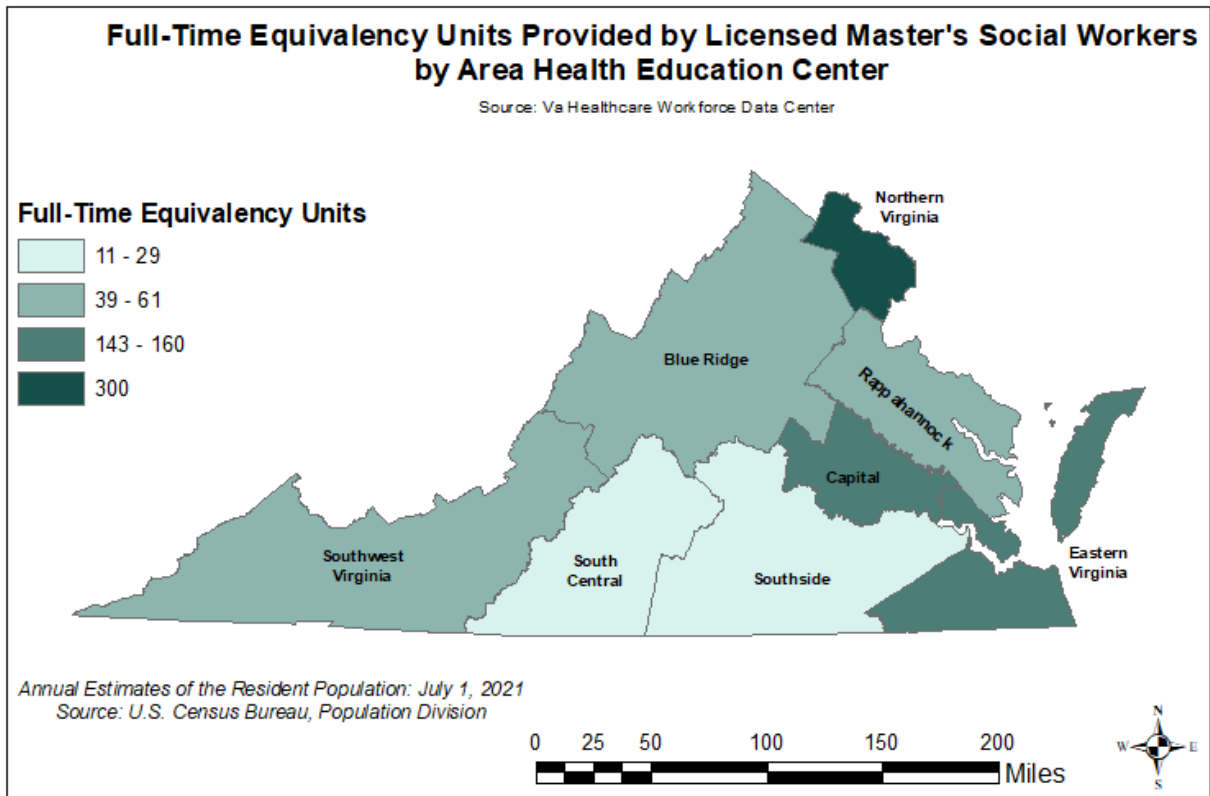
Source: Va. Healthcare Workforce Data Center

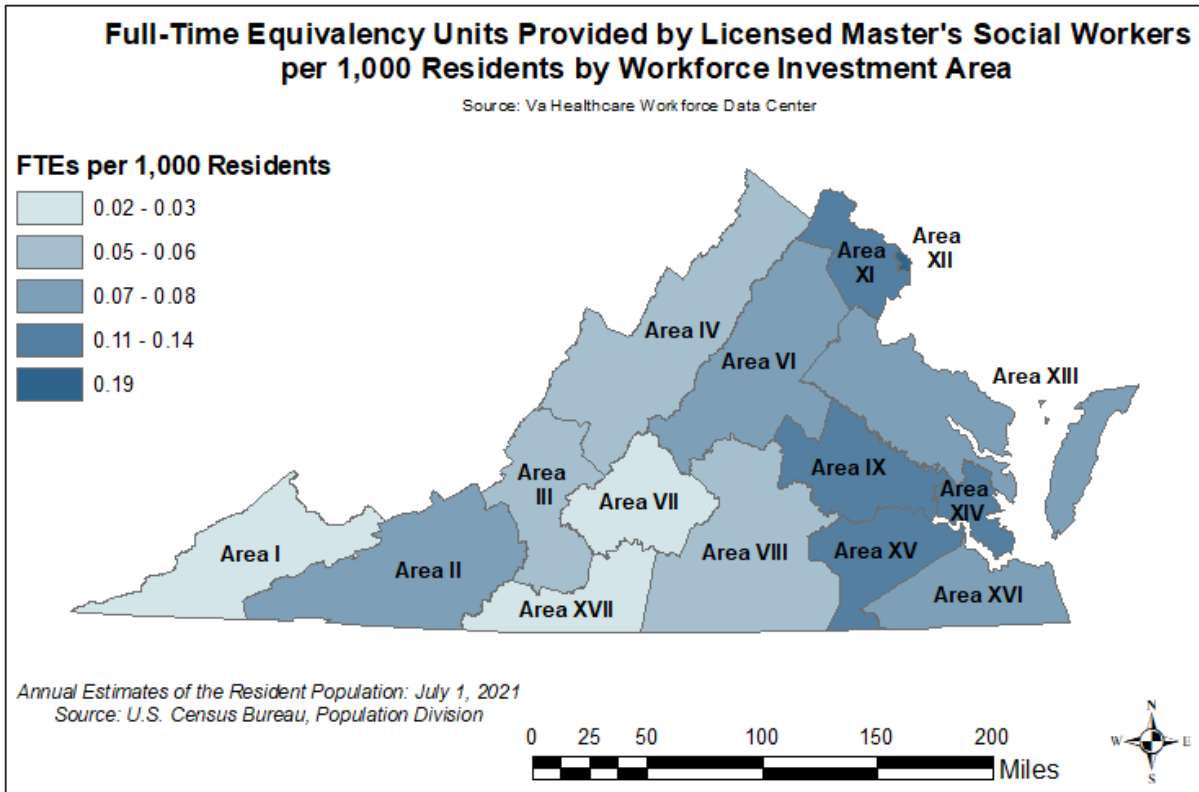
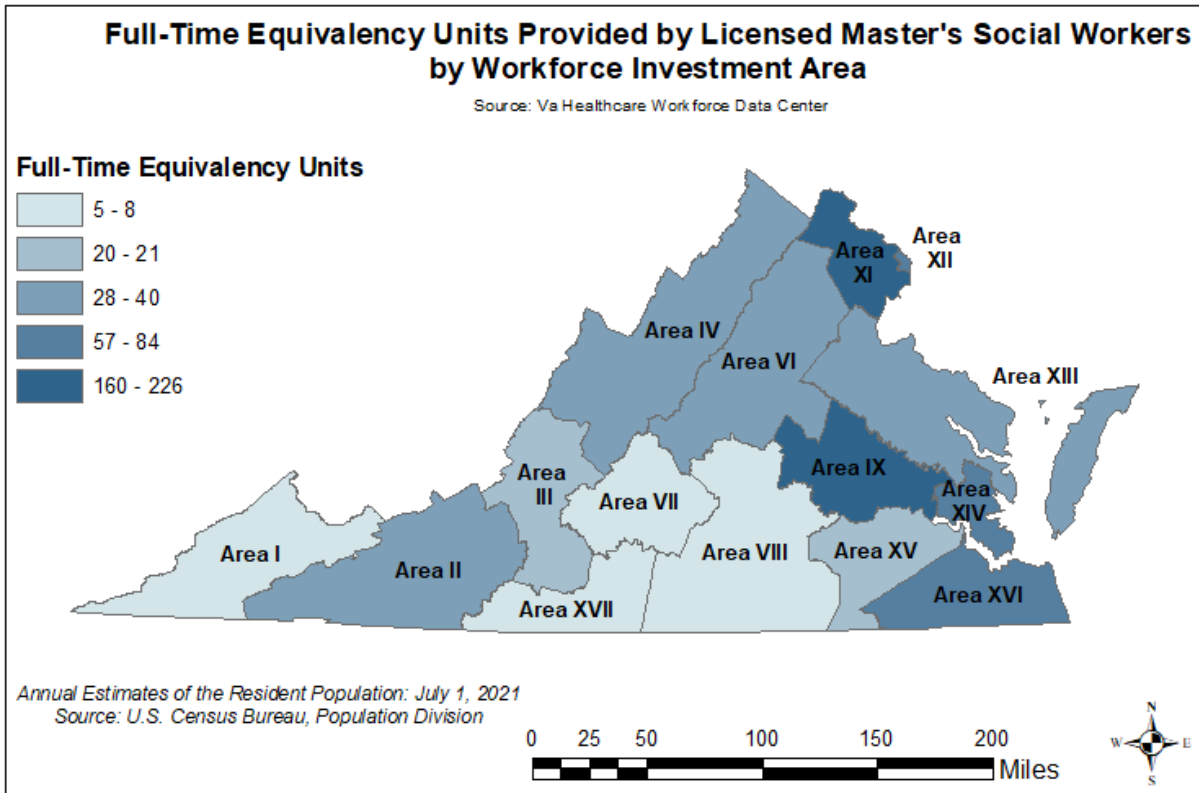


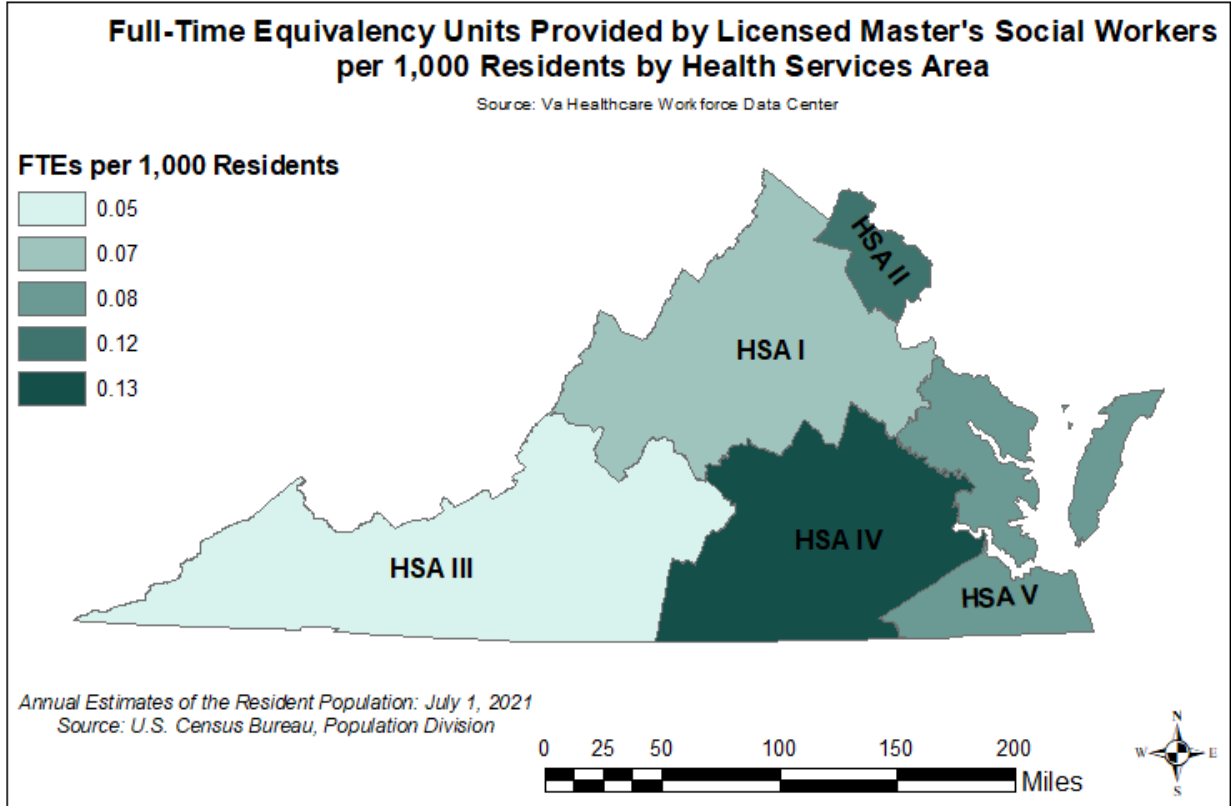
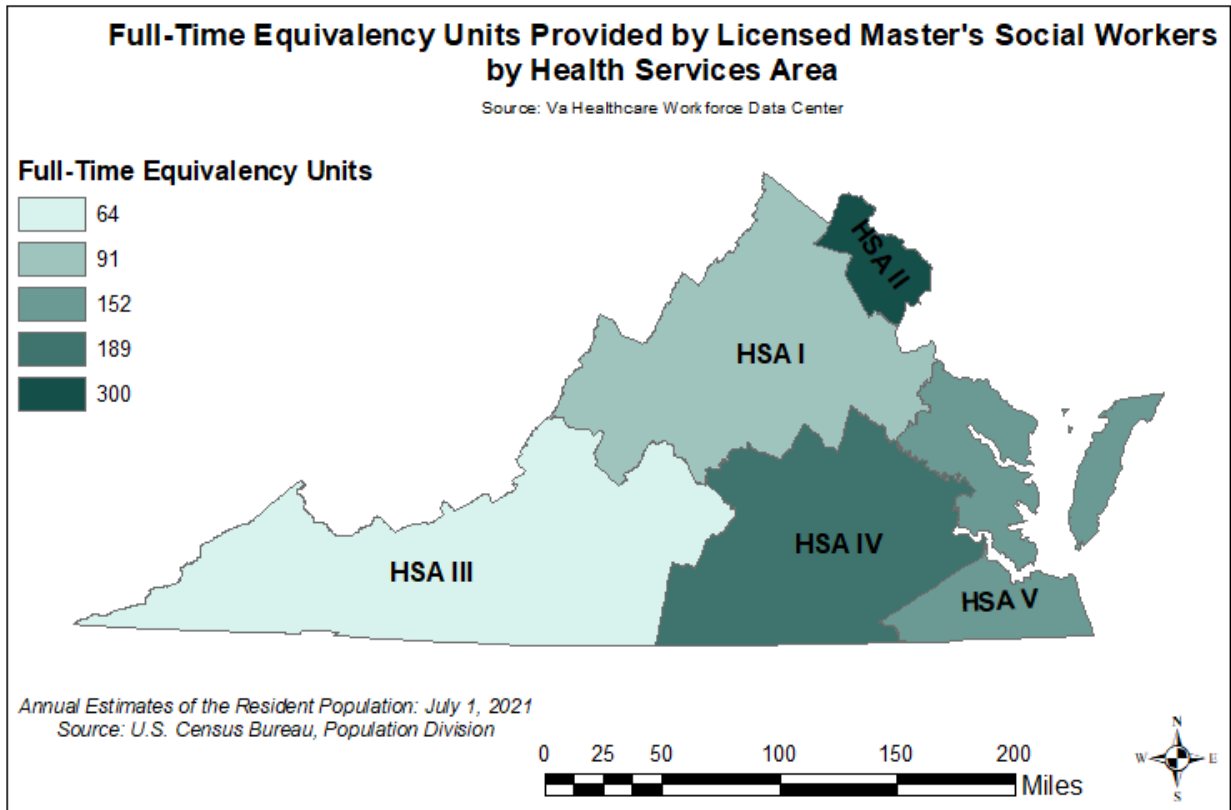
Source: Va. Healthcare Workforce Data Center

