

**10:00 a.m . Call to Order – Jaime H. Hoyle, JD, Executive Director, Boards of Counseling, Psychology, and Social Work**

- Welcome
- Adoption of Agenda\* (*Will request motion to move Elections and Presentations to after the Agency Director’s Report*)

**10:05 a.m. Public Hearing**

Public hearing regarding fast track regulatory action: acceptance of state examinations .....Page 3

**Call Board Meeting to Order – Jaime Hoyle**

- Introductions
- Establishment of a Quorum
- Mission of the Board.....Page 5

**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.* .....Page 6

**Approval of Minutes**

June 3, 2022 Board Meeting\* .....Page 11

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

**Legislation and Regulatory Report – Erin Barrett, JD, DHP Sr. Policy Analyst**

- Chart of Regulatory Actions.....Page 92
- Consideration of Fast-Track Regulatory Action\*.....Page 93
- Consideration of amendments to Guidance Document 140-1\*.....Page 101
- Consideration of amendments to Guidance Document 140-4.2\*.....Page 105
- Consideration of Petition for Rulemaking\*.....Page 108

**Staff Reports**

- Executive Director’s Report – Jaime Hoyle.....Page 132
- Deputy Executive Director’s Report – Jennifer Lang, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work.....Page 145
- Deputy Executive Director’s Report, Licensing - Charlotte Lenart, Boards of Counseling, Psychology, and Social Work.....Page 147

---

---

**Committee Reports**

- Regulatory Committee Report – Jaime Hoyle
  - Board of Health Professions Report – Jaime Hoyle
- 
- 

**Elections of Officers** – Jaime Hoyle.....Page 13

---

---

**Presentations**

- **Social Work Licensure Compact** – Keith Buckout, Research Associate, Council of State Governments.....Page 19
  - **Virginia’s Licensed Clinical Social Worker Workforce: 2022, DHP Healthcare Workforce Data Center** – Dr. Yetty Shobo, Executive Director.....Page 43
  - **Virginia’s Licensed Master’s Social Workers Survey: 2022, DHP Healthcare Workforce Data Center** – Dr. Yetty Shobo, Executive Director.....Page 75
- 
- 

**New Business**

- Discussion of Association of Social Work Boards (ASWB) Examination Data.....Page 150
- 
- 

**Next Meeting Dates:**

- Regulatory: December 8, 2022
  - Full Board: December 9, 2022
- 
- 

**Meeting Adjournment**

---

---

\*Indicates a Board vote is required.

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



**Agency** Department of Health Professions

**Board** Board of Social Work

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

**Action:** Acceptance of state examinations

General Information	
<b>Action Summary</b>	The Board is considering an amendment to licensure by endorsement that would allow acceptance of a state examination rather than the national examination, which is currently required for licensure in Virginia. A state examination would be acceptable only if another U. S. jurisdiction did not require the national examination at the time the social worker was initially licensed and if the examination was deemed to be a comparable level for the license being sought.
<b>Chapters Affected</b>	Only affects this chapter.
<b>Exempt from APA</b>	No, this action is subject to Article 2 of the Administrative Process Act.
<b>RIS Project</b>	Yes [7043]
<b>Associated Petitions for Rulemaking</b>	<u><a href="#">Deletion of requirement for passage of exam for endorsement</a></u>
<b>New Periodic Review</b>	This action will not be used to conduct a new periodic review.

Stages		
Stages associated with this regulatory action.		
Stage ID	Stage Type	Status
<u><a href="#">9358</a></u>	NOIRA	Stage complete. Comment period ended 02/02/2022.
<u><a href="#">9556</a></u>	Fast-Track	Comment period is underway and will end on 10/12/2022.

Contact Information	
<b>Name / Title:</b>	Jaime Hoyle / <i>Executive Director</i>
<b>Address:</b>	9960 Mayland Drive Suite 300 Richmond, VA 23233-1463
<b>Email Address:</b>	<u><a href="mailto:jaime.hoyle@dhp.virginia.gov">jaime.hoyle@dhp.virginia.gov</a></u>
<b>Phone:</b>	(804)367-4406 FAX: (804)527-4435 TDD: (-)

*This person is the primary contact for this chapter.*

*This action was created by Elaine J. Yeatts on 07/28/2021 at 10:31am*





Virginia Department of  
**Health Professions**  
Board of Social Work

## **MISSION STATEMENT**

---

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



# Exams for the future of social work

**Social work is evolving and so are we.**

**ASWB is expanding how we understand and assess social work competencies.**

**We are enhancing our research-driven exam development process to reenvision who gives input into exam creation, how test-takers prepare, and what educators can do to help.**

**Learn more at [aswb.org](https://aswb.org)**

## ASWB ACTION STEPS

### Social Work Workforce Coalition

major social work organizations contributing to the creation of exams for the future of social work

### Community conversations

focus groups designed to invite additional input from social workers, expanding the range of voices heard

### Exam research

definition and measurement of competence, upstream factors accounting for differences in pass rates, possible alternative assessment format

### Exam resources for educators

a suite of free resources that provides support to social work educators as they prepare their students for success on the exam

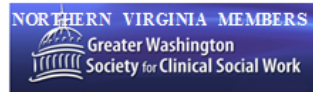
### Social Work Census

the largest practice analysis ever undertaken — offered in Spanish, French, and English — capturing who social workers are and what we do, so we can meet our profession where it is





AND



*Virginia Society for Clinical Social Workers  
1261 Abingdon Rd  
North Chesterfield VA 23236*

*And*

*Greater Washington Society for Clinical Social Work  
711 Garrisonville Rd  
Garrisonville, VA 22463*

**July 9, 2022**

Virginia Board of Social Work  
Jaime Hoyle, Executive Director  
Boards of Counseling, Psychology and Social Work  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463

Re: Request for administrative change

Jaime:

I continue to explore the issue of improving the process for MSWs seeking supervision for the LCSW license. My suggestion about starting a profile page for approved supervisors lacked the statutory authority that allowed the Board of Medicine to have a doctor’s profile page. I reviewed the minutes of the Full Board meetings in 2020 and 2021. Below are excerpts from the minutes giving updates on the development of the Approved Supervisor Registry. :

*March 3, 2020*

*Recommendation #9 The regulatory committee recommended to the Full Board to approve Board staff to create and maintain a public supervisor registry.*

*Motion: Dr. Walsh made a motion, which Ms. Manns properly seconded, to approve Board staff to create and maintain a public supervisor registry. The motion passed unanimously.*

*September 25, 2020*

*“...Ms. Lenart provided the Board an update on the Supervisor Registry. Staff created an application for supervisors to complete to submit to the Board to be on the registry. The registry will only list public information. Staff plans to send out an email blast to LCSW’s asking if they wish to be on registry. Data also created a separate email address for applicants to submit those applications to the Board. ..”*

*December 4, 2020*

*Ms. Lenart provided the Board an update on the Supervisory Registry. Ms. Lenart indicated that the agencies I.T. Department has the registry ready to go. Staff has suggested that we wait until after the first of the new year to launch it. It was also suggested that information be provided on the Board’s website and via an email blast to licensee about the Supervisory Registry and the Sample Supervisee in Social Work Supervisory Contract at the same time.*

March 12, 2021

**DEPUTY EXECUTIVE DIRECTOR OF LICENSING REPORT**

**Supervisory Registry:**

- Supervisors are not required to register with the Board; however it is recommended. Supervisors wishing to be listed on the [Approved Supervisor Registry](#), must complete and submit to the Board an [Application to be a Board-Approved Supervisor](#). Being list on the [Approved Supervisor Registry](#) prevents the Board from having to review the supervisor’s credentials and training in supervision every time a supervisee submits an application for Registration of Supervision.

***Supervisor Information tab added to the website:***

- The Supervisor Information tab includes links to the [supervisory registry](#), [Application to be a Board-Approved Supervisor](#), [Supervisor FAQs](#), Guidance Document 140-9 [Content for Training on Supervision for Clinical Social Work, effective May 13, 2020](#) and the [Template of a Supervisee in Social Work Supervisory Contract](#).

The Approved Supervisor Registry was an administrative tool that was created by VBSW staff at the direction and approval of the VBSW Board. It is a voluntary option for Board-Approved Supervisors to choose if they want their names on the registry.

**REQUEST:**

- The VSCSW request that the VBSW revise the “Application to be a Board-Approved Supervisor” form to include an option for the supervisor to give permission to publish a work phone number, a work email address and/or a work mailing address. (See attached DRAFT of revised form).***
- Ask the VBSW to add a column to the Registry that noted “Yes” or “No” answer to the above question and link to a page with the information for those supervisors that answered “YES.”***



<u>License Number</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>City</u>	<u>Zip Code</u>	<u>License Status</u>	<u>Expiration Date</u>	<u>License Type</u>	<u>Approval Date</u>	<u>Supervision Expiration</u>	<u>Contact Information Available</u>
0904000266	JOSEPH	G	LYNCH	Timberville	22853	Current Active	06/30/2023	LCSW	03/07/2022	02/25/2027	YES

Sincerely,  
**Joseph G. Lynch LCSW**



## APPLICATION TO BE A BOARD-APPROVED SUPERVISOR

**Important Notice:**

A fee is not required for this application process. You must complete the application in full, which includes submitting the required documentation at the same time you submit your application. This makes your application complete. Staff only reviews full and complete applications packets within the required timeline. The process is much easier, faster, and efficient if you submit a complete application at the outset. To remain on the registry, you must maintain an active, unrestricted LCSW license with the Board and your training must be current (within the last five years).

This application allows the Board to review and approve your credentials to provide supervision. Supervision may not begin until the Board approves your supervisee to begin supervision.

**This form and your continuing education certificate(s) in supervision training should be emailed to the Board at [swdocs@dhp.virginia.gov](mailto:swdocs@dhp.virginia.gov).**

**CURRENT INFORMATION**

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date of Birth: (MM/DD/YYYY) <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>		Last 4 digits of Social Security Number: XXX-XX- <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	
Email Address: <input style="width: 95%;" type="text"/>			
Social Work License Number: <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>			

**Please answer the below questions:**

I hold an active, unrestricted license as a Virginia LCSW and have at least two years of post-licensure clinical social work experience.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have included evidence that I have completed the required professional training in <u>supervision</u> , consisting of a 3 credit-hour graduate course in supervision, or at least 14 hours of continuing education in supervision offered by an approved provider listed in 18VAC140-20-105.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I acknowledge that the professional training in supervision must be completed 5 years immediately prior to the applicant submitting their application for registration of supervision.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I authorize the Board to publish my public information on the Social Work Supervisory Registry.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>OPTIONAL INFORMATION:</b> You MAY give permission for the VBSW to publish your work phone number, your work email and/or your work mailing address. This is NOT required but is allowed. If you give your permission check "YES". If you <u>do not</u> give your permission, then check "NO"	Yes <input type="checkbox"/>	No <input type="checkbox"/>
WORK PHONE NUMBER	WORK EMAIL ADDRESS	WORK MAILING ADDRESS
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

My signature acknowledges that I understand the qualifications and responsibilities of a Board approved supervisor as listed in 18VAC140-20-50B and C and attest that the information contained within the application is true and accurate to the best of my knowledge and belief.

Signature of Licensee

Date



**Virginia Board of Social Work  
Regulatory Committee Meeting Minutes  
Thursday, June 2, 2022 at 1:00 p.m.  
9960 Mayland Drive, Henrico, VA 23233  
Board Room 4**

- PRESIDING OFFICER:** Maria Eugenia del Villar, MSW, LCSW
- BOARD MEMBERS PRESENT:** Dolores Paulson, PhD, LCSW  
Michael Hayter, MSW, LCSW, CSAC
- BOARD MEMBERS ABSENT:** Canek Aguirre, Citizen Member  
Gloria Manns, MSW, LCSW
- BOARD STAFF PRESENT:** Charlotte Lenart, Deputy Executive Director  
Jaime Hoyle, JD, Executive Director  
Jennifer Lang, Deputy Executive Director  
Latasha Austin, Licensing & Operations Manager  
Leoni Wells, Executive Assistant  
Sharniece Vaughan, Licensing Specialist
- DHP STAFF PRESENT:** Erin Barrett, JD, Senior Policy Analyst, Department of Health Professions
- CALL TO ORDER:** Ms. del Villar called the Regulatory Committee meeting to order at 1:01p.m.
- ESTABLISHMENT OF A QUORUM:** Ms. del Villar requested a roll call by Ms. Austin. Ms. Austin announced that three members of the Committee were present at roll call; therefore, a quorum was established.
- MISSION STATEMENT:** Ms. del Villar 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:** Meeting minutes from the Regulatory Committee Meeting held on July 22, 2021 was approved as written.
- NEW BUSINESS:**
- I. Legislative Report**  
Ms. Barrett reviewed the legislative updates with the Committee.
- II. Current Regulatory Actions**
- Recommendation of Adoption of Final Action**
- A. Changes to endorsement and reinstatement: standards of practice.
- Motion:** Dr. Paulson made a motion, which Mr. Hayter properly seconded, to recommend to the full Board to adopt as final action. The motion passed unanimously.
- B. Reduction in CE hours for continuation of approval to be a supervisor
- Motion:** Dr. Paulson made a motion, which Mr. Hayter properly seconded, to



recommend to the full Board to adopt as final action. The motion was passed unanimously.

### **Review and Consideration of Guidance Documents**

- A. Consideration of amendments to Guidance Document 140-7 Bylaws

**Motion:** Mr. Hayter made a motion, which Dr. Paulson properly seconded, to recommend to the full Board to reaffirm the Guidance Document with the suggested and the following additional amendment to ARTICLE II(A)(1).

- A. Membership
1. The Board shall consist of nine (9) members, appointed by the Governor pursuant to Va. Code § 54.1-3703, as follows:
    - a. ~~Seven (7) shall be licensed social workers in Virginia, who have been active practice of social work for at least five years prior to appointment and:~~
    - b. ~~Two (2) shall be citizen members.~~

The motion passed unanimously.

- B. Guidance Document 140-10, Consideration of amendments to Supervised Experience for Clinical Social Work Licensure

**Motion:** Dr. Paulson made a motion, which Mr. Hayter properly seconded, to recommend to the full Board to repeal the Guidance Document, as it is no longer needed or necessary as the information in the document is covered in the Regulations. The motion passed unanimously.

### **Recommendation of periodic review results and consideration of regulatory action following periodic review**

**Motion:** Mr. Hayter made a motion, which Dr. Paulson properly seconded, to recommend to the Full Board to retain Chapter 20 and amend it. The motion passed unanimously.

**Motion:** Dr. Paulson made a motion, which Mr. Hayter properly seconded, to recommend to the full Board that a Notice of Regulatory Action be drafted following the periodic review defining terms, professional conduct and other clean up as necessary.

#### **NEXT MEETING DATES:**

Ms. del Villar announced that the next Regulatory Committee Meeting is scheduled for Thursday, September 22, 2022.

#### **ADJOURNMENT:**

Ms. del Villar adjourned the June 2, 2022 Board meeting at 2:41 p.m.

---

Maria Eugenia Del Villar, MSW, LCSW, Chair

---

Jaime Hoyle, JD, Executive Director



# VIRGINIA BOARD OF SOCIAL WORK BYLAWS

## ARTICLE I: AUTHORIZATION

### **A. Statutory Authority**

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

### **B. Duties**

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

### **C. Mission**

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

## ARTICLE II: THE BOARD

### **A. Membership**

1. The Board shall consist of nine (9) members, appointed by the Governor pursuant to Va. Code § [54.1-3703](#).
2. The terms of the members of the Board shall be four (4) years.
3. Members of the Board of Social Work holding a voting office in any related professional association or one that takes a policy position on the regulations of the Board shall abstain from voting on issues where there may be a conflict of interest present.

### **B. Officers**

1. The Chairperson or designee shall preserve order and conduct all proceedings according to parliamentary rules, the Virginia Freedom of Information Act, Va. Code § 2.2-3700 *et seq.*, and the Virginia Administrative Process Act, Va. Code § 2.2-4000 *et seq.* Roberts Rules of Order will guide parliamentary procedure for the meetings. Except where specifically provided otherwise by the law or as otherwise ordered by the Board, the Chairperson shall appoint all committees, and shall sign as Chairperson to the certificates authorized to be signed by the Chairperson.
2. The Vice-Chairperson shall act as Chairperson in the absence of the Chairperson and assume the duties of Chairperson in the event of an unexpired term.

3. In the absences of the Chairperson and Vice-Chairperson, the Chairperson shall appoint another board member to preside at the meeting or formal administrative hearing.

### **C. Duties of Members**

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

### **D. Election of Officers**

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

### **E. Meetings**

1. The full Board shall meet quarterly, unless a meeting is not required to conduct Board business.
2. Order of business at meetings:
  - a. Public Comment;
  - b. Approval of Minutes of preceding regular Board meeting(s) and any called meeting since the last regular meeting of the Board;
  - c. Reports of officers and staff;
  - d. Reports of committees;
  - e. Election of officers (as needed);
  - f. Unfinished business; and
  - g. New business.
3. The order of business may be changed at any meeting by a majority vote.

## **ARTICLE III: COMMITTEES**

### **A. Duties and Frequency of Meetings.**

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

### **B. Standing Committees**

Standing committees of the Board shall consist of the following:

Regulatory/Legislative Committee;  
Special Conference Committee;  
Credentials Committee;  
Nomination Committee; and  
Any other standing committees created by the Board.

#### 1. Regulatory/Legislative Committee

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

#### 2. Special Conference Committee

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

3. Credentials Committee

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

4. Nomination Committee

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

**ARTICLE IV: GENERAL DELEGATION OF AUTHORITY**

The Board delegates the following functions:

1. The Board delegates to Board staff the authority to issue and renew licenses, certificates, or registrations and to approve supervision applications for which regulatory and statutory qualifications have been met. If there is basis upon which the Board could refuse to issue or renew the license or certification or to deny the supervision application, the Executive Director may only issue a license, certificate, or registration upon consultation with a member of the Credentials Committee, or in accordance with delegated authority provided in a guidance document of the Board.
2. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of Board business, including, but limited to, licensure and registration applications, renewal forms, and documents used in the disciplinary process.
3. The Executive Director shall be the custodian of all Board records. He or she shall preserve a correct list of all applicants and licensees, shall manage the correspondence of the Board, and shall perform all such other duties as naturally pertain to this position.

4. The Board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for Board-required examinations pursuant to the Americans with Disabilities Act, provided the candidate provides documentation that supports such an accommodation.
5. The Board delegates to the Executive Director authority to grant an extension for good cause of up to one (1) renewal cycle for the completion of continuing education requirements upon written request from the licensee prior to the renewal date.
6. The Board delegates to the Executive Director authority to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee or certificate holder, such as temporary disability, mandatory military service, or officially declared disasters.
7. The Board delegates to the Executive Director the authority to reinstate a license or certificate when the reinstatement is due to the lapse of the license or certificate rather than a disciplinary action and there is no basis upon which the Board could refuse to reinstate.
8. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.
9. The Board delegates to the Executive Director, who may consult with a member of the Special Conference Committee, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.
10. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee dispute cases without review by a Board member.
11. The Board delegates to the Executive Director the authority to review alleged violations of law or regulations with a Board member to make a determination as to whether probable cause exists to proceed with possible disciplinary action.
12. The Board delegates to the Executive Director the authority to assign the determination of probable cause for disciplinary action to a board member or to the staff disciplinary review coordinator, who, in consultation with Board staff, may offer a confidential consent agreement, offer a pre-hearing consent order, cause the scheduling of an informal conference, request additional information, or close the case.
13. In accordance with established Board guidance documents, the Board delegates to the Executive Director the determination of probable cause, for the purpose of offering a confidential consent agreement, a pre-hearing consent order, or for scheduling an informal conference.

14. The Board delegates to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.
15. The Board delegates to the Executive Director the convening of a quorum of the Board by telephone conference call, for the purpose of considering the summary suspension of a license or for the purpose of considering settlement proposals.
16. The Board delegates to the Chairperson the authority to represent the Board in instances where Board consultation or review may be requested where a vote of the Board is not required and a meeting is not feasible.
17. The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Virginia Code § 54.1-2400.2(F) when a probable cause review indicates a disciplinary proceeding will not be instituted.
18. The Board delegates authority to the Executive Director to delegate tasks to the Deputy Executive Director, as necessary.

#### **ARTICLE V: AMENDMENTS**

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



The Council  
of State  
Governments

# SOCIAL WORK LICENSURE COMPACT

Review of Model Legislation





# The Council of State Governments

Founded in 1933, CSG is our nation's only organization serving all three branches of state government.

## Scope

The nation's only organization serving all three branches of state government

## Membership

CSG is a region-based membership organization that fosters the exchange of insights and ideas to help state officials shape public policy

## Mission

Champion excellence in state governments in order to advance the common good

@CSGovts | [csg.org](http://csg.org)



# National Center for Interstate Compacts (NCIC)

- Exists within The CSG Center of Innovation
- Seeks to help states work cooperatively to solve mutual issues and meet shared goals
- Serves as an:
  1. Information clearinghouse
  2. Provider of training and technical assistance
  3. Primary facilitator for assisting states in the review, revision and creation of new interstate compacts



Multistate Problem Solving  
with Interstate Compacts

# What is an interstate compact?

A legal contract between two or more states that allows states to:



#1 Cooperatively address shared problems

#2 Maintain sovereignty over issues belonging to states

#3 Respond to national priorities with one voice

# Occupational Licensing Interstate Compacts

Facilitate  
Multistate  
Practice

Maintain or  
Improve Public  
Health and  
Safety

Preserve State  
Authority Over  
Professional  
Licensing



44 states (+ DC, Guam, USVI) have adopted at least 1 compact.  
35 states (+ DC) have adopted at least 3 compacts.



Over 220 pieces of occupational licensure compact legislation  
have been enacted since January 2016.



9 professions have active interstate compacts for  
occupational licensing.

# Active Occupational Licensing Interstate Compacts

Nurse Licensure  
Compact – 39

Psychology  
Interjurisdictional  
Compact – 31

Occupational Therapy  
Compact – 21

Medical Licensure  
Compact – 38

EMS Compact – 21

Counseling Compact  
– 14

Physical Therapy  
Compact – 34

Audiology and  
Speech Language  
Pathology Compact –  
22

Advanced Practice  
Nursing Compact – 3

# Occupational Licensing Interstate Compacts Under Development

Cosmetology and Barbering

Physician Assistant

Dentistry and Dental Hygiene

Social Work

Massage Therapy

K-12 Teaching

School Psychologists

Dieticians and Nutritionists



# Compact Development Process

## Phase I Development

### TECHNICAL ASSISTANCE GROUP

- Composed of approximately 20 state officials, stakeholders and issue experts
- Examines issues, current policy, best practices and alternative structures
- Establishes recommendations as to the content of an interstate compact

### COMPACT DOCUMENT TEAM

- Composed of 5 to 8 state officials, stakeholders, and issue experts
- Crafts compact based on Technical Assistance Group recommendations
- **Circulates draft compact to states and stakeholder groups for comment**

### FINAL PRODUCT

- Drafting team considers comments and incorporates into compact
- Final product sent to TA group
- Released to states for consideration

## Phase II Education and Enactment

### EDUCATION

- Develop comprehensive legislative resource kit
- Develop informational website with state-by-state tracking and support documents
- Convene “National Briefing” to educate legislators and key state officials

### STATE SUPPORT

- Develop network of “champions”
- Provide on-site technical support and assistance
- Provide informational testimony to legislative committees

### STATE ENACTMENTS

- Track and support state enactments
- Prepare for transition and implementation of compact
- Provide requested support as needed

## Phase III Transition and Operation

### TRANSITION

- Enactment threshold met
- State notification
- Interim Executive Board appointed
- Interim Committee’s established
- Convene first Compact meeting
- Information system development (standards, security, vendors)

### OPERATION

- Ongoing state control and governance
- Staff support
- Annual assessment, if necessary
- Annual business meeting
- Information system oversight (maintenance, security, training, etc.)
- Long-term enhancements / up-grades

# Stakeholder Review

1

Draft compact circulated and published online for public review

2

Virtual meetings to explain provisions of the compact

3

Provide comments and feedback through survey

4

Development Teams consider feedback and edit the compact as needed

5

Released to states for consideration and enactment





The Council  
of State  
Governments

# Overview of the Social Work Licensure Compact



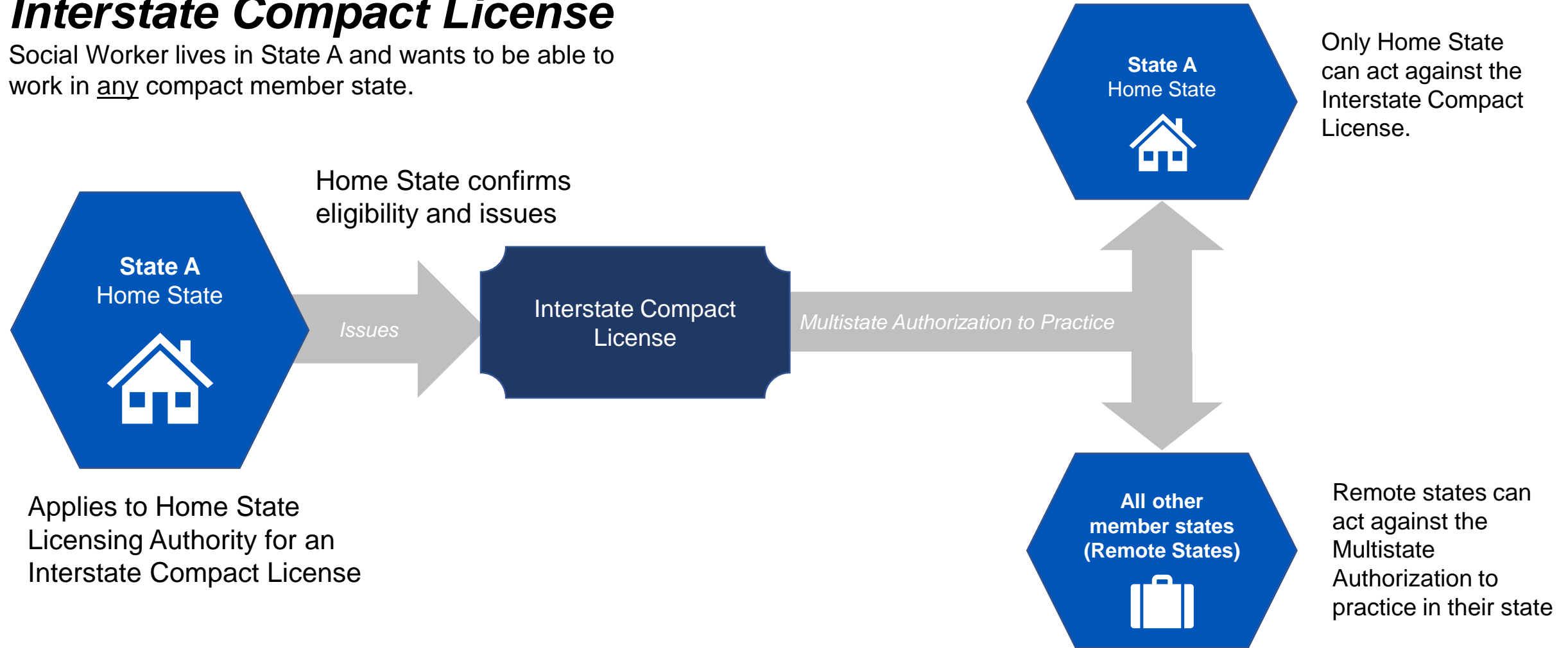
# Commonly Used Terms

Social Work Licensure Compact Defined Term	What does it mean?
Regulated Social Worker	Social Worker who holds a license to practice
Home State	Compact Member State where a Regulated Social Worker is Domiciled
Remote State	Compact Member State other than a Regulated Social Worker's Home State
Interstate Compact License	License granted by the compact that authorizes practice in all compact member states
Multistate Authorization to Practice	Authorization granted through an Interstate Compact License to practice in a single Remote State
Compact Commission or Commission	Agency responsible for administering the compact

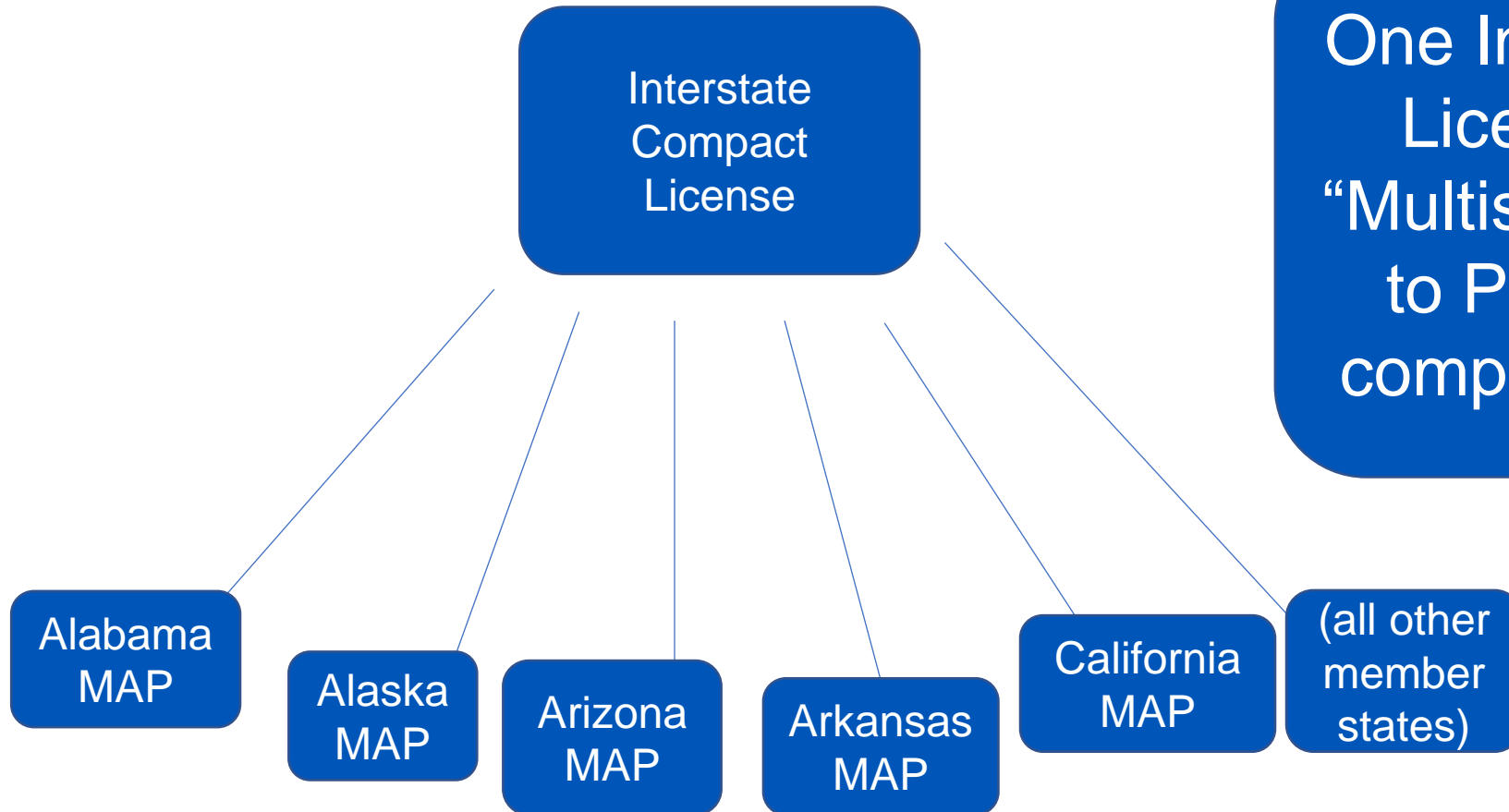
# Social Work Licensure Compact Model

## ***Interstate Compact License***

Social Worker lives in State A and wants to be able to work in any compact member state.



# Interstate Compact License



One Interstate Compact License grants you “Multistate Authorization to Practice” in every compact member state

# State Requirements to Join the Compact



License and regulate social work in one or more of the following categories: bachelors, masters or clinical



Require licensees graduate from an accredited social work program corresponding to category of license sought (BSW or higher for Bachelors, MSW or higher for Masters and Clinical)



Require licensees pass Qualifying National Exam corresponding to category of license sought (ASWB Exam or other competency assessment approved by the Commission)



Require clinical-category Regulated Social Workers complete a period of supervised clinical practice

# State Participation in the Compact



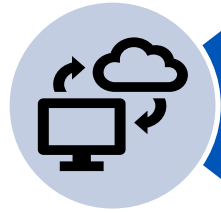
Notify the commission of discipline actions taken against a licensee



Comply with the rules of the Commission



Implement and utilize a criminal history or background check of applicants for licensure



Participate in the Data System

# Eligibility Requirements for Social Workers



Hold an active, Unencumbered License in a compact Member State



Graduate from an accredited social work program corresponding to category of license sought (BSW or higher for Bachelors, MSW or higher for Masters and Clinical)



Pass a Qualifying National Exam corresponding to category of license sought (those licensed prior to exam requirement will be exempted)

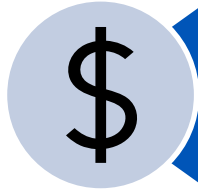


Clinical Social Workers must have completed three thousand (3,000) hours or two years of full-time, post-graduate supervised clinical practice

# Social Worker Participation in the Compact



Hold and maintain a unique identifier as determined by the Commission



Pay all required fees related to the application



Complete the continuing competency/education requirements of the Home State



Notify the Home State License Authority of any Adverse Action, Encumbrance or Restriction on ANY professional license within 30 days



Agree to abide by the laws, regulations and scope of practice of the state where client is located

# Interstate Compact License Transfer

A Regulated Social Worker moves from one Member State to another Member State



Regulated Social Workers may only hold one Interstate Compact License at a time. States may opt-in to a set of provisions allowing a Regulated Social Worker to seamlessly transfer an Interstate Compact License to a new Home State if/when a Regulated Social Worker moves (defined in the compact as change of domicile). States using this provision can confirm a Regulated Social Worker's eligibility via the compact Data System.

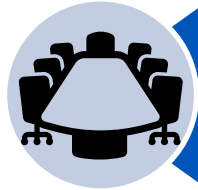


# Summary of other significant provisions



## Section 7: Adverse Action

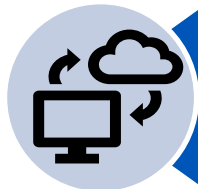
The compact provides a regulatory framework whereby remote states can act against a regulated social worker's multistate authorization to practice in the remote state, while the home state has exclusive authority to take action against the social worker's interstate compact license.



## Section 8: Establishment of the Compact Commission

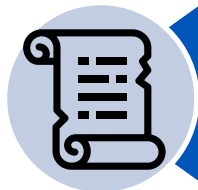
Member states must appoint 1 delegate and the delegate must be a current member of the state's licensing authority who is either a:

- a. Regulated social worker
- b. Public member of the member state's licensing authority
- c. An administrator or director of the member state's licensing authority OR their designee



## Section 9: Data System

To function, the compact requires the Commission to develop, maintain and operate a data system containing licensure, Adverse Action and Current Significant Investigative Information on all licensees.



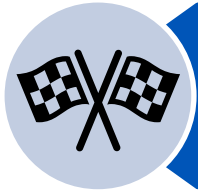
## Section 10: Rulemaking

The compact gives the Commission the power to promulgate rules in order to effectively and efficiently implement and administer the purposes and provisions.

# Summary of other significant provisions



## Section 11: Oversight, Dispute Resolution and Enforcement



## Section 12: Effective Date, Withdrawal and Amendment

The compact shall come into effect and the commission established once the Compact legislation has been enacted by a seventh member state.



## Section 13: Construction and Severability



## Section 14: Binding Effect of Compact and Other Laws

# Next Steps

---

Weekly Stakeholder Review Meetings  
Every Monday beginning July 18 @ 3 pm ET

---

Request a presentation for your stakeholder group  
(CSWA, ASWB, CSWE)

---

Submit feedback via the survey

---

Compact development teams review survey  
feedback and edit model legislation as necessary

---

Compact released to states for consideration  
(targeting 2023 legislative sessions)

---

# Stakeholder Survey



Interested in providing feedback on the draft of the compact?



Fill out survey questionnaire:  
<https://www.surveymonkey.com/r/socialworkcompact>



<https://compacts.csg.org/compact-updates/social-work/>

## Social Work Stakeholder Review Survey

### Feedback Survey

Thank you for participating in the stakeholder review process for the Social Work Licensure Compact. The Council of State Governments and our partners value community feedback and your participation will help shape the Compact to best serve regulators and social workers. This survey will take about 30 minutes. You are not required to provide a response to each question.

If you have additional thoughts or questions not covered in the presentation visit:

<https://compacts.csg.org/compact-updates/social-work/> or reach out to our staff at [socialworkcompact@csg.org](mailto:socialworkcompact@csg.org).

Click "Next" to begin survey.

NEXT

# FAQs

1. What is an “Interstate Compact License” and how much does it cost?
2. What is a compact member state? What is a home state? What is a remote state?
3. What do social workers do when practicing in a remote state with scope of practice rules that are different from their home state?
4. What is a Qualifying National Exam? If I already passed the ASWB exam do I need to pass another exam?
5. How do social workers renew an interstate compact license? Do licensees have to complete continuing education in each member state?
6. What is the Compact Commission? How is it funded?



**The Council  
of State  
Governments**

# QUESTIONS?

- **General Inquiries:** <[socialworkcompact@csg.org](mailto:socialworkcompact@csg.org)>
- **Matt Shafer** <[matthew.shafer@csg.org](mailto:matthew.shafer@csg.org)>
- **Keith Buckhout** <[kbuckhout@csg.org](mailto:kbuckhout@csg.org)>

**DRAFT**

---

# *Virginia's Licensed Clinical Social Worker Workforce: 2022*

---

Healthcare Workforce Data Center

July 2022

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](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

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

*Nearly 8,000 Licensed Clinical Social Workers voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Social Work express our sincerest appreciation for their ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**David E. Brown, DC**  
*Director*

*Healthcare Workforce Data Center Staff:*

**Yetty Shobo, PhD**  
*Director*

**Rajana Siva, MBA**  
*Data Analyst*

**Christopher Coyle**  
*Research Assistant*

**Jacquelyne Assi Abe**  
*Intern*



# Virginia Board of Social Work

## ***Members***

Canek Aguirre  
*Alexandria*

Angelia Allen  
*Portsmouth*

Eboni C. Bugg, MSW, LCSW  
*Albemarle*

Jamie Clancey, MSW, LCSW  
*Culpepper*

Michael Hayter, MSW, LCSW, CSAC  
*Abingdon*

Gloria Manns, MSW, LCSW  
*Roanoke*

Denise Purgold, MSW, LCSW  
*Henrico*

Sherwood Randolph, MSW, LCSW  
*Richmond*

Teresa Reynolds, LCSW  
*Cumberland*

## ***Executive Director***

Jaime H. Hoyle, JD

# Contents

---

<b>Results in Brief</b> .....	<b>2</b>
<b>Summary of Trends</b> .....	<b>2</b>
<b>Survey Response Rates</b> .....	<b>3</b>
<b>The Workforce</b> .....	<b>4</b>
<b>Demographics</b> .....	<b>5</b>
<b>Background</b> .....	<b>6</b>
<b>Education</b> .....	<b>8</b>
<b>Specialties</b> .....	<b>9</b>
<b>Current Employment Situation</b> .....	<b>10</b>
<b>Employment Quality</b> .....	<b>11</b>
<b>2022 Labor Market</b> .....	<b>12</b>
<b>Work Site Distribution</b> .....	<b>13</b>
<b>Establishment Type</b> .....	<b>14</b>
<b>Languages</b> .....	<b>16</b>
<b>Time Allocation</b> .....	<b>17</b>
<b>Patient Workload</b> .....	<b>18</b>
<b>Patient Allocation</b> .....	<b>19</b>
<b>Retirement &amp; Future Plans</b> .....	<b>20</b>
<b>Full-Time Equivalency Units</b> .....	<b>22</b>
<b>Maps</b> .....	<b>23</b>
Virginia Performs Regions .....	23
Area Health Education Center Regions .....	24
Workforce Investment Areas .....	25
Health Services Areas .....	26
Planning Districts.....	27
<b>Appendices</b> .....	<b>28</b>
Appendix A: Weights .....	28

# The Licensed Clinical Social Worker Workforce At a Glance:

## The Workforce

Licensees:	9,113
Virginia's Workforce:	6,965
FTEs:	5,695

## Background

Rural Childhood:	23%
HS Degree in VA:	47%
Prof. Degree in VA:	52%

## Current Employment

Employed in Prof.:	91%
Hold 1 Full-Time Job:	56%
Satisfied?:	95%

## Survey Response Rate

All Licensees:	84%
Renewing Practitioners:	98%

## Education

Masters:	96%
Doctorate:	4%

## Job Turnover

Switched Jobs:	8%
Employed Over 2 Yrs.:	66%

## Demographics

Female:	88%
Diversity Index:	41%
Median Age:	49

## Finances

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

## Time Allocation

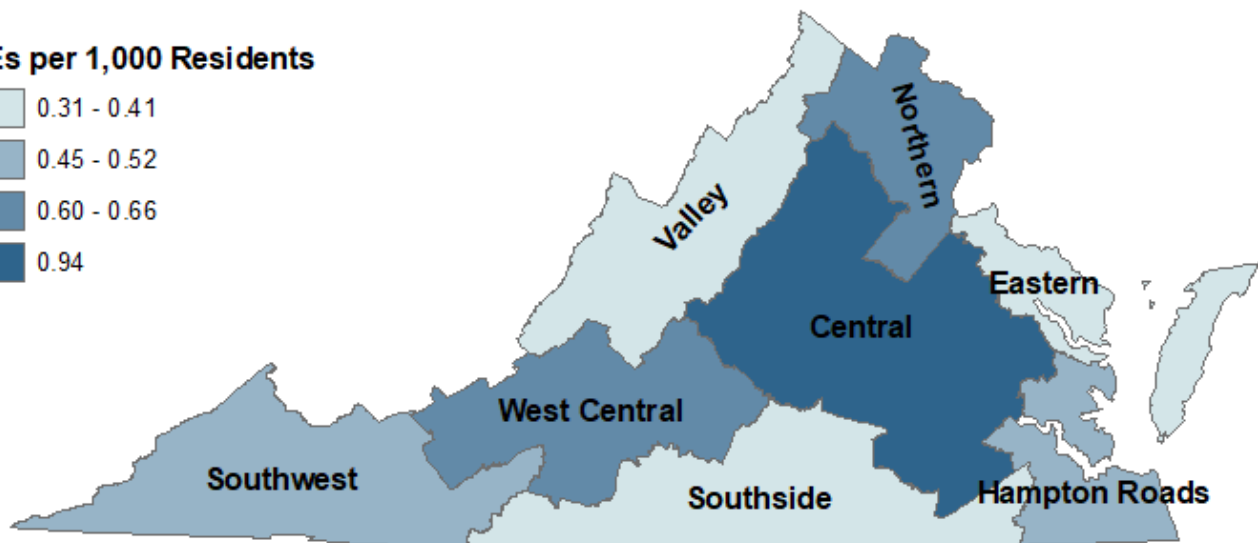
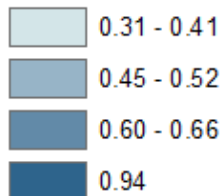
Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	63%

Source: Va. Healthcare Workforce Data Center

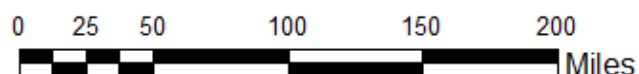
## Full-Time Equivalency Units Provided by Licensed Clinical Social Workers per 1,000 Residents by Virginia Performs Region

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 2022 Licensed Clinical Social Worker (LCSW) Workforce Survey. Nearly 8,000 LCSWs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LCSWs. These survey respondents represent 84% of the 9,113 LCSWs licensed in the state and 98% of renewing practitioners.

The HWDC estimates that 6,965 LCSWs participated in Virginia's workforce during the survey period, which is defined as those LCSWs who worked at least a portion of the year in the state or who live in the state and intend to work as a LCSW at some point in the future. Over the past year, Virginia's LCSW workforce provided 5,695 "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. This diversity index increases to 48% among those LCSWs who are under the age of 40. However, both of these values are below the comparable diversity index of 58% for Virginia's population as a whole. Nearly one-quarter of all 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, 91% are currently employed in the profession, 56% hold one full-time job, and 46% work between 40 and 49 hours per week. Meanwhile, the one-year rates of underemployment and involuntary unemployment are 2% and 1%, respectively. More than 70% of all LCSWs are employed in the private sector, including 51% who work in the for-profit sector. The median annual income of Virginia's LCSW workforce is between \$70,000 and \$80,000. In addition, 77% of wage and salaried LCSWs receive at least one employer sponsored benefit, including 65% who have access to health insurance. Nearly all LCSWs indicated that they are satisfied with their current work situation, including 67% of LCSWs who indicated that they are "very satisfied."

## Summary of Trends

---

In this section, all statistics for the current year are compared to the 2017 LCSW workforce. The number of licensed LCSWs in Virginia has increased by 39% (9,113 vs. 6,569). In addition, the size of Virginia's LCSW workforce has increased by 27% (6,965 vs. 5,465), and the number of FTEs provided by this workforce has increased by 24% (5,695 vs. 4,587). Virginia's renewing LCSWs are more likely to respond to this survey (98% vs. 95%).

The percentage of LCSWs who are female has increased (88% vs. 85%), while the median age of this workforce has fallen (49 vs. 53). In addition, Virginia's LCSW workforce has become more diverse (41% vs. 31%). This is also the case among LCSWs who are under the age of 40 (48% vs. 42%). LCSWs are slightly more likely to have grown up in a rural area (23% vs. 22%), but LCSWs who grew up in a rural area are less likely to work in a non-metro area of Virginia (13% vs. 14%). There has been no change in the percentage of all LCSWs who work in a non-metro areas of the state (5%).

LCSWs are more likely to carry education debt (41% vs. 32%). However, the opposite is true among those LCSWs who are under the age of 40 (65% vs. 67%). The median debt amount among those LCSWs who carry education debt has increased (\$60k-\$70k vs. \$40k-\$50k). The median annual income of Virginia's LCSWs has also increased (\$70k-\$80k vs. \$60k-\$70k), and LCSWs are more likely to receive this income in the form of a salary (61% vs. 59%) instead of an hourly wage (14% vs. 15%).

LCSWs are more likely to switch jobs (8% vs. 6%), and the percentage of LCSWs who have worked at their primary work location for more than two years has fallen (66% vs. 71%). Virginia's LCSWs have become more likely to work in the for-profit sector (51% vs. 47%) instead of either the non-profit sector (20% vs. 21%) or a state/local government (20% vs. 22%). Overall, LCSWs are slightly less likely to indicate that they are satisfied with their current work situation (95% vs. 96%). A lower percentage of LCSWs also indicated that they are "very satisfied" with their current work situation (67% vs. 69%).

**A Closer Look:**

Licensees		
License Status	#	%
<b>Renewing Practitioners</b>	7,362	81%
<b>New Licensees</b>	1,112	12%
<b>Non-Renewals</b>	639	7%
<b>All Licensees</b>	<b>9,113</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Nearly all renewing LCSWs submitted a survey. These represent 84% of the 9,113 LCSWs who held a license at some point during the survey period.*

### Definitions

- The Survey Period:** The survey was conducted in June 2022.
- Target Population:** All LCSWs who held a Virginia license at some point between July 2021 and June 2022.
- 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 2022.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
<b>Under 35</b>	279	835	75%
<b>35 to 39</b>	204	1,064	84%
<b>40 to 44</b>	175	1,043	86%
<b>45 to 49</b>	156	947	86%
<b>50 to 54</b>	143	980	87%
<b>55 to 59</b>	105	807	89%
<b>60 to 64</b>	99	725	88%
<b>65 and Over</b>	259	1,292	83%
<b>Total</b>	<b>1,420</b>	<b>7,693</b>	<b>84%</b>
<b>New Licenses</b>			
<b>Issued in Past Year</b>	648	464	42%
<b>Metro Status</b>			
<b>Non-Metro</b>	65	373	85%
<b>Metro</b>	783	5,546	88%
<b>Not in Virginia</b>	572	1,774	76%

Source: Va. Healthcare Workforce Data Center

Response Rates	
<b>Completed Surveys</b>	<b>7,693</b>
<b>Response Rate, All Licensees</b>	<b>84%</b>
<b>Response Rate, Renewals</b>	<b>98%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Licensed LCSWs**

Number: 9,113  
 New: 12%  
 Not Renewed: 7%

**Response Rates**

All Licensees: 84%  
 Renewing Practitioners: 98%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

Virginia's LCSW Workforce: 6,965  
 FTEs: 5,695

### Utilization Ratios

Licensees in VA Workforce: 76%  
 Licensees per FTE: 1.60  
 Workers per FTE: 1.22

Source: Va. Healthcare Workforce Data Center

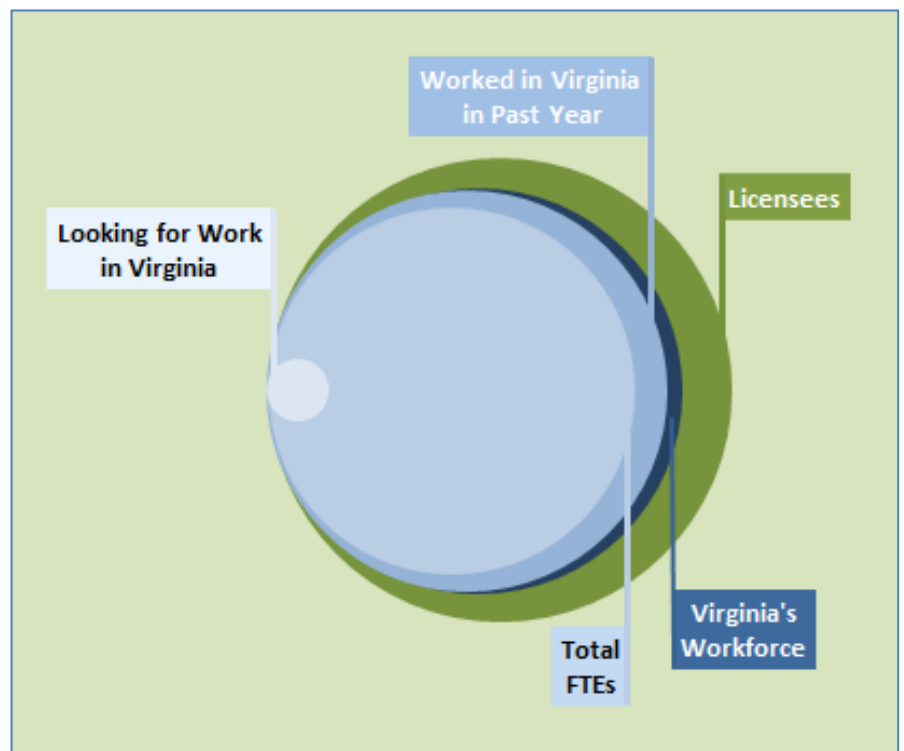
Virginia's LCSW Workforce		
Status	#	%
Worked in Virginia in Past Year	6,799	98%
Looking for Work in Virginia	166	2%
Virginia's Workforce	6,965	100%
Total FTEs	5,695	
Licensees	9,113	

Source: Va. Healthcare Workforce Data Center

## Definitions

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

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	60	7%	779	93%	839	14%
35 to 39	75	9%	781	91%	856	14%
40 to 44	93	12%	701	88%	794	13%
45 to 49	67	10%	634	91%	700	12%
50 to 54	96	14%	609	86%	706	12%
55 to 59	64	11%	536	89%	600	10%
60 to 64	71	14%	441	86%	512	9%
65 and Over	207	22%	727	78%	933	16%
<b>Total</b>	<b>732</b>	<b>12%</b>	<b>5,208</b>	<b>88%</b>	<b>5,940</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	LCSWs		LCSWs Under 40	
	%	#	%	#	%
White	60%	4,490	75%	1,173	70%
Black	19%	956	16%	321	19%
Asian	7%	110	2%	44	3%
Other Race	0%	50	1%	11	1%
Two or More Races	3%	114	2%	44	3%
Hispanic	10%	254	4%	93	6%
<b>Total</b>	<b>100%</b>	<b>5,974</b>	<b>100%</b>	<b>1,686</b>	<b>100%</b>

\*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%

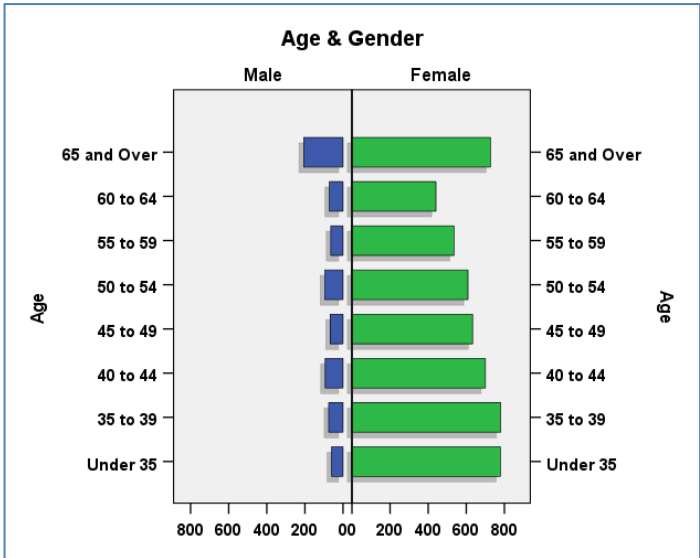
**Age**  
 Median Age: 49  
 % Under 40: 29%  
 % 55 and Over: 34%

**Diversity**  
 Diversity Index: 41%  
 Under 40 Div. Index: 48%

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%.

Nearly 30% of all 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 48%.



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 16%  
Rural Childhood: 23%

### Virginia Background

HS in Virginia: 47%  
Prof. Edu. in VA: 52%  
HS or Prof. Edu. in VA: 62%

### Location Choice

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

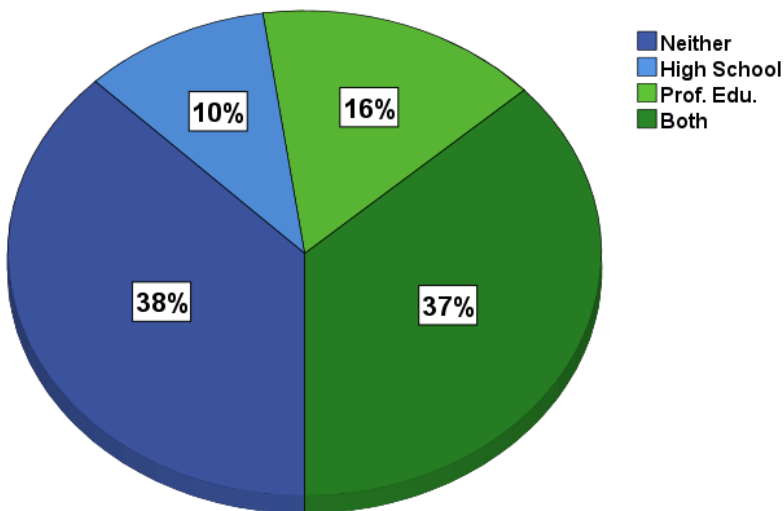
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	18%	66%	17%
2	Metro, 250,000 to 1 Million	48%	39%	13%
3	Metro, 250,000 or Less	32%	55%	13%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	58%	22%	20%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	50%	45%	5%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	85%	13%	2%
8	Rural, Metro Adjacent	36%	61%	3%
9	Rural, Non-Adjacent	43%	46%	11%
<b>Overall</b>		<b>23%</b>	<b>61%</b>	<b>16%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

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.