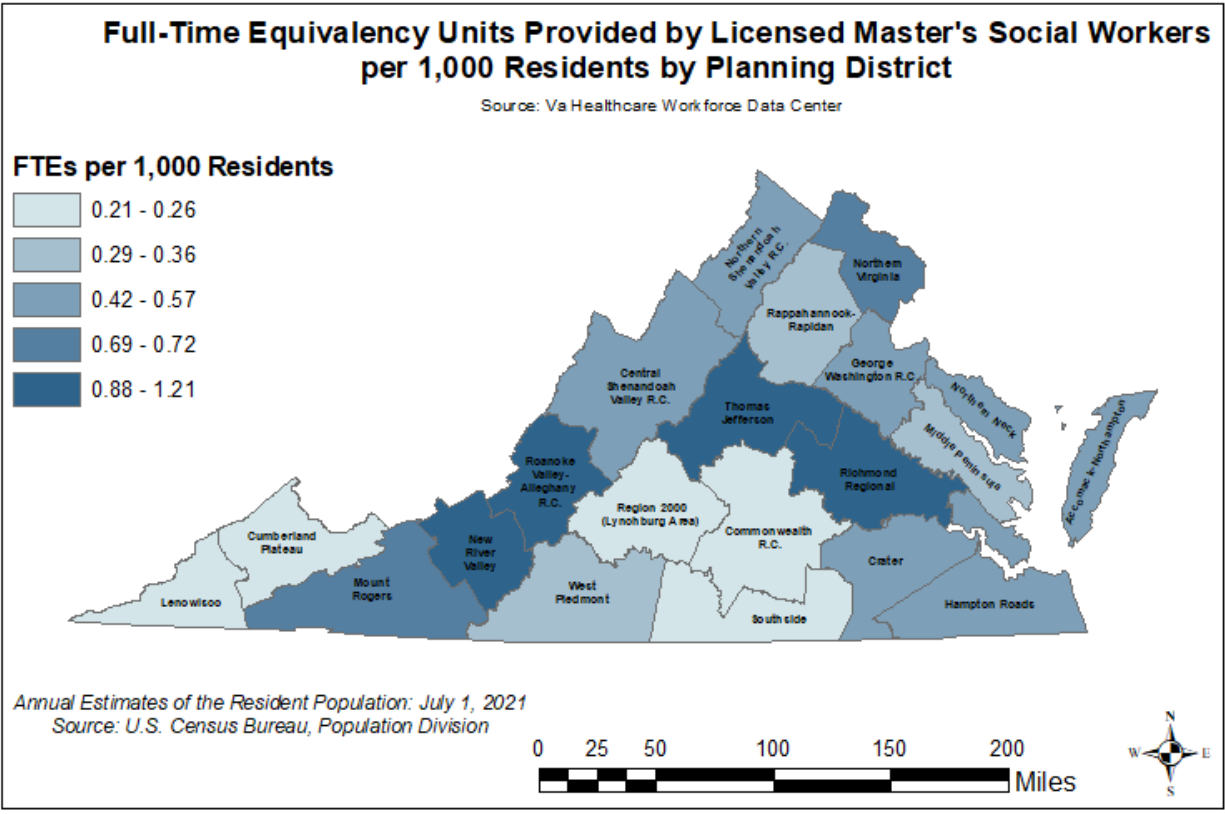
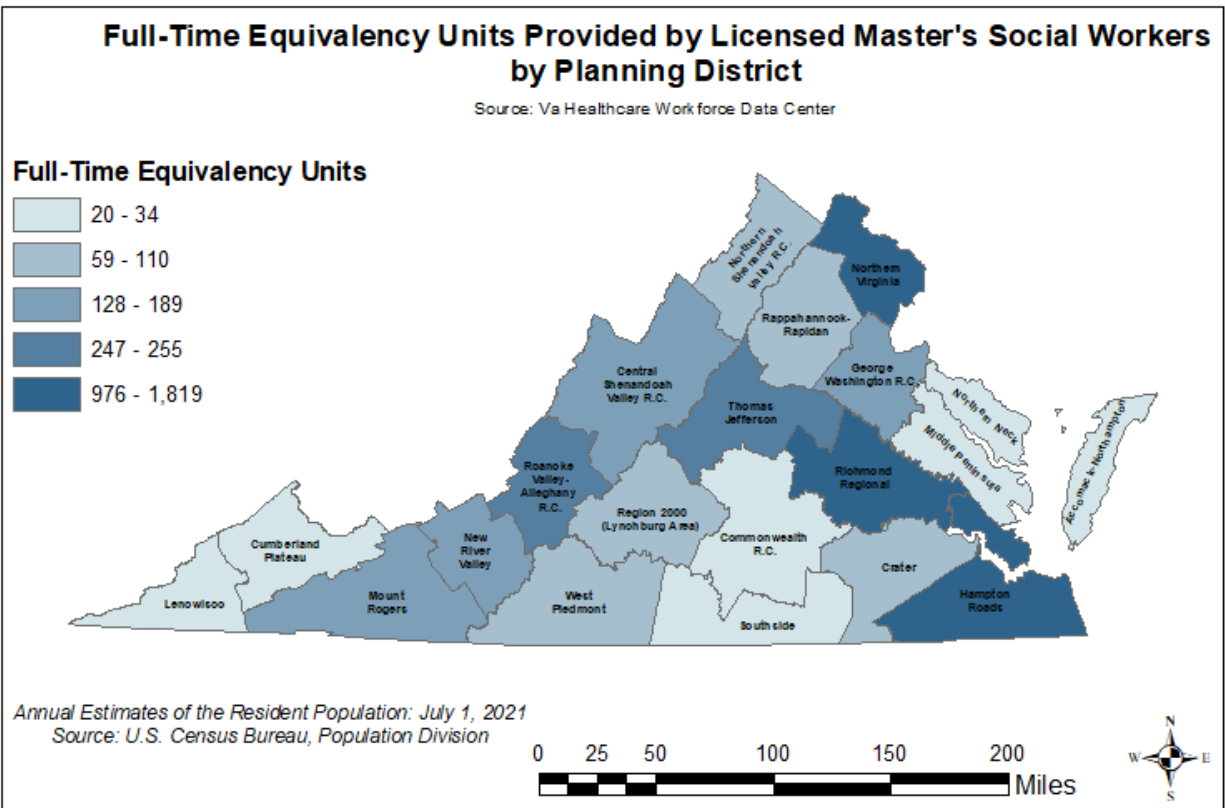
¹ Number of residents in 2021 was used as the denominator.











Appendices

Appendix A: Weights

| Rural Status | Location Weight | | | Total Weight | |
|---|-----------------|---------|--------|--------------|-------|
| | # | Rate | Weight | Min. | Max. |
| Metro, 1 Million+ | 762 | 67.06% | 1.491 | 1.379 | 1.691 |
| Metro, 250,000 to 1 Million | 42 | 78.57% | 1.273 | 1.177 | 1.444 |
| Metro, 250,000 or Less | 62 | 67.74% | 1.476 | 1.365 | 1.674 |
| Urban, Pop. 20,000+, Metro Adj. | 5 | 80.00% | 1.250 | 1.166 | 1.418 |
| Urban, Pop. 20,000+, Non-Adj. | 0 | NA | NA | NA | NA |
| Urban, Pop. 2,500-19,999, Metro Adj. | 19 | 68.42% | 1.462 | 1.352 | 1.658 |
| Urban, Pop. 2,500-19,999, Non-Adj. | 12 | 58.33% | 1.714 | 1.585 | 1.944 |
| Rural, Metro Adj. | 22 | 59.09% | 1.692 | 1.565 | 1.919 |
| Rural, Non-Adj. | 3 | 100.00% | 1.000 | 0.933 | 1.002 |
| Virginia Border State/D.C. | 184 | 59.24% | 1.688 | 1.561 | 1.915 |
| Other U.S. State | 190 | 51.58% | 1.939 | 1.793 | 2.199 |

Source: Va. Healthcare Workforce Data Center

| Age | Age Weight | | | Total Weight | |
|--------------------|------------|--------|--------|--------------|-------|
| | # | Rate | Weight | Min. | Max. |
| Under 30 | 186 | 56.45% | 1.771 | 1.418 | 2.199 |
| 30 to 34 | 248 | 57.26% | 1.746 | 1.423 | 2.168 |
| 35 to 39 | 226 | 67.70% | 1.477 | 1.204 | 1.834 |
| 40 to 44 | 175 | 68.57% | 1.458 | 0.934 | 1.810 |
| 45 to 49 | 144 | 63.89% | 1.565 | 1.002 | 1.943 |
| 50 to 54 | 118 | 68.64% | 1.457 | 0.933 | 1.808 |
| 55 to 59 | 91 | 69.23% | 1.444 | 1.177 | 1.793 |
| 60 and Over | 113 | 68.14% | 1.468 | 1.175 | 1.822 |

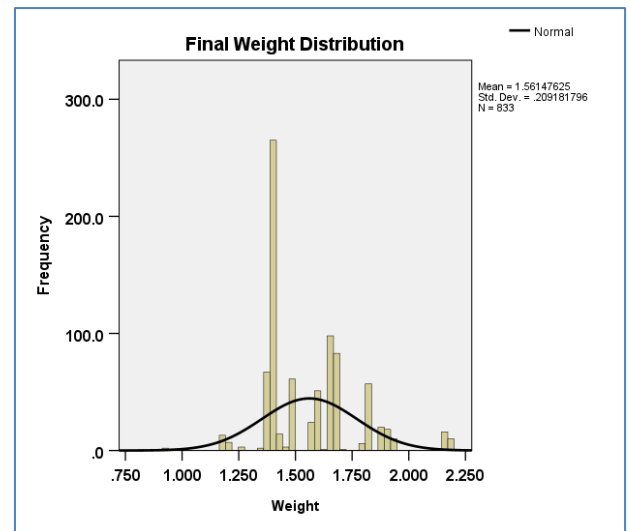
Source: Va. Healthcare Workforce Data Center

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:

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

Overall Response Rate: 0.640277



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Clinical Social Worker Workforce: 2023

Healthcare Workforce Data Center

July 2023

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Get a copy of this report from:

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

More than 8,600 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 their ongoing cooperation.

Thank You!

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The Licensed Clinical Social Worker Workforce At a Glance:

The Workforce

| | |
|-----------------------|--------|
| Licensees: | 10,183 |
| Virginia's Workforce: | 7,492 |
| FTEs: | 6,033 |

Background

| | |
|---------------------|-----|
| Rural Childhood: | 24% |
| HS Degree in VA: | 47% |
| Prof. Degree in VA: | 51% |

Current Employment

| | |
|-----------------------|-----|
| Employed in Prof.: | 92% |
| Hold 1 Full-Time Job: | 55% |
| Satisfied?: | 96% |

Survey Response Rate

| | |
|-------------------------|-----|
| All Licensees: | 85% |
| Renewing Practitioners: | 97% |

Education

| | |
|------------|-----|
| Masters: | 96% |
| Doctorate: | 4% |

Job Turnover

| | |
|-----------------------|-----|
| Switched Jobs: | 7% |
| Employed Over 2 Yrs.: | 65% |

Demographics

| | |
|------------------|-----|
| Female: | 88% |
| Diversity Index: | 41% |
| Median Age: | 48 |

Finances

| |
|----------------------------|
| Median Income: \$70k-\$80k |
| Health Insurance: 65% |
| Under 40 w/ Ed. Debt: 64% |

Time Allocation

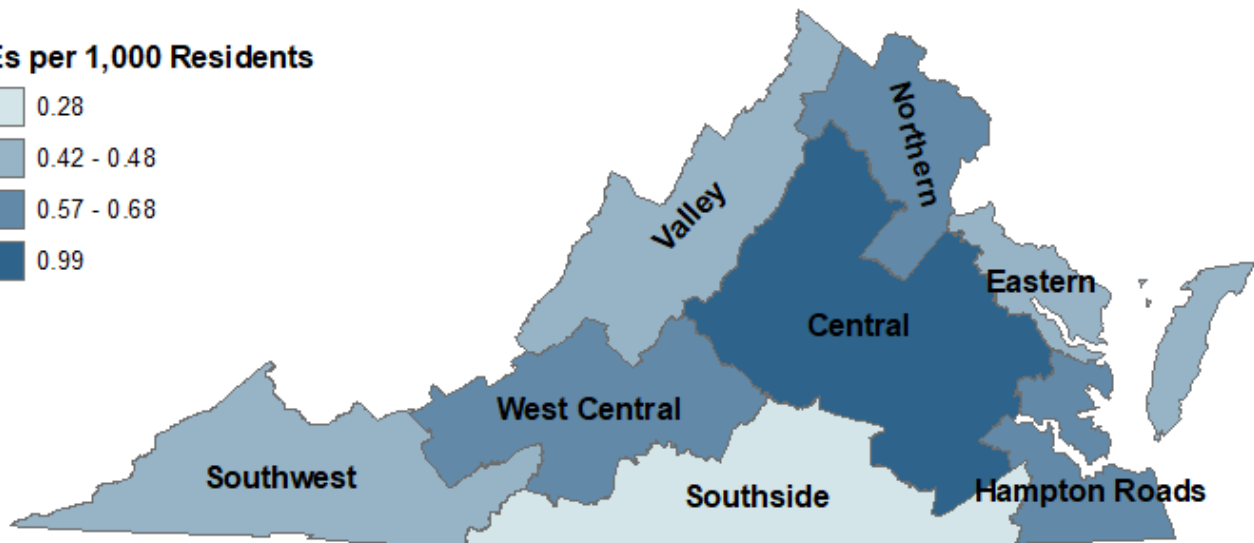
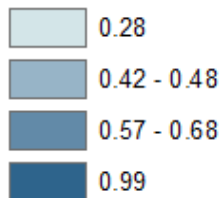
| | |
|--------------------|---------|
| Patient Care: | 70%-79% |
| Administration: | 10%-19% |
| Patient Care Role: | 63% |

Source: Va. Healthcare Workforce Data Center

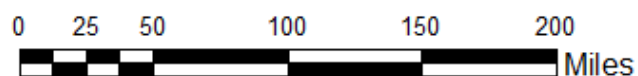
Full-Time Equivalency Units Provided by Licensed Clinical Social Workers per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Work force Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2023 Licensed Clinical Social Worker (LCSW) Workforce Survey. Nearly 8,700 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 85% of the 10,183 LCSWs licensed in the state and 97% of renewing practitioners.

The HWDC estimates that 7,492 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 6,033 "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 92% of those LCSWs who are under the age of 40. In a random encounter between two LCSWs, there is a 41% 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, this diversity index increases to 50%. This makes Virginia's LCSW workforce less diverse than the state's overall population, which has a comparable diversity index of 58%. Nearly one out of every four LCSWs grew up in a rural area, and 13% of LCSWs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 5% of all LCSWs work in a non-metro area of the state.

Among all LCSWs, 92% are currently employed in the profession, 55% hold one full-time job, and 46% work between 40 and 49 hours per week. More than half of all LCSWs are employed in the for-profit sector, while another 19% work in the non-profit sector. The median annual income of Virginia's LCSW workforce is between \$70,000 and \$80,000. In addition, 78% of wage and salaried LCSWs receive at least one employer sponsored benefit, including 65% who have access to health insurance. Among all LCSWs, 96% indicated that they are satisfied with their current work situation, 68% of whom indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2013 LCSW workforce. The number of licensed LCSWs in Virginia has increased by 76% (10,183 vs. 5,784). In addition, the size of Virginia's LCSW workforce has increased by 51% (7,492 vs. 4,969), and the number of FTEs provided by this workforce has increased by 37% (6,033 vs. 4,391). Virginia's renewing LCSWs are more likely to respond to this survey (97% vs. 89%).

LCSWs are more likely to be female (88% vs. 84%), although the opposite is true among LCSWs who are under the age of 40 (92% vs. 94%). At the same time, the median age of this workforce has fallen (48 vs. 53). Virginia's LCSW workforce has become more diverse (41% vs. 27%), a trend that has also occurred among LCSWs who are under the age of 40 (50% vs. 36%). LCSWs are more likely to have grown up in a rural area (24% vs. 22%), but LCSWs who grew up in a rural area are slightly less likely to work in a non-metro area of Virginia (13% vs. 14%). In total, the percentage of all LCSWs who work in a non-metro area of the state has fallen slightly (5% vs. 6%).

The percentage of all LCSWs who carry education debt has increased (40% vs. 27%), but this is not the case among LCSWs who are under the age of 40 (64% vs. 68%). The median outstanding debt balance among those LCSWs who carry education debt has roughly doubled (\$60k-\$70k vs. \$30k-\$40k). At the same time, the median annual income of Virginia's LCSWs has also increased (\$70k-\$80k vs. \$50k-\$60k).

Virginia's LCSWs are more likely to work in the for-profit sector (53% vs. 45%) instead of either the non-profit sector (19% vs. 21%) or a state/local government (19% vs. 25%). With respect to establishment types, there has been a shift in employment toward solo private practices (19% vs. 16%) and group private practices (16% vs. 12%). On the other hand, there has been a corresponding shift away from employment in outpatient mental health facilities (14% vs. 15%) and community service boards (8% vs. 10%). Overall, LCSWs are slightly more likely to indicate that they are satisfied with their current work situation (96% vs. 95%). However, the opposite is true among LCSWs who indicated that they are "very satisfied" with their current work situation (68% vs. 69%).

A Closer Look:

| Licensees | | |
|-------------------------------|---------------|-------------|
| License Status | # | % |
| Renewing Practitioners | 8,375 | 82% |
| New Licensees | 1,399 | 14% |
| Non-Renewals | 409 | 4% |
| All Licensees | 10,183 | 100% |

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all LCSWs, 97% submitted a survey. These represent 85% of the 10,183 LCSWs who held a license at some point during the survey period.