## Top Ten States for Licensed Clinical Social Worker Recruitment

Rank	All LCSWs			
	High School	#	Init. Prof. Degree	#
1	Virginia	2,782	Virginia	3,083
2	New York	432	Washington, D.C.	401
3	Maryland	320	New York	343
4	Pennsylvania	259	Maryland	255
5	New Jersey	206	Massachusetts	191
6	North Carolina	199	North Carolina	157
7	Outside U.S./Canada	130	Pennsylvania	149
8	California	119	Florida	128
9	Florida	111	California	124
10	Michigan	102	Michigan	109

*Among all LCSWs, 47% received their high school degree in Virginia, and 52% received their initial professional degree in the state.*

Source: Va. Healthcare Workforce Data Center

*Among LCSWs who have obtained their initial license in the past five years, 47% received their high school degree in Virginia, and 46% received their initial professional degree in the state.*

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	982	Virginia	965
2	New York	145	New York	133
3	Maryland	129	Washington, D.C.	116
4	North Carolina	76	Maryland	85
5	New Jersey	71	Massachusetts	84
6	Florida	57	California	73
7	Pennsylvania	56	Florida	68
8	Outside U.S./Canada	53	North Carolina	65
9	California	48	Pennsylvania	57
10	Michigan	40	Michigan	41

Source: Va. Healthcare Workforce Data Center

*Nearly one-quarter of Virginia's licensees did not participate in the state's LCSW workforce during the past year. Among this group of professionals, 91% worked at some point in the past year, including 83% who worked in a job related to the behavioral sciences.*

### At a Glance:

#### Not in VA Workforce

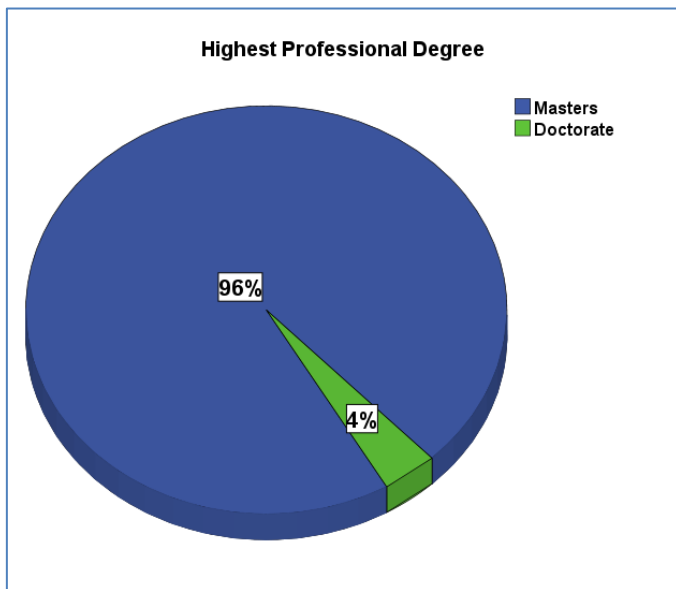
Total:	2,149
% of Licensees:	24%
Federal/Military:	15%
Va. Border State/DC:	30%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
Bachelor's Degree	3	0%
Master's Degree	5,573	96%
Doctor of Psychology	30	1%
Other Doctorate	184	3%
<b>Total</b>	<b>5,789</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than 40% of LCSWs carry education debt, including 65% of those LCSWs who are under the age of 40. For those LCSWs with education debt, the median debt amount is between \$60,000 and \$70,000.

## At a Glance:

**Education**

Masters: 96%

Doctorate/PhD: 4%

**Education Debt**

Carry Debt: 41%

Under Age 40 w/ Debt: 65%

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

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All LCSWs		LCSWs Under 40	
	#	%	#	%
None	2,980	59%	496	35%
Less than \$10,000	180	4%	48	3%
\$10,000-\$29,999	311	6%	123	9%
\$30,000-\$49,999	315	6%	134	10%
\$50,000-\$69,999	295	6%	149	11%
\$70,000-\$89,999	250	5%	144	10%
\$90,000-\$109,999	275	5%	130	9%
\$110,000-\$129,999	153	3%	80	6%
\$130,000-\$149,999	76	2%	29	2%
\$150,000 or More	209	4%	75	5%
<b>Total</b>	<b>5,044</b>	<b>100%</b>	<b>1,408</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

**At a Glance:**

**Primary Specialty**

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

**Secondary Specialty**

Mental Health: 17%  
 Behavioral Disorders: 12%  
 Substance Abuse: 10%

Source: Va. Healthcare Workforce Data Center

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

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
<b>Mental Health</b>	3,397	59%	837	17%
<b>Child</b>	386	7%	485	10%
<b>Health/Medical</b>	326	6%	282	6%
<b>Behavioral Disorders</b>	277	5%	570	12%
<b>School/Educational</b>	213	4%	208	4%
<b>Substance Abuse</b>	201	3%	498	10%
<b>Family</b>	182	3%	358	7%
<b>Gerontologic</b>	87	2%	134	3%
<b>Marriage</b>	47	1%	167	3%
<b>Forensic</b>	31	1%	42	1%
<b>Social</b>	28	0%	80	2%
<b>Sex Offender Treatment</b>	24	0%	35	1%
<b>Public Health</b>	14	0%	37	1%
<b>Industrial-Organizational</b>	14	0%	15	0%
<b>Vocational/Work Environment</b>	13	0%	19	0%
<b>Rehabilitation</b>	4	0%	14	0%
<b>Neurology/Neuropsychology</b>	2	0%	14	0%
<b>Experimental or Research</b>	1	0%	6	0%
<b>General Practice (Non-Specialty)</b>	305	5%	783	16%
<b>Other Specialty Area</b>	218	4%	329	7%
<b>Total</b>	<b>5,768</b>	<b>100%</b>	<b>4,911</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employment

Employed in Profession: 91%  
 Involuntarily Unemployed: < 1%

### Positions Held

1 Full-Time: 56%  
 2 or More Positions: 23%

### 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	2	< 1%
Employed in a Behavioral Sciences-Related Capacity	5,313	91%
Employed, NOT in a Behavioral Sciences-Related Capacity	263	5%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	7	< 1%
Voluntarily Unemployed	150	3%
Retired	119	2%
<b>Total</b>	<b>5,853</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*More than 90% of all LCSWs are currently employed in the profession, 56% hold one full-time job, and 46% work between 40 and 49 hours per week.*

Current Weekly Hours		
Hours	#	%
0 Hours	276	5%
1 to 9 Hours	162	3%
10 to 19 Hours	361	6%
20 to 29 Hours	559	10%
30 to 39 Hours	856	15%
40 to 49 Hours	2,651	46%
50 to 59 Hours	620	11%
60 to 69 Hours	210	4%
70 to 79 Hours	30	1%
80 or More Hours	16	0%
<b>Total</b>	<b>5,741</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	276	5%
One Part-Time Position	896	16%
Two Part-Time Positions	213	4%
One Full-Time Position	3,213	56%
One Full-Time Position & One Part-Time Position	969	17%
Two Full-Time Positions	34	1%
More than Two Positions	117	2%
<b>Total</b>	<b>5,718</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	64	1%
Less than \$20,000	239	5%
\$20,000-\$29,999	131	3%
\$30,000-\$39,999	175	4%
\$40,000-\$49,999	277	6%
\$50,000-\$59,999	444	10%
\$60,000-\$69,999	643	14%
\$70,000-\$79,999	657	15%
\$80,000-\$89,999	593	13%
\$90,000-\$99,999	404	9%
\$100,000 or More	866	19%
<b>Total</b>	<b>4,493</b>	<b>100%</b>

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: 95%  
Very Satisfied: 67%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	3,764	67%
Somewhat Satisfied	1,601	28%
Somewhat Dissatisfied	202	4%
Very Dissatisfied	66	1%
<b>Total</b>	<b>5,633</b>	<b>100%</b>

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, more than three-quarters 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	2,876	54%	70%
Health Insurance	2,670	50%	65%
Paid Sick Leave	2,630	50%	64%
Dental Insurance	2,556	48%	63%
Retirement	2,551	48%	62%
Group Life Insurance	1,977	37%	50%
Signing/Retention Bonus	356	7%	9%
<b>At Least One Benefit</b>	<b>3,253</b>	<b>61%</b>	<b>77%</b>

\*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?	45	1%
Experience Voluntary Unemployment?	315	5%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	131	2%
Work Two or More Positions at the Same Time?	1,585	23%
Switch Employers or Practices?	544	8%
<b>Experience at Least One?</b>	<b>2,243</b>	<b>32%</b>

Source: Va. Healthcare Workforce Data Center

*Only 1% of Virginia’s LCSWs experienced involuntary unemployment at some point during the past year. By comparison, Virginia’s average monthly unemployment rate was 3.1% during the same time period.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	121	2%	71	5%
Less than 6 Months	288	5%	172	12%
6 Months to 1 Year	510	9%	196	13%
1 to 2 Years	968	17%	330	22%
3 to 5 Years	1,327	24%	339	23%
6 to 10 Years	986	18%	173	12%
More than 10 Years	1,347	24%	191	13%
<b>Subtotal</b>	<b>5,546</b>	<b>100%</b>	<b>1,473</b>	<b>100%</b>
Did Not Have Location	178		5,382	
Item Missing	1,241		110	
<b>Total</b>	<b>6,965</b>		<b>6,965</b>	

Source: Va. Healthcare Workforce Data Center

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

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 1%  
Underemployed: 2%

**Turnover & Tenure**

Switched Jobs: 8%  
New Location: 21%  
Over 2 Years: 66%  
Over 2 Yrs., 2<sup>nd</sup> Location: 48%

**Employment Type**

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

Source: Va. Healthcare Workforce Data Center

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

Employment Type		
Primary Work Site	#	%
Salary/Commission	2,417	61%
Hourly Wage	541	14%
By Contract	264	7%
Business/Practice Income	696	18%
Unpaid	26	1%
<b>Subtotal</b>	<b>3,943</b>	<b>100%</b>
Did Not Have Location	178	
Item Missing	2,844	

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> 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 4.2%. At the time of publication, the unemployment rate for June 2022 was still preliminary.

## At a Glance:

### Concentration

Top Region:	36%
Top 3 Regions:	81%
Lowest Region:	1%

### Locations

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

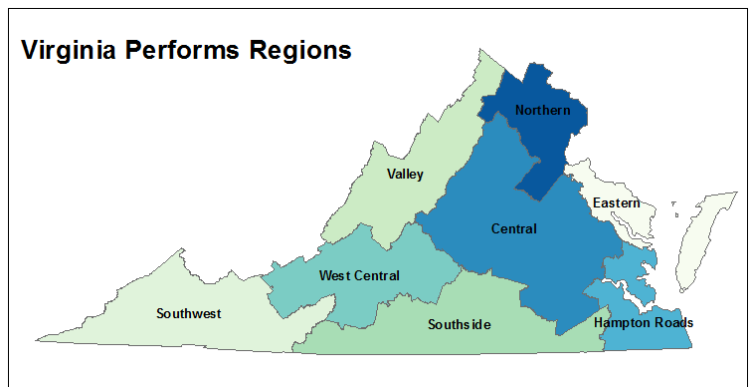
Source: Va. Healthcare Workforce Data Center

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

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,618	29%	411	27%
Eastern	56	1%	19	1%
Hampton Roads	873	16%	257	17%
Northern	1,965	36%	479	31%
Southside	95	2%	36	2%
Southwest	163	3%	39	3%
Valley	202	4%	46	3%
West Central	437	8%	123	8%
Virginia Border State/D.C.	51	1%	40	3%
Other U.S. State	44	1%	72	5%
Outside of the U.S.	1	0%	3	0%
<b>Total</b>	<b>5,505</b>	<b>100%</b>	<b>1,525</b>	<b>100%</b>
Item Missing	1,281		58	

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	164	3%	268	5%
1	3,967	70%	4,018	70%
2	833	15%	787	14%
3	675	12%	596	10%
4	33	1%	21	0%
5	19	0%	10	0%
6 or More	13	0%	4	0%
<b>Total</b>	<b>5,705</b>	<b>100%</b>	<b>5,705</b>	<b>100%</b>

\*At the time of survey completion, June 2022.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	2,619	51%	980	74%
<b>Non-Profit</b>	1,025	20%	215	16%
<b>State/Local Government</b>	1,004	20%	93	7%
<b>Veterans Administration</b>	246	5%	13	1%
<b>U.S. Military</b>	174	3%	16	1%
<b>Other Federal Government</b>	61	1%	13	1%
<b>Total</b>	<b>5,129</b>	<b>100%</b>	<b>1,330</b>	<b>100%</b>
<b>Did Not Have Location</b>	178		5,382	
<b>Item Missing</b>	1,659		252	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

For-Profit:	51%
Federal:	9%

**Top Establishments**

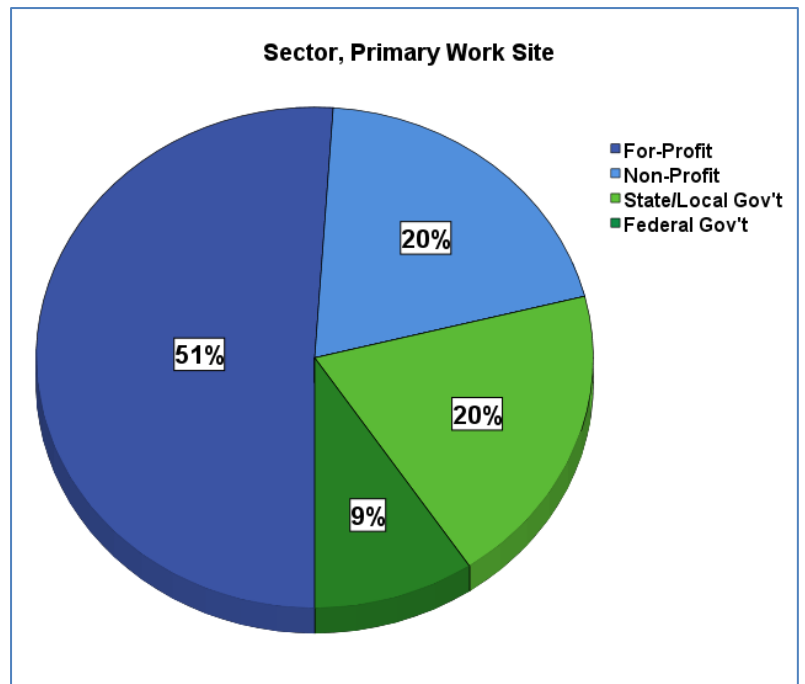
Private Practice, Solo:	17%
Private Practice, Group:	15%
Mental Health Facility (Outpatient):	14%

**Payment Method**

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

Source: Va. Healthcare Workforce Data Center

More than 70% of LCSWs work in the private sector, including 51% who work in the for-profit sector. Another 20% 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	855	17%	258	20%
Private Practice, Group	742	15%	327	26%
Mental Health Facility, Outpatient	703	14%	169	13%
Community Services Board	457	9%	48	4%
Hospital, General	368	7%	47	4%
School (Providing Care to Clients)	364	7%	30	2%
Community-Based Clinic or Health Center	356	7%	94	7%
Hospital, Psychiatric	118	2%	40	3%
Administrative or Regulatory	85	2%	10	1%
Residential Mental Health/Substance Abuse Facility	79	2%	15	1%
Academic Institution (Teaching Health Professions Students)	74	1%	53	4%
Physician Office	64	1%	2	0%
Home Health Care	48	1%	14	1%
Corrections/Jail	43	1%	4	0%
Long-Term Care Facility, Nursing Home	40	1%	6	0%
Rehabilitation Facility	13	0%	5	0%
Residential Intellectual/Development Disability Facility	12	0%	1	0%
Other practice setting	554	11%	154	12%
<b>Total</b>	<b>4,975</b>	<b>100%</b>	<b>1,277</b>	<b>100%</b>
<b>Did Not Have a Location</b>	178		5,382	

Source: Va. Healthcare Workforce Data Center

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

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

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	3,636	52%
Private Insurance	3,090	44%
Medicaid	2,223	32%
Medicare	1,942	28%

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Languages Offered

Spanish:	17%
Arabic:	6%
French:	6%

### Means of Communication

Virtual Translation:	52%
Other Staff Member:	43%
Onsite Translation:	27%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	1,183	17%
Arabic	430	6%
French	411	6%
Chinese	398	6%
Korean	383	5%
Vietnamese	373	5%
Hindi	362	5%
Tagalog/Filipino	344	5%
Urdu	340	5%
Persian	339	5%
Pashto	314	5%
Amharic, Somali, or Other Afro-Asiatic Languages	299	4%
Other Language	242	3%
<b>At Least One Language</b>	<b>1,338</b>	<b>19%</b>

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	690	52%
Other Staff Member is Proficient	576	43%
Onsite Translation Service	358	27%
Respondent is Proficient	283	21%
Other	73	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%

### Roles

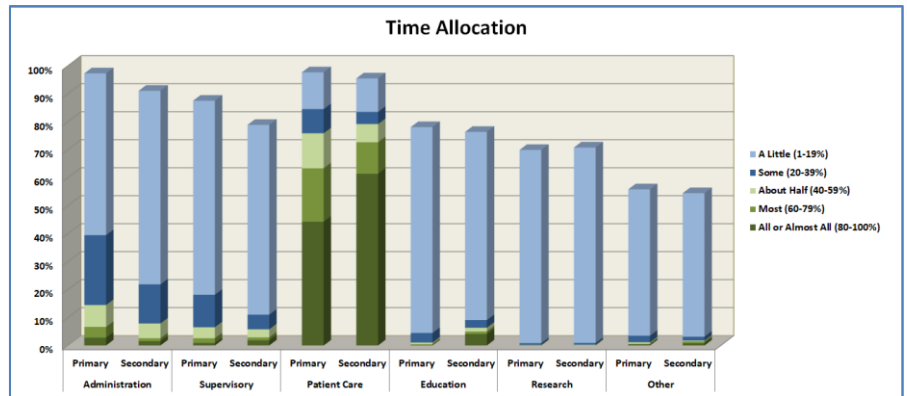
Patient Care: 63%  
Administration: 7%  
Supervisory: 3%

### 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
<b>All or Almost All (80-100%)</b>	3%	2%	1%	2%	44%	61%	0%	4%	0%	0%	0%	1%
<b>Most (60-79%)</b>	4%	1%	2%	1%	19%	11%	0%	1%	0%	0%	0%	1%
<b>About Half (40-59%)</b>	8%	5%	4%	3%	13%	7%	1%	1%	0%	0%	1%	0%
<b>Some (20-39%)</b>	25%	14%	12%	5%	9%	4%	3%	3%	1%	1%	2%	1%
<b>A Little (1-19%)</b>	58%	69%	69%	68%	13%	12%	74%	67%	69%	70%	52%	51%
<b>None (0%)</b>	3%	9%	13%	21%	2%	5%	22%	24%	30%	29%	44%	46%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	452	9%	156	12%
1 to 24	3,156	63%	1,011	78%
25 to 49	1,229	24%	110	9%
50 to 74	96	2%	8	1%
75 or More	86	2%	6	0%
<b>Total</b>	<b>5,019</b>	<b>100%</b>	<b>1,291</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

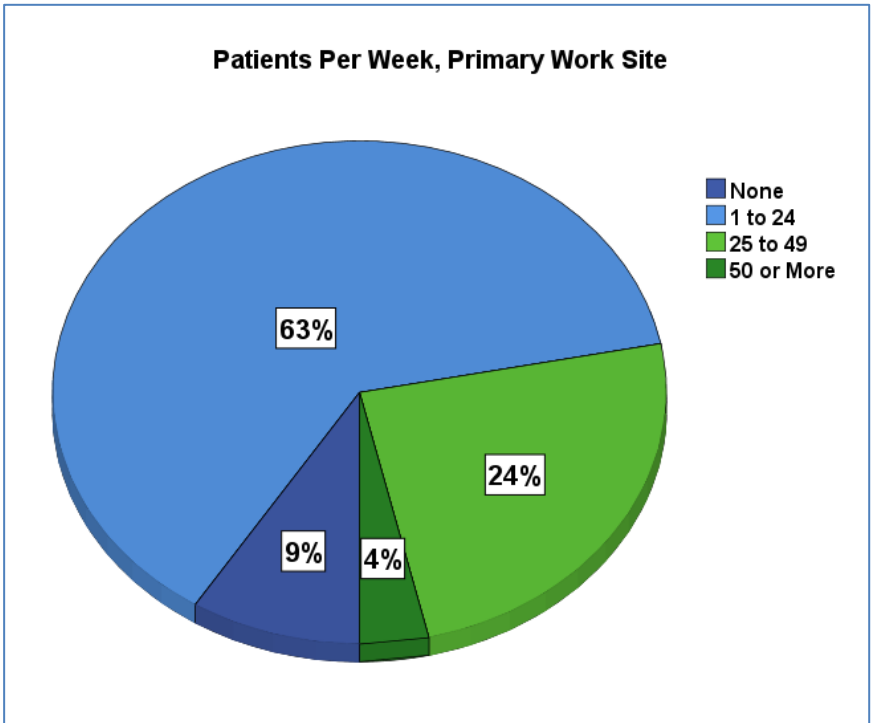
**Patients Per Week**

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, nearly 80% treat between 1 and 24 patients per week.



Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Patient Allocation

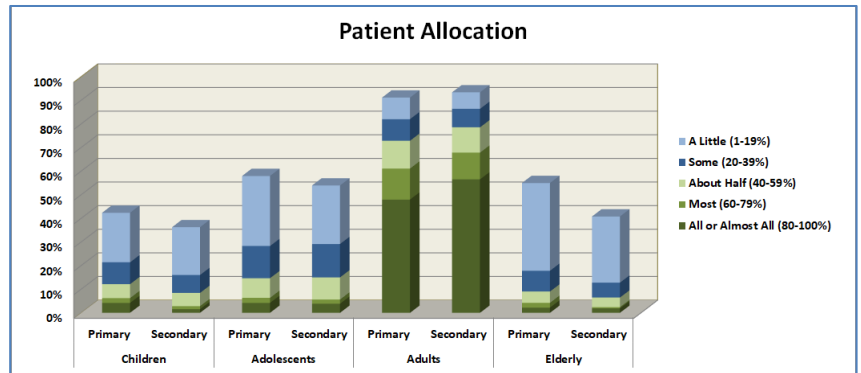
Children:	None
Adolescents:	1%-9%
Adults:	70%-79%
Elderly:	1%-9%

### Roles

Children:	6%
Adolescents:	6%
Adults:	61%
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, 61% 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
<b>All or Almost All (80-100%)</b>	4%	2%	4%	4%	48%	57%	2%	2%
<b>Most (60-79%)</b>	2%	1%	2%	2%	13%	11%	2%	1%
<b>About Half (40-59%)</b>	6%	6%	8%	9%	12%	11%	5%	4%
<b>Some (20-39%)</b>	9%	8%	14%	14%	9%	8%	9%	6%
<b>A Little (1-19%)</b>	21%	20%	30%	25%	9%	7%	37%	28%
<b>None (0%)</b>	58%	64%	42%	46%	9%	7%	45%	59%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All LCSWs		LCSWs 50 and Over	
	#	%	#	%
<b>Under Age 50</b>	80	2%	-	-
<b>50 to 54</b>	111	2%	12	1%
<b>55 to 59</b>	377	8%	87	4%
<b>60 to 64</b>	891	18%	319	14%
<b>65 to 69</b>	1,541	32%	701	30%
<b>70 to 74</b>	882	18%	542	23%
<b>75 to 79</b>	360	7%	262	11%
<b>80 or Over</b>	162	3%	130	6%
<b>I Do Not Intend to Retire</b>	430	9%	257	11%
<b>Total</b>	<b>4,835</b>	<b>100%</b>	<b>2,310</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

Retirement Expectations

**All LCSWs**

Under 65: 30%  
Under 60: 12%

**LCSWs 50 and Over**

Under 65: 18%  
Under 60: 4%

Time Until Retirement

Within 2 Years: 7%  
Within 10 Years: 25%  
Half the Workforce: By 2047

Source: Va. Healthcare Workforce Data Center

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

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

**Future Plans**

Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	86	1%
<b>Leave Virginia</b>	137	2%
<b>Decrease Patient Care Hours</b>	634	9%
<b>Decrease Teaching Hours</b>	34	0%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	745	11%
<b>Increase Teaching Hours</b>	384	6%
<b>Pursue Additional Education</b>	554	8%
<b>Return to the Workforce</b>	72	1%

Source: Va. Healthcare Workforce Data Center

*By comparing retirement expectation to age, we can estimate the maximum years to retirement for LCSWs. While 7% of LCSWs expect to retire in the next two years, 25% expect to retire in the next ten years. Half of the current workforce expect to retire by 2047.*

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
<b>2 Years</b>	362	7%	7%
<b>5 Years</b>	211	4%	12%
<b>10 Years</b>	659	14%	25%
<b>15 Years</b>	584	12%	38%
<b>20 Years</b>	555	11%	49%
<b>25 Years</b>	541	11%	60%
<b>30 Years</b>	588	12%	72%
<b>35 Years</b>	493	10%	83%
<b>40 Years</b>	283	6%	88%
<b>45 Years</b>	86	2%	90%
<b>50 Years</b>	22	0%	91%
<b>55 Years</b>	10	0%	91%
<b>In More than 55 Years</b>	10	0%	91%
<b>Do Not Intend to Retire</b>	430	9%	100%
<b>Total</b>	<b>4,835</b>	<b>100%</b>	

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 2032. Retirement will peak at 14% of the current workforce around the same time before declining to under 10% of the current workforce again around 2062.*

## At a Glance:

### FTEs

Total: 5,695  
 FTEs/1,000 Residents<sup>2</sup>: 0.659  
 Average: 0.84

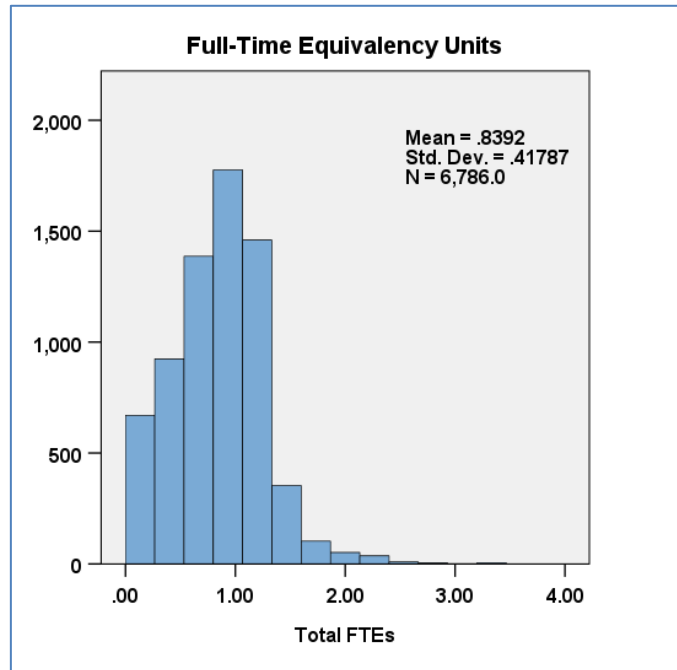
### Age & Gender Effect

Age, *Partial Eta*<sup>2</sup>: Medium  
 Gender, *Partial Eta*<sup>2</sup>: Negligible