Definitions

- 1. The Survey Period:** The survey was conducted in June 2023.
- 2. Target Population:** All LCSWs who held a Virginia license at some point between July 2022 and June 2023.
- 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 2023.

| Response Rates | | | |
|----------------------------|-----------------|--------------|---------------|
| Statistic | Non Respondents | Respondents | Response Rate |
| By Age | | | |
| Under 35 | 355 | 993 | 74% |
| 35 to 39 | 241 | 1,220 | 84% |
| 40 to 44 | 184 | 1,200 | 87% |
| 45 to 49 | 144 | 1,084 | 88% |
| 50 to 54 | 172 | 1,111 | 87% |
| 55 to 59 | 110 | 888 | 89% |
| 60 to 64 | 112 | 792 | 88% |
| 65 and Over | 209 | 1,368 | 87% |
| Total | 1,527 | 8,656 | 85% |
| New Licenses | | | |
| Issued in Past Year | 926 | 473 | 34% |
| Metro Status | | | |
| Non-Metro | 75 | 418 | 85% |
| Metro | 717 | 6,002 | 89% |
| Not in Virginia | 735 | 2,236 | 75% |

Source: Va. Healthcare Workforce Data Center

| Response Rates | |
|-------------------------------------|--------------|
| Completed Surveys | 8,656 |
| Response Rate, All Licensees | 85% |
| Response Rate, Renewals | 97% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LCSWs

Number: 10,183
 New: 14%
 Not Renewed: 4%

Response Rates

All Licensees: 85%
 Renewing Practitioners: 97%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LCSW Workforce: 7,492
 FTEs: 6,033

Utilization Ratios

Licensees in VA Workforce: 74%
 Licensees per FTE: 1.69
 Workers per FTE: 1.24

Source: Va. Healthcare Workforce Data Center

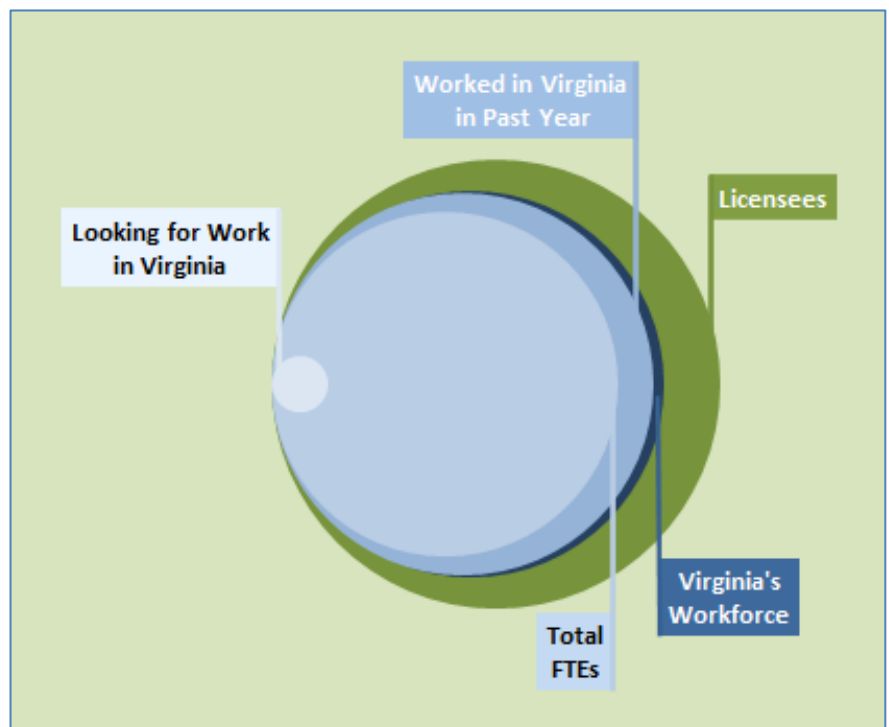
| Virginia's LCSW Workforce | | |
|---------------------------------|--------|------|
| Status | # | % |
| Worked in Virginia in Past Year | 7,330 | 98% |
| Looking for Work in Virginia | 161 | 2% |
| Virginia's Workforce | 7,492 | 100% |
| Total FTEs | 6,033 | |
| Licensees | 10,183 | |

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/>

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.



Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Age & Gender | | | | | | |
|--------------|------------|------------|--------------|------------|--------------|----------------|
| Age | Male | | Female | | Total | |
| | # | % Male | # | % Female | # | % in Age Group |
| Under 35 | 64 | 7% | 887 | 93% | 951 | 15% |
| 35 to 39 | 88 | 9% | 864 | 91% | 951 | 15% |
| 40 to 44 | 92 | 11% | 781 | 89% | 874 | 14% |
| 45 to 49 | 77 | 10% | 684 | 90% | 761 | 12% |
| 50 to 54 | 103 | 13% | 682 | 87% | 785 | 12% |
| 55 to 59 | 86 | 14% | 548 | 86% | 634 | 10% |
| 60 to 64 | 61 | 11% | 492 | 89% | 553 | 9% |
| 65 and Over | 198 | 21% | 737 | 79% | 935 | 15% |
| Total | 769 | 12% | 5,675 | 88% | 6,444 | 100% |

Source: Va. Healthcare Workforce Data Center

| Race & Ethnicity | | | | | |
|-------------------|-------------|--------------|-------------|----------------|-------------|
| Race/Ethnicity | Virginia* | LCSWs | | LCSWs Under 40 | |
| | % | # | % | # | % |
| White | 60% | 4,880 | 75% | 1,302 | 68% |
| Black | 19% | 1,008 | 16% | 369 | 19% |
| Asian | 7% | 134 | 2% | 58 | 3% |
| Other Race | 0% | 56 | 1% | 17 | 1% |
| Two or More Races | 3% | 136 | 2% | 59 | 3% |
| Hispanic | 10% | 286 | 4% | 111 | 6% |
| Total | 100% | 6,500 | 100% | 1,916 | 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, 2021.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender
 % Female: 88%
 % Under 40 Female: 92%

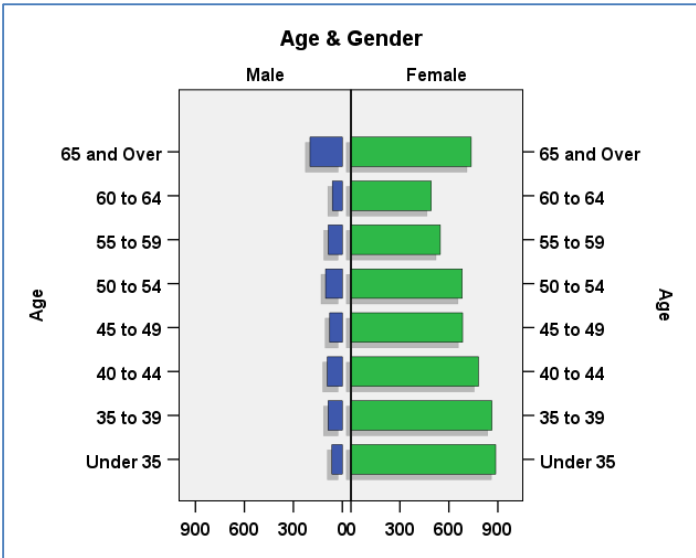
Age
 Median Age: 48
 % Under 40: 30%
 % 55 and Over: 33%

Diversity
 Diversity Index: 41%
 Under 40 Div. Index: 50%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LCSWs, there is a 41% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the comparable diversity index is 58%.

Three out of every ten LCSWs are under the age of 40, and 92% of LCSWs who are under the age of 40 are female. In addition, the diversity index among LCSWs who are under the age of 40 is 50%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 15%
Rural Childhood: 24%

Virginia Background

HS in Virginia: 47%
Prof. Edu. in VA: 51%
HS or Prof. Edu. in VA: 62%

Location Choice

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

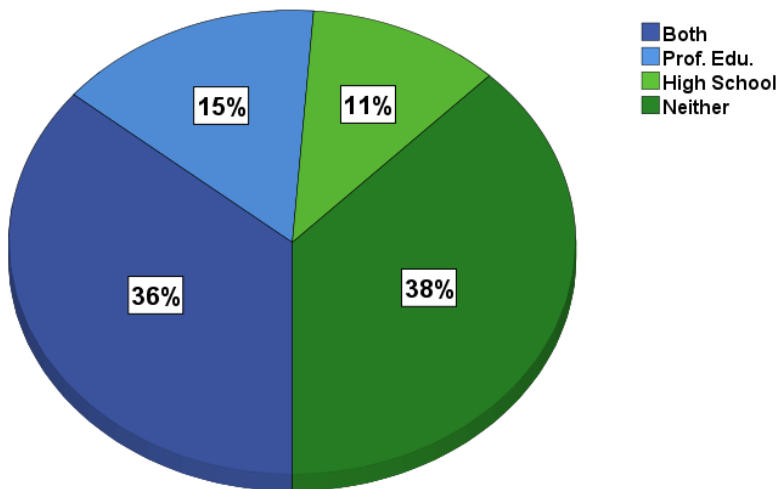
Source: Va. Healthcare Workforce Data Center

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% | 67% | 16% |
| 2 | Metro, 250,000 to 1 Million | 48% | 41% | 11% |
| 3 | Metro, 250,000 or Less | 32% | 56% | 12% |
| Non-Metro Counties | | | | |
| 4 | Urban, Pop. 20,000+, Metro Adjacent | 63% | 21% | 17% |
| 6 | Urban, Pop. 2,500-19,999, Metro Adjacent | 58% | 36% | 6% |
| 7 | Urban, Pop. 2,500-19,999, Non-Adjacent | 81% | 14% | 4% |
| 8 | Rural, Metro Adjacent | 38% | 63% | 0% |
| 9 | Rural, Non-Adjacent | 43% | 43% | 15% |
| Overall | | 24% | 62% | 15% |

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Nearly one-quarter of all LCSWs grew up in a self-described rural area, and 13% of LCSWs who grew up in a rural area currently work in a non-metro county. In total, 5% of all LCSWs in the state currently work in a non-metro county.

Source: Va. Healthcare Workforce Data Center

Top Ten States for Licensed Clinical Social Worker Recruitment

| Rank | All LCSWs | | | |
|------|---------------------|-------|--------------------|-------|
| | High School | # | Init. Prof. Degree | # |
| 1 | Virginia | 3,023 | Virginia | 3,288 |
| 2 | New York | 474 | Washington, D.C. | 437 |
| 3 | Maryland | 376 | New York | 402 |
| 4 | Pennsylvania | 271 | Maryland | 300 |
| 5 | New Jersey | 232 | Massachusetts | 207 |
| 6 | North Carolina | 223 | Pennsylvania | 185 |
| 7 | Outside U.S./Canada | 134 | North Carolina | 168 |
| 8 | California | 131 | California | 144 |
| 9 | Florida | 116 | Florida | 141 |
| 10 | Michigan | 107 | Michigan | 107 |

Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 47% received their high school degree in Virginia, and 51% received their initial professional degree in the state.

Among LCSWs who have obtained their initial license in the past five years, 44% received their high school degree in Virginia, and 44% also received their initial professional degree in the state.

| Rank | Licensed in the Past Five Years | | | |
|------|---------------------------------|-------|--------------------|-------|
| | High School | # | Init. Prof. Degree | # |
| 1 | Virginia | 1,038 | Virginia | 1,026 |
| 2 | New York | 166 | New York | 168 |
| 3 | Maryland | 160 | Maryland | 119 |
| 4 | North Carolina | 92 | Washington, D.C. | 115 |
| 5 | Pennsylvania | 86 | Massachusetts | 94 |
| 6 | New Jersey | 83 | Pennsylvania | 93 |
| 7 | California | 59 | California | 91 |
| 8 | Florida | 56 | North Carolina | 73 |
| 9 | Outside U.S./Canada | 49 | Florida | 70 |
| 10 | Texas | 47 | Texas | 50 |

Source: Va. Healthcare Workforce Data Center

More than one-quarter of Virginia's licensees did not participate in the state's LCSW workforce during the past year. Among these LCSWs, 93% worked at some point in the past year, including 86% who worked in a job related to the behavioral sciences.

At a Glance:

Not in VA Workforce

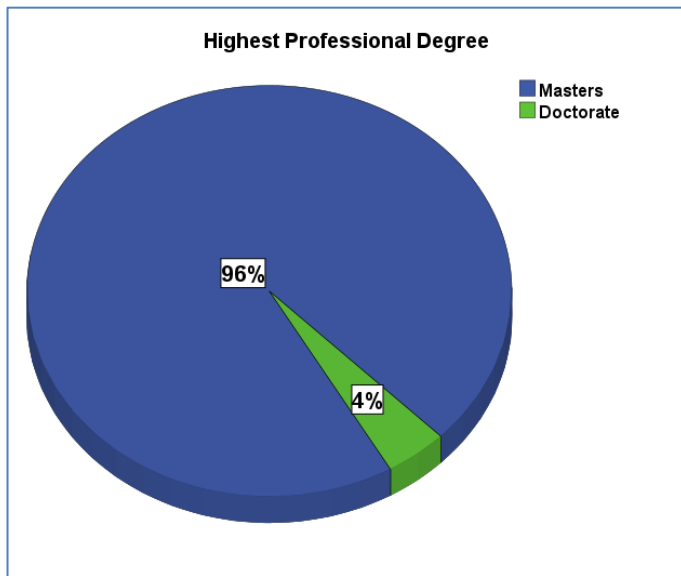
| | |
|----------------------|-------|
| Total: | 2,692 |
| % of Licensees: | 26% |
| Federal/Military: | 14% |
| Va. Border State/DC: | 28% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Highest Degree | | |
|----------------------|--------------|-------------|
| Degree | # | % |
| Bachelor's Degree | 4 | 0% |
| Master's Degree | 6,061 | 96% |
| Doctor of Psychology | 38 | 1% |
| Other Doctorate | 223 | 4% |
| Total | 6,326 | 100% |

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Two out of every five LCSWs carry education debt, including 64% of those LCSWs who are under the age of 40. For those LCSWs with education debt, the median outstanding balance is between \$60,000 and \$70,000.

At a Glance:

Education

Masters: 96%

Doctorate/PhD: 4%

Education Debt

Carry Debt: 40%

Under Age 40 w/ Debt: 64%

Median Debt: \$60k-\$70k

Source: Va. Healthcare Workforce Data Center

| Education Debt | | | | |
|---------------------|--------------|-------------|----------------|-------------|
| Amount Carried | All LCSWs | | LCSWs Under 40 | |
| | # | % | # | % |
| None | 3,306 | 60% | 577 | 36% |
| Less than \$10,000 | 199 | 4% | 64 | 4% |
| \$10,000-\$29,999 | 321 | 6% | 124 | 8% |
| \$30,000-\$49,999 | 334 | 6% | 152 | 9% |
| \$50,000-\$69,999 | 282 | 5% | 151 | 9% |
| \$70,000-\$89,999 | 290 | 5% | 165 | 10% |
| \$90,000-\$109,999 | 285 | 5% | 143 | 9% |
| \$110,000-\$129,999 | 171 | 3% | 100 | 6% |
| \$130,000-\$149,999 | 89 | 2% | 39 | 2% |
| \$150,000 or More | 237 | 4% | 93 | 6% |
| Total | 5,514 | 100% | 1,608 | 100% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Primary Specialty

Mental Health: 61%
 Child: 6%
 Health/Medical: 6%

Secondary Specialty

Mental Health: 14%
 Behavioral Disorders: 14%
 Substance Abuse: 10%

Source: Va. Healthcare Workforce Data Center

More than three out of every five LCSWs have a primary specialty in mental health. Another 14% of LCSWs have a secondary specialty in mental health.

| Specialties | | | | |
|----------------------------------|--------------|-------------|--------------|-------------|
| Specialty | Primary | | Secondary | |
| | # | % | # | % |
| Mental Health | 3,825 | 61% | 770 | 14% |
| Child | 404 | 6% | 515 | 10% |
| Health/Medical | 352 | 6% | 313 | 6% |
| Behavioral Disorders | 298 | 5% | 734 | 14% |
| School/Educational | 216 | 3% | 239 | 4% |
| Substance Abuse | 205 | 3% | 559 | 10% |
| Family | 168 | 3% | 417 | 8% |
| Gerontologic | 94 | 2% | 127 | 2% |
| Marriage | 52 | 1% | 163 | 3% |
| Social | 27 | 0% | 80 | 2% |
| Forensic | 25 | 0% | 59 | 1% |
| Sex Offender Treatment | 20 | 0% | 36 | 1% |
| Public Health | 15 | 0% | 36 | 1% |
| Vocational/Work Environment | 13 | 0% | 26 | 0% |
| Industrial-Organizational | 9 | 0% | 18 | 0% |
| Neurology/Neuropsychology | 5 | 0% | 13 | 0% |
| Rehabilitation | 2 | 0% | 18 | 0% |
| Experimental or Research | 1 | 0% | 11 | 0% |
| General Practice (Non-Specialty) | 308 | 5% | 841 | 16% |
| Other Specialty Area | 221 | 4% | 352 | 7% |
| Total | 6,260 | 100% | 5,325 | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 92%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 55%
 2 or More Positions: 25%

Weekly Hours:

40 to 49: 46%
 60 or More: 4%
 Less than 30: 19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Current Work Status | | |
|---|--------------|-------------|
| Status | # | % |
| Employed, Capacity Unknown | 5 | < 1% |
| Employed in a Behavioral Sciences-Related Capacity | 5,820 | 92% |
| Employed, NOT in a Behavioral Sciences-Related Capacity | 297 | 5% |
| Not Working, Reason Unknown | 0 | 0% |
| Involuntarily Unemployed | 9 | < 1% |
| Voluntarily Unemployed | 134 | 2% |
| Retired | 94 | 2% |
| Total | 6,359 | 100% |

Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 92% are currently employed in the profession, 55% hold one full-time job, and 46% work between 40 and 49 hours per week.

| Current Weekly Hours | | |
|----------------------|--------------|-------------|
| Hours | # | % |
| 0 Hours | 237 | 4% |
| 1 to 9 Hours | 175 | 3% |
| 10 to 19 Hours | 389 | 6% |
| 20 to 29 Hours | 638 | 10% |
| 30 to 39 Hours | 1,073 | 17% |
| 40 to 49 Hours | 2,870 | 46% |
| 50 to 59 Hours | 603 | 10% |
| 60 to 69 Hours | 196 | 3% |
| 70 to 79 Hours | 43 | 1% |
| 80 or More Hours | 21 | 0% |
| Total | 6,245 | 100% |

Source: Va. Healthcare Workforce Data Center

| Current Positions | | |
|---|--------------|-------------|
| Positions | # | % |
| No Positions | 237 | 4% |
| One Part-Time Position | 969 | 16% |
| Two Part-Time Positions | 270 | 4% |
| One Full-Time Position | 3,445 | 55% |
| One Full-Time Position & One Part-Time Position | 1,140 | 18% |
| Two Full-Time Positions | 39 | 1% |
| More than Two Positions | 127 | 2% |
| Total | 6,227 | 100% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Annual Income | | |
|---------------------|--------------|-------------|
| Income Level | # | % |
| Volunteer Work Only | 71 | 1% |
| Less than \$20,000 | 258 | 5% |
| \$20,000-\$29,999 | 153 | 3% |
| \$30,000-\$39,999 | 183 | 4% |
| \$40,000-\$49,999 | 263 | 5% |
| \$50,000-\$59,999 | 443 | 9% |
| \$60,000-\$69,999 | 534 | 11% |
| \$70,000-\$79,999 | 740 | 15% |
| \$80,000-\$89,999 | 694 | 14% |
| \$90,000-\$99,999 | 507 | 10% |
| \$100,000 or More | 1,169 | 23% |
| Total | 5,015 | 100% |