*Partial Eta*<sup>2</sup> Explained:  
*Partial Eta*<sup>2</sup> is a statistical  
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

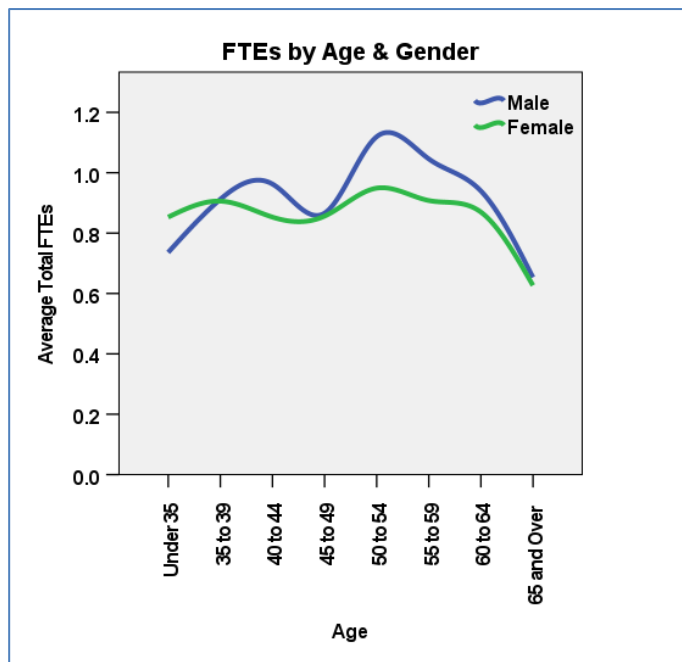


Source: Va. Healthcare Workforce Data Center

*The typical (median) LCSW provided 0.84 FTEs over the past year, or approximately 34 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.<sup>3</sup>*

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 35	0.86	0.97
35 to 39	0.90	0.93
40 to 44	0.84	0.83
45 to 49	0.82	0.79
50 to 54	1.02	1.09
55 to 59	0.89	0.89
60 to 64	0.87	0.81
65 and Over	0.60	0.49
Gender		
Male	0.87	0.95
Female	0.85	0.90

Source: Va. Healthcare Workforce Data Center

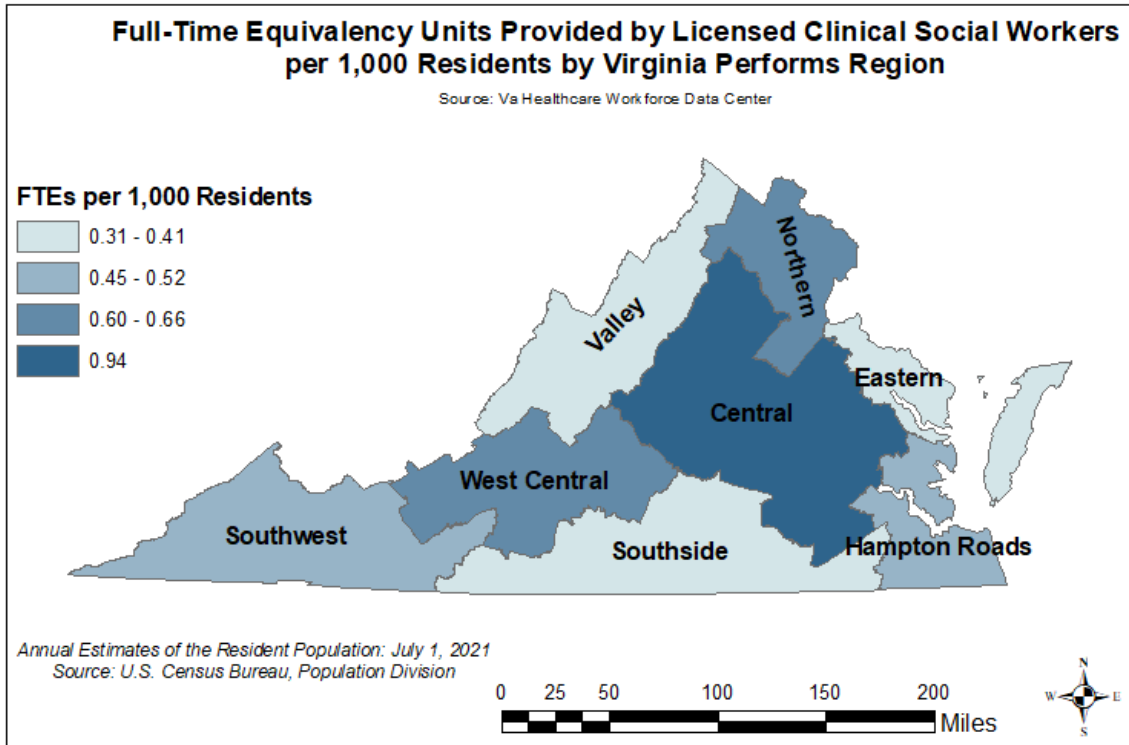
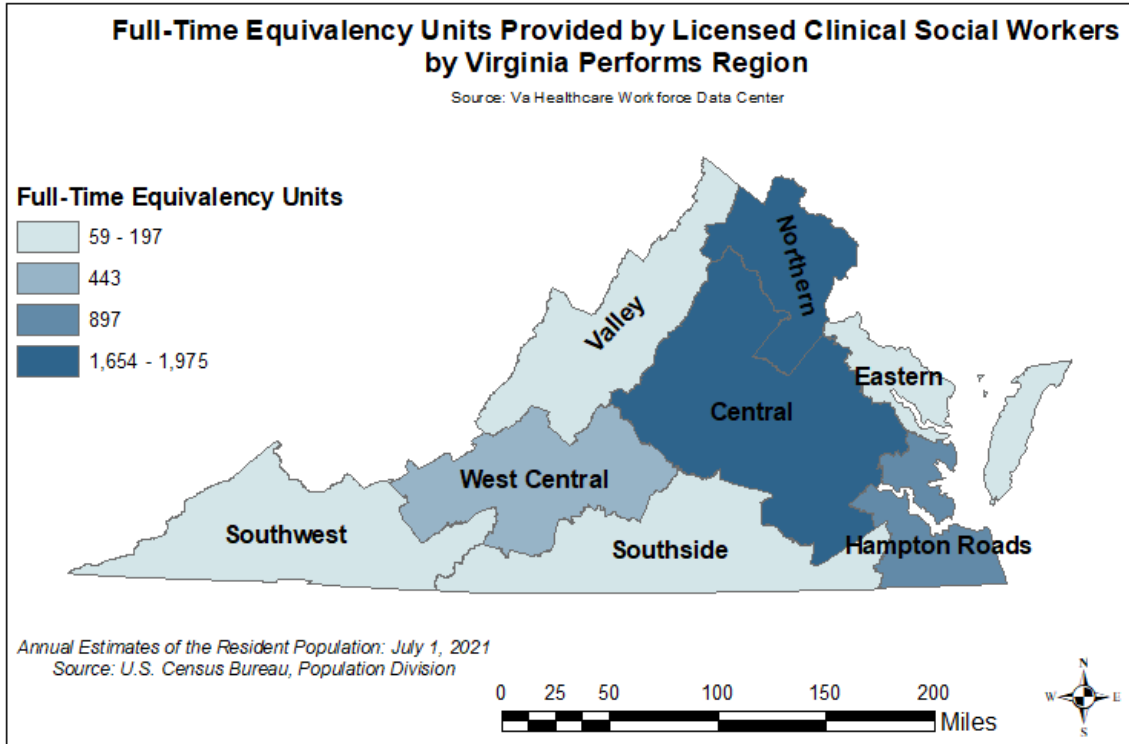


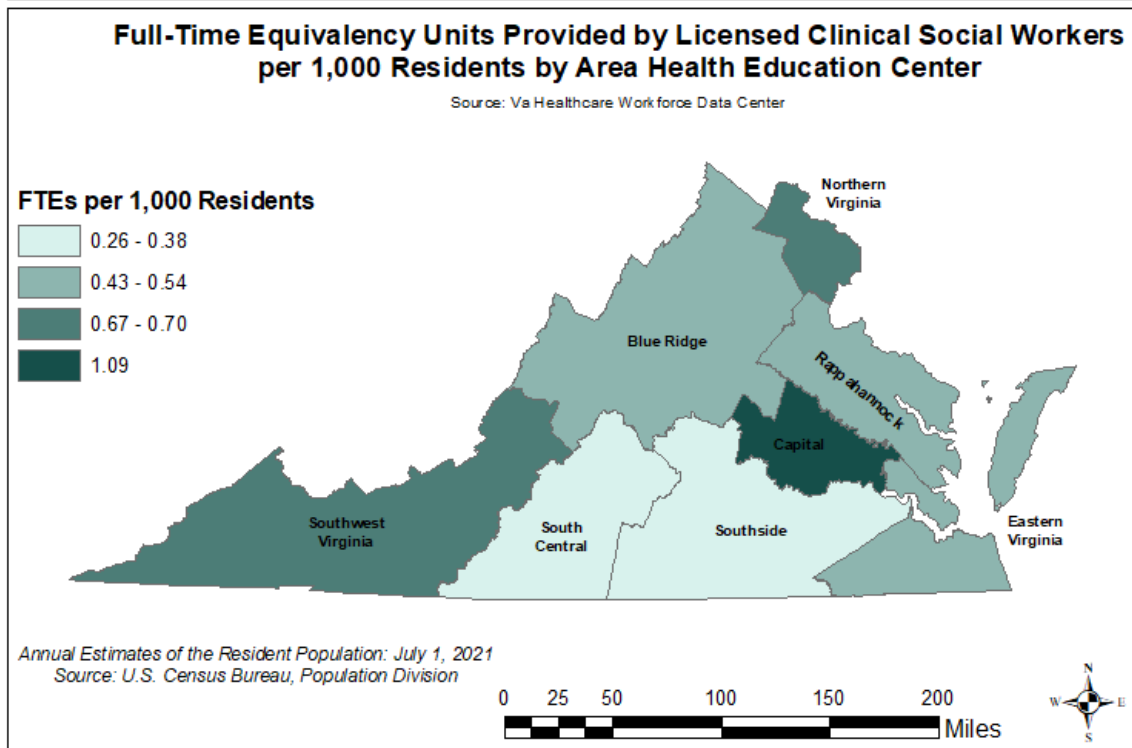
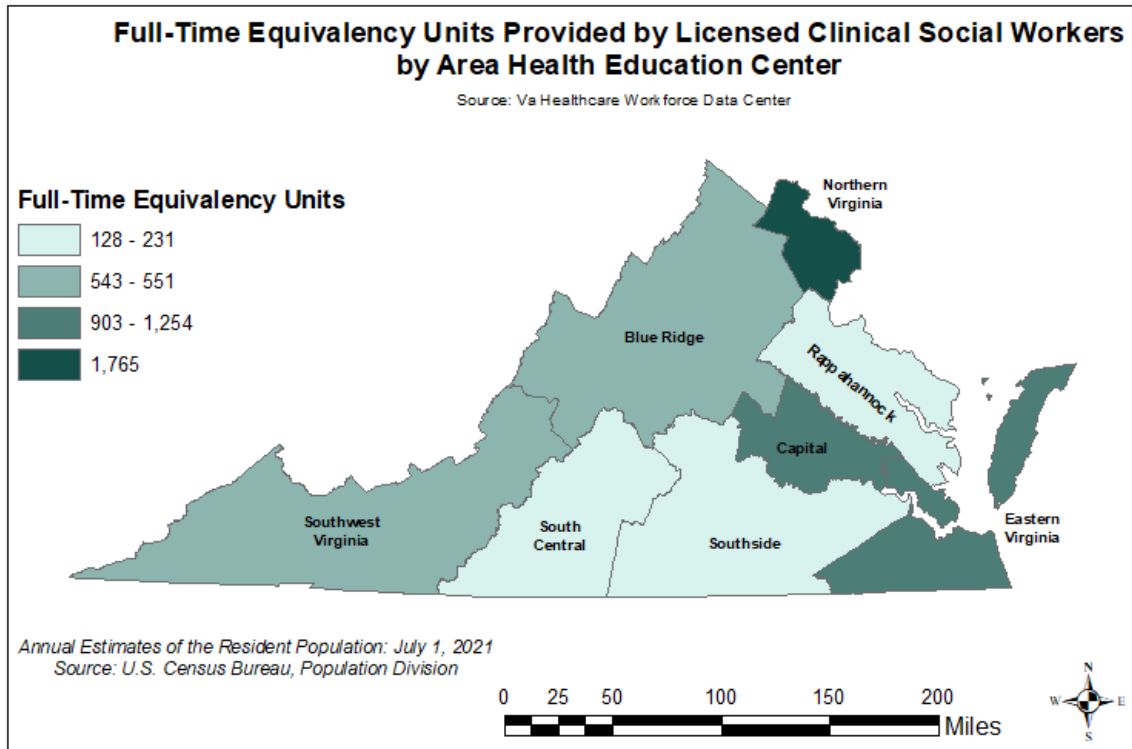
Source: Va. Healthcare Workforce Data Center

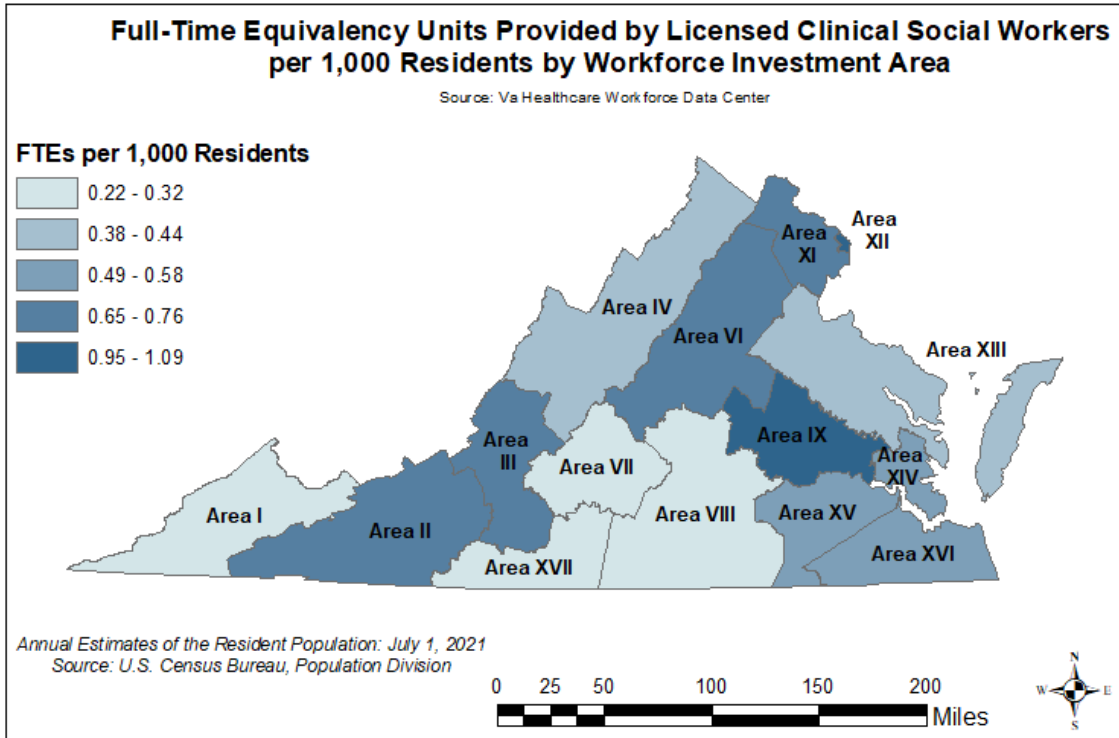
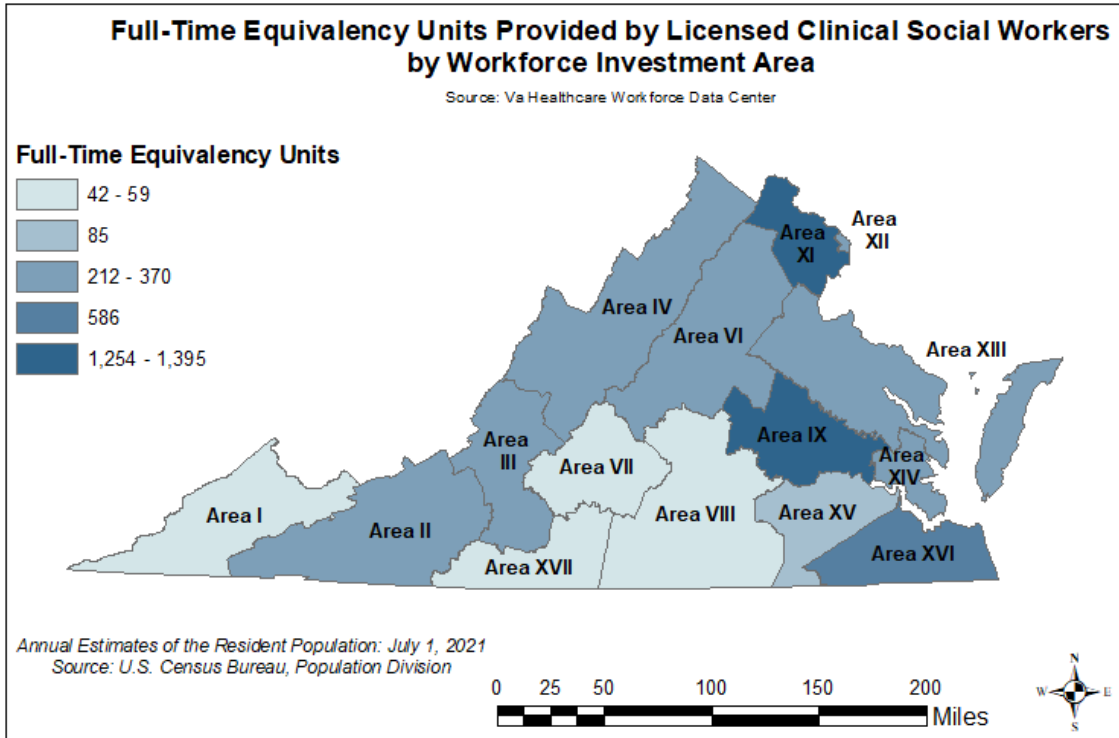
<sup>2</sup> Number of residents in 2021 was used as the denominator.

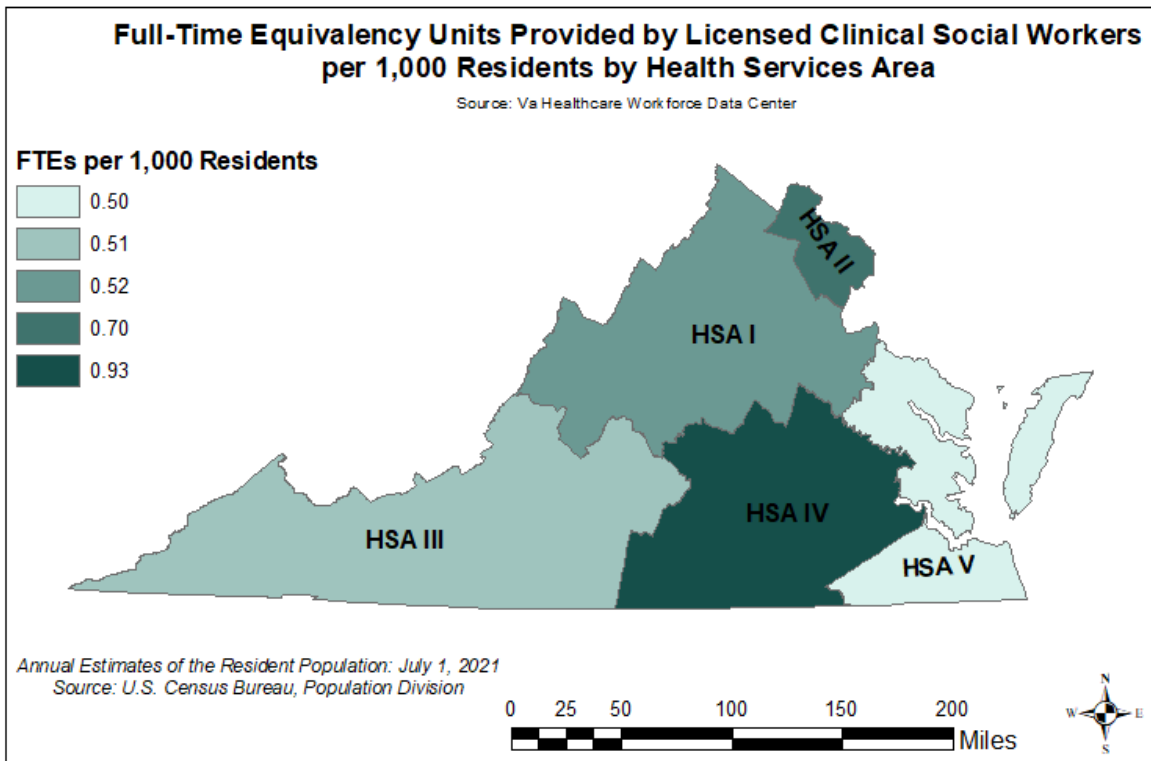
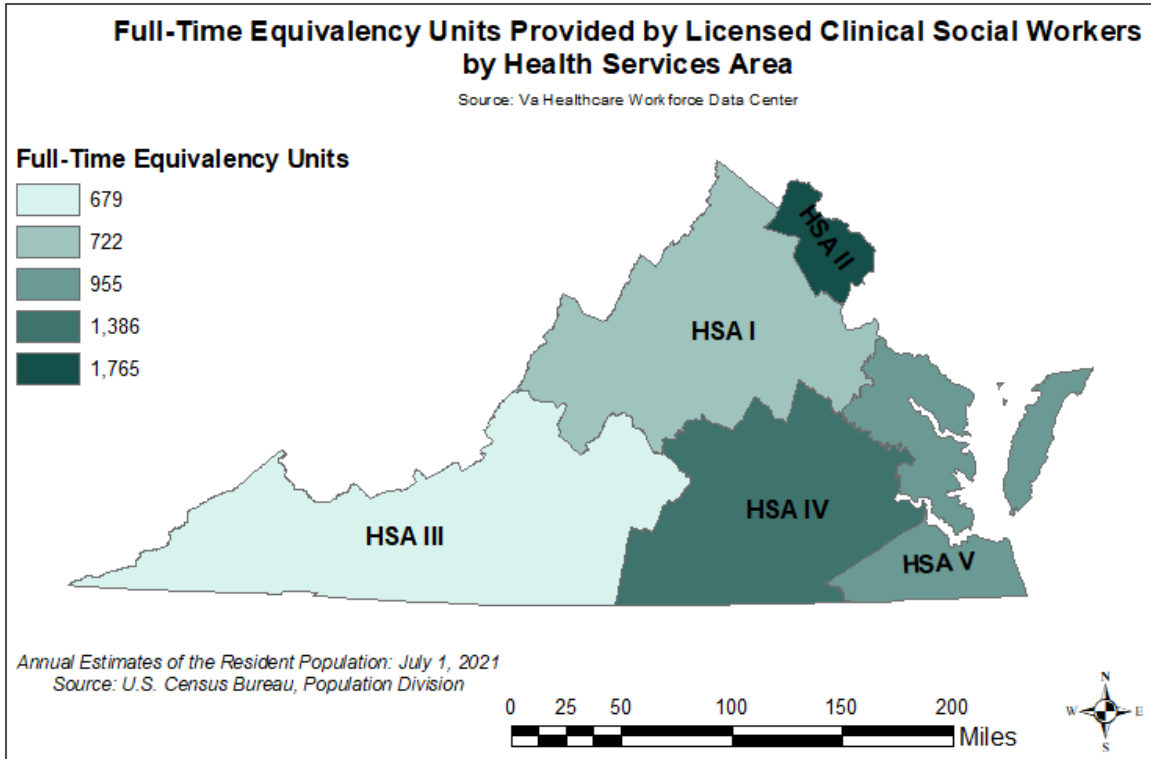
<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).