Source: Va. Healthcare Workforce Data Center

| Job Satisfaction | | |
|-----------------------|--------------|-------------|
| Level | # | % |
| Very Satisfied | 4,182 | 68% |
| Somewhat Satisfied | 1,727 | 28% |
| Somewhat Dissatisfied | 186 | 3% |
| Very Dissatisfied | 55 | 1% |
| Total | 6,151 | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$70k-\$80k

Benefits
(Salary/Wage Employees Only)
Health Insurance: 65%
Retirement: 62%

Satisfaction
Satisfied: 96%
Very Satisfied: 68%

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, nearly four-fifths receive at least one employer-sponsored benefit, including 65% who have access to health insurance.

| Employer-Sponsored Benefits | | | |
|-----------------------------|--------------|------------|----------------------------|
| Benefit | # | % | % of Wage/Salary Employees |
| Paid Vacation | 3,109 | 53% | 71% |
| Health Insurance | 2,890 | 50% | 65% |
| Dental Insurance | 2,803 | 48% | 64% |
| Paid Sick Leave | 2,790 | 48% | 64% |
| Retirement | 2,756 | 47% | 62% |
| Group Life Insurance | 2,092 | 36% | 49% |
| Signing/Retention Bonus | 517 | 9% | 11% |
| At Least One Benefit | 3,516 | 60% | 78% |

*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 . . . ? | # | % |
| Experienced Involuntary Unemployment? | 31 | < 1% |
| Experience Voluntary Unemployment? | 336 | 4% |
| Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position? | 153 | 2% |
| Work Two or More Positions at the Same Time? | 1,810 | 24% |
| Switch Employers or Practices? | 530 | 7% |
| Experience at Least One? | 2,430 | 32% |

Source: Va. Healthcare Workforce Data Center

Less than 1% of Virginia's LCSWs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 2.9% during the same time period.¹

| Location Tenure | | | | |
|--|--------------|-------------|--------------|-------------|
| Tenure | Primary | | Secondary | |
| | # | % | # | % |
| Not Currently Working at This Location | 100 | 2% | 51 | 3% |
| Less than 6 Months | 304 | 5% | 168 | 10% |
| 6 Months to 1 Year | 548 | 9% | 219 | 14% |
| 1 to 2 Years | 1,142 | 19% | 361 | 22% |
| 3 to 5 Years | 1,532 | 25% | 401 | 25% |
| 6 to 10 Years | 987 | 16% | 196 | 12% |
| More than 10 Years | 1,417 | 23% | 222 | 14% |
| Subtotal | 6,032 | 100% | 1,617 | 100% |
| Did Not Have Location | 180 | | 5,785 | |
| Item Missing | 1,280 | | 89 | |
| Total | 7,492 | | 7,492 | |

Source: Va. Healthcare Workforce Data Center

Nearly three out of every five LCSWs are salaried employees, while 19% receive income from their own business or practice.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: < 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 7%
New Location: 21%
Over 2 Years: 65%
Over 2 Yrs., 2nd Location: 51%

Employment Type

Salary/Commission: 58%
Business/Practice Income: 19%

Source: Va. Healthcare Workforce Data Center

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

| Employment Type | | |
|--------------------------|--------------|-------------|
| Primary Work Site | # | % |
| Salary/Commission | 2,477 | 58% |
| Hourly Wage | 577 | 14% |
| By Contract | 359 | 8% |
| Business/Practice Income | 800 | 19% |
| Unpaid | 25 | 1% |
| Subtotal | 4,238 | 100% |
| Did Not Have Location | 180 | |
| Item Missing | 3,074 | |

Source: Va. Healthcare Workforce Data Center

¹ 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 2.5% and a high of 3.3%. At the time of publication, the unemployment rate for June 2023 was still preliminary.

At a Glance:

Concentration

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

Locations

| | |
|------------------------|-----|
| 2 or More (Past Year): | 28% |
| 2 or More (Now*): | 25% |

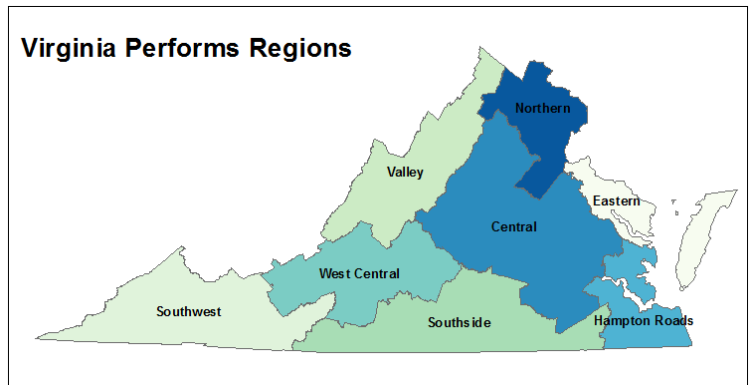
Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

| Regional Distribution of Work Locations | | | | |
|---|------------------|-------------|--------------------|-------------|
| Virginia Performs Region | Primary Location | | Secondary Location | |
| | # | % | # | % |
| Central | 1,702 | 28% | 410 | 25% |
| Eastern | 73 | 1% | 26 | 2% |
| Hampton Roads | 958 | 16% | 288 | 17% |
| Northern | 2,207 | 37% | 522 | 31% |
| Southside | 95 | 2% | 32 | 2% |
| Southwest | 160 | 3% | 47 | 3% |
| Valley | 216 | 4% | 47 | 3% |
| West Central | 483 | 8% | 127 | 8% |
| Virginia Border State/D.C. | 51 | 1% | 62 | 4% |
| Other U.S. State | 74 | 1% | 98 | 6% |
| Outside of the U.S. | 1 | 0% | 1 | 0% |
| Total | 6,020 | 100% | 1,660 | 100% |
| Item Missing | 1,292 | | 47 | |

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

One-quarter of all LCSWs currently have multiple work locations, while 28% have had multiple work locations over the past year.

| Number of Work Locations | | | | |
|--------------------------|-----------------------------|-------------|---------------------|-------------|
| Locations | Work Locations in Past Year | | Work Locations Now* | |
| | # | % | # | % |
| 0 | 160 | 3% | 232 | 4% |
| 1 | 4,322 | 70% | 4,380 | 71% |
| 2 | 940 | 15% | 923 | 15% |
| 3 | 697 | 11% | 617 | 10% |
| 4 | 35 | 1% | 18 | 0% |
| 5 | 7 | 0% | 3 | 0% |
| 6 or More | 22 | 0% | 9 | 0% |
| Total | 6,183 | 100% | 6,183 | 100% |

*At the time of survey completion, June 2023.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Sector | Location Sector | | | |
|---------------------------------|------------------|-------------|--------------------|-------------|
| | Primary Location | | Secondary Location | |
| | # | % | # | % |
| For-Profit | 2,978 | 53% | 1,111 | 76% |
| Non-Profit | 1,048 | 19% | 193 | 13% |
| State/Local Government | 1,078 | 19% | 117 | 8% |
| Veterans Administration | 252 | 5% | 11 | 1% |
| U.S. Military | 155 | 3% | 15 | 1% |
| Other Federal Government | 68 | 1% | 7 | 0% |
| Total | 5,579 | 100% | 1,454 | 100% |
| Did Not Have Location | 180 | | 5,785 | |
| Item Missing | 1,733 | | 253 | |

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

| | |
|-------------|-----|
| For-Profit: | 53% |
| Federal: | 9% |

Top Establishments

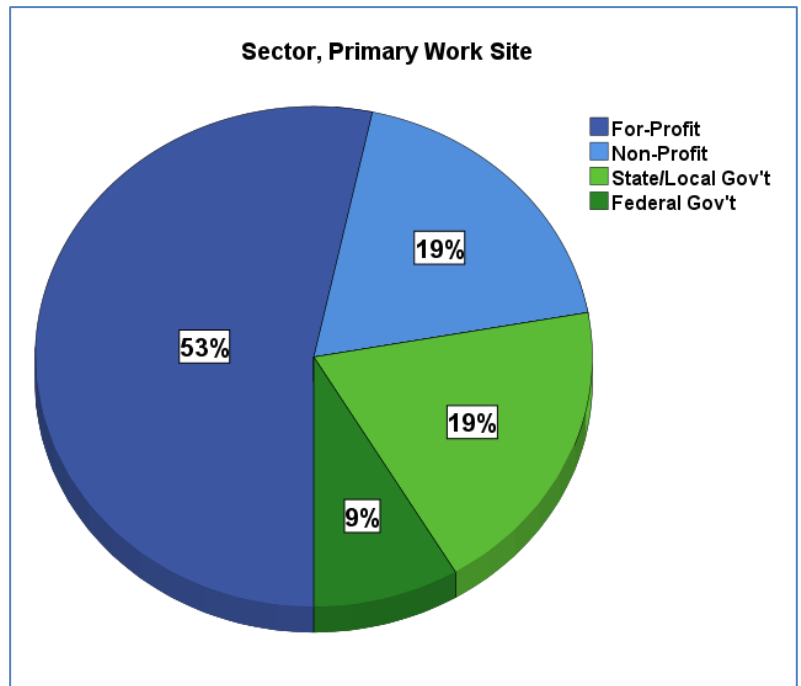
| | |
|--------------------------------------|-----|
| Private Practice, Solo: | 19% |
| Private Practice, Group: | 16% |
| Mental Health Facility (Outpatient): | 14% |

Payment Method

| | |
|--------------------|-----|
| Cash/Self-Pay: | 55% |
| Private Insurance: | 46% |

Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 72% work in the private sector, including 53% who work in the for-profit sector. Another 19% 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 | 1,023 | 19% | 347 | 25% |
| Private Practice, Group | 881 | 16% | 349 | 25% |
| Mental Health Facility, Outpatient | 753 | 14% | 201 | 14% |
| Community Services Board | 455 | 8% | 56 | 4% |
| School (Providing Care to Clients) | 400 | 7% | 34 | 2% |
| Hospital, General | 388 | 7% | 37 | 3% |
| Community-Based Clinic or Health Center | 355 | 7% | 83 | 6% |
| Hospital, Psychiatric | 144 | 3% | 26 | 2% |
| Administrative or Regulatory | 89 | 2% | 9 | 1% |
| Academic Institution (Teaching Health Professions Students) | 88 | 2% | 57 | 4% |
| Residential Mental Health/Substance Abuse Facility | 87 | 2% | 18 | 1% |
| Physician Office | 75 | 1% | 9 | 1% |
| Home Health Care | 52 | 1% | 10 | 1% |
| Corrections/Jail | 38 | 1% | 0 | 0% |
| Rehabilitation Facility | 22 | 0% | 2 | 0% |
| Long-Term Care Facility, Nursing Home | 19 | 0% | 10 | 1% |
| Residential Intellectual/Development Disability Facility | 12 | 0% | 1 | 0% |
| Other Practice Setting | 577 | 11% | 142 | 10% |
| Total | 5,458 | 100% | 1,391 | 100% |
| Did Not Have a Location | 180 | | 5,785 | |

Source: Va. Healthcare Workforce Data Center

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

Among all LCSWs, 55% 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 | 4,104 | 55% |
| Private Insurance | 3,455 | 46% |
| Medicaid | 2,359 | 31% |
| Medicare | 2,051 | 27% |

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

| | |
|----------|-----|
| Spanish: | 17% |
| French: | 7% |
| Arabic: | 7% |

Means of Communication

| | |
|----------------------|-----|
| Virtual Translation: | 54% |
| Other Staff Member: | 42% |
| Onsite Translation: | 28% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Languages Offered | | |
|--|--------------|----------------|
| Language | # | % of Workforce |
| Spanish | 1,276 | 17% |
| French | 497 | 7% |
| Arabic | 491 | 7% |
| Chinese | 469 | 6% |
| Korean | 455 | 6% |
| Vietnamese | 444 | 6% |
| Hindi | 436 | 6% |
| Urdu | 411 | 5% |
| Tagalog/Filipino | 410 | 5% |
| Persian | 395 | 5% |
| Amharic, Somali, or Other Afro-Asiatic Languages | 378 | 5% |
| Pashto | 366 | 5% |
| Others | 273 | 4% |
| At Least One Language | 1,453 | 19% |

Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 17% are employed at a primary work location that offers Spanish language services for patients.

Means of Language Communication

| Provision | # | % of Workforce with Language Services |
|----------------------------------|-----|---------------------------------------|
| Virtual Translation Service | 778 | 54% |
| Other Staff Member is Proficient | 608 | 42% |
| Onsite Translation Service | 414 | 28% |
| Respondent is Proficient | 321 | 22% |
| Other | 70 | 5% |

Source: Va. Healthcare Workforce Data Center

More than half of all LCSWs who are employed at a primary work location that offers language services for patients provide it by means of a virtual translation service.

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 70%-79%
Administration: 10%-19%
Supervisory: 1%-9%

Roles

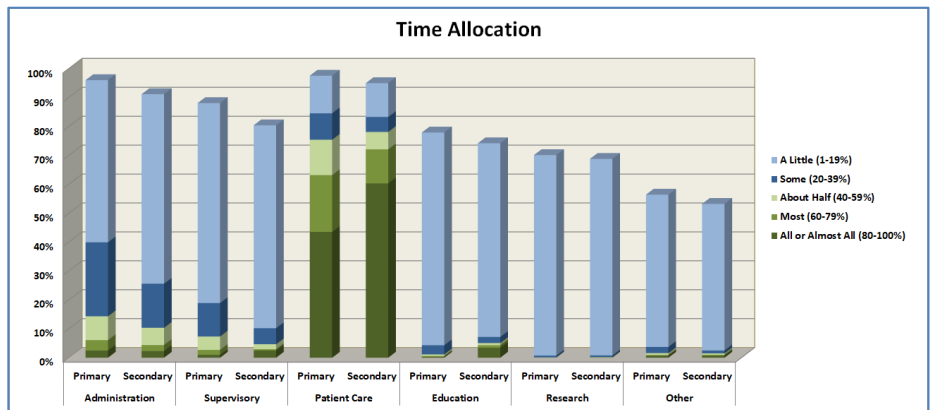
Patient Care: 63%
Administration: 6%
Supervisory: 3%

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 three-quarters of their time treating patients. In fact, 63% 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%) | 2% | 2% | 1% | 3% | 44% | 60% | 0% | 3% | 0% | 0% | 1% | 1% | |
| Most (60-79%) | 4% | 2% | 2% | 0% | 20% | 12% | 0% | 1% | 0% | 0% | 0% | 0% | |
| About Half (40-59%) | 8% | 6% | 5% | 2% | 12% | 6% | 1% | 1% | 0% | 0% | 1% | 1% | |
| Some (20-39%) | 26% | 15% | 12% | 6% | 9% | 5% | 3% | 2% | 1% | 1% | 2% | 1% | |
| A Little (1-19%) | 56% | 65% | 69% | 70% | 13% | 12% | 74% | 67% | 69% | 68% | 53% | 51% | |
| None (0%) | 4% | 9% | 12% | 20% | 2% | 5% | 22% | 26% | 30% | 31% | 44% | 47% | |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Patients Per Week | | | | |
|-------------------|------------------|-------------|--------------------|-------------|
| # of Patients | Primary Location | | Secondary Location | |
| | # | % | # | % |
| None | 468 | 9% | 143 | 10% |
| 1 to 24 | 3,525 | 64% | 1,136 | 80% |
| 25 to 49 | 1,336 | 24% | 119 | 8% |
| 50 to 74 | 80 | 1% | 14 | 1% |
| 75 or More | 81 | 1% | 10 | 1% |
| Total | 5,490 | 100% | 1,422 | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

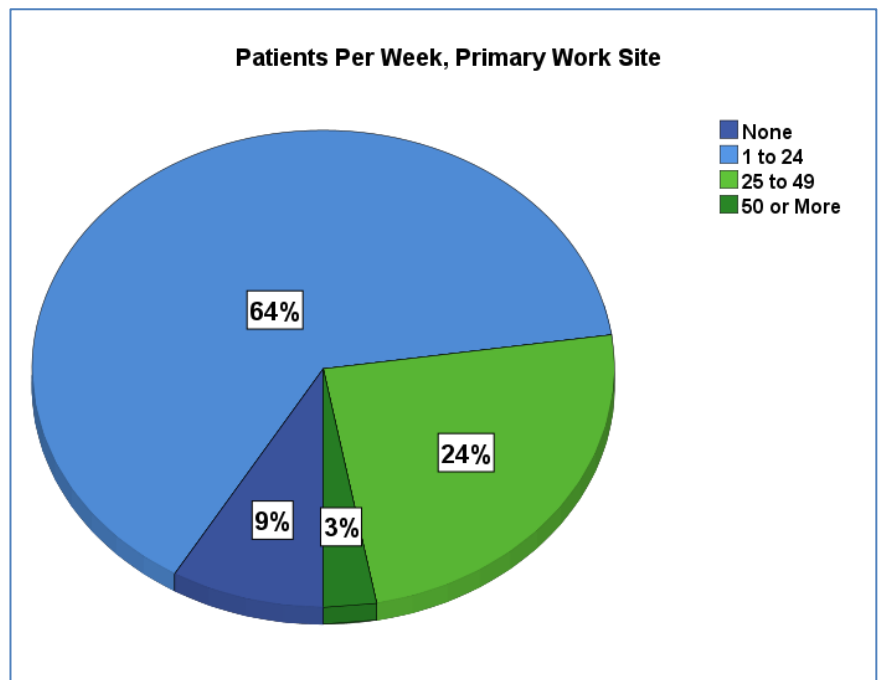
Patients Per Week

Primary Location: 1-24

Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of all LCSWs treat between 1 and 24 patients per week at their primary work location. Among those LCSWs who also have a secondary work location, 80% treat between 1 and 24 patients per week.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Patient Allocation

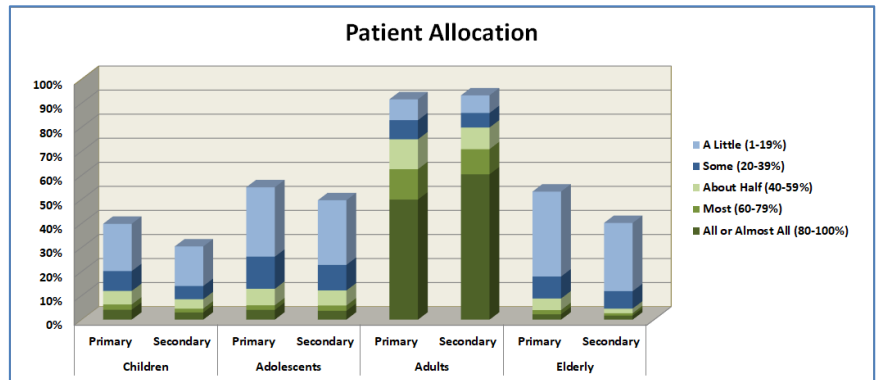
| | |
|--------------|---------|
| Children: | None |
| Adolescents: | 1%-9% |
| Adults: | 70%-79% |
| Elderly: | 1%-9% |

Roles

| | |
|--------------|-----|
| Children: | 6% |
| Adolescents: | 6% |
| Adults: | 63% |
| Elderly: | 4% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

In general, approximately three-fourths of all patients seen by LCSWs at their primary work location are adults. In addition, 63% 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% | 4% | 50% | 60% | 2% | 2% |
| Most (60-79%) | 2% | 2% | 2% | 2% | 13% | 10% | 2% | 1% |
| About Half (40-59%) | 6% | 4% | 7% | 6% | 12% | 9% | 5% | 2% |
| Some (20-39%) | 8% | 5% | 13% | 11% | 8% | 6% | 9% | 7% |
| A Little (1-19%) | 20% | 16% | 29% | 27% | 9% | 7% | 35% | 28% |
| None (0%) | 60% | 69% | 45% | 50% | 8% | 7% | 47% | 60% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Retirement Expectations | | | | |
|----------------------------------|--------------|-------------|-------------------|-------------|
| Expected Retirement Age | All LCSWs | | LCSWs 50 and Over | |
| | # | % | # | % |
| Under Age 50 | 94 | 2% | - | - |
| 50 to 54 | 145 | 3% | 13 | 1% |
| 55 to 59 | 385 | 7% | 91 | 4% |
| 60 to 64 | 1,011 | 19% | 347 | 14% |
| 65 to 69 | 1,732 | 33% | 757 | 31% |
| 70 to 74 | 911 | 17% | 530 | 22% |
| 75 to 79 | 394 | 7% | 296 | 12% |
| 80 or Over | 175 | 3% | 144 | 6% |
| I Do Not Intend to Retire | 466 | 9% | 262 | 11% |
| Total | 5,313 | 100% | 2,440 | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LCSWs

Under 65: 31%
Under 60: 12%

LCSWs 50 and Over

Under 65: 18%
Under 60: 4%

Time Until Retirement

Within 2 Years: 6%
Within 10 Years: 24%
Half the Workforce: By 2048

Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 31% 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, 12% of LCSWs expect to increase their patient care hours, and 9% expect to pursue additional educational opportunities.

Future Plans

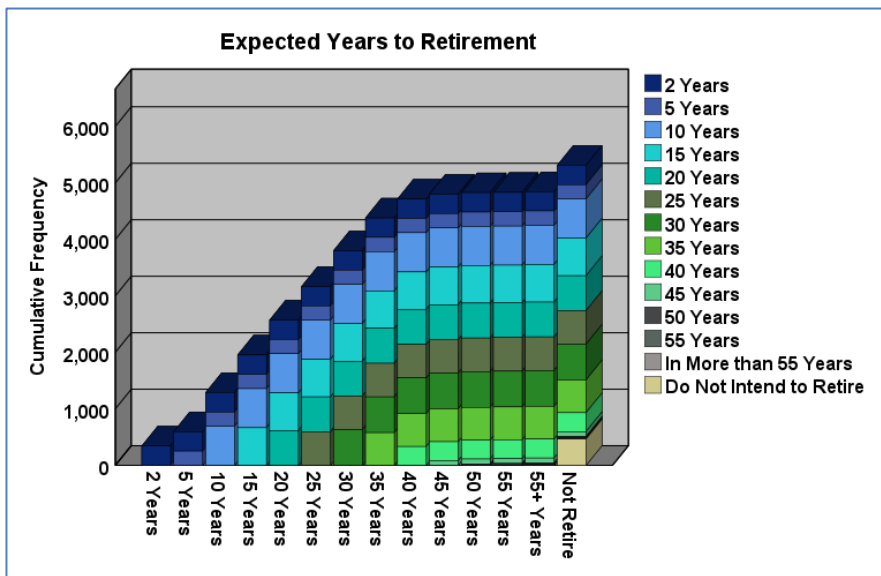
| Two-Year Plans: | # | % |
|------------------------------------|-----|-----|
| Decrease Participation | | |
| Leave Profession | 83 | 1% |
| Leave Virginia | 177 | 2% |
| Decrease Patient Care Hours | 679 | 9% |
| Decrease Teaching Hours | 35 | 0% |
| Increase Participation | | |
| Increase Patient Care Hours | 890 | 12% |
| Increase Teaching Hours | 416 | 6% |
| Pursue Additional Education | 644 | 9% |
| Return to the Workforce | 71 | 1% |

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LCSWs. While 6% of LCSWs expect to retire in the next two years, 24% expect to retire in the next ten years. Half of the current workforce expect to retire by 2048.

| Time to Retirement | | | |
|--------------------------------|--------------|-------------|--------------|
| Expect to Retire Within. . . | # | % | Cumulative % |
| 2 Years | 343 | 6% | 6% |
| 5 Years | 254 | 5% | 11% |
| 10 Years | 693 | 13% | 24% |
| 15 Years | 666 | 13% | 37% |
| 20 Years | 617 | 12% | 48% |
| 25 Years | 595 | 11% | 60% |
| 30 Years | 633 | 12% | 72% |
| 35 Years | 580 | 11% | 82% |
| 40 Years | 334 | 6% | 89% |
| 45 Years | 86 | 2% | 90% |
| 50 Years | 27 | 1% | 91% |
| 55 Years | 7 | 0% | 91% |
| In More than 55 Years | 12 | 0% | 91% |
| Do Not Intend to Retire | 466 | 9% | 100% |
| Total | 5,313 | 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 2033. Retirement will peak at 13% of the current workforce around the same time before declining to under 10% of the current workforce again around 2063.

At a Glance:

FTEs

Total: 6,033
 FTEs/1,000 Residents²: 0.698
 Average: 0.83

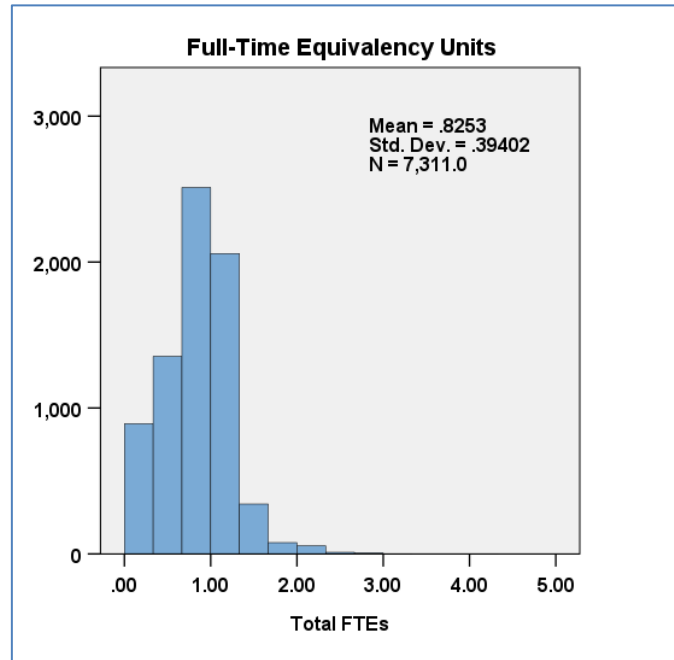
Age & Gender Effect

Age, *Partial Eta*²: Medium
 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:

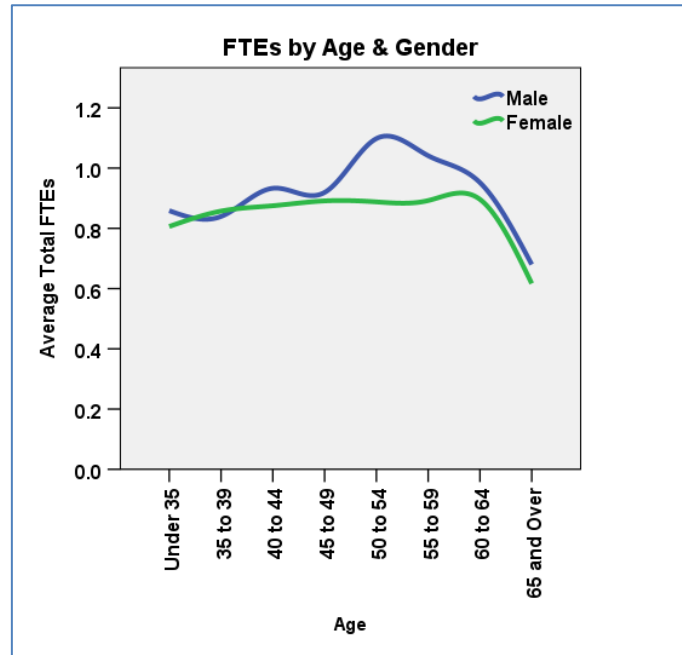


Source: Va. Healthcare Workforce Data Center

The typical (median) LCSW provided 0.83 FTEs over the past year, or approximately 33 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

| Full-Time Equivalency Units | | |
|-----------------------------|---------|--------|
| Age | Average | Median |
| Age | | |
| Under 35 | 0.81 | 0.83 |
| 35 to 39 | 0.85 | 0.85 |
| 40 to 44 | 0.89 | 0.92 |
| 45 to 49 | 0.86 | 0.84 |
| 50 to 54 | 0.88 | 0.89 |
| 55 to 59 | 0.88 | 0.88 |
| 60 to 64 | 0.84 | 0.80 |
| 65 and Over | 0.64 | 0.64 |
| Gender | | |
| Male | 0.89 | 0.96 |
| Female | 0.84 | 0.89 |

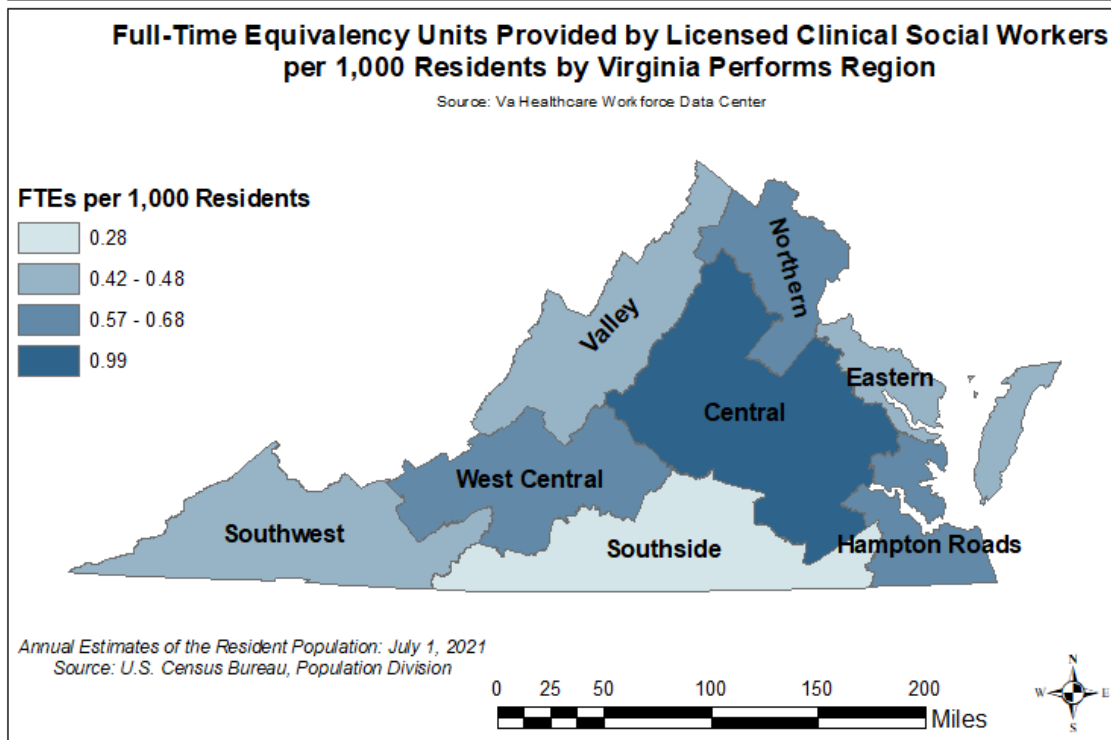
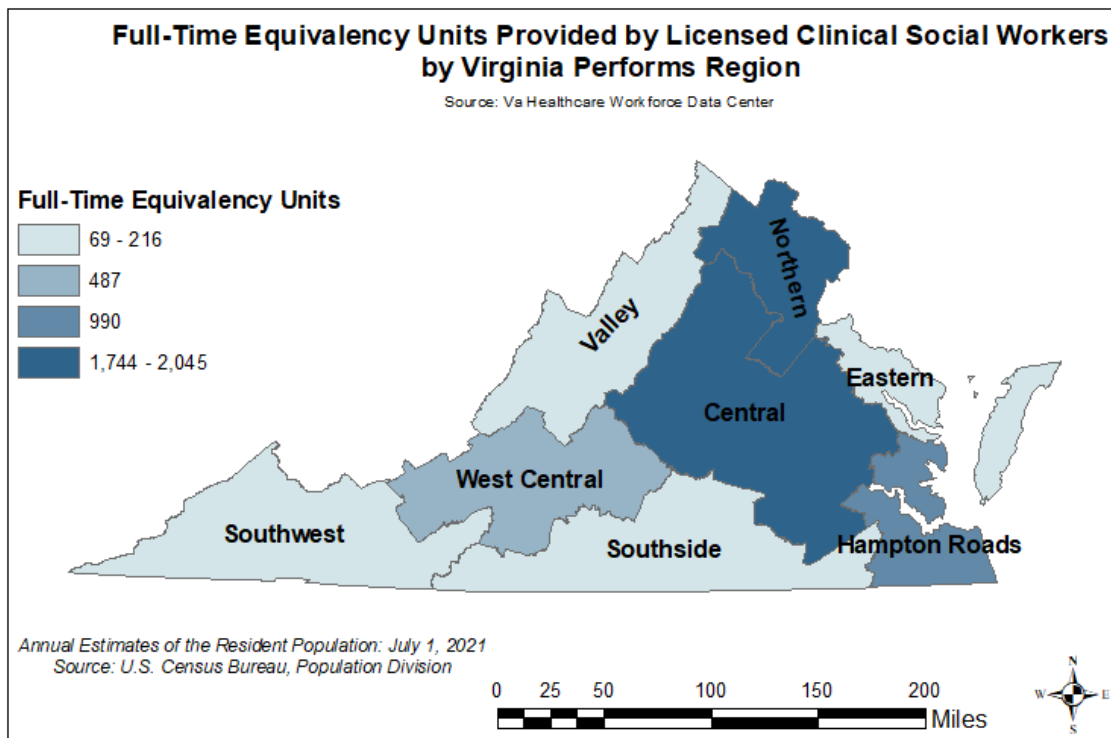
Source: Va. Healthcare Workforce Data Center