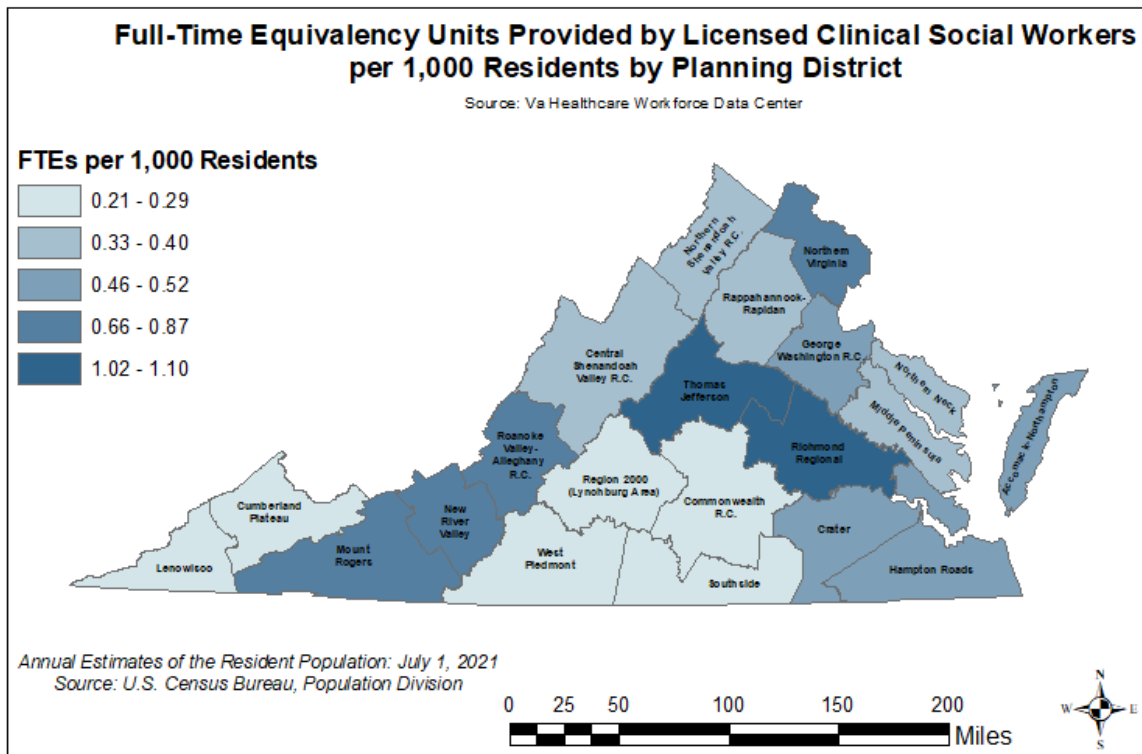
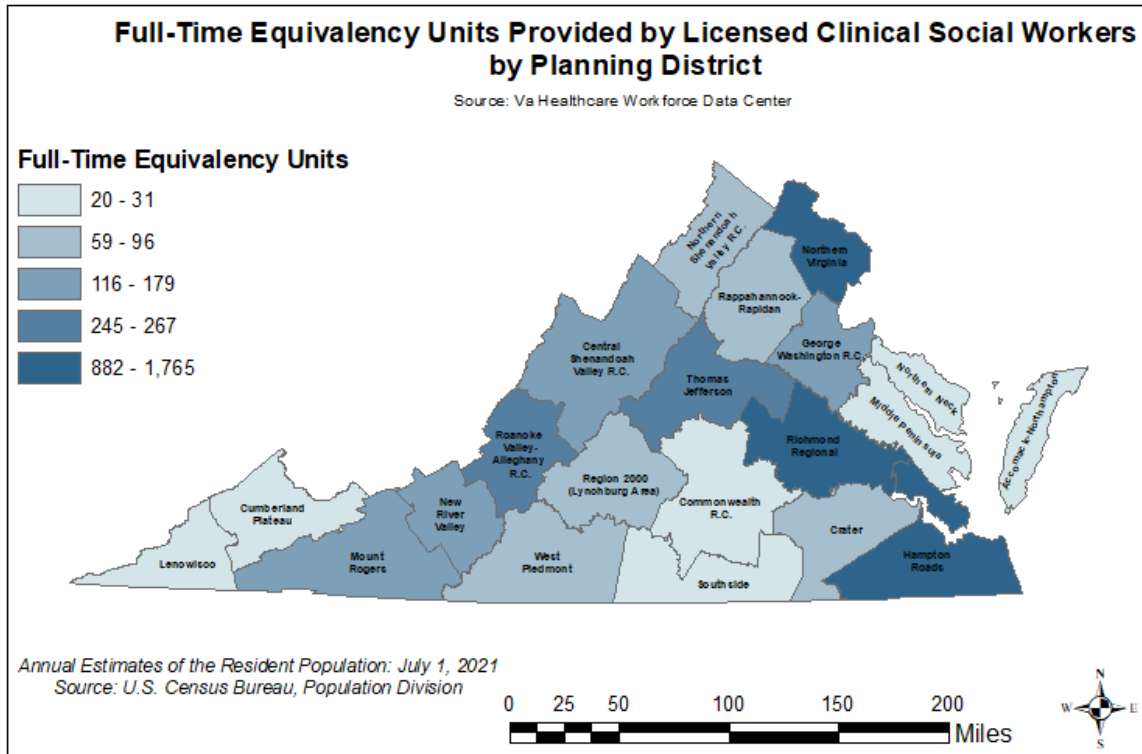












## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	5,213	87.65%	1.141	1.088	1.285
<b>Metro, 250,000 to 1 Million</b>	447	88.14%	1.135	1.082	1.278
<b>Metro, 250,000 or Less</b>	669	87.14%	1.148	1.095	1.292
<b>Urban, Pop. 20,000+, Metro Adj.</b>	45	91.11%	1.098	1.047	1.236
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	154	85.71%	1.167	1.113	1.314
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	86	87.21%	1.147	1.094	1.291
<b>Rural, Metro Adj.</b>	128	82.03%	1.219	1.163	1.373
<b>Rural, Non-Adj.</b>	25	80.00%	1.250	1.193	1.408
<b>Virginia Border State/D.C.</b>	1,397	77.38%	1.292	1.233	1.455
<b>Other U.S. State</b>	949	73.02%	1.369	1.306	1.542

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 35</b>	1,114	74.96%	1.334	1.236	1.542
<b>35 to 39</b>	1,268	83.91%	1.192	1.104	1.378
<b>40 to 44</b>	1,218	85.63%	1.168	1.082	1.350
<b>45 to 49</b>	1,103	85.86%	1.165	1.079	1.346
<b>50 to 54</b>	1,123	87.27%	1.146	1.062	1.325
<b>55 to 59</b>	912	88.49%	1.130	1.047	1.306
<b>60 to 64</b>	824	87.99%	1.137	1.053	1.314
<b>65 and Over</b>	1,551	83.30%	1.200	1.112	1.388

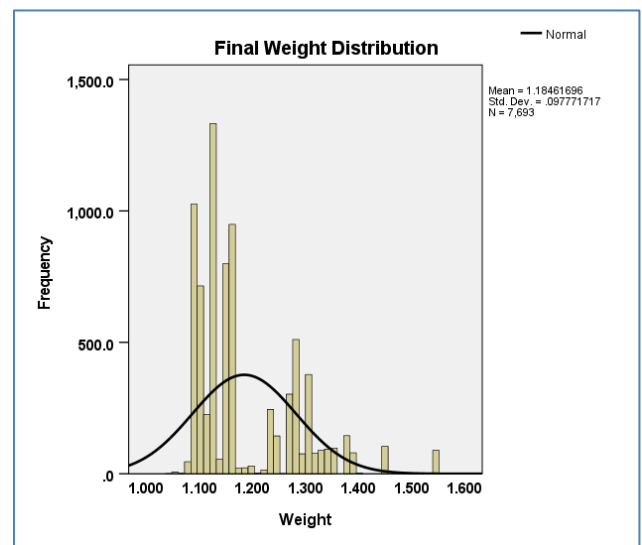
Source: Va. Healthcare Workforce Data Center

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: 0.844179**



Source: Va. Healthcare Workforce Data Center

**DRAFT**

---

# *Virginia's Licensed Master's Social Workers Survey: 2022*

---

Healthcare Workforce Data Center

August 2022

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](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

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

*More than 700 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***

**David E. Brown, DC**  
*Director*

*Healthcare Workforce Data Center Staff:*

Yetty Shobo, PhD  
*Director*

Rajana Siva, MBA  
*Data Analyst*

Christopher Coyle  
*Research Assistant*

Jacquelyne Assi Abe  
*Intern*



# Virginia Board of Social Work

## ***Chairperson Pro Tem***

Canek Aguirre  
*Alexandria*

## ***Members***

Angelia Allen  
*Portsmouth*

Eboni C. Bugg, MSW, LCSW  
*Albemarle*

Jamie Clancey, MSW, LCSW  
*Culpepper*

Elke Cox, MSW, LCSW  
*Lynchburg*

Gloria Manns, MSW, LCSW  
*Roanoke*

Denise Purgold, MSW, LCSW  
*Henrico*

Sherwood Randolph, Jr., MSW, LCSW  
*Richmond*

Teresa Reynolds, MSW, LCSW  
*Cumberland*

## ***Executive Director***

Jaime H. Hoyle, JD

## Contents

---

<b>Results in Brief</b> .....	<b>2</b>
<b>Survey Response Rates</b> .....	<b>3</b>
<b>Background</b> .....	<b>4</b>
<b>Agencies</b> .....	<b>6</b>
<b>Macro Concentration</b> .....	<b>7</b>
<b>CSW Concentration</b> .....	<b>8</b>
<b>Time Allocation</b> .....	<b>10</b>
<b>Prerequisite</b> .....	<b>11</b>
<b>Supervision</b> .....	<b>12</b>
<b>Appendices</b> .....	<b>13</b>
Appendix A: Weights .....	13

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

### Licensees

Licensees:	1,154
New Licensees:	24%
Not Renewed:	20%

### Location

Metro:	93%
Urban:	4%
Rural:	3%

### Clinical Social Work

CSW Concentration:	64%
CSW Services:	71%
Pursuing LCSW:	83%

### Survey Response Rate

All Licensees:	62%
Renewing Practitioners:	95%

### Agency

Employed in Agency:	73%
Licensure Exemption:	18%

### Supervision

Supervised:	54%
Supervisor w/ LCSW:	86%

### Age

Median Age:	40
% Under 40:	50%
% 55 and Over:	16%

### Macro

Macro Concentration:	20%
CSW Services:	54%
Pursuing LCSW:	62%

### Time Allocation

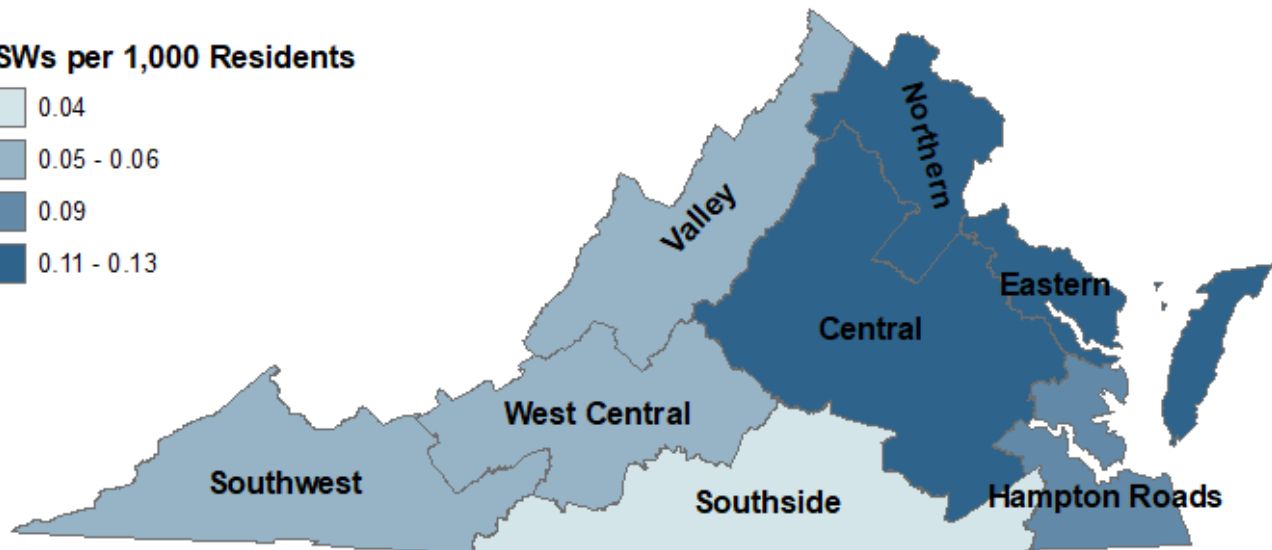
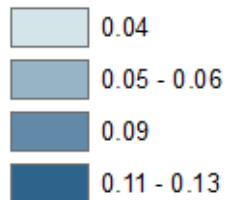
Clinical Work:	41%-50%
Administration:	11%-20%
Clinical Work Role:	38%

Source: Va. Healthcare Workforce Data Center

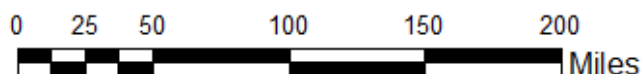
## Distribution of Licensed Master's Social Workers per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Work force Data Center

### LMSWs 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 2022 Licensed Master's Social Worker (LMSW) Survey. More than 700 LMSWs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers this survey, which is not a part of the HWDC's standard survey collection, on an occasional basis as needed during the license renewal process, which takes place every June for LMSWs. These survey respondents represent 62% of the 1,154 LMSWs licensed in the state and 95% of renewing practitioners.

The median age of licensed LMSWs is 40, while 16% of LMSWs are age 55 or over. More than 90% of all LMSWs with an address in Virginia live in a metro area, while 3% live in a rural area. Nearly one-third of all LMSWs live in Northern Virginia, while another 17% of LMSWs live in Central Virginia. In total, 62% of all LMSWs work in Northern Virginia, Central Virginia, and Hampton Roads. Nearly three-quarters of all LMSWs are employed at an agency. Among those LMSWs who work at an agency, 18% are employed at an agency that is exempt from licensure requirements.

One out of every five LMSWs pursued a Master's in Social Work with a macro concentration. Among LMSWs with a macro concentration, 54% provide clinical social work services through their employment at an agency, and 62% intend to eventually pursue licensure as a clinical social worker. Meanwhile, nearly two-thirds of all LMSWs pursued a Master's in Social Work with a concentration in clinical social work. Among LMSWs with a concentration in clinical social work, 71% provide clinical social work services through their employment at an agency, and 41% are registered as a supervisee in social work. In addition, 83% of LMSWs with a concentration in clinical social work intend to eventually pursue licensure as a clinical social worker.

LMSWs spend approximately half of their time performing clinical work, and 38% of LMSWs fill a clinical work role, defined as spending at least 60% of their time in clinical work activities. Another 8% of LMSWs fill a macro work role, while 6% of LMSWs fill an administrative role. Two out of every five LMSWs pursued a LMSW in the belief that it was a prerequisite for licensure as a CSW. Meanwhile, more than half of all LMSWs are supervised at their place of work, and 86% of LMSWs who are supervised at work have a supervisor who is a LCSW.

**A Closer Look:**

Licensees		
License Status	#	%
<b>Renewing Practitioners</b>	651	56%
<b>New Licensees</b>	276	24%
<b>Non-Renewals</b>	227	20%
<b>All Licensees</b>	<b>1,154</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Among all renewing LMSWs, 95% submitted a survey. These represent 62% of the 1,154 LMSWs who held a license at some point during the survey period.*

### Definitions

- The Survey Period:** The survey was conducted in June 2022.
- Target Population:** All LMSWs who held a Virginia license at some point between July 2021 and June 2022.
- 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 2022.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
<b>Under 30</b>	82	93	53%
<b>30 to 34</b>	91	112	55%
<b>35 to 39</b>	82	115	58%
<b>40 to 44</b>	60	94	61%
<b>45 to 49</b>	38	84	69%
<b>50 to 54</b>	37	84	69%
<b>55 to 59</b>	16	54	77%
<b>60 and Over</b>	31	81	72%
<b>Total</b>	<b>437</b>	<b>717</b>	<b>62%</b>
<b>New Licenses</b>			
<b>Issued in Past Year</b>	179	97	35%
<b>Metro Status</b>			
<b>Non-Metro</b>	20	39	66%
<b>Metro</b>	269	514	66%
<b>Not in Virginia</b>	148	164	53%

Source: Va. Healthcare Workforce Data Center

Response Rates	
<b>Completed Surveys</b>	<b>717</b>
<b>Response Rate, All Licensees</b>	<b>62%</b>
<b>Response Rate, Renewals</b>	<b>95%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Licensed LMSWs**

Number: 1,154  
 New: 24%  
 Not Renewed: 20%

**Response Rates**

All Licensees: 62%  
 Renewing Practitioners: 95%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age		
Age	#	%
<b>Under 30</b>	175	15%
<b>30 to 34</b>	203	18%
<b>35 to 39</b>	197	17%
<b>40 to 44</b>	154	13%
<b>45 to 49</b>	122	11%
<b>50 to 54</b>	121	10%
<b>55 to 59</b>	70	6%
<b>60 and Over</b>	112	10%
<b>Total</b>	<b>1,154</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The median age of licensed LMSWs is 40. Among all LMSWs, 33% are under the age of 35, while 16% are age 55 or over.*

**At a Glance:**

Age

Median Age: 40  
 % Under 40: 50%  
 % 55 or Over: 16%

Location

Metro: 93%  
 Urban: 4%  
 Rural: 3%

Region

Top Region: 31%  
 Top 3 Regions: 62%  
 Lowest Region: 1%

Source: Va. Healthcare Workforce Data Center

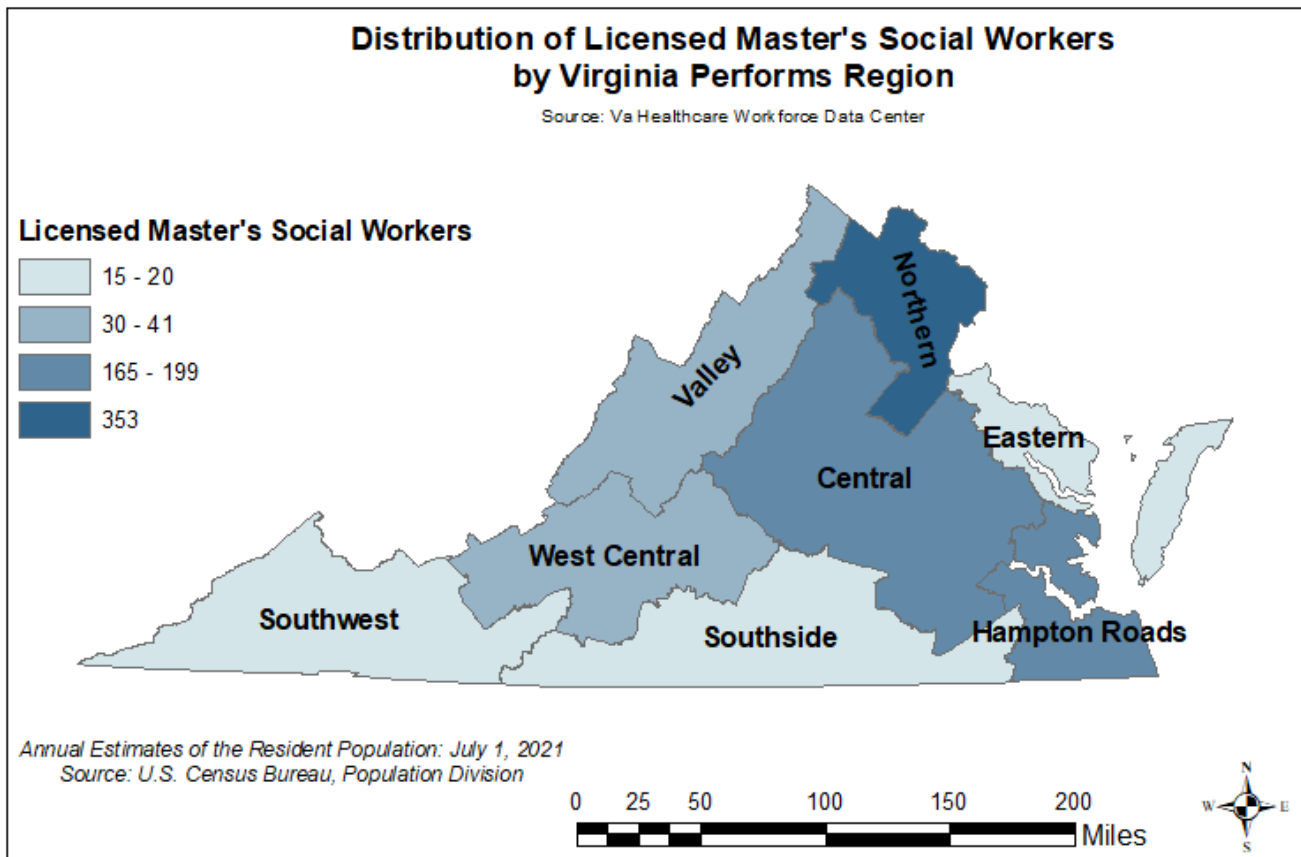
USDA Rural/Urban Continuum (VA Residents)		
Area	#	%
<b>Metro Counties</b>		
<b>Metro, 1 Million+</b>	689	82%
<b>Metro, 250,000 to 1 Million</b>	42	5%
<b>Metro, 250,000 or Less</b>	52	6%
<b>Non-Metro Counties</b>		
<b>Urban, Pop. 20,000+, Metro Adjacent</b>	4	0%
<b>Urban, Pop. 2,500-19,999, Metro Adjacent</b>	20	2%
<b>Urban, Pop. 2,500-19,999, Non-Adjacent</b>	11	1%
<b>Rural, Metro Adjacent</b>	20	2%
<b>Rural, Non-Adjacent</b>	4	0%
<b>Total</b>	<b>842</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*More than nine out of every ten LMSWs who have an address in Virginia live in a metro area, while 3% of LMSWs live in a rural area of the state.*

Nearly two-thirds of all licensed LMSWs work in Northern Virginia, Central Virginia, and Hampton Roads.

Regional Distribution of LMSWs		
Virginia Performs Region	#	%
Central	199	17%
Eastern	19	2%
Hampton Roads	165	14%
Northern	353	31%
Southside	15	1%
Southwest	20	2%
Valley	30	3%
West Central	41	4%
Virginia Border State/D.C.	159	14%
Other U.S. State	153	13%
Outside of the U.S.	0	0%
<b>Total</b>	<b>1,154</b>	<b>100%</b>



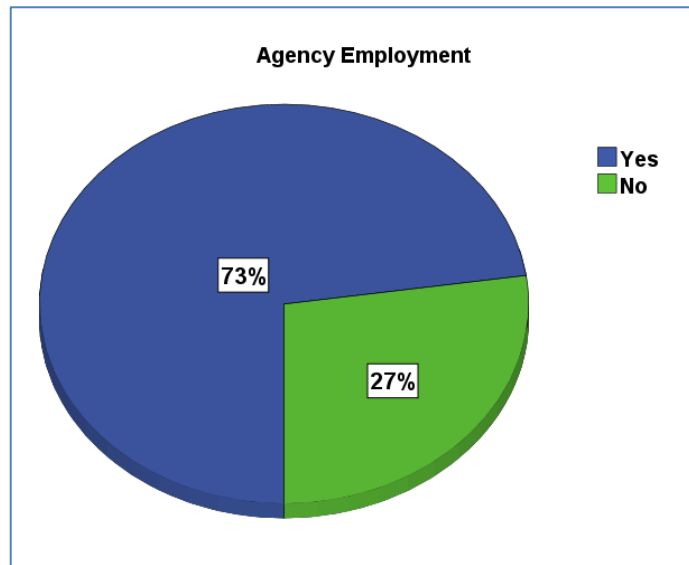
## At a Glance:

### Agency Employment

Employed in Agency: 73%  
 Agencies with  
 Licensure Exemption: 18%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

Agency Employment		
Response	#	%
Yes	842	73%
No	304	27%
<b>Total</b>	<b>1,146</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Nearly three-quarters of all licensed LMSWs work for an agency.*

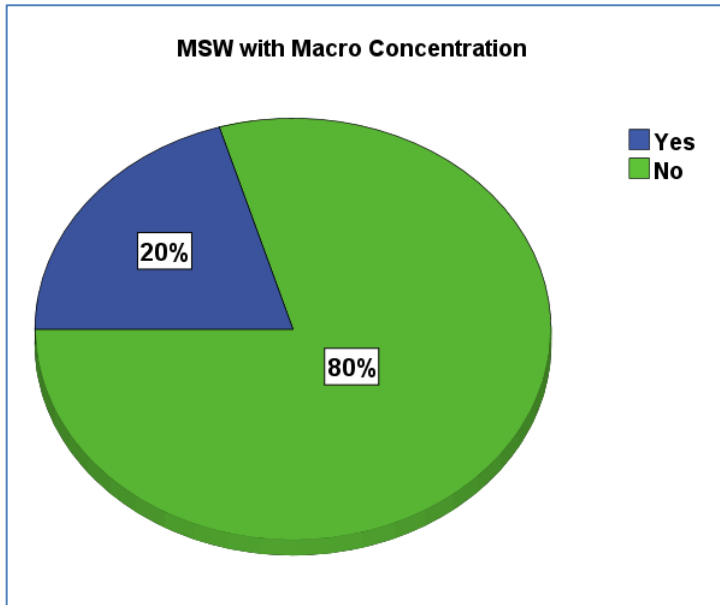
*Among LMSWs who work for an agency, 18% work for an agency that is exempt from licensure requirements.*

Agency Licensure Exemption		
Response	#	% of LMSWs who Work for an Agency
Yes	153	18%
No	677	82%
<b>Total</b>	<b>830</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



A Closer Look:



Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Macro**  
 Concentration: 20%  
 Provide CSW Services: 54%  
 Future LCSW: 62%

Source: Va. Healthcare Workforce Data Center

Macro Concentration		
Response	#	%
Yes	233	20%
No	910	80%
<b>Total</b>	<b>1,143</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*One out of every five licensed LMSWs pursued a LMSW with a macro concentration.*

*More than half of all licensed LMSWs with a macro concentration provide clinical social work through their employment at their agency.*

Provisioning of CSW Services		
Response	#	% of LMSWs with Macro Concentration
Yes	88	54%
No	75	46%
<b>Total</b>	<b>163</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Intention to Pursue LCSW		
Response	#	% of LMSWs with Macro Concentration
Yes	141	62%
No	88	38%
<b>Total</b>	<b>229</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Nearly two-thirds of all licensed LMSWs with a macro concentration intend to eventually pursue licensure as a clinical social worker.*

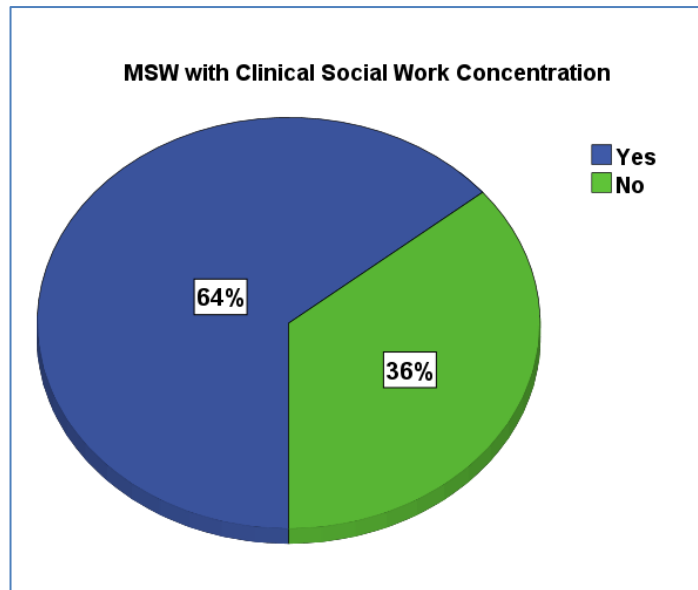
## At a Glance:

### Clinical Social Work

Concentration:	64%
Provide CSW Services:	71%
Supervisee:	41%
Future LCSW:	83%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

Clinical Social Work Concentration		
Response	#	%
Yes	729	64%
No	410	36%
<b>Total</b>	<b>1,139</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Nearly two-thirds of all LMSWs pursued a LMSW with a clinical social work concentration.*

*Among all licensed LMSWs with a CSW concentration, 71% provide clinical social work through their employment at their agency.*

Provisioning of CSW Services		
Response	#	% of LMSWs with CSW Concentration
Yes	399	71%
No	164	29%
<b>Total</b>	<b>563</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Registered as Supervisee in Social Work		
Response	#	% of LMSWs with CSW Concentration
<b>Yes</b>	298	41%
<b>No</b>	429	59%
<b>Total</b>	<b>727</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*More than 40% of all licensed LMSWs with a CSW concentration are registered as a supervisee in social work.*

*More than four-fifths of all licensed LMSWs with a CSW concentration intend to eventually pursue licensure as a clinical social worker.*

Intention to Pursue LCSW		
Response	#	% of LMSWs with CSW Concentration
<b>Yes</b>	594	83%
<b>No</b>	121	17%
<b>Total</b>	<b>715</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

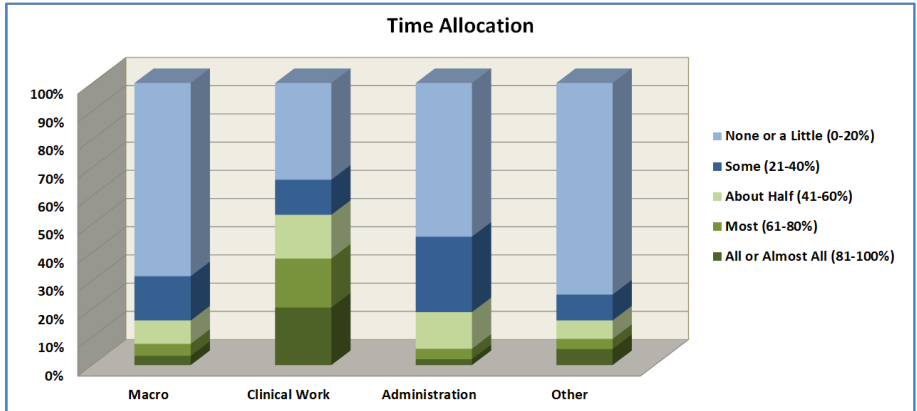
Macro: 0%-10%  
 Clinical Work: 41%-50%  
 Administration: 11%-20%  
 Other: 0%-10%

### Roles

Macro: 8%  
 Clinical Work: 38%  
 Administration: 6%  
 Other: 9%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