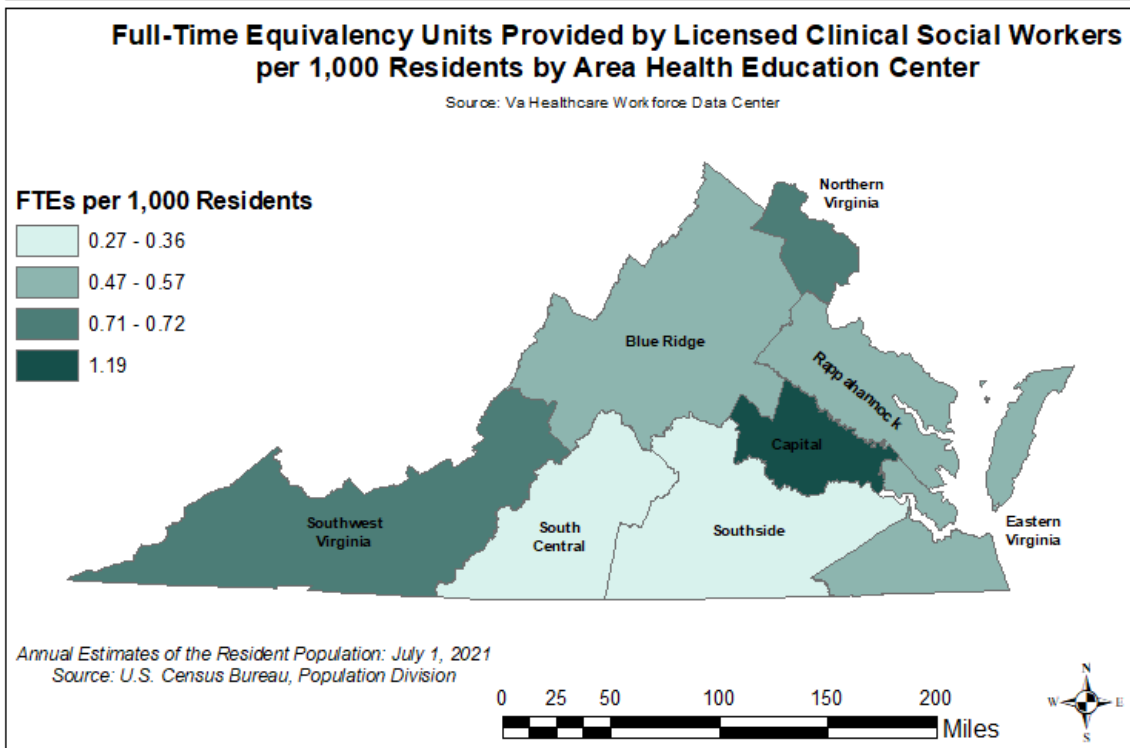
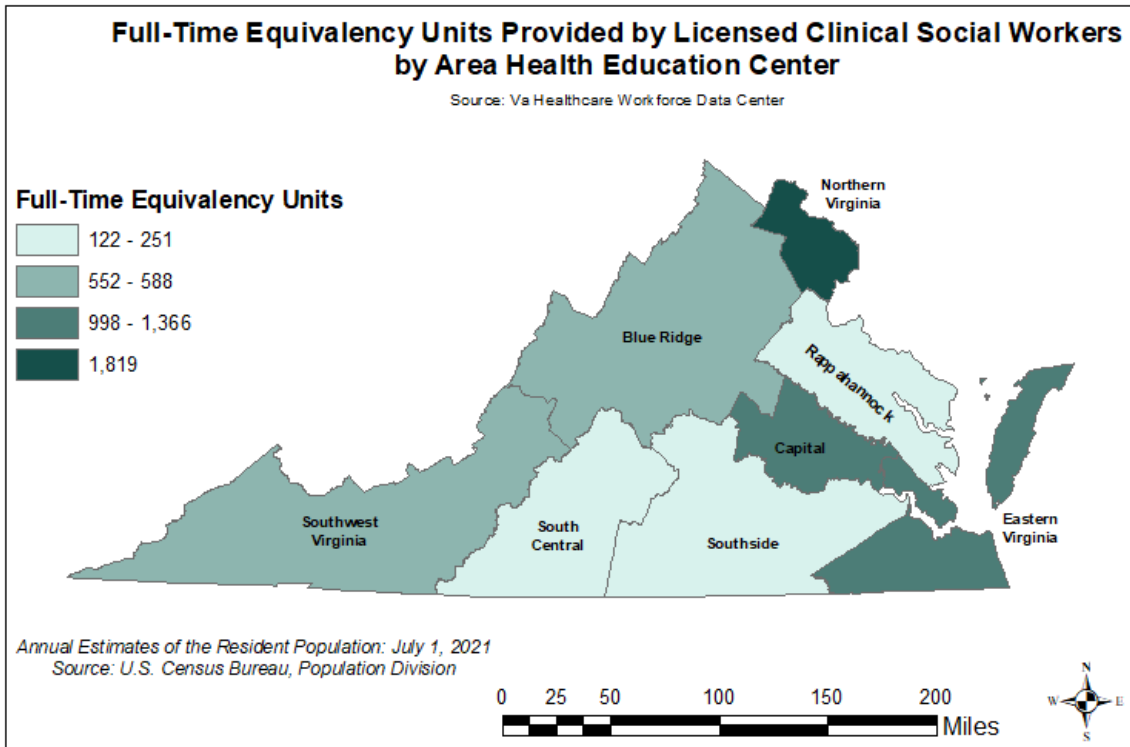


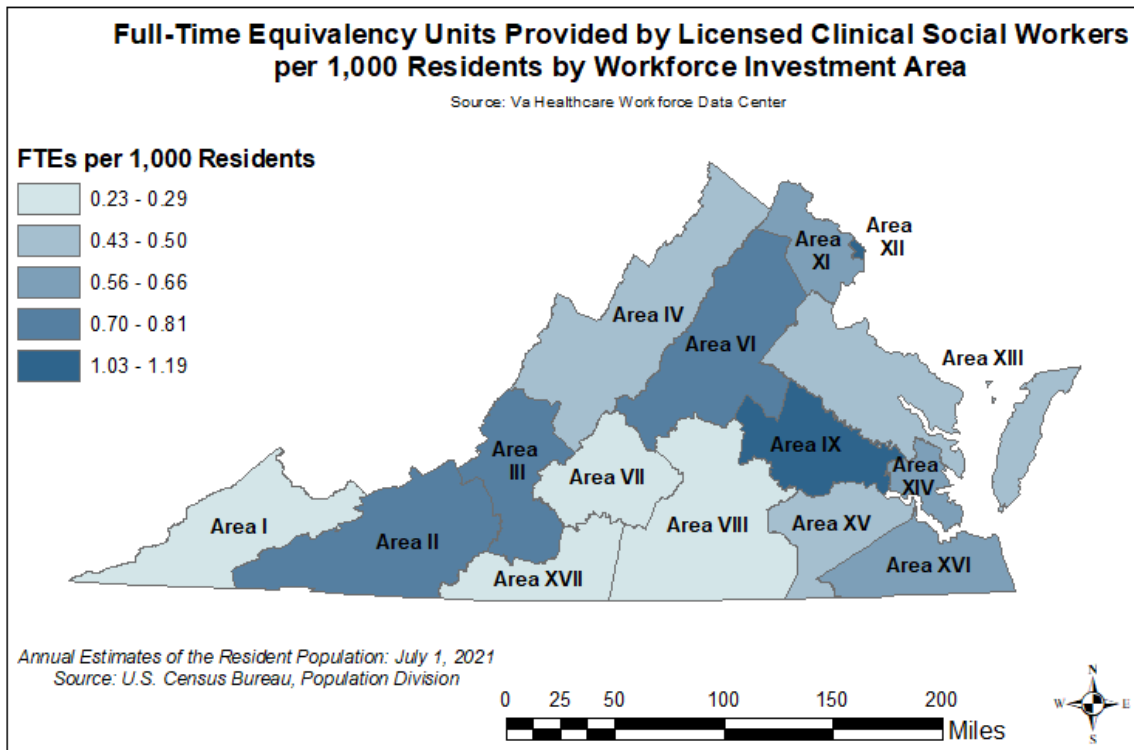
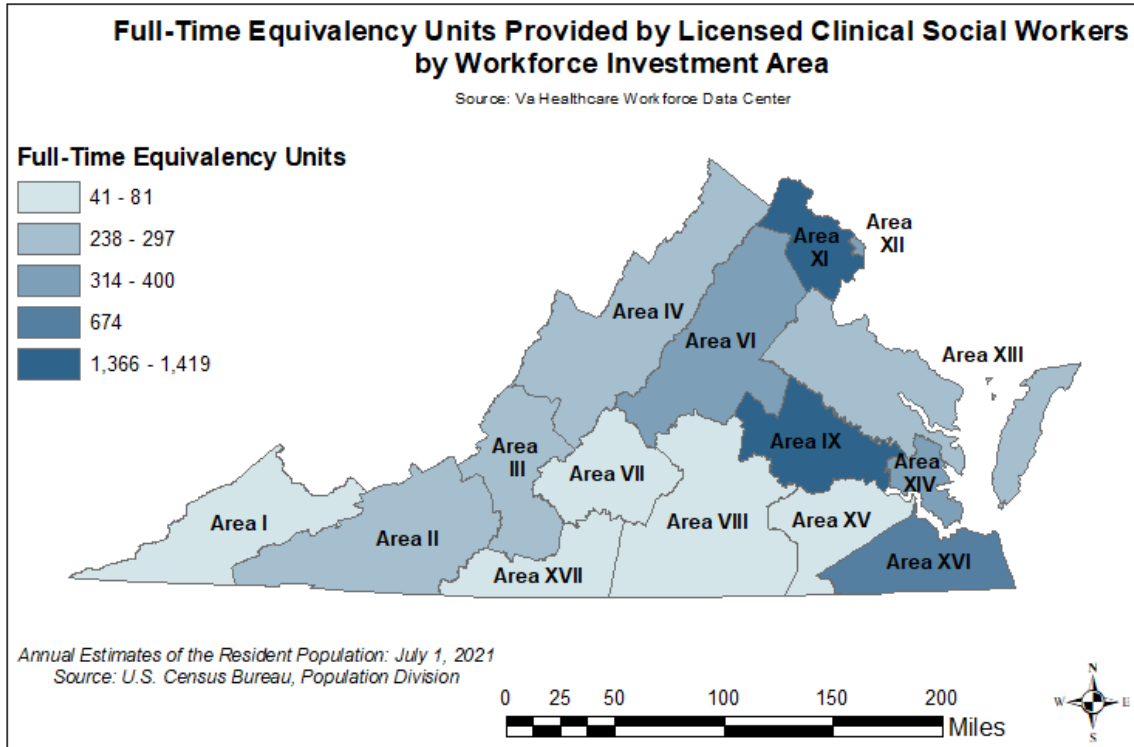
Source: Va. Healthcare Workforce Data Center

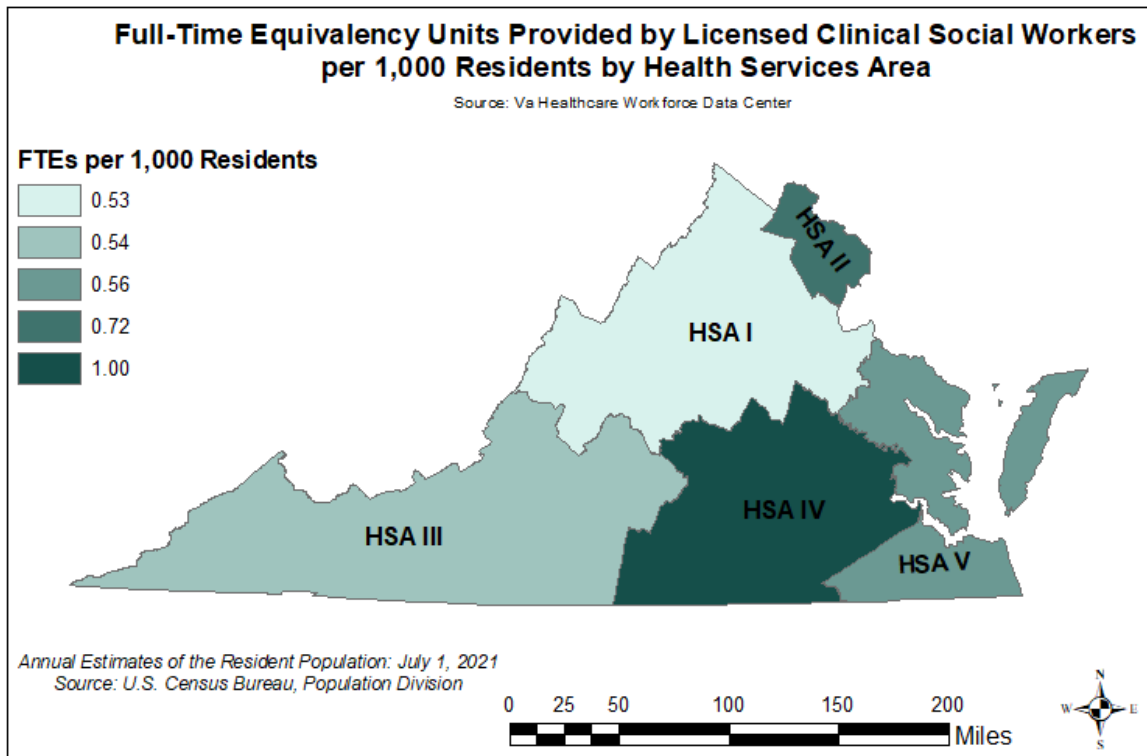
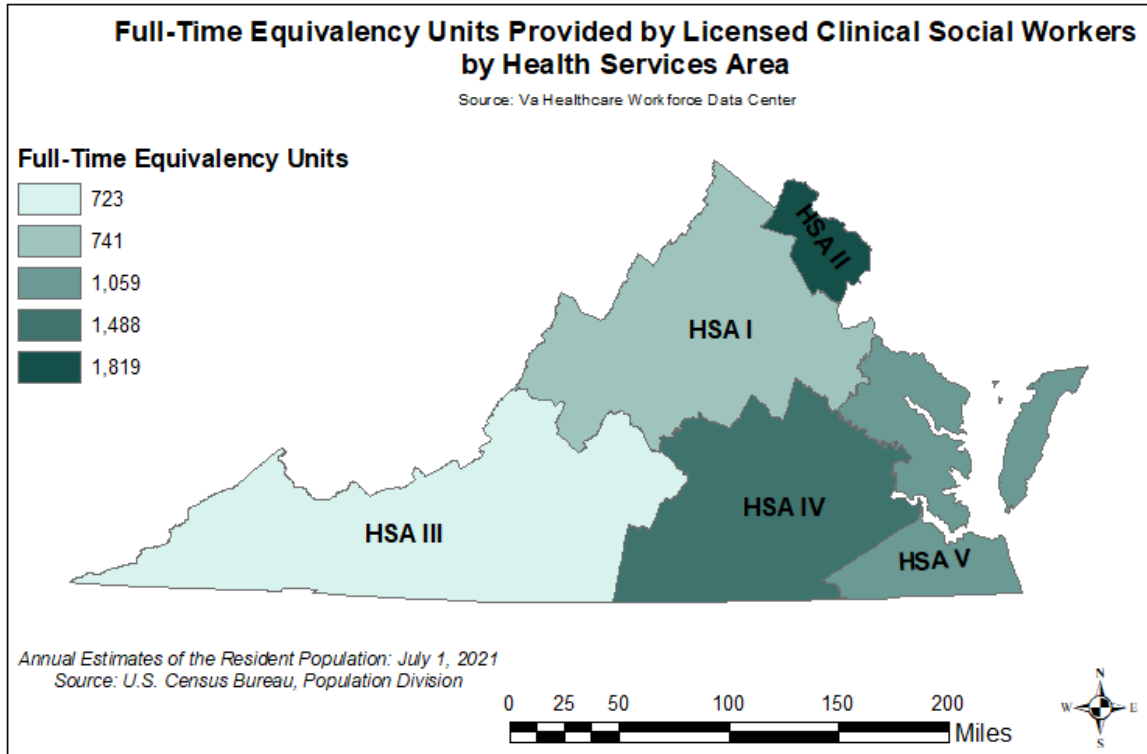
² Number of residents in 2021 was used as the denominator.

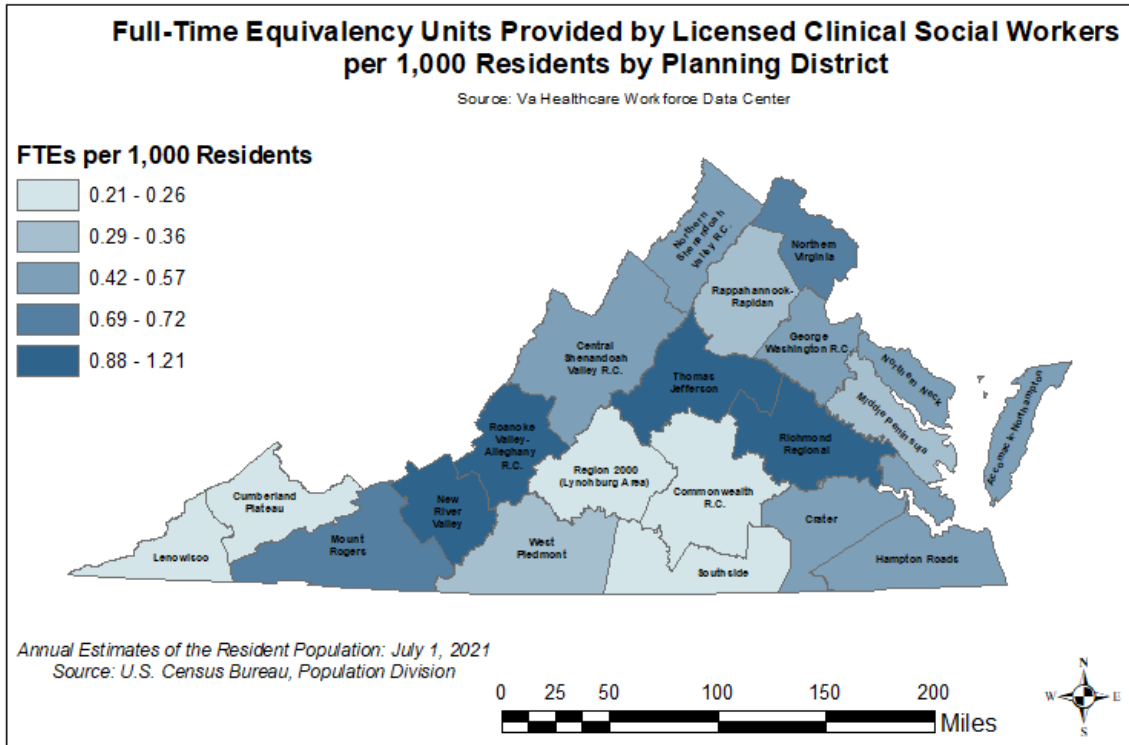
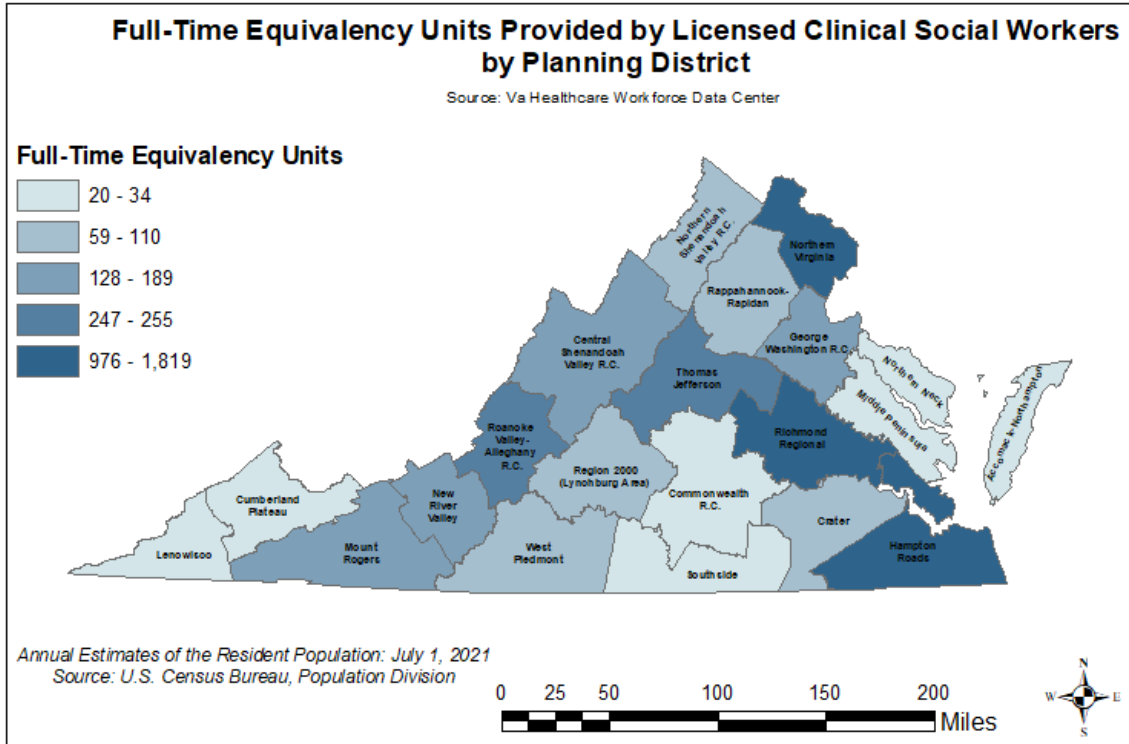
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).