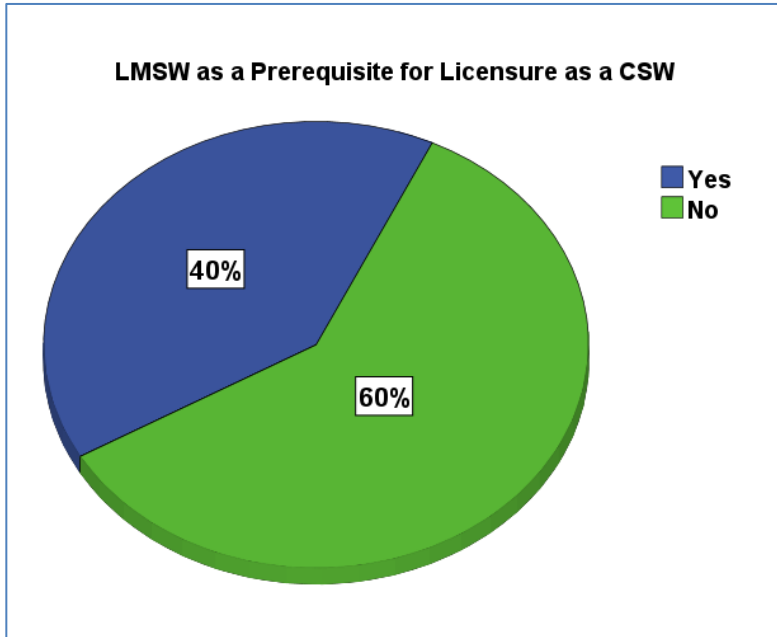
Source: Va. Healthcare Workforce Data Center

*LMSWs spend approximately half of their time performing clinical work. In fact, 38% 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
<b>All or Almost All (81-100%)</b>	3%	20%	2%	6%
<b>Most (61-80%)</b>	4%	17%	4%	4%
<b>About Half (41-60%)</b>	8%	16%	13%	7%
<b>Some (21-40%)</b>	16%	12%	27%	9%
<b>None or a Little (0-20%)</b>	69%	34%	54%	75%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

**At a Glance:**

Prerequisite  
Prerequisite for LCSW: 40%

Source: Va. Healthcare Workforce Data Center

LMSW as a Prerequisite for LCSW		
Response	#	%
Yes	456	40%
No	674	60%
<b>Total</b>	<b>1,130</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Two out of every five licensed LMSWs pursued a LMSW because they believed that it was a prerequisite for licensure as a clinical social worker.*

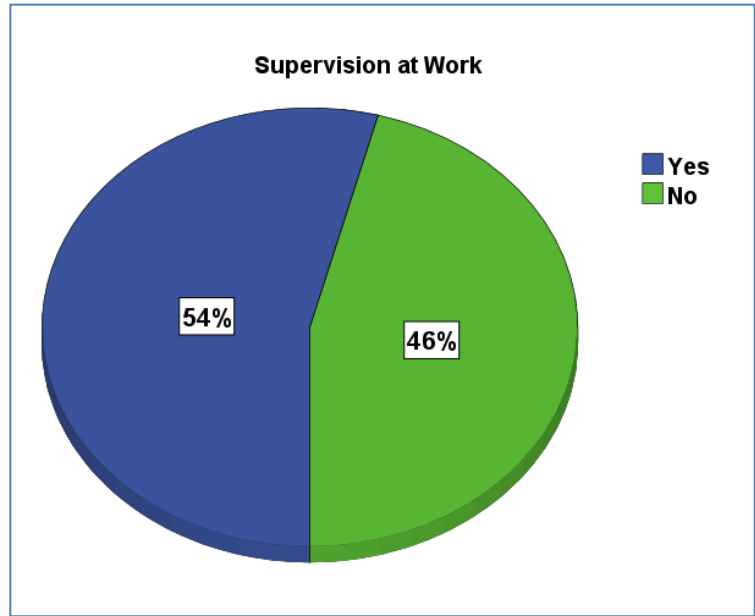
### At a Glance:

**Supervision**  
Supervised: 54%

**Credential of Supervisor**  
LCSW: 86%  
RN: 6%  
LMSW: 2%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**



*More than half of licensed LMSWs are supervised at their place of employment.*

Supervision at Work		
Response	#	%
Yes	610	54%
No	518	46%
<b>Total</b>	<b>1,128</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Credential of Supervisor		
Credential	#	% of LMSWs with Supervisor
LCSW	522	86%
RN	34	6%
LMSW	13	2%
LPC	8	1%
MD	6	1%
LCP	1	0%
Other	25	4%
<b>Total</b>	<b>609</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*More than four out of every five licensed LMSWs who receive supervision have a supervisor with a LCSW.*

## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	689	65.75%	1.521	1.225	1.778
<b>Metro, 250,000 to 1 Million</b>	42	61.90%	1.615	1.301	1.889
<b>Metro, 250,000 or Less</b>	52	67.31%	1.486	1.197	1.737
<b>Urban, Pop. 20,000+, Metro Adj.</b>	4	100.00%	1.000	0.859	1.169
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	20	60.00%	1.667	1.342	1.949
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	11	63.64%	1.571	1.350	1.600
<b>Rural, Metro Adj.</b>	20	70.00%	1.429	1.151	1.670
<b>Rural, Non-Adj.</b>	4	50.00%	2.000	1.805	2.036
<b>Virginia Border State/D.C.</b>	159	49.06%	2.038	1.642	2.383
<b>Other U.S. State</b>	153	56.21%	1.779	1.433	2.080

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	175	53.14%	1.882	1.169	2.383
<b>30 to 34</b>	203	55.17%	1.813	1.609	2.296
<b>35 to 39</b>	197	58.38%	1.713	1.520	2.170
<b>40 to 44</b>	154	61.04%	1.638	1.018	2.075
<b>45 to 49</b>	122	68.85%	1.452	1.289	1.839
<b>50 to 54</b>	121	69.42%	1.440	0.895	1.824
<b>55 to 59</b>	70	77.14%	1.296	1.151	1.642
<b>60 and Over</b>	112	72.32%	1.383	0.859	1.751

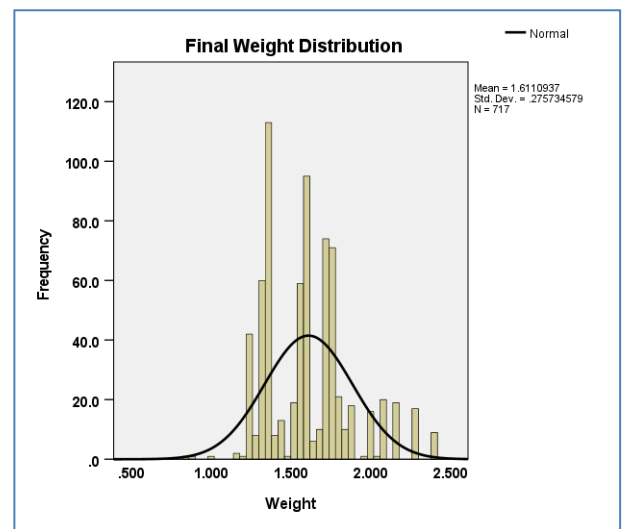
Source: Va. Healthcare Workforce Data Center

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: 0.621317**



Source: Va. Healthcare Workforce Data Center

**Board of Social Work**  
**Current Regulatory Actions**  
**As of September 8, 2022**

**In the Secretary's Office**

VAC	Stage	Subject Matter	Date submitted*	Office; time in office**	Notes
18VAC140-20	Final	Reduction in CE hours for continuation of approval to be a supervisor	6/23/2022	Secretary 77 days	Reduces the number of CE hours necessary to continue operating as an approved supervisor.
18VAC140-30	Proposed	Initial regulations for licensure of music therapists	5/13/2022	Secretary 118 days	Provides licensure of music therapists as required by statute.

\* Date submitted to current location

**Recently effective/awaiting publication**

VAC	Stage	Subject Matter	Publication date	Effective date
18VAC140-20	Final	Changes to endorsement and reinstatement; standards of practice	9/26/2022	10/26/2022
18VAC140-20	Fast-Track	Acceptance of state examinations	9/12/2022	10/27/2022
18VAC140-20	NOIRA	Amendments resulting from periodic review	9/26/2022	N/A



**Agenda Item: Consideration of fast-track regulatory reduction action**

**Included in your agenda package are:**

- Recommended changes to 18VAC140-20-30 and -50 to remove outdated provisions.

**Action needed:**

- Motion to adopt fast-track regulatory reduction action

**Project 7362 - Fast-Track**

**Board of Social Work**

**Regulatory reduction**

**18VAC140-20-30. Fees.**

A. The board has established fees for the following:

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

409. 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.

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

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

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

2. The supervisor shall have received professional training in supervision, consisting of a three credit-hour graduate course in supervision or at least 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. 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.

D. Responsibilities of supervisees.

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

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.

**Agenda Item: Consideration of amendments to Guidance Document 140-1**

**Included in your agenda package are:**

- Recommended changes to Guidance Document 140-1

**Action needed:**

- Motion to adopt amendments to Guidance Document 140-1



## Virginia Board of Social Work

### Confidential Consent Agreements

Health regulatory boards may resolve certain allegations of practitioner misconduct by Confidential Consent Agreement (“CCA”). This agreement may be used by a board in lieu of public discipline, but only in cases involving minor misconduct, where there is little or no injury to a patient or the public, and little likelihood of repetition by the practitioner. A CCA may be offered and accepted any time prior to the issuance of a notice of informal conference by the board. By law, the agreement document must include findings of fact and may include an admission or a finding of a violation and may be considered by a board in future disciplinary proceedings. A CCA, however, is not a public document, and cannot be disclosed by either the Board or the practitioner. *See Va. Code § 54.1-2400(14).*

A CCA cannot be used if the board determines probable cause exists that the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients, or (ii) conducted his/her practice in a manner as to be a danger to patients or the public. Additionally, only two CCAs may be entered into by one practitioner in a 10 year period. *Id.*

The Board of Social Work adopted the following list of violations that may qualify for resolution by a CCA.

Type of violation	Example
<b>Advertising</b>	A licensee or certificate holder using the title “Dr.” without specifying “Ph.D.,” “Ed.D.,” or similar designation.
<b>Continuing education</b>	Insufficient or improper coursework to meet requirements. CCAs will not, however, be used in instances where a licensee untruthfully reported compliance.
<b>Record keeping</b>	Failure to record in a timely fashion; omission or inaccurate recording of dates, names, or times; and illegibility to the point of reasonably being unreadable.
<b>Inadvertent breach of confidentiality</b>	Providing information about a client to another person without authorization. For example, responding to “what time is my wife’s appointment?” Such response acknowledges that the licensee is treating the individual.
<b>Failure to report a known violation</b>	A licensee failing to report a known violation after being instructed by a non-licensee supervisor not to report.
<b>Fees and billing issues</b>	Charging more than originally agreed upon. This would also apply to unintentionally billing for the wrong date(s).
<b>Practicing on an expired license for 90 days or less</b>	Failure to renew but continuing to practice.

## Virginia Board of Social Work Confidential Consent Agreements

~~Legislation enacted in 2003 authorized the health regulatory boards to resolve certain allegations of practitioner misconduct by means of a Confidential Consent Agreement (“CCA”). Health regulatory boards may resolve certain allegations of practitioner misconduct by Confidential Consent Agreement (“CCA”).~~ This agreement may be used by a board in lieu of public discipline, but only in cases involving minor misconduct, where there is little or no injury to a patient or the public, and little likelihood of repetition by the practitioner. A CCA may be offered and accepted any time prior to the issuance of a notice of informal conference by the board. By law, the agreement document must include findings of fact and may include an admission or a finding of a violation and may be considered by a board in future disciplinary proceedings. A CCA, however, is not a public document, and cannot be disclosed by either the Board or the practitioner. See Va. Code § 54.1-2400(14).

Formatted: Justified

A CCA ~~shall not~~cannot be used if the board determines ~~there is~~probable cause ~~to believe exists that~~ the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients, or (ii) conducted his/her practice in a manner as to be a danger to patients or the public. Additionally, only two CCAs may be entered into by one practitioner in a 10 year period. *Id.*

~~— A CCA shall be considered neither a notice nor an order of a health regulatory board, both of which are public documents. The acceptance and content of a CCA shall not be disclosed by either the board or the practitioner who is the subject of the agreement.~~

~~A CCA may be offered and accepted any time prior to the issuance of a notice of informal conference by the board. By law, the agreement document must include findings of fact and may include an admission or a finding of a violation. The entry of a CCA in the past may be considered by a board in future disciplinary proceedings. A practitioner may only enter into only two confidential consent agreements involving a standard of care violation within a 10-year period. The practitioner shall receive public discipline for any subsequent violation within the 10-year period, unless the board finds there are sufficient facts and circumstances to rebut the presumption that such further disciplinary action should be made public.~~

Formatted: Left

Confidential Consent Agreements  
Board of Social Work

The Board of Social Work adopted the following list of violations of Regulation or Statute that may qualify for resolution by a Confidential Consent Agreement (CCA):

Type of violation	Example
<u>Advertising</u>	A licensee or certificate holder using the title "Dr." without specifying "Ph.D.," "Ed.D.," or similar designation.
<u>Continuing education</u>	Insufficient or improper coursework to meet requirements. CCAs will not, however, be used in instances where a licensee untruthfully reported compliance.
<u>Record keeping</u>	Failure to record in a timely fashion; omission or inaccurate recording of dates, names, or times; and illegibility to the point of reasonably being unreadable.
<u>Inadvertent breach of confidentiality</u>	Providing information about a client to another person without authorization. For example, responding to "what time is my wife's appointment?" Such response acknowledges that the licensee is treating the individual.
<u>Failure to report a known violation</u>	A licensee failing to report a known violation after being instructed by a non-licensee supervisory not to report.
<u>Fees and billing issues</u>	Charging more than originally agreed upon. This would also apply to unintentionally billing for the wrong date(s).
<u>Practicing on an expired license for 90 days or less</u>	Failure to renew but continuing to practice.

**1. Advertising**

Example: A licensee or certificate holder using the title "Dr." without specifying "Ph.D.," "Ed.D.," or such similar designation after his or her name.

**2. Continuing education**

Example: Insufficient or improper coursework to meet the requirements. Confidential Consent Agreements will not, however, be used in instances where a licensee is found to have untruthfully reported compliance.

**3. Record keeping**

Example: To include such infractions as failure to record in a timely fashion; omission or inaccurate recording of dates, names, or times; and illegibility to the point of reasonably being unreadable.

**4. Inadvertent breach of confidentiality**

Example: Providing information about a client to another person without authorization, such as responding to, "what time is my wife's appointment?" By

Formatted: Right

Formatted: Justified

Formatted: Font: Not Bold

Formatted: Indent: First line: 0"

Formatted: Font: Bold

Formatted: Centered

Formatted Table

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Indent: First line: 0"

Formatted: Right

acknowledging the appointment the licensee has verified that he or she is treating someone.

**5. Failure to report a known violation**

Example: A licensee working at an agency is "instructed" by a supervisor (non-licensee) not to report a violation. As a result, the licensee does not report the violation under fear of action from his or her employer.

**6. Fees and billing issues**

Example: The licensee charges more than originally agreed upon. This would also apply in situations of unintentionally billing for the wrong date(s).

**7. Practicing on an expired license for 90 days or less**

Example: The licensee has failed to renew his license but has continued to practice for 90 days or less (see Guidance document 140-11)

Formatted: Indent: Left: 0"

Formatted: Indent: Left: 0", First line: 0"

Formatted: Indent: Left: 0"

**Agenda Item: Consideration of amendments to Guidance Document 140-4.2**

**Included in your agenda package are:**

- Recommended changes to Guidance Document 140-4.2 as a new document
- 2018 version of Guidance Document 140-4.2

**Staff note:** Guidance document from 2018 was in an old Word format and could not be edited to show redline of changes. No substantive information was edited.

**Action needed:**

- Motion to adopt amendments to Guidance Document 140-4.2

**Board of Social Work  
Possible Disciplinary Actions for Non-Compliance  
with Continuing Education Requirements**

The Board has adopted the following guidelines for resolution of cases of non-compliance with continuing education requirements:

Cause	Possible action
Short due to unacceptable hours	Confidential consent agreement (“CCA”); 30 day make up
Short 1-9 hours	CCA; 30 day make up
Short 10-14 hours	Consent Order (“CO”); \$500 fine; 30 day make up
Short 15-20 hours	CO; \$600 fine; 30 day make up
Short 21-30 hours	CO; \$1,000 fine; 30 day make up
Did not respond to audit request	Refer to informal conference

In all cases of non-compliance, the licensee will be audited for the next renewal cycle.

**Virginia Board of Social Work**  
**Possible Disciplinary or Alternative Actions**  
**For**  
**Non-compliance with Continuing Education**

The Board has adopted the following guidelines for resolution of cases of noncompliance with continuing education requirements:

**CAUSE**

Short due to unacceptable hours  
Short 1–9 hours.  
Short 10-14 hours  
Short 15-20 hours  
Short 21-30 hours  
Did not respond to audit request

**POSSIBLE ACTION**

Confidential Consent Agreement: 30 day make up  
Confidential Consent Agreement: 30 day make up.  
Consent Order: \$500, 30 day make up.  
Consent Order: \$600, 30 day make up.  
Consent Order: \$1,000, 30 day make up  
Informal Conference

In all cases of non-compliance, the licensee will also be audited for the next renewal cycle.

**Agenda Item: Consideration of Petition for Rulemaking**

**Included in your agenda package are:**

- Petition for Rulemaking to require MSWs under supervision obtain the LMSW
- Public comment posted on Virginia Regulatory Town Hall in response to the petition
- Public comment received by the agency in response to the petition

**Action needed:**

- Motion to either:
  - Initiate rulemaking in response to the petition; OR
  - Take no action, specifying why





### Petition for Rule-making

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

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

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

Joseph G. Lynch LCSW

Street Address

3549 Majestic Cir.

Area Code and Telephone Number

540-421-4345

City

Broadway

State

Virginia

Zip Code:

2 2 8 1 5

Email Address (optional)

lynchj@newmanavenue.com

Respond to the following questions:

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

I am petitioning for the Virginia Board of Social Work to amend the Regulations Governing The Practice Of Social Work, Title of Regulations: 18 VAC 140-20-10 et seq., specifically section 18VAC140-20-50. Experience requirements for a licensed clinical social worker.

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

My petition request that the Virginia Board of Social Work amend their regulations to require that the MSW supervisee working toward the LCSW license be required to acquire the LMSW while under supervision. The Association of Social Work Boards has documented that 80% of the 50 US states, plus DC, and require the ASWB Clinical Exam to acquire the Clinical license, be licensed while under supervision. Virginia MSWs are not required to have a license while under supervision. With 80% of the states having that requirement then Virginia MSWs have reduced portability to other US states or DC. The Virginia Board of Counseling regulations (18VAC115-20-52. Resident license and requirements for a residency) now require "Residents" (counselors) to be licensed while under supervision toward the Licensed Professional Counselor license. Amending the regulations will bring Virginia on parity with the majority of other US states and with the other behavioral science boards in Virginia

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

The legal authority for the Virginia Board of Social Work to take the action requested is from the Code of Virginia, Title 54.1. Professions and Occupations, General Provisions, Chapter 37. Social Work and § 54.1-3705. Specific powers and duties of the Board

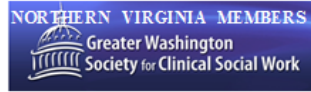
Signature:

Date:

7/17/22



AND



Virginia Society for Clinical Social Workers  
1261 Abingdon Rd  
North Chesterfield VA 23236

And

Greater Washington Society for Clinical Social Work  
711 Garrisonville Rd  
Garrisonville, VA 22463

July 18, 2022

Virginia Board of Social Work  
Jaime Hoyle, Executive Director  
Boards of Counseling, Psychology and Social Work  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463

Re: Petition for Rule making

Jaime:

On behalf of the Virginia Society for Clinical Social Workers and the Northern Virginia members of the Greater Washington Society for Clinical Social Work please find attached a Petition for Rule-making. The focus of the petition is to request the Board to amend the regulations to require the MSW supervisee to have the LMSW license while under supervision for the LCSW license.

In reviewing the minutes of the Regulatory Committee and the Board meetings from March 15, 2018, to June 3, 2022, it is clear that the Regulatory Committee and the Board have examined this issue periodically.

At the VBSW Board meeting held on July 23, 2021, I presented information to the Board from the ASWB database that showed 76% of the US States (plus DC) required the supervisee to be licensed while under supervision.

I went on the ASWB website to the *Laws and Regulations Database* <https://www.aswb.org/regulation/laws-and-regulations-database/> to acquire updated information. The research question that I am trying to answer is:

*What is the percentage of US states (plus DC) that require the MSW supervisee to be licensed while under supervision toward a license that requires them to pass the ASWB Clinical examination?*

I selected variables and ASWB generated the below two named reports (copies attached).

1. ASWB COMPARE LICENSE REQUIREMENTS CLINICAL EXAM REQUIRED
2. ASWB -SUPERVISION- ALL JURISDICTIONS- LICENSE REQUIRED DURING SUPERVISION

From the first report I pulled out data on all US States and the District of Columbia that identified the name of the license issued by each state that required the applicant pass the ASWB Clinical Exam. I then looked at the second report on supervision. I pulled out from that report only the US States and DC that required licensure while under supervision. From that list I pulled out the ones that required the MSW to have a passing score on the ASWB Clinical Exam.

The combined report is called :

US STATES AND DC- LICENSE THAT REQ ASWB CLINICAL EXAM AND REQ BE UNDER SUPERVISION - JULY 17, 2022. (See attached)

The ASWB data shows that 80% of US States (plus DC) now require the supervisee under supervision toward the license that requires passage of the ASWB Clinical exam require them to be licensed while under that supervision.

<b>DATA SUMMARY</b>		
<b>A</b>	Number of US jurisdictions that require the MSW under supervision toward a license that requires passing the ASWB clinical exam to be licensed while under that supervision.	41
<b>B</b>	Number of US jurisdictions that <b>DO NOT</b> require the MSW under supervision toward a license that requires passing the ASWB clinical exam to be licensed while under that supervision.	1
<b>C</b>	Number of US jurisdictions that did not provide a “YES” or a “NO” answer to the ASWB question asking if the MSW under supervision toward a license that requires a passing score on the ASWB Clinical exam, was required to be licensed while under that supervision.	9

I look forward to attending the Board meeting that will consider this Petition for Rule-making and answering any questions that anyone has about our petition.

Sincerely,

Joseph G. Lynch LCSW  
VSCSW Vice President for Legislative Affairs

[Export to PDF](#)[Export to Excel](#)

Agency

Department of Health Professions

Board

Board of Social Work

Chapter

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

50 comments

All good comments for this forum [Show Only Flagged](#)[Back to List of Comments](#)**Commenter:** Jennifer L. Surratt, LCSW

8/15/22 1:15 pm

**DO NOT SUPPORT**

I am an LCSW in Virginia who also provides supervision towards MSWs seeking to obtain their LCSW. I am NOT in favor of any additional gatekeeping to the profession in the form of testing which is both costly and time consuming at the outset. Furthermore, the recent ASWB report dated 8/5/22 on the pass rates for examination are deeply concerning although they confirm what many of our colleagues have been telling us for years. It is time to listen, evaluate the report findings, address the racial/ethnic disparities, AND open the door to conversation about alternative paths outside of testing. As a profession the NASW values and ethical principles require that we challenge social injustice AND respect inherent dignity and worth of people. I believe that we as a profession have run afoul of those principles when we develop and continue practices which are shown to be harmful to others. I believe that we have an opportunity to change course and a moral and ethical obligation to our profession to do so. Increasing testing as a method to 'screen in/out' social work graduates to levels of practice within the profession is ill-advised.

CommentID: 127237

**Commenter:** Debra S Berryman

8/16/22 9:43 am

**I do not support.**

Requiring this credential/certification would create an additional barrier for supervisees. We need more LCSWs to grow our profession as many of us are experiencing LMHP workforce shortages.

CommentID: 127258

**Commenter:** Kim Young, LCSW

8/17/22 2:47 pm

**I DO NOT SUPPORT**

Given the data report released by the ASWB on August 5, 2022 the public and regulatory boards across the country now have access to incredibly concerning information. The ASWB data report revealed the vast disparities in pass rates of the clinical and master's level exams across racial groups. In Virginia, white test taker take and pass the LMSW and LCSW exams at rates double to Black test takers. There is confirmed testing bias laced within the ASWB examination process and this petition will only further restrict access to licensure for Black and Brown folks in the Commonwealth. I do not support this petition!

CommentID: 127312

**Commenter:** Alice McGuin, MSW

8/17/22 3:03 pm

**I do not support**

Given the data report released by the ASWB on August 5, 2022 I do not support this move. The ASWB data report proved what many of us in the field suspected. There are large disparities in pass rates of the clinical and master's level exams across racial groups.

In Virginia specifically, white test takers pass the LMSW and LCSW exams at rates double to Black test takers. There is confirmed testing bias laced within the ASWB examination process and until this is addressed and corrected, a measure such as this should not even be considered. I do not support this petition!

CommentID: 127315

**Commenter:** Amoya Robinson, LMHP-S

8/17/22 3:14 pm

**I do not support.**

As someone who is currently in the process of supervision and has personally experienced the barriers and difficulty in getting to this point I absolutely do not support this. The current results from ASWB shows a pass rate of 45% for black individuals and 84% for white. There is clear testing bias in these results and this petition only presents additional barriers for black and brown people.

CommentID: 127316

**Commenter:** Laura Morrison, MSW, LCSW

8/17/22 3:40 pm

**DO NOT SUPPORT**

I do not support this petition.

Data from the 2022 ASWB Exam Pass Rate Analysis confirms that the ASWB exams are deeply flawed, biased exams that serve as massive roadblocks to clinical licensure that disproportionately impact Black, Latine/Hispanic, and Indigenous test-takers. Our code of ethics calls us to challenge social injustice, to promote the well being of our clients, to stand for integrity, and to bolster the well being of our communities in general. This petition – and putting more barriers in place toward clinical licensure, particularly for clinicians who are Black, Latine/Hispanic, or Indigenous, - flies in the face of our ethical obligations as social workers and does harm by preventing our communities and clients from having access to a diverse field of qualified clinical social workers.

Again, I do not support this petition and urge the VA Board of Social work to examine the inequities inherent in the social work licensure requirements.

CommentID: 127318

**Commenter:** Jane Rolander, LCSW

8/17/22 6:07 pm

**Do not support**

As an LCSW in Virginia, I do not support this petition. This will only increase the level of gate keeping and racial and economic disparities within the profession. The recent release of the data

from ASWB shows clear bias in testing protocols that must be addressed. Our code of ethics calls on us to eliminate such barriers, not implement more of them. I do not support this petition.

CommentID: 127324

**Commenter:** Robin Gahan, MSW

8/17/22 10:35 pm

**Do not support**

This proposed regulatory change will only further limit access for social workers who have completed their MSW from obtaining their certification as LCSW. We must remove barriers not erect them. Now more then ever we need paths for the committed and competent social change agents to serve and empower our most vulnerable. I do not support.

CommentID: 127347

**Commenter:** Irene Temple, LCSW

8/23/22 2:55 pm

**I do not support**

We have a difficult enough time getting licensed folks to fill jobs. The Board should not make it any harder to get a license.

CommentID: 127405

**Commenter:** Jocelyn Faison, LCSW, C-SWHC

8/23/22 5:45 pm

**I do not support**

I do not support this change in licensure requirement in Virginia. The process for licensure is already complex and lacks limited support for those who are seeking licensure. The supervision process makes it difficult for those who are at the MSW level afford not only a college education yet the cost of registering and paying weekly for supervision. I often receive multiple request for clinical supervision as there is also a limited number of LCSW's who can provide quality supervision. I think the focus should be on how we can best support and uplift those who want to and are already engaged in social work practice.