Appendices

Appendix A: Weights

| Rural Status | Location Weight | | | Total Weight | |
|---|-----------------|--------|--------|--------------|-------|
| | # | Rate | Weight | Min. | Max. |
| Metro, 1 Million+ | 5,542 | 89.14% | 1.122 | 1.072 | 1.295 |
| Metro, 250,000 to 1 Million | 465 | 90.97% | 1.099 | 1.050 | 1.269 |
| Metro, 250,000 or Less | 712 | 89.75% | 1.114 | 1.064 | 1.286 |
| Urban, Pop. 20,000+, Metro Adj. | 44 | 95.45% | 1.048 | 1.009 | 1.209 |
| Urban, Pop. 20,000+, Non-Adj. | 0 | NA | NA | NA | NA |
| Urban, Pop. 2,500-19,999, Metro Adj. | 180 | 82.78% | 1.208 | 1.154 | 1.394 |
| Urban, Pop. 2,500-19,999, Non-Adj. | 95 | 90.53% | 1.105 | 1.055 | 1.275 |
| Rural, Metro Adj. | 143 | 81.82% | 1.222 | 1.168 | 1.410 |
| Rural, Non-Adj. | 31 | 77.42% | 1.292 | 1.234 | 1.491 |
| Virginia Border State/D.C. | 1,740 | 78.79% | 1.269 | 1.212 | 1.465 |
| Other U.S. State | 1,231 | 70.27% | 1.423 | 1.360 | 1.642 |

Source: Va. Healthcare Workforce Data Center

| Age | Age Weight | | | Total Weight | |
|--------------------|------------|--------|--------|--------------|-------|
| | # | Rate | Weight | Min. | Max. |
| Under 35 | 1,348 | 73.66% | 1.358 | 1.209 | 1.642 |
| 35 to 39 | 1,461 | 83.50% | 1.198 | 1.066 | 1.449 |
| 40 to 44 | 1,384 | 86.71% | 1.153 | 1.027 | 1.395 |
| 45 to 49 | 1,228 | 88.27% | 1.133 | 1.009 | 1.370 |
| 50 to 54 | 1,283 | 86.59% | 1.155 | 1.028 | 1.397 |
| 55 to 59 | 998 | 88.98% | 1.124 | 1.050 | 1.360 |
| 60 to 64 | 904 | 87.61% | 1.141 | 1.016 | 1.381 |
| 65 and Over | 1,577 | 86.75% | 1.153 | 1.027 | 1.395 |

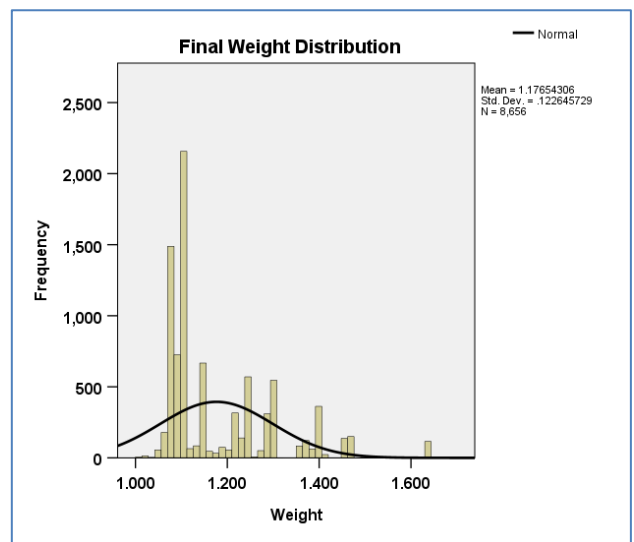
Source: Va. Healthcare Workforce Data Center

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:

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

Overall Response Rate: 0.850044



Source: Va. Healthcare Workforce Data Center

Board of Social Work
Current Regulatory Actions
As of October 23, 2023

In the Governor's office

None.

In the Secretary's office

| VAC | Stage | Subject Matter | Date submitted | Office; time in office | Notes |
|-------------|----------|---|----------------|------------------------|---|
| 18VAC140-30 | Proposed | Initial regulations for licensure of music therapists | 1/19/2022 | HHR; 528 days | Implements licensure of music therapists pursuant to directive by the General Assembly |
| 18VAC140-20 | Final | Reduction in CE hours for continuation of approval to be a supervisor | 6/3/2022 | HHR; 487 days | Amendment following recommendation of Regulatory Committee to eliminate a burdensome requirement. |

At DPB/OAG

None.

Regulations set for publication or recently effective

| VAC | Stage | Subject Matter | Publication date | Effective date |
|-------------|--------------|--|------------------|--------------------------|
| 18VAC140-20 | Exempt/Final | Exempt action to allow change of supervisors without notification to the Board | 8/28/2023 | Effective date 9/27/2023 |
| 18VAC140-20 | Exempt/Final | Exempt action to allow agency subordinates to hear credentials cases | 10/9/2023 | Effective date 11/8/2023 |

Returned to agency

| VAC | Stage | Subject Matter | Date submitted* | Reason | Notes |
|-------------|--------------|--|------------------------|---|--|
| 18VAC140-20 | Proposed | Amendments resulting from 2022 periodic review | 12/19/2022 | To include definition of “generalist social work” in proposed regulations | Amendments from 2022 periodic review for needed changes. |

Agenda Item: Provide definition of “generalist social work”

Included in your agenda packet is:

- Copy of proposed regulations approved by the Board in December 2022 with suggested definition included.

Staff Note: OAG has provided guidance that the Board needs to determine “generalist social work” to use in these amended regulations. This issue came before the Board at the June meeting, at which time the Board determined the matter should be discussed by the Regulatory Committee. The Board does not have a Regulatory Committee currently, so the issue is before the Board again and needs to be decided.

Action Needed:

- Motion to amend proposed regulations with a definition of generalist social work as determined by the Board.
- **In the alternative:** delete 18VAC140-20-37(C) from the current proposed action. The statement that LBSWs and LMSWs can practice general social work is not necessary.

Project 7250 - Proposed

Board of Social Work

Amendments resulting from 2022 periodic review

Chapter 20

Regulations Governing the Practice of Social Work

18VAC140-20-10. Definitions.

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

Baccalaureate social worker

Board

Casework

Casework management and supportive services

Clinical social worker

Master's social worker

Practice of social work

Social worker

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

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

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

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

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

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

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

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

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

“Generalist social work” means non-clinical practice at the case management level which involves engaging, assessing, intervening, evaluating, supporting, educating, and organizing with and on behalf of individuals, families, and collections of people. Work may include community development, organizational development, and evaluation to ensure that services are useful, effective, and ethical.

"LBSW" means a licensed baccalaureate social worker.

"LCSW" means a licensed clinical social worker.

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

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

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

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

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

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

18VAC140-20-30. Fees.

A. The board has established fees for the following:

| | |
|--------------------------------|------|
| 1. Registration of supervision | \$50 |
|--------------------------------|------|

| | |
|---|-------|
| 2. Addition to or change in registration of supervision | \$25 |
| 3. Application processing | |
| a. Licensed clinical social worker <u>LCSW</u> | \$165 |
| b. LBSW | \$100 |
| c. LMSW | \$115 |
| 4. Annual license renewal | |
| a. Registered social worker | \$25 |
| b. Associate social worker | \$25 |
| c. LBSW | \$55 |
| d. LMSW | \$65 |
| e. Licensed clinical social worker <u>LCSW</u> | \$90 |
| 5. Penalty for late renewal | |
| a. Registered social worker | \$10 |
| b. Associate social worker | \$10 |
| c. LBSW | \$20 |
| d. LMSW | \$20 |
| e. Licensed clinical social worker <u>LCSW</u> | \$30 |
| 6. Verification of license to another jurisdiction | \$25 |
| 7. Additional or replacement licenses | \$15 |
| 8. Additional or replacement wall certificates | \$25 |
| 9. Handling fee for returned check or dishonored credit or debit card | \$50 |
| 10. Reinstatement following disciplinary action | \$500 |

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

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

18VAC140-20-37. Licensure; general.

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

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

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

C. LBSWs and LMSWs may practice generalist social work.

D. Only LCSWs may practice at the autonomous level.

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

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

1. Meet the education requirements prescribed in 18VAC140-20-49 and experience requirements prescribed in 18VAC140-20-50.
2. Submit a completed application to the board office within two years of completion of supervised experience to include:
 - a. Documentation, on the appropriate forms, of the successful completion of the supervised experience requirements of 18VAC140-20-50 along with documentation of the supervisor's out-of-state license where applicable. Applicants whose former supervisor is deceased, or whose whereabouts is unknown, shall submit to the board

- a. a notarized affidavit from the present chief executive officer of the agency, corporation or partnership in which the applicant was supervised. The affidavit shall specify dates of employment, job responsibilities, supervisor's name and last known address, and the total number of hours spent by the applicant with the supervisor in face-to-face supervision;
 - b. The application fee prescribed in 18VAC140-20-30;
 - c. Official transcript or documentation submitted from the appropriate institutions of higher education that verifies successful completion of educational requirements set forth in 18VAC140-20-49;
 - d. Documentation of any other health or mental health licensure or certification, if applicable; and
 - e. A current report from the ~~U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB)~~.
3. Provide evidence of passage of the examination prescribed in 18VAC140-20-70.

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

- A. Every applicant for licensure by endorsement shall submit in one package:
 1. A completed application and the application fee prescribed in 18VAC140-20-30.
 2. Documentation of active social work licensure in good standing obtained by standards required for licensure in another jurisdiction as verified by the out-of-state licensing agency. Licensure in the other jurisdiction shall be of a comparable type as the licensure that the applicant is seeking in Virginia.
 3. Verification of a passing score on a board-approved national exam at the level for which the applicant is seeking licensure in Virginia. The board may accept evidence that

a national examination was not required for licensure by the other jurisdiction at the time the applicant was initially licensed.

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

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

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

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

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

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

B. The requirement for a clinical practicum in a clinical course of study shall be a minimum of 600 hours, which shall be integrated with clinical course of study coursework and supervised by a person who is a ~~licensed clinical social worker~~ an LCSW or who holds a master's or

doctor's degree in social work and has a minimum of three years of experience in clinical social work services after earning the graduate degree. An applicant who has otherwise met the requirements for a clinical course of study but who did not have a minimum of 600 hours in a supervised field placement/practicum in clinical social work services may meet the requirement by obtaining an equivalent number of hours of supervised practice in clinical social work services in addition to the experience required in 18VAC140-20-50.

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

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

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

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

2. Hours. The applicant shall have completed a minimum of 3,000 hours of supervised post-master's degree experience in the delivery of clinical social work services and in ancillary services that support such delivery. A minimum of one hour and a maximum of

four hours of face-to-face supervision shall be provided per 40 hours of work experience for a total of at least 100 hours. No more than 50 of the 100 hours may be obtained in group supervision, nor shall there be more than six persons being supervised in a group unless approved in advance by the board. The board may consider alternatives to face-to-face supervision if the applicant can demonstrate an undue burden due to hardship, disability or geography.

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

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

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

B. Requirements for supervisors of candidates for LCSW.

1. The supervisor shall hold an active, unrestricted license as a ~~licensed clinical social worker~~ an LCSW in the jurisdiction in which the clinical services are being rendered with at least two years of post-licensure clinical social work experience. The board may consider supervisors with commensurate qualifications if the applicant can demonstrate an undue burden due to geography or disability or if supervision was obtained in another United States jurisdiction.

2. The supervisor shall have received professional training in supervision, consisting of a three credit-hour graduate course in supervision or at least 14 hours of continuing education offered by a provider approved under 18VAC140-20-105. The graduate course or hours of continuing education in supervision shall be obtained by a supervisor within five years immediately preceding registration of supervision.

3. The supervisor shall not provide supervision for a family member or provide supervision for anyone with whom he has a dual relationship.

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

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

1. Be responsible for the social work activities of the supervisee as set forth in this subsection once the supervisory arrangement is accepted;

2. Review and approve the diagnostic assessment and treatment plan of a representative sample of the clients assigned to the applicant during the course of supervision. The sample should be representative of the variables of gender, age, diagnosis, length of treatment and treatment method within the client population seen by the applicant. It is the applicant's responsibility to assure the representativeness of the sample that is presented to the supervisor;

3. Provide supervision only for those social work activities for which the supervisor has determined the applicant is competent to provide to clients;

4. Provide supervision only for those activities for which the supervisor is qualified by education, training and experience;
5. Evaluate the supervisee's knowledge and document minimal competencies in the areas of an identified theory base, application of a differential diagnosis, establishing and monitoring a treatment plan, development and appropriate use of the professional relationship, assessing the client for risk of imminent danger, understanding the requirements of law for reporting any harm or risk of harm to self or others, and implementing a professional and ethical relationship with clients;
6. Be available to the applicant on a regularly scheduled basis for supervision;
7. Maintain documentation, for five years post-supervision, of which clients were the subject of supervision; ~~and~~
8. Ensure that the board is notified of any change in supervision or if supervision has ended or been terminated by the supervisor; and
9. Clarify the billing fee for supervision.

D. Responsibilities of supervisees.

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

4. Supervisees shall not supervise the provision of clinical social work services provided by another person.

5. While providing clinical social work services, a supervisee shall remain under board approved supervision until licensed in Virginia as ~~a licensed clinical social worker~~ an LCSW.

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

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

1. Meet the education requirements prescribed in 18VAC140-20-60.
2. Submit a completed application to the board office to include:
 - a. The application fee prescribed in 18VAC140-20-30; and
 - b. Official transcripts submitted from the appropriate institutions of higher education.

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

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

18VAC140-20-70. Examination requirement.

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

~~1. The examination prescribed for licensure as a clinical social worker shall be the licensing examination of the Association of Social Work Boards at the clinical level.~~

~~2.~~ The examination prescribed for licensure as an LBSW shall be the licensing examination of the Association of Social Work Boards at the bachelor's level.

~~3.~~ 2. The examination prescribed for licensure as an LMSW shall be the licensing examination of the Association of Social Work Boards at the master's level.

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

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

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

18VAC140-20-100. Licensure renewal.

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

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

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

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

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

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

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

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

~~D. Courses or activities~~ for all license types shall be directly related to the practice of social work or another behavioral health field. ~~A minimum of six of those hours for licensed clinical social workers and a minimum of three of those hours for licensed social workers must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in Virginia.~~ Up to two continuing education hours required for renewal may be satisfied through delivery of social work services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services, as verified by the department or clinic. Three hours of volunteer service is required for one hour of continuing education credit.

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

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

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

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

a. Regionally accredited university or college academic courses in a behavioral health discipline. A maximum of 15 hours will be accepted for each academic course.

b. Continuing education programs offered by universities or colleges accredited by the Council on Social Work Education.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b. Publication of a professional social work-related book or initial preparation or presentation of a social work-related course. ~~(Activity~~ This activity will count for a maximum of 10 hours.)

c. Publication of a professional social work-related article or chapter of a book, or initial preparation or presentation of a social work-related in-service training, seminar, or workshop. ~~(Activity~~ This activity will count for a maximum of five hours.)

d. Provision of a continuing education program sponsored or approved by an organization listed under Category I. ~~(Activity~~ This activity will count for a maximum of two hours and will only be accepted one time for any specific program.)

e. Field instruction of graduate students in a Council on Social Work Education-accredited school. ~~(Activity~~ This activity will count for a maximum of two hours.)

f. Serving as an officer or committee member of one of the national professional social work associations listed under subdivision ~~B~~ G 1 d of this section or as a member of a state social work licensing board. ~~(Activity~~ This activity will count for a maximum of two hours.)

g. Attendance at formal staffings at federal, state, or local social service agencies, public school systems, or licensed health facilities and licensed hospitals. ~~(Activity~~ This activity will count for a maximum of five hours.)

h. Individual or group study including listening to audio tapes, viewing video tapes, or reading professional books or articles. ~~(Activity~~ This activity will count for a maximum of five hours.)