CommentID: 127408

**Commenter:** Sarah O'Brien, LCSW, LCSW-C (MD), CCATP, CTMH

8/24/22 12:55 pm

**I DO SUPPORT!!!**

I am in favor of the petition. Maryland, North Carolina, Tennessee, Kentucky, West Virginia, and Washington D. C are all contiguous to Virginia. During the Pandemic the mental health service delivery system was stressed. Partly due to the difficulty for li- censed Clinical Social Workers to easily cross state boundaries.

I, personally, chose to seek additional licensure in the state of Maryland during the pandemic due to a long-standing client relocating to Maryland due to a domestic violence situation. I had to terminate with another long-standing client during the pandemic as they relocated to North Carolina for spouse's military duty station, as trying to access licensure in more than two states is already difficult enough to track/maintain different requirements.

An interstate compact would make it less complicated for me to continue seeing such clients in neighboring states because requirements for licensure and licensure renewal are separate and different, and as a practitioner, it's cumbersome to maintain requirements for licensure in more than one state. Having the option to CHOOSE to participate in an interstate compact (but not required for all VA practitioners) would streamline the process/fees/CEU requirements/Licensing requirements/education requirements/supervision requirements allowing more practitioners to offer services in states contiguous to Virginia. Given the landscape today and scope of telehealth practice, this is a necessary shift for the social work profession.

Thank you for your consideration.

All the best,

Sarah O'Brien,

CommentID: 127413

**Commenter:** Gary Taylor, LCSW

8/26/22 9:50 am

### **I Do Not Support**

I do not support

CommentID: 127424

**Commenter:** Lindy Collins, LCSW

8/26/22 9:53 am

### **I do NOT support**

This is unnecessary gatekeeping that will disproportionately impact our BIPOC colleagues.

CommentID: 127425

**Commenter:** Brittany, MSW, QMHP-C

8/26/22 10:31 am

### **DO NOT SUPPORT**

This is another classist money grab to gatekeep social work. This goes directly against the core values of social work. This should not be disguised as a quality improvement/control method. It's morally wrong to continue to put expenses and barriers in the way of social workers who want to support others. Social work is SUPPOSED to be about removing barriers, not creating them. I do not support this

CommentID: 127427

**Commenter:** Michael R, Wilson, LCSW, BCD

9/8/22 3:51 pm

### **Petition regarding Rule Making #371**

I am in favor of this petition #371 as it would make Virginia consistent with 80% of the other US states regarding Social Work regulations.

I am in favor of petition #371 as it would make Virginia Social Work regulations consistent with the Virginia Board of Counseling regulations; and, the Virginia Behavioral Science Boards should maintain parity on this issue.

I am also in favor with this petition in that it should allow Virginia to participate in the Interstate compact for Social Work. This would aid Virginia Social Workers to have portability with their

licenses.

During the pandemic the mental health system was stressed. As Maryland, North Carolina, Tennessee, West Virginia, Kentucky, and Washington DC are contiguous to Virginia, passage would allow Virginia Social Workers to cross those boundaries more easily.

CommentID: **128530**

**Commenter:** Bonnie Rudder

9/10/22 1:46 am

**I DO NOT SUPPORT**

I do not support!

CommentID: **128544**

**Commenter:** Dawn Zimmer

9/10/22 2:30 pm

**Support**

I support the proposal to require a supervisee working toward becoming a licensed clinical social worker to obtain licensure as a licensed master's social worker while obtaining required experience under supervision.

When dealing with mental health and well-being of the public, I believe it is of the utmost importance for social worker professionals to have licensure to practice as they interact with their clients.

CommentID: **128545**

**Commenter:** Brian Rink

9/10/22 3:10 pm

**I support the proposed rule**

I am writing in strong support of requiring persons desiring licensure as an LCSW to have passed the ASWB master's exam as well as meet the requirements for the Commonwealth of Virginia's LMSW prior to being allowed to collect supervision and clinical hours.

This would bring Virginia in line with the majority of jurisdictions in the US. As it stands now, other than graduating from an MSW program, there are no safeguards in place to verify that a supervisee in clinical social work commands basic social work knowledge, skills, or abilities. ASWB exam passage would demonstrate such knowledge.

Respectfully,

Brian Rink

CommentID: **128546**

**Commenter:** John Salay, LCSW

9/12/22 8:21 am

**I support the petition.**



I support the petition for all of the reasons below. When I was the Chair of the Board, the idea of licensing at the MSW level, was well vetted by the regulatory committee and full board. It passed to the governors office but never made to to the GA. ASWB strongly supported moving forward with it. This action will actually make the LCSW professional role even stronger in the eyes of funding sources.

I am in favor of the petition for rule-making #371.

I am in favor of the petition #371 because it will make Virginia regulations consistant with 80% of the other US states social work regulations.

I am in favor of petition # 371 because it will make Virginia social work regulations consistant with the Virgina Board of Counseling regulations. The Virginia Behavioral Science Boards should maintain parity on this issue.

I am in favor of the petition because it will help Virginia to participate in the Interstate Compact for Social Work. This helps Social Workers to have portability of their license.

I am in favor of the petition. Maryland, North Carolina, Tennessee, Kentucky, West Virginia, and Washington D. C are all contiguous to Virginia. During the Pandemic the mental health service delivery system was stressed. Partly due to the difficulty for licensed Clinical Social Workers to easily cross state boundaries.

CommentID: **128550**

**Commenter:** Karen J. Mayhew, LCSW

9/12/22 5:56 pm

### **Petition 371**

I support the petition for rule making #371 and appreciate how essential it is in two respects: 1) to facilitate interstate portability of licensure (through parallel regulations among states), so needed when practice is done increasingly online between clients and practitioners living in different states, and 2) ensuring that social workers at all levels of their post-degree practice demonstrate the knowledge required for safe, competent and ethical practice. I am deeply concerned by the ASWB's findings of disparities in the pass rate of the ASWB exam. I agree with the CSWA's recommendations (Sept. 2022) that the identified issues with the ASWB exam be addressed fully and forthwith, including the corrective actions announced by the ASWB. My support for petition 371 and its dual importance - to the Interstate Compact and our profession's ongoing obligation for accountability - is based on a perspective that spans 29 years of experience as an LCSW in both the public and private sectors. I do appreciate the Board of Social Work's consideration of public comment in this matter.

CommentID: **128555**

**Commenter:** Lynn Ellen Paulson, LCSW

9/12/22 9:30 pm

### **license for supervisees in clinical social work**

I support licensure for supervisees in clinical social work replacing registration.

CommentID: **128557**

**Commenter:** Lisa A Maestri LCSW

9/12/22 11:58 pm

**I am in favor.**

I am in favor of the petition #371 because it will make Virginia regulations consistent with 80% of the other US states social work regulations.

CommentID: **128563**

**Commenter:** Marilyn Stickle, LCSW

9/13/22 9:15 am

**Petition 371**

I support Petition #371

For consistency across the Virginia Behavioral Sciences Board and

For parallel regulations among states

Changes in the ASWB exam and licensing supervisees in clinical social work will ensure safe, competent, and ethical practice for all post-degree practitioners.

CommentID: **128565**

**Commenter:** Vincenza Bonarelli, LCSW

9/13/22 9:39 am

**support for 371**

I support proposition 371 for a variety of reason of which foremost is helping to strengthen the professionalism of social work through the requirement that a supervisee receive a masters license while under supervision when working towards the required experience towards an LCSW .

CommentID: **128567**

**Commenter:** Matthew LEvine

9/13/22 10:00 am

**Support of the Initiative**

I support this initiative to help facilitate greater access to mental health care.

Thank you,

Matt Levine, LCSW

CommentID: **128569**

**Commenter:** Wayne A. Martin, LCSW, BCD (Emeritus status)

9/13/22 11:06 am

**I SUPPORT petition #371.**

I am in favor petition #371. I support this change in regulatory rules for the following reasons: it will make Virginia regulations consistent with 80% of the US states; it will help Virginia participate in the Interstate Compact for Social Work licensure. (This will aid social workers in having portability in our mobile workforce. I am an example- I have been licensed in Virginia since 1978 as an LCSW; I retired and moved to Maryland in January of 2020. I cannot practice in MD.) I am in favor of this rule change as it will make Virginia social work regulations consistent with the Virginia Board of Counseling regulations. Finally, I support this petition to make mental health care delivery amongst the contiguous states (MD, NC, TN, KY, WVA, and Washington, DC) to Virginia less of an obstacle and to allow LCSW's the ability to easily cross state boundaries. Thank you for your consideration.

Wayne A. Martin, LCSW. Member of the Virginia Board of Social Work (7/2004-6/2012); Chair of the Virginia Board of Social Work (7/2010-4/2012)

CommentID: 128577

**Commenter:** Jan Iris Smith LCSW-C,BCD

9/13/22 11:20 am

**Petition 371**

I am writing to lend support in favor of the passage of Petition 371 because it will help bring Virginia standards and procedures into alignment with other states and their regulations; and this will help to further the ultimate employment of the Social Work Compact to ease the ability of Virginia licensed Social Workers to transport their skills across state lines, in particular with states we border.

CommentID: 128579

**Commenter:** Steve Szopa, LCSW

9/13/22 11:50 am

**I support this petition**

It is vital that social work supervisees become licensed as LMSWs as they complete their hours under supervision. Doing so ensures public safety and the integrity of the field of Clinical Social Work.

Sincerely, Stephen M Szopa, LCSW

CommentID: 128583

**Commenter:** Keith R. Harrington, LCSW

9/13/22 12:43 pm

**I SUPPORT PETITION #371**

I am in favor of the petition for rule-making #371, because it will make Virginia regulations consistent with the social work regulations in 80% of the other US states, as well as with the Virginia Board of Counseling regulations.

Of significant import, this petition will help Virginia to participate in the Interstate Compact for Social Work, facilitating portability of the license Virginia social workers hold. During the Pandemic, the mental health service delivery system was stressed, and continuity of care was too often disrupted, due in no small part to the difficulty for licensed Clinical Social Workers to easily cross state boundaries.

CommentID: **128591**

**Commenter:** Andrea LoBalbo, LCSW

9/13/22 12:51 pm

### **Petition 371**

I am in favor of the petition for rule-making #371. It will help Virginia participate in the Interstate Compact for Social Work. This helps Social Workers to have the portability of their license.

CommentID: **128592**

**Commenter:** Dan Campbell, LCSW

9/13/22 1:08 pm

### **Petition 371**

I support Petition 371. It will establish parity with other professions in Virginia. It will also improve access to qualified behavioral health services by helping Virginia participate in the Interstate Compact.

Dan Campbell

CommentID: **128594**

**Commenter:** Dolores S. Paulson, PhD, LCSW

9/13/22 2:22 pm

### **I support the petition**

I support this petition for three reasons (in brief):.

1. Social Work is the only mental health profession in Virginia that does not license supervisees. The LPC holds a Resident License. Social Work must be brought into parity with the Virginia Behavioral Health Boards.
2. 80% of States and DC require licensure for supervisees in clinical social work. Virginia must meet the prevailing professional standard rather than remain in the low 20%.
3. The Department of Defense is leading the movement to develop an interstate compact which will facilitate multistate practice among member states. Licensing the supervisee in Clinical Social Work will increase portability when that time comes and meet the prevailing standard (80% licensure for supervisees in clinical social work).

Dolores S. Paulson, PhD, LCSW Past Member of the Virginia Board of Social Work

Past Member of the Board of Social Work

Past Chair of the Virginia Board of Social Work

CommentID: **128596**

**Commenter:** Susan Witt

9/13/22 2:25 pm

**I SUPPORT PETITION 371**

I am in favor of this petition because it will make Virginia regulations consistent with 80% of the other US states with social work regulations. This petition and changes it advocates for will help Virginia to participate in the Interstate Compact for Social Work. This will enhance LCSW portability. As someone from Roanoke with family down in the Bristol VA/Tenn area , I have direct knowledge of the importance of portability ( particularly in the underserved areas of SW Virginia and contingent states ie Tennessee and West VA and mountains of NC, )

CommentID: **128597****Commenter:** Dr. Susan Nicholson

9/13/22 2:39 pm

**Petition 371**

I am in favor of the petition for rule-making #371.

CommentID: **128599****Commenter:** NASWVA

9/13/22 3:38 pm

**Support the Petition 371**

NASW Virginia representing over 3,000 socialworkers supports this petition. We have supported the boards previous efforts to create this level of licensing. Social Work is the only mental health profession in Virginia that does not license supervisees. Social Work must be brought into parity with all other Behavioral Health Boards. This will also align the Commonwealth with 80 percent of the states including the District of Columbia, that require licensure for Supervisees in Social Work.

This will also position Virginia to join the interstate compact effort that is being lead by the Department of Defense.

The result of this petition will bring clarity to the various levels and scopes of practice for both the public and the emerging workforce.

CommentID: **128601****Commenter:** Susan Horne-Quatannens, LCSW

9/13/22 4:14 pm

**Past chair of the Virginia Bd of Social Work**

I support this regulation change. It brings Virginia in line with many other states and facilitates our participation in a multistate Compact. It also enhances the Boards mandate to protect the public.

CommentID: **128605****Commenter:** Sara Kuhn

9/13/22 5:01 pm

**Petition 371**

I am in favor of the petition #371 because it will make Virginia regulations consistant with 80% of the other US

states social work regulations.

CommentID: 128606

**Commenter:** jonathan Weiss LCSW

9/13/22 5:26 pm

### **Petition #371**

I strongly support petition #371. The VSCSW has submitted a well thought out position on this important question

CommentID: 128608

**Commenter:** Sharon L Payne

9/13/22 8:16 pm

### **I support the petition**

While I support the petition because it is widely the standard in other states and does provide oversight for protection of the public, the exam not only adds yet another cost to new professionals. The exam does not require the social worker to demonstrate an awareness of and ability to effectively work with structural inequities among races, classes, sexual orientations and other influences which impact the persons with whom we work. The exam rather disregards difference, something we as social workers pride ourselves on honoring.

This problem goes back to training both in the classroom and the field. While this is an issue for CSWE, the difficulty students have with this exam suggests that we have a great deal of work to do not only with the exam but in our education of all social work students.

CommentID: 128611

**Commenter:** Roger C. Rothman, LCSW

9/13/22 8:27 pm

### **Licensure of LMSW**

I support this petition

CommentID: 128612

**Commenter:** Joseph Walsh

9/14/22 10:27 am

### **LMSW licensure for supervision**

I support this proposal. As a former Virginia Social Work Board member who previously worked on this issue in the Regulatory Subcommittee, I am convinced that the change, if adopted, will result in an improved quality of client care, bring the Board into parity with other Virginia Behavioral Health Boards, and increase the portability of supervisory arrangements across state jurisdictions.

CommentID: 128622

**Commenter:** Katharine Zener Rossier

9/14/22 10:36 am

### **Petition 371**

I am writing to support this proposed change in the Commonwealth of Virginia's rule to require licensure for recent graduates who are in supervision working toward the LCSW in order to protect the public and ensure the integrity of the social work profession. This requirement that an LMSW license be obtained prior to earning supervised hours towards a Clinical license will bring our state in line with 80% of the states that already require this and will highlight differences in standards the LMSWs are held to vs Qualified Mental Health Professional (QMHPs). Also of great importance is that by doing so, it provides protection for the public and for supervisors, who, at present, assume risk for the supervisee under their own licenses.

Thank you, Katharine Z Rossier, LCSW

CommentID: **128624**

**Commenter:** Teresa Tivenan LCSW

9/14/22 12:03 pm

### **Petition 371**

I am in favor of Petition #371 because it will help Virginia participate in the Interstate Compact for Social Work. This helps Social Workers to have portability of their license.

CommentID: **128631**

**Commenter:** Adele I. Karp, LCSW, LLC

9/14/22 2:18 pm

### **Petition 371**

I am in support of petition #371 because it will help Virginia to participate in the Interstate Compact for Social Work. This helps Social Workers have portability of their license.

CommentID: **128635**

**Commenter:** Kathleen M Struble, LCSW

9/14/22 3:36 pm

### **Support of Petition #371**

I am in favor of this petition #371 for the following reasons:

- 1) petition would make Virginia consistent with 80% of the other US states regarding Social Work regulations.
- 2) petition would make Virginia Social Work regulations consistent with the Virginia Board of Counseling regulations; and, the Virginia Behavioral Science Boards should maintain parity on this issue.
- 3) petition should allow Virginia to participate in the Interstate compact for Social Work. This would aid Virginia Social Workers to have portability of licensure.

Thank you for the opportunity to review and add support.

Kathleen Struble, LCSW

CommentID: **128636**

**Commenter:** Ann Graham, LCSW

9/14/22 4:02 pm

**I Support Petition #371**

I am in favor of the petition #371 because it will make Virginia regulations consistent with 80% of US states social work regulations and will help social workers have portability of their license.

CommentID: **128638**

**Commenter:** Christine Alam, LCSW

9/14/22 9:11 pm

**I support Petition #371**

I support this regulation change. This would bring Virginia in line with 80% of US states and would facilitate VA's participation in a multistate compact. This change would also enhance the Board's mandate to protect the public.

Sincerely,

Christine Alam, LCSW

CommentID: **128646**

**Commenter:** Judy Ratliff

9/14/22 9:47 pm

**Require MSW graduates to become licensed.**

80% of social work nation wide has adopted a similar rule in order to protect the public. The MSW graduate is a social worker, and therefore, the public have a right to expect certain levels of skill and competence and feel secure in that knowledge. Some people object to this change on the basis of the ASWB exam, which has been shown to be biased against people of color. I see these as equal but separate issues, and because I know that the exam is being examined and will be changed, I support the rule change on its own.

CommentID: **128647**

**Commenter:** Greater Washington Society for Clinical Social Work

9/14/22 11:17 pm

**We support petition #371 to license MSW graduates**

We represent Clinical Social Workers from Northern Virginia, in addition to DC and Maryland. The proposal that VA change its rule to require licensure for recent graduates who are in supervision working toward the LCSW will help protect the public and ensure the integrity of the social work profession. The requirements for obtaining an LMSW license prior to earning supervised hours towards a Clinical license will be in line with 80% of the states that already require this. It also provides protection for the public and for supervisors, who, at present, assume risk for the supervisee under their own licenses.

The petition will make Virginia social work regulations consistent with the Virginia Board of Counseling regulations. The Virginia Behavioral Science Boards should maintain parity on this issue.

Additionally, it will help Virginia to participate in the Interstate Compact for Social Work. This helps Social Workers to have portability of their license.



For all these reasons, we urge that the petition be approved.

CommentID: **128649**

**Commenter:** Christopher Jenkins, LCSW

9/14/22 11:17 pm

**I support this petition, but there is more work that must be done...**

I support this petition because 1) it seeks to better provide clients, who are increasingly mobile by necessity, continuity of care across state lines (via the compact); 2) it puts us on par with the regulatory expectations of supervisees in counseling working towards their LPC; 3) it expands greater protections of the public in a time where more and more new social workers are needed in our communities to respond to and assist clients with challenging and difficult situations requiring clinical services; and, 4) it expresses our social work values of integrity and competence. These are all important.

Yet... also important... if our processes and tools used to confer licensure are unfair or biased - racially or otherwise - we as social workers have failed to uphold our social work values of social justice and the dignity and worth of the human person. There are significant questions right now about racial bias in standardized exams, the cost of clinical supervision, lack of access to effect exam preparation, what schools of social work sometimes teach versus what regulators might test, and perhaps other barriers. While some solutions appear underway, greater transparency is needed, many questions remain, and reform seems essential.

Our professional community could be so more united and stronger with better faith and trust in our licensure processes. We are social workers... helping solving problems is what we do. We can solve this.

I again support this petition, but there is more work to be done.

With highest respect to all who contributed in this town hall, Christopher Jenkins, LCSW

CommentID: **128650**



Barrett, Erin <erin.barrett@dhp.virginia.gov>

---

## Petition for Rule-making #371

1 message

---

**Carl Beffa** <cjbeffa@yahoo.com>

Thu, Sep 8, 2022 at 3:45 PM

To: "jaime.hoyle@dhp.virginia.gov" <jaime.hoyle@dhp.virginia.gov>

Cc: "erin.barrett@dhp.virginia.gov" <erin.barrett@dhp.virginia.gov>

To Whom It Concerns: I am writing to you to voice my approval and indicate that I am in favor of the petition for rule-making #371 because it will greatly benefit not only the access to social work/mental health services for our constituents but also provide Social Workers to have portability of their license to other states. This would be a win-win for everyone!  
Carl J. Beffa, MSW, LCSW in Williamsburg, VA



Barrett, Erin <erin.barrett@dhp.virginia.gov>

---

## Supporting petition #371

1 message

---

**Christopher Jenkins** <crjenkins75@gmail.com>  
To: erin.barrett@dhp.virginia.gov

Tue, Aug 9, 2022 at 7:09 PM

I am emailing to indicate my favor for the petition for rule-making #371.

It will make Virginia's Social Work regs consistent with the VA Board of Counseling regs (maintaining good parity) and help VA participate in the Inter state Compact for Social Work.

Christopher R. Jenkins, LCSW



Barrett, Erin &lt;erin.barrett@dhp.virginia.gov&gt;

---

**Fwd: CSWA - Comments on Rule-Making #371**

1 message

**Hoyle, Jaime** <jaime.hoyle@dhp.virginia.gov>

Wed, Sep 14, 2022 at 12:46 PM

To: Erin Barrett &lt;erin.barrett@dhp.virginia.gov&gt;, Charlotte Lenart &lt;charlotte.lenart@dhp.virginia.gov&gt;

Kind Regards,

Jaime H. Hoyle, J.D., Executive Director  
*Boards of Counseling, Psychology, and Social Work*

---

**9960 Mayland Drive, Suite 300**  
Richmond, VA 23233  
(804) 367-4406 (office)

----- Forwarded message -----

From: **lwgroshong** [clinicalsocialworkassociation.org](http://clinicalsocialworkassociation.org) <lwgroshong@clinicalsocialworkassociation.org>

Date: Wed, Sep 14, 2022 at 12:23 PM

Subject: CSWA - Comments on Rule-Making #371

To: [jaime.hoyle@dhp.virginia.gov](mailto:jaime.hoyle@dhp.virginia.gov) <[jaime.hoyle@dhp.virginia.gov](mailto:jaime.hoyle@dhp.virginia.gov)>

The Clinical Social Work Association, the Voice of the over 270,000 licensed clinical social workers in the, asks the Virginia Behavioral Science Boards to approve enacting the use of LMSW for new graduates in Virginia, Petition #371. Over 80% of states, including Maryland, Washington, DC, North Carolina, Kentucky, and Tennessee, have this level of licensure in place. Additionally, three other mental health disciplines in Virginia that have this type of licensure. CSWA is in favor of licensure for the new graduate level and hopes that Virginia will join the majority of states who license this level of practice.

Laura W. Groshong, LICSW, Director, Policy and Practice

Clinical Social Work Association  
[lwgroshong@clinicalsocialworkassociation.org](mailto:lwgroshong@clinicalsocialworkassociation.org)

**CSWA - "The National Voice for Clinical Social Work"**

**Strengthening IDENTITY, Preserving INTEGRITY, Advocating PARITY**

*This email is intended for the sole use of the individual and entity to whom it is addressed and may contain information which is privileged and confidential by applicable law. You are hereby notified that you may not use, copy, distribute or disclose to anyone any information contained in this email in full or in part without the permission of the sender.*



Barrett, Erin &lt;erin.barrett@dhp.virginia.gov&gt;

---

**Fwd: LMSW exam requirement for Supervisees**

1 message

**Hoyle, Jaime** <jaime.hoyle@dhp.virginia.gov>

Fri, Sep 9, 2022 at 7:04 AM

To: Charlotte Lenart &lt;charlotte.lenart@dhp.virginia.gov&gt;, Erin Barrett &lt;erin.barrett@dhp.virginia.gov&gt;, Latasha Austin &lt;latasha.austin@dhp.virginia.gov&gt;

----- Forwarded message -----

From: **Paula Crooks** <paulacrooks@cox.net>

Date: Fri, Sep 9, 2022 at 6:43 AM

Subject: LMSW exam requirement for Supervisees

To: &lt;jaime.hoyle@dhp.virginia.gov&gt;

Dear Mr Hoyle,

I am writing to offer public comment on, and express my support for, petition # 371, because it will make Virginia social work regulations consistent with the Virginia Board of Counseling regulations. I believe the Virginia Behavioral Science Boards should maintain parity on this issue. This regulatory change would also bring Virginia into alignment with most other states, better positioning us to participate in Interstate Compacts.

Concurrently, as a founding member of the Virginia Society for Clinical Social Work's Anti-Oppression Task Force, I have concerns about the recently-released data on ASWB exam pass rates, which indicate a disparity among racial groups. While there are clear benefits to requiring the LMSW exam, I would encourage the Board of Social Work to carefully study the sources of those disparities and potential remedies - including working with the ASWB — during its Regulatory Review process.

We must responsibly reduce barriers to people of color entering the field of clinical social work for a variety of reasons: it is our ethical mandate as social workers; clients of color often feel more comfortable and achieve better results when working with clinicians of a similar race; there is a dire need for more providers to meet a growing mental health crisis; and having a greater variety of viewpoints and experiences in our field only enhances our work.

Thank you for your consideration.

--

Jaime Hoyle, J.D. , Executive Director  
Virginia Boards of Counseling, Psychology, and Social Work  
Department of Health Professions  
[9960 Mayland Dr., Suite 300](#)  
[Richmond, VA 23233](#)  
(804) 367-4406 (office)  
(804) 938-6243 (cell)



Barrett, Erin <erin.barrett@dhp.virginia.gov>

### Petition #371

1 message

Sarah O'Brien <thrive@sarahobrienlcsw.com>  
To: "erin.barrett@dhp.virginia.gov" <erin.barrett@dhp.virginia.gov>

Wed, Aug 24, 2022 at 12:46 PM

I am in favor of the petition. Maryland, North Carolina, Tennessee, Kentucky, West Virginia, and Washington D. C are all contiguous to Virginia. During the Pandemic the mental health service delivery system was stressed. Partly due to the difficulty for li-censed Clinical Social Workers to easily cross state boundaries.

I, personally, chose to seek additional licensure in the state of Maryland during the pandemic due to a long-standing client relocating to Maryland due to a domestic violence situation. An interstate compact would make it less complicated for me to continue seeing such clients in other neighboring states because requirements for licensure and licensure renewal are separate and different, and as a practitioner, it's cumbersome to maintain requirements for licensure in more than one state.

Thank you for your consideration.

All the best,

**Sarah O'Brien**

Sarah F. O'Brien, LCSW, LLC

P: (804)567-8273

F: (804) 729-3445

Telehealth for VA and MD residents offered



**THRIVE & SHINE COUNSELING**

GUIDING YOU TO BECOME YOUR IDEAL SELF

Notice: This communication may contain privileged or other confidential information. Sarah F. O'Brien, LCSW, LLC anticipates that you will implement reasonable safeguards to protect the privacy of this information in your control /possession. If you are not the intended recipient, or believe that you have received this communication in error, please do not print, copy, retransmit, disseminate, or otherwise use the information. Also, please indicate the sender that you received this communication in error, and have deleted the copy you received. Thank you.