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

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

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

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

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

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

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

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

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

18VAC140-20-150. Professional conduct.

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

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

1. Be able to justify all services rendered to or on behalf of clients as necessary for diagnostic or therapeutic purposes.
2. Provide for continuation of care when services must be interrupted or terminated.

3. Practice only within the competency areas for which they are qualified by education and experience.
4. Report ~~to the board~~ any known or suspected violations of the laws and regulations governing the practice of social work to the board.
5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services.
6. Ensure that clients are aware of fees and billing arrangements before rendering services. Billing arrangements must clearly state the credentials of the person rendering services. Supervisees in social work may not bill clients directly for the supervisee's services.
7. Inform clients of potential risks and benefits of services and the limitations on confidentiality and ensure that clients have provided informed written consent to treatment.
8. Keep ~~confidential their~~ therapeutic relationships with clients confidential and disclose client records to others only with written consent of the client, with the following exceptions: (i) when the client is a danger to self or others; or (ii) as required by law.
9. When advertising their services to the public, ensure that such advertising is neither fraudulent nor misleading.
10. As treatment requires and with the written consent of the client, collaborate with other health or mental health providers concurrently providing services to the client.
11. Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.

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

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

~~14.~~ Not engage in physical contact with a client when there is a likelihood of psychological harm to the client. Social workers who engage in physical contact are responsible for setting clear and culturally sensitive boundaries.

~~15.~~14. Not sexually harass clients. Sexual harassment includes sexual advances; sexual solicitation; requests for sexual favors; and other verbal, written, electronic, or physical contact of a sexual nature.

15. Not diagnose third parties.

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

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

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

3. Disclose or release records to others only with ~~clients'~~ a client's expressed written consent, the express written consent of a client's ~~or that of their~~ legally authorized representative, or as mandated by law.

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

5. Maintain client records for a minimum of six years or as otherwise required by law from the date of termination of the therapeutic relationship with the following exceptions:

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

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

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

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

1. Not engage in a dual relationship with a client or a supervisee that could impair professional judgment or increase the risk of exploitation or harm to the client or supervisee. (Examples of such a relationship include: familial relationships; social relationships; financial, or business relationships; bartering; inappropriate physical contact such as cradling or caressing; assuming the role of a parent without consent; or a close personal relationship with a client, former client, or supervisee.) Social workers shall take appropriate professional precautions when a dual relationship cannot be

avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

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

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

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

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

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

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

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

1. Conviction of a felony or of a misdemeanor involving moral turpitude;
2. Procurement of license by fraud or misrepresentation;
3. Conducting one's practice in such a manner so as to make the practice a danger to the health and welfare of one's clients or to the public. In the event a question arises concerning the continued competence of a licensee, the board will consider evidence of continuing education;
4. Being unable to practice social work with reasonable skill and safety to clients by reason of illness, excessive use of alcohol, drugs, narcotics, chemicals or any other type of material or as a result of any mental or physical condition;
5. Conducting one's practice in a manner contrary to the standards of ~~ethics~~ care of social work or in violation of 18VAC140-20-150, standards of practice;
6. Performing functions outside the board-licensed area of competency;

7. Failure to comply with the continued competency requirements set forth in 18VAC140-20-105;
8. Violating or aiding and abetting another to violate any statute applicable to the practice of social work or any provision of this chapter; and
9. Failure to provide supervision in accordance with the provisions of 18VAC140-20-50 or 18VAC140-20-60.

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

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

Agenda Item: Completion of periodic review of public participation guidelines contained in 18VAC140-11

Included in your agenda packet:

- Town Hall periodic review publication page, showing no comments
- 18VAC140-11

Staff Note: Agencies are required to conduct periodic reviews of regulatory chapters every four years. Although this particular chapter is only changed when the Department of Planning and Budget provides new model language, the Board was still required to conduct a periodic review. Now that the review is complete, the Board should not initiate any changes, but retain as is until DPB amends the model regulations.

Action Needed:

- Motion to retain 18VAC140-11 as is.



- Agency** Department of Health Professions
- Board** Board of Social Work
- Chapter** Public Participation Guidelines [[18 VAC 140 - 11](#)]

[Edit Review](#)

Review 2456

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 8/18/2023

Notice of Periodic Review

Pursuant to Executive Order 19 (2022) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, this regulation is undergoing a periodic review.

The review of this regulation will be guided by the principles in Executive Order 19 <https://TownHall.Virginia.Gov/EO-19-Development-and-Review-of-State-Agency-Regulations.pdf>.

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

In order for you to receive a response to your comment, your contact information (preferably an email address or, alternatively, a U.S. mailing address) must accompany your comment. Following the close of the public comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations.

| Contact Information | |
|-----------------------|--|
| Name / Title: | Jaime Hoyle / <i>Executive Director</i> |
| Address: | 9960 Mayland Drive Suite 300 Henrico, VA 23233 |
| Email Address: | jaime.hoyle@dhp.virginia.gov |
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Publication of Notice in the Register and Public Comment Period

Published in the Virginia Register on 9/11/2023 [Volume: 40 Issue: 2]

Comment Period begins on the publication date and ends on 10/2/2023

Comments Received: 0

Review Result

Pending

TH-07 Periodic Review Report of Findings *(not yet submitted)*

ORM Economic Review Form *(not yet submitted)*

Attorney General Certification

Submitted to OAG: 8/18/2023

Review Completed: 8/22/2023

Result: Certified

 **Review Memo**

This periodic review was created by Erin Barrett on 08/18/2023 at 2:39pm

Commonwealth of Virginia



PUBLIC PARTICIPATION GUIDELINES

VIRGINIA BOARD OF SOCIAL WORK

Title of Regulations: 18 VAC 140-11-10 et seq.

**Statutory Authority: §§ 54.1-2400 and 2.2-4007
of the *Code of Virginia***

Revised Date: December 15, 2016

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Part I

Purpose and Definitions

18VAC140-11-10. Purpose.

The purpose of this chapter is to promote public involvement in the development, amendment or repeal of the regulations of the Board of Social Work. This chapter does not apply to regulations, guidelines, or other documents exempted or excluded from the provisions of the Administrative Process Act (§2.2-4000 et seq. of the Code of Virginia).

18VAC140-11-20. Definitions.

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

"Administrative Process Act" means Chapter 40 (§2.2-4000 et seq.) of Title 2.2 of the Code of Virginia.

"Agency" means the Board of Social Work, which is the unit of state government empowered by the agency's basic law to make regulations or decide cases. Actions specified in this chapter may be fulfilled by state employees as delegated by the agency.

"Basic law" means provisions in the Code of Virginia that delineate the basic authority and responsibilities of an agency.

"Commonwealth Calendar" means the electronic calendar for official government meetings open to the public as required by §2.2-3707 C of the Freedom of Information Act.

"Negotiated rulemaking panel" or "NRP" means an ad hoc advisory panel of interested parties established by an agency to consider issues that are controversial with the assistance of a facilitator or mediator, for the purpose of reaching a consensus in the development of a proposed regulatory action.

"Notification list" means a list used to notify persons pursuant to this chapter. Such a list may include an electronic list maintained through the Virginia Regulatory Town Hall or other list maintained by the agency.

"Open meeting" means any scheduled gathering of a unit of state government empowered by an agency's basic law to make regulations or decide cases, which is related to promulgating, amending or repealing a regulation.

"Person" means any individual, corporation, partnership, association, cooperative, limited liability company, trust, joint venture, government, political subdivision, or any other legal or commercial entity and any successor, representative, agent, agency, or instrumentality thereof.

"Public hearing" means a scheduled time at which members or staff of the agency will meet for the purpose of receiving public comment on a regulatory action.

"Regulation" means any statement of general application having the force of law, affecting the rights or conduct of any person, adopted by the agency in accordance with the authority conferred on it by applicable laws.

"Regulatory action" means the promulgation, amendment, or repeal of a regulation by the agency.

"Regulatory advisory panel" or "RAP" means a standing or ad hoc advisory panel of interested parties established by the agency for the purpose of assisting in regulatory actions.

"Town Hall" means the Virginia Regulatory Town Hall, the website operated by the Virginia Department of Planning and Budget at www.townhall.virginia.gov, which has online public comment forums and displays information about regulatory meetings and regulatory actions under consideration in Virginia and sends this information to registered public users.

"Virginia Register" means the Virginia Register of Regulations, the publication that provides official legal notice of new, amended and repealed regulations of state agencies, which is published under the provisions of Article 6 (§2.2-4031 et seq.) of the Administrative Process Act.

Part II

Notification of Interested Persons

18VAC140-11-30. Notification list.

A. The agency shall maintain a list of persons who have requested to be notified of regulatory actions being pursued by the agency.

B. Any person may request to be placed on a notification list by registering as a public user on the Town Hall or by making a request to the agency. Any person who requests to be placed on a notification list shall elect to be notified either by electronic means or through a postal carrier.

C. The agency may maintain additional lists for persons who have requested to be informed of specific regulatory issues, proposals, or actions.

D. When electronic mail is returned as undeliverable on multiple occasions at least 24 hours apart, that person may be deleted from the list. A single undeliverable message is insufficient cause to delete the person from the list.

E. When mail delivered by a postal carrier is returned as undeliverable on multiple occasions, that person may be deleted from the list.

F. The agency may periodically request those persons on the notification list to indicate their desire to either continue to be notified electronically, receive documents through a postal carrier, or be deleted from the list.

18VAC140-11-40. Information to be sent to persons on the notification list.

A. To persons electing to receive electronic notification or notification through a postal carrier as described in 18VAC140-11-30, the agency shall send the following information:

1. A notice of intended regulatory action (NOIRA).
2. A notice of the comment period on a proposed, a repropoed, or a fast-track regulation and hyperlinks to, or instructions on how to obtain, a copy of the regulation and any supporting documents.
3. A notice soliciting comment on a final regulation when the regulatory process has been extended pursuant to §2.2-4007.06 or 2.2-4013 C of the Code of Virginia.

B. The failure of any person to receive any notice or copies of any documents shall not affect the validity of any regulation or regulatory action.

**Part III
Public Participation Procedures**

18VAC140-11-50. Public comment.

A. In considering any nonemergency, nonexempt regulatory action, the agency shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency; and (ii) be accompanied by and represented by counsel or other representative. Such opportunity to comment shall include an online public comment forum on the Town Hall.

1. To any requesting person, the agency shall provide copies of the statement of basis, purpose, substance, and issues; the economic impact analysis of the proposed or fast-track regulatory action; and the agency's response to public comments received.
2. The agency may begin crafting a regulatory action prior to or during any opportunities it provides to the public to submit comments.

B. The agency shall accept public comments in writing after the publication of a regulatory action in the Virginia Register as follows:

1. For a minimum of 30 calendar days following the publication of the notice of intended regulatory action (NOIRA).
2. For a minimum of 60 calendar days following the publication of a proposed regulation.
3. For a minimum of 30 calendar days following the publication of a repropoed regulation.

4. For a minimum of 30 calendar days following the publication of a final adopted regulation.
5. For a minimum of 30 calendar days following the publication of a fast-track regulation.
6. For a minimum of 21 calendar days following the publication of a notice of periodic review.
7. Not later than 21 calendar days following the publication of a petition for rulemaking.

C. The agency may determine if any of the comment periods listed in subsection B of this section shall be extended.

D. If the Governor finds that one or more changes with substantial impact have been made to a proposed regulation, he may require the agency to provide an additional 30 calendar days to solicit additional public comment on the changes in accordance with § [2.2-4013](#) C of the Code of Virginia.

E. The agency shall send a draft of the agency's summary description of public comment to all public commenters on the proposed regulation at least five days before final adoption of the regulation pursuant to § [2.2-4012](#) E of the Code of Virginia.

18VAC140-11-60. Petition for rulemaking.

A. As provided in §2.2-4007 of the Code of Virginia, any person may petition the agency to consider a regulatory action.

B. A petition shall include but is not limited to the following information:

1. The petitioner's name and contact information;
2. The substance and purpose of the rulemaking that is requested, including reference to any applicable Virginia Administrative Code sections; and
3. Reference to the legal authority of the agency to take the action requested.

C. The agency shall receive, consider and respond to a petition pursuant to §2.2-4007 and shall have the sole authority to dispose of the petition.

D. The petition shall be posted on the Town Hall and published in the Virginia Register.

E. Nothing in this chapter shall prohibit the agency from receiving information or from proceeding on its own motion for rulemaking.

18VAC140-11-70. Appointment of regulatory advisory panel.

A. The agency may appoint a regulatory advisory panel (RAP) to provide professional specialization or technical assistance when the agency determines that such expertise is necessary to address a specific regulatory issue or action or when individuals indicate an interest in working with the agency on a specific regulatory issue or action.

B. Any person may request the appointment of a RAP and request to participate in its activities. The agency shall determine when a RAP shall be appointed and the composition of the RAP.

C. A RAP may be dissolved by the agency if:

1. The proposed text of the regulation is posted on the Town Hall, published in the Virginia Register, or such other time as the agency determines is appropriate; or
2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act.

18VAC140-11-80. Appointment of negotiated rulemaking panel.

A. The agency may appoint a negotiated rulemaking panel (NRP) if a regulatory action is expected to be controversial.

B. A NRP that has been appointed by the agency may be dissolved by the agency when:

1. There is no longer controversy associated with the development of the regulation;
2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act; or
3. The agency determines that resolution of a controversy is unlikely.

18VAC140-11-90. Meetings.

Notice of any open meeting, including meetings of a RAP or NRP, shall be posted on the Virginia Regulatory Town Hall and Commonwealth Calendar at least seven working days prior to the date of the meeting. The exception to this requirement is any meeting held in accordance with §2.2-3707 D of the Code of Virginia allowing for contemporaneous notice to be provided to participants and the public.

18VAC140-11-100. Public hearings on regulations.

A. The agency shall indicate in its notice of intended regulatory action whether it plans to hold a public hearing following the publication of the proposed stage of the regulatory action.

B. The agency may conduct one or more public hearings during the comment period following the publication of a proposed regulatory action.

C. An agency is required to hold a public hearing following the publication of the proposed regulatory action when:

1. The agency's basic law requires the agency to hold a public hearing;
2. The Governor directs the agency to hold a public hearing; or
3. The agency receives requests for a public hearing from at least 25 persons during the public comment period following the publication of the notice of intended regulatory action.

D. Notice of any public hearing shall be posted on the Town Hall and Commonwealth Calendar at least seven working days prior to the date of the hearing. The agency shall also notify those persons who requested a hearing under subdivision C 3 of this section.

18VAC140-11-110. Periodic review of regulations.

- A. The agency shall conduct a periodic review of its regulations consistent with:
 1. An executive order issued by the Governor pursuant to §2.2-4017 of the Administrative Process Act to receive comment on all existing regulations as to their effectiveness, efficiency, necessity, clarity, and cost of compliance; and
 2. The requirements in §2.2-4007.1 of the Administrative Process Act regarding regulatory flexibility for small businesses.
- B. A periodic review may be conducted separately or in conjunction with other regulatory actions.
- C. Notice of a periodic review shall be posted on the Town Hall and published in the Virginia Register.



LICENSING REPORT

| Satisfaction Survey Results | |
|--|------------|
| 2023 4th Quarter (April 1 – June 30, 2022) | 97% |

Total as of October 20, 2023*

| Current Licenses | |
|--------------------------------------|---------------|
| Associate Social Worker | 1 |
| Licensed Baccalaureate Social Worker | 51 |
| Licensed Clinical Social Work | 10,157 |
| Licensed Master's Social Worker | 1,239 |
| Registered Social Worker | 6 |
| Supervisees in Social Work | 3,592 |
| Total | 15,046 |

*Unofficial numbers (for informational purposes only)



Licenses and Registrations Issued

| Licenses and Registrations Issued | May 2023 | June 2023 | July 2023 | August 2023 | September 2023* |
|---|------------|------------|------------|-------------|-----------------|
| Licensed Baccalaureate Social Worker (LBSW) | 0 | 1 | 1 | 1 | 0 |
| Licensed Clinical Social Worker (LCSW) | 144 | 129 | 96 | 112 | 162 |
| Licensed Master's Social Worker (LMSW) | 42 | 26 | 38 | 52 | 37 |
| Supervisees in Social Work | 108 | 217 | 140 | 151 | 173 |
| Total | 294 | 373 | 275 | 316 | 372 |

Applications Received

| Licenses and Registrations Issued | May 2023* | June 2023* | July 2023* | August 2023* | September 2023* |
|---|------------|------------|------------|--------------|-----------------|
| Licensed Baccalaureate Social Worker (LBSW) | 5 | 3 | 2 | 5 | 6 |
| Licensed Clinical Social Worker (LCSW) | 134 | 134 | 144 | 161 | 140 |
| Licensed Master's Social Worker (LMSW) | 67 | 63 | 46 | 67 | 40 |
| Supervisees in Social Work | 153 | 187 | 161 | 168 | 183 |
| Total | 359 | 387 | 353 | 401 | 369 |

*Unofficial numbers (for informational purposes only)



Additional Information:

• Board of Social Work Staffing Information:

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

• Technology

- Updated Board Website (New look-same content)
- BOT technology sending standardized emails.
- Ability for applicants to upload documents during the application process.