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11000 - Social Work  
For the Period Beginning July 1, 2021 and Ending February 28, 2022

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget
4002400	Fee Revenue			
4002401	Application Fee	225,735.00	141,075.00	(84,660.00)
4002406	License & Renewal Fee	36,660.00	705,357.50	668,697.50
4002407	Dup. License Certificate Fee	1,800.00	850.00	(950.00)
4002409	Board Endorsement - Out	8,400.00	4,625.00	(3,775.00)
4002421	Monetary Penalty & Late Fees	5,580.00	780.00	(4,800.00)
4002432	Misc. Fee (Bad Check Fee)	50.00	35.00	(15.00)
	Total Fee Revenue	278,225.00	852,722.50	574,497.50
	Total Revenue	278,225.00	852,722.50	574,497.50
5011110	Employer Retirement Contrib.	9,774.57	14,728.00	4,953.43
5011120	Fed Old-Age Ins- Sal St Emp	6,940.16	12,213.00	5,272.84
5011140	Group Insurance	963.91	1,365.00	401.09
5011150	Medical/Hospitalization Ins.	12,031.00	30,816.00	18,785.00
5011160	Retiree Medical/Hospitalizatn	805.90	1,141.00	335.10
5011170	Long term Disability Ins	438.90	622.00	183.10
	Total Employee Benefits	30,954.44	60,885.00	29,930.56
5011200	Salaries			
5011230	Salaries, Classified	72,141.54	101,848.00	29,706.46
5011250	Salaries, Overtime	2,365.05	-	(2,365.05)
	Total Salaries	74,506.59	101,848.00	27,341.41
5011300	Special Payments			
5011340	Specified Per Diem Payment	550.00	1,600.00	1,050.00
5011380	Deferred Compnstn Match Pmts	238.00	1,056.00	818.00
	Total Special Payments	788.00	2,656.00	1,868.00
5011400	Wages			
5011410	Wages, General	18,814.50	57,787.00	38,972.50
	Total Wages	18,814.50	57,787.00	38,972.50
5011600	Terminatn Personal Svce Costs			
5011660	Defined Contribution Match - Hy	628.07	-	(628.07)
	Total Terminatn Personal Svce Costs	628.07	-	(628.07)
5011930	Turnover/Vacancy Benefits			
	Total Personal Services	125,691.60	223,176.00	97,484.40
5012000	Contractual Svs			
5012100	Communication Services			
5012110	Express Services	-	537.00	537.00
5012120	Outbound Freight Services	9.72	-	(9.72)
5012140	Postal Services	5,996.16	12,500.00	6,503.84
5012150	Printing Services	-	67.00	67.00



5012160 Telecommunications Svcs (VITA)	247.24	550.00	302.76
5012190 Inbound Freight Services	2.78	-	(2.78)
<b>Total Communication Services</b>	<b>6,255.90</b>	<b>13,654.00</b>	<b>7,398.10</b>
5012200 Employee Development Services			
5012210 Organization Memberships	-	1,500.00	1,500.00
<b>Total Employee Development Services</b>	<b>-</b>	<b>1,500.00</b>	<b>1,500.00</b>
5012400 Mgmnt and Informational Svcs	-		
5012420 Fiscal Services	7,761.64	7,300.00	(461.64)
5012440 Management Services	156.19	212.00	55.81
5012460 Public Infrmtnl & Relatn Svcs	1.55	-	(1.55)
<b>Total Mgmnt and Informational Svcs</b>	<b>7,919.38</b>	<b>7,512.00</b>	<b>(407.38)</b>
5012500 Repair and Maintenance Svcs			
5012510 Custodial Services	251.34	-	(251.34)
5012530 Equipment Repair & Maint Srvc	6.93	-	(6.93)
<b>Total Repair and Maintenance Svcs</b>	<b>258.27</b>	<b>-</b>	<b>(258.27)</b>
5012600 Support Services			
5012640 Food & Dietary Services	735.28	480.00	(255.28)
5012660 Manual Labor Services	154.23	2,188.00	2,033.77
5012670 Production Services	1,369.93	2,405.00	1,035.07
5012680 Skilled Services	2,380.84	24,297.00	21,916.16
<b>Total Support Services</b>	<b>4,640.28</b>	<b>29,370.00</b>	<b>24,729.72</b>
5012800 Transportation Services			
5012820 Travel, Personal Vehicle	1,343.80	3,809.00	2,465.20
5012850 Travel, Subsistence & Lodging	218.88	3,107.00	2,888.12
5012880 Trvl, Meal Reimb- Not Rprtbl	154.50	2,417.00	2,262.50
<b>Total Transportation Services</b>	<b>1,717.18</b>	<b>9,333.00</b>	<b>7,615.82</b>
<b>Total Contractual Svs</b>	<b>20,791.01</b>	<b>61,369.00</b>	<b>40,577.99</b>
5013000 Supplies And Materials			
5013100 Administrative Supplies			
5013120 Office Supplies	1,184.83	276.00	(908.83)
5013130 Stationery and Forms	-	41.00	41.00
<b>Total Administrative Supplies</b>	<b>1,184.83</b>	<b>317.00</b>	<b>(867.83)</b>
5013400 Medical and Laboratory Supp.			
5013420 Medical and Dental Supplies	1.49	-	(1.49)
<b>Total Medical and Laboratory Supp.</b>	<b>1.49</b>	<b>-</b>	<b>(1.49)</b>
5013600 Residential Supplies			
5013620 Food and Dietary Supplies	-	21.00	21.00
5013630 Food Service Supplies	-	82.00	82.00
<b>Total Residential Supplies</b>	<b>-</b>	<b>103.00</b>	<b>103.00</b>
<b>Total Supplies And Materials</b>	<b>1,186.32</b>	<b>420.00</b>	<b>(766.32)</b>
5015000 Continuous Charges			
5015100 Insurance-Fixed Assets			
5015160 Property Insurance	42.19	26.00	(16.19)
<b>Total Insurance-Fixed Assets</b>	<b>42.19</b>	<b>26.00</b>	<b>(16.19)</b>
5015300 Operating Lease Payments			
5015340 Equipment Rentals	707.08	540.00	(167.08)

5015350 Building Rentals	4.80	-	(4.80)
5015390 Building Rentals - Non State	9,399.49	13,884.00	4,484.51
Total Operating Lease Payments	10,111.37	14,424.00	4,312.63
5015500 Insurance-Operations			
5015510 General Liability Insurance	264.25	97.00	(167.25)
5015540 Surety Bonds	8.93	6.00	(2.93)
Total Insurance-Operations	273.18	103.00	(170.18)
Total Continuous Charges	10,426.74	14,553.00	4,126.26
5022000 Equipment			
5022100 Computer Hrdware & Sftware			
5022170 Other Computer Equipment	58.02	-	(58.02)
Total Computer Hrdware & Sftware	58.02	-	(58.02)
5022200 Educational & Cultural Equip			
5022240 Reference Equipment	-	43.00	43.00
Total Educational & Cultural Equip	-	43.00	43.00
5022600 Office Equipment			
5022610 Office Appurtenances	-	21.00	21.00
Total Office Equipment	-	21.00	21.00
Total Equipment	58.02	64.00	5.98
Total Expenditures	158,153.69	299,582.00	141,428.31
Allocated Expenditures			
20100 Behavioral Science Exec	117,593.22	185,656.93	68,063.71
30100 Data Center	83,743.47	71,683.03	(12,060.43)
30200 Human Resources	12,436.39	26,946.31	14,509.92
30300 Finance	45,773.88	61,361.68	15,587.80
30400 Director's Office	16,191.27	23,396.31	7,205.04
30500 Enforcement	77,624.87	109,335.27	31,710.40
30600 Administrative Proceedings	8,827.10	123,206.52	114,379.42
30700 Impaired Practitioners	104.67	236.73	132.06
30800 Attorney General	3,516.69	6,320.90	2,804.21
30900 Board of Health Professions	2,059.21	1,589.09	(470.11)
31100 Maintenance and Repairs	-	1,969.19	1,969.19
31300 Emp. Recognition Program	610.14	2,442.82	1,832.68
31400 Conference Center	397.17	4,959.98	4,562.81
31500 Pgm Devlpmnt & Implmentn	4,300.94	10,390.35	6,089.41
31600 Healthcare Work Force	9,038.52	16,516.70	7,478.18
Total Allocated Expenditures	382,217.52	646,011.82	263,794.29
Net Revenue in Excess (Shortfall) of Expenditures	(262,146.21)	(92,871.32)	169,274.90

**% of Budget**

160.01%

5.20%

211.76%

181.62%

715.38%

142.86%

---

32.63%

32.63%

66.37%

56.83%

70.62%

39.04%

70.63%

---

70.56%

50.84%

70.83%

---

0.00%

73.15%

34.38%

---

22.54%

29.67%

---

32.56%

32.56%

---

0.00%

0.00%

---

0.00%

56.32%

0.00%

0.00%

47.97%

0.00%

44.95%

0.00%

---

45.82%

0.00%

---

0.00%

106.32%

73.67%

0.00%

---

105.42%

0.00%

0.00%

---

0.00%

153.18%

7.05%

56.96%

9.80%

---

15.80%

35.28%

7.04%

6.39%

---

18.40%

---

33.88%

429.29%

0.00%

---

373.76%

0.00%

---

0.00%

0.00%

0.00%

---

0.00%

---

282.46%

---

162.27%

162.27%

130.94%

0.00%

67.70%

70.10%

272.42%

148.83%

265.22%

71.65%

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

90.66%

52.79%

63.34%

116.82%

46.15%

74.60%

69.20%

71.00%

7.16%

44.21%

55.64%

129.58%

0.00%

24.98%

8.01%

41.39%

54.72%

59.17%

282.27%

**Virginia Department of Health Professions**  
**Revenue and Expenditures Summary**  
**Department 11000 - Social Work**  
**For the Period Beginning July 1, 2021 and Ending February 28, 2022**

<b>Account Number</b>	<b>Account Description</b>	<b>July</b>	<b>August</b>	<b>September</b>
4002400	Fee Revenue			
4002401	Application Fee	29,465.00	32,055.00	28,485.00
4002406	License & Renewal Fee	24,132.50	4,040.00	2,220.00
4002407	Dup. License Certificate Fee	325.00	305.00	225.00
4002409	Board Endorsement - Out	1,875.00	1,325.00	800.00
4002421	Monetary Penalty & Late Fees	885.00	1,695.00	510.00
4002432	Misc. Fee (Bad Check Fee)	-	-	-
	Total Fee Revenue	56,682.50	39,420.00	32,240.00
	Total Revenue	56,682.50	39,420.00	32,240.00
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	1,702.31	1,153.18	1,153.18
5011120	Fed Old-Age Ins- Sal St Emp	1,284.61	838.65	809.98
5011140	Group Insurance	167.87	113.72	113.72
5011150	Medical/Hospitalization Ins.	2,105.00	1,418.00	1,418.00
5011160	Retiree Medical/Hospitalizatn	140.34	95.08	95.08
5011170	Long term Disability Ins	76.44	51.78	51.78
	Total Employee Benefits	5,476.57	3,670.41	3,641.74
5011200	Salaries			
5011230	Salaries, Classified	12,730.86	8,487.24	8,487.24
5011250	Salaries, Overtime	1,454.73	642.58	267.74
	Total Salaries	14,185.59	9,129.82	8,754.98
5011340	Specified Per Diem Payment	-	-	-
5011380	Deferred Compnstrn Match Pmts	42.00	28.00	28.00
	Total Special Payments	42.00	28.00	28.00
5011400	Wages			
5011410	Wages, General	3,071.00	2,146.00	2,146.00
	Total Wages	3,071.00	2,146.00	2,146.00
5011600	Terminatn Personal Svce Costs			
5011660	Defined Contribution Match - Hy	109.37	74.10	74.10
	Total Terminatn Personal Svce Costs	109.37	74.10	74.10
	Total Personal Services	22,884.53	15,048.33	14,644.82
5012000	Contractual Svs			
5012100	Communication Services			
5012120	Outbound Freight Services	-	-	-
5012140	Postal Services	645.34	699.62	176.53
5012160	Telecommunications Svcs (VITA)	28.78	29.04	30.87
5012190	Inbound Freight Services	-	-	-

	Total Communication Services	674.12	728.66	207.40
5012400	Mgmt and Informational Svcs			
5012420	Fiscal Services	6,924.29	592.64	87.48
5012440	Management Services	95.37	-	31.43
5012460	Public Infrmtnl & Relatn Svcs	-	1.55	-
	Total Mgmt and Informational Svcs	7,019.66	594.19	118.91
5012500	Repair and Maintenance Svcs			
5012510	Custodial Services	30.91	30.91	-
5012530	Equipment Repair & Maint Svc	-	2.31	-
	Total Repair and Maintenance Svcs	30.91	33.22	-
5012600	Support Services			
5012640	Food & Dietary Services	-	360.48	-
5012660	Manual Labor Services	131.46	22.77	-
5012670	Production Services	695.94	180.29	-
5012680	Skilled Services	296.83	298.04	296.18
	Total Support Services	1,124.23	861.58	296.18
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	-	-	-
5012850	Travel, Subsistence & Lodging	-	-	-
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	-
	Total Transportation Services	-	-	-
	Total Contractual Svcs	8,848.92	2,217.65	622.49
5013000	Supplies And Materials			
5013100	Administrative Supplies			
5013120	Office Supplies	61.77	73.82	412.61
	Total Administrative Supplies	61.77	73.82	412.61
5013400	Medical and Laboratory Supp.			
5013420	Medical and Dental Supplies	-	-	-
	Total Medical and Laboratory Supp.	-	-	-
	Total Supplies And Materials	61.77	73.82	412.61
5015000	Continuous Charges			
5015100	Insurance-Fixed Assets			
5015160	Property Insurance	42.19	-	-
	Total Insurance-Fixed Assets	42.19	-	-
5015300	Operating Lease Payments			
5015340	Equipment Rentals	48.70	317.32	48.70
5015350	Building Rentals	4.80	-	-
5015390	Building Rentals - Non State	1,019.58	1,327.97	1,122.24
	Total Operating Lease Payments	1,073.08	1,645.29	1,170.94
5015500	Insurance-Operations			
5015510	General Liability Insurance	264.25	-	-
5015540	Surety Bonds	8.93	-	-
	Total Insurance-Operations	273.18	-	-
	Total Continuous Charges	1,388.45	1,645.29	1,170.94

5022000	Equipment			
5022170	Other Computer Equipment	-	-	-
	Total Computer Hrdware & Sftware	-	-	-
	Total Equipment	-	-	-
5023000	Plant and Improvements			
5023200	Construction of Plant and Improvements			
5023280	Construction, Buildings Improvements	-	-	-
	Total Construction of Plant and Improvements	-	-	-
	Total Plant and Improvements	-	-	-
	Total Expenditures	33,183.67	18,985.09	16,850.86
	Allocated Expenditures			
20100	Behavioral Science Executive Director	19,324.48	13,547.28	13,449.19
20200	Opt\Vet-Med\ASLP Executive Director	-	-	-
20400	Nursing / Nurse Aide	-	-	-
20600	Funeral\LTCA\PT Executive Director	-	-	-
30100	Technology and Business Services	11,544.93	9,875.18	9,743.35
30200	Human Resources	1,888.82	175.36	177.93
30300	Finance	7,520.13	5,734.58	5,865.44
30400	Director's Office	2,793.54	1,935.42	1,940.56
30500	Enforcement	8,482.52	8,147.58	10,292.41
30600	Administrative Proceedings	239.46	-	1,384.94
30700	Health Practitioners' Monitoring Program	2.08	1.80	1.48
30800	Attorney General	1,594.64	-	-
30900	Board of Health Professions	302.78	706.12	186.18
31000	SRTA	-	-	-
31100	Maintenance and Repairs	-	-	-
31300	Employee Recognition Program	28.35	184.49	5.57
31400	Conference Center	18.94	189.68	112.73
31500	Program Development and Implementation	835.36	634.72	611.51
31600	Healthcare Workforce	1,254.83	885.47	885.75
31800	CBC (Criminal Background Check Unit)	-	-	-
31900	31900 Not in Use	-	-	-
32000	32000 Not in Use	-	-	-
32100	32100 Not in Use	-	-	-
98700	Cash Transfers	-	-	-
	Total Allocated Expenditures	55,830.86	42,017.69	44,657.06
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (32,332.03)	\$ (21,582.78)	\$ (29,267.92)



October	November	December	January	February	Total
26,025.00	25,350.00	23,185.00	30,205.00	30,965.00	225,735.00
1,835.00	1,445.00	920.00	1,417.50	650.00	36,660.00
270.00	140.00	135.00	165.00	235.00	1,800.00
1,050.00	725.00	775.00	1,075.00	775.00	8,400.00
-	795.00	585.00	720.00	390.00	5,580.00
50.00	-	-	-	-	50.00
29,230.00	28,455.00	25,600.00	33,582.50	33,015.00	278,225.00
29,230.00	28,455.00	25,600.00	33,582.50	33,015.00	278,225.00
1,153.18	1,153.18	1,153.18	1,153.18	1,153.18	9,774.57
789.49	868.74	783.78	775.36	789.55	6,940.16
113.72	113.72	113.72	113.72	113.72	963.91
1,418.00	1,418.00	1,418.00	1,418.00	1,418.00	12,031.00
95.08	95.08	95.08	95.08	95.08	805.90
51.78	51.78	51.78	51.78	51.78	438.90
3,621.25	3,700.50	3,615.54	3,607.12	3,621.31	30,954.44
8,487.24	8,487.24	8,487.24	8,487.24	8,487.24	72,141.54
-	-	-	-	-	2,365.05
8,487.24	8,487.24	8,487.24	8,487.24	8,487.24	74,506.59
200.00	-	-	350.00	-	550.00
28.00	28.00	28.00	28.00	28.00	238.00
228.00	28.00	28.00	378.00	28.00	788.00
2,146.00	3,182.00	2,016.50	1,961.00	2,146.00	18,814.50
2,146.00	3,182.00	2,016.50	1,961.00	2,146.00	18,814.50
74.10	74.10	74.10	74.10	74.10	628.07
74.10	74.10	74.10	74.10	74.10	628.07
14,556.59	15,471.84	14,221.38	14,507.46	14,356.65	125,691.60
-	-	-	-	-	-
-	-	9.72	-	-	9.72
1,281.59	810.07	845.22	1,014.62	523.17	5,996.16
31.04	33.27	31.26	32.37	30.61	247.24
-	1.19	-	1.59	-	2.78

1,312.63	844.53	886.20	1,048.58	553.78	6,255.90
43.58	37.63	28.64	(176.01)	223.39	7,761.64
-	-	27.27	2.12	-	156.19
-	-	-	-	-	1.55
43.58	37.63	55.91	(173.89)	223.39	7,919.38
5.42	61.82	60.46	30.91	30.91	251.34
-	-	2.31	-	2.31	6.93
5.42	61.82	62.77	30.91	33.22	258.27
121.80	-	-	-	253.00	735.28
-	-	-	-	-	154.23
24.20	30.70	-	375.00	63.80	1,369.93
-	592.36	296.18	296.18	305.07	2,380.84
146.00	623.06	296.18	671.18	621.87	4,640.28
326.48	-	-	1,017.32	-	1,343.80
-	-	-	218.88	-	218.88
-	-	-	154.50	-	154.50
326.48	-	-	1,390.70	-	1,717.18
1,834.11	1,567.04	1,301.06	2,967.48	1,432.26	20,791.01
					-
206.59	141.48	30.26	60.99	197.31	1,184.83
206.59	141.48	30.26	60.99	197.31	1,184.83
-	-	1.49	-	-	1.49
-	-	1.49	-	-	1.49
206.59	141.48	31.75	60.99	197.31	1,186.32
					-
-	-	-	-	-	42.19
-	-	-	-	-	42.19
51.21	48.70	48.70	97.48	46.27	707.08
-	-	-	-	-	4.80
1,132.41	1,308.58	1,162.54	1,130.96	1,195.21	9,399.49
1,183.62	1,357.28	1,211.24	1,228.44	1,241.48	10,111.37
-	-	-	-	-	264.25
-	-	-	-	-	8.93
-	-	-	-	-	273.18
1,183.62	1,357.28	1,211.24	1,228.44	1,241.48	10,426.74

-	-	58.02	-	-	58.02
-	-	58.02	-	-	58.02
-	-	58.02	-	-	58.02
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
17,780.91	18,537.64	16,823.45	18,764.37	17,227.70	158,153.69
14,092.30	15,568.50	14,221.68	14,168.35	13,221.42	117,593.22
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
6,999.14	13,226.88	12,932.79	13,436.17	5,985.02	83,743.47
1,425.82	211.99	98.93	241.17	8,216.38	12,436.39
5,324.42	3,893.35	7,422.92	4,900.29	5,112.75	45,773.88
1,973.17	1,834.64	1,638.70	2,031.25	2,043.99	16,191.27
12,356.52	11,384.45	8,911.32	8,373.02	9,677.04	77,624.87
4,372.31	2,158.49	306.72	246.05	119.13	8,827.10
3.27	27.51	23.49	23.67	21.37	104.67
134.45	0.00	-	1,787.60	-	3,516.69
424.93	288.06	480.55	208.13	(537.55)	2,059.21
-	-	-	-	-	-
-	-	-	-	-	-
36.18	-	349.03	2.68	3.83	610.14
17.76	11.76	11.67	11.66	22.97	397.17
578.88	361.80	407.04	460.30	411.32	4,300.94
1,514.90	905.51	875.32	879.94	1,836.79	9,038.52
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
49,254.07	49,872.92	47,680.17	46,770.29	46,134.47	382,217.52
\$ (37,804.98)	\$ (39,955.56)	\$ (38,903.62)	\$ (31,952.16)	\$ (30,347.17)	\$ (262,146.21)

**DHP  
Board Cash Balance Report**

**110 - Social  
Work**

---

<b>Cash Balance as of June 30, 2021</b>	\$ 1,685,049
<b>YTD FY 2022 Revenue</b>	278,225
<b>Less: YTD FY 2022 Direct and Allocated Expenditures</b>	<u>540,371</u>
<b>Cash Balance as of February 28, 2022</b>	<u><u>\$ 1,422,902</u></u>

## Staff Discipline Reports

05/14/2022 - 08/31/2022

NEW CASES RECEIVED IN BOARD 05/14/2022 - 08/31/2022				
	Counseling	Psychology	Social Work	BSU Total
Cases <b>Received</b> for Board review	124	40	37	<b>201</b>

OPEN CASES (as of 08/31/2022)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	69	119	44	
Scheduled for Informal Conferences	31	2	14	
Scheduled for Formal Hearings	4	4	0	
Other (on hold, pending settlement, etc)	15	11	6	
Cases with APD for processing (IFC, FH, Consent Order)	8	3	1	
<b>TOTAL CASES AT BOARD LEVEL</b>	<b>127</b>	<b>139</b>	<b>65</b>	<b>331</b>
<b>OPEN INVESTIGATIONS</b>	<b>102</b>	<b>26</b>	<b>24</b>	<b>152</b>
<b>TOTAL OPEN CASES</b>	<b>229</b>	<b>165</b>	<b>89</b>	<b>483</b>

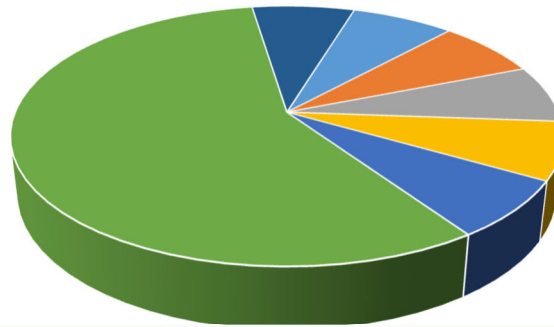
UPCOMING CONFERENCES AND HEARINGS	
<b>Informal Conferences</b>	Conferences Held: n/a  Scheduled Conferences: October 21, 2022
<b>Formal Hearings</b>	Hearings Held: n/a  Scheduled Hearings: Following scheduled board meetings, as necessary



Virginia Department of  
**Health Professions**  
 Board of Social Work

<b>CASES CLOSED (05/14/2022 - 08/31/2022)</b>	
Closed – no violation	11
Closed – undetermined	1
Closed – violation	2
Credentials/Reinstatement – Denied	0
Credentials/Reinstatement – Approved	0
<b>TOTAL CASES CLOSED</b>	<b>14</b>

**Closed Case Categories**



- Abuse/Abandonment/Neglect (1)
- Criminal Activity (1)  
1 violation
- Diagnosis/Treatment (1)
- Inability to Safely Practice (1)
- Inappropriate Relationship (1)
- No jurisdiction (8)
- Scope of Practice (1)  
1 violation

<b>AVERAGE CASE PROCESSING TIMES (counted on closed cases)</b>	
Average time for case closures	<b>160</b>
Avg. time in Enforcement (investigations)	71
Avg. time in APD (IFC/FH preparation)	75
Avg. time in Board (includes hearings, reviews, etc).	73
Avg. time with board member (probable cause review)	8



## DEPUTY EXECUTIVE DIRECTOR OF LICENSING REPORT

Satisfaction Survey Results	
2022 4th Quarter (April 1 – June 30, 2022)	89.3%

### Total as of September 9, 2022\*

Current Licenses	
Associate Social Worker	1
Licensed Baccalaureate Social Worker	43
Licensed Clinical Social Work	8,843
Licensed Master's Social Worker	1,000
Registered Social Worker	6
Supervisees in Social Work	2,974
<b>Total</b>	<b>12,867</b>

\*Unofficial numbers (for informational purposes only)



## Licenses and Registrations Issued

Licenses and Registrations Issued	April 2022	May 2022	June 2022	July 2022	August 2022*
Licensed Baccalaureate Social Worker (LBSW)	2	0	1	5	0
Licensed Clinical Social Worker (LCSW)	72	93	119	84	88
Licensed Master's Social Worker (LMSW)	26	18	33	29	20
Supervisees in Social Work	73	65	122	101	180
<b>Total</b>	<b>173</b>	<b>176</b>	<b>275</b>	<b>219</b>	<b>288</b>

## Applications Received

Licenses and Registrations Issued	April 2022*	May 2022*	June 2022*	July 2022*	August 2022*
Licensed Baccalaureate Social Worker (LBSW)	4	5	4	5	2
Licensed Clinical Social Worker (LCSW)	123	113	102	109	140
Licensed Master's Social Worker (LMSW)	21	49	47	42	41
Supervisees in Social Work	95	114	161	135	149
<b>Total</b>	<b>243</b>	<b>281</b>	<b>314</b>	<b>291</b>	<b>332</b>

\*Unofficial numbers (for informational purposes only)





Virginia Department of  
**Health Professions**  
Board of Social Work

Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463

Email: [socialwork@dhp.virginia.gov](mailto:socialwork@dhp.virginia.gov)  
Phone: (804) 367-4441  
E-Fax: (804) 977-9915  
Website: [www.dhp.virginia.gov/social](http://www.dhp.virginia.gov/social)

---

## 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)
    - Darlene Graham – Licensing Administration Assistant ( Part-Time)
    - Maya Weekes – Licensing Administration Assistant (Part-Time)



## ASWB CLINICAL EXAMINATION First-time pass rates

Number of test-takers and **first-time** pass rates by demographic group **2011 – 2021**

State/Province	# test-takers (overall)	Pass rate (overall)
VA	3,079	77.7%

Demographic	Group	# test-takers	Pass rate
Race/Ethnicity	Asian	76	72.4%
	Black	763	46.9%
	Hispanic/Latino	102	72.5%
	Multiracial	58	81.0%
	Native American/Indigenous peoples	8	
	White	1,987	90.1%
Gender	Men	333	76.3%
	Women	2,743	77.8%
Age	18 - 29	659	85.9%
	30 - 39	1,435	80.1%
	40 - 49	573	70.2%
	50 and older	412	66.3%
Language	English	2,988	78.2%
	Non-English	91	60.4%

*Note.* To protect the privacy of individual test-takers, results are not shown for groups where the number of test-takers is less than 10.

Number of test-takers and **first-time** pass rates by demographic group **2018 – 2021**

State/Province	# test-takers (overall)	Pass rate (overall)
VA	1,471	77.2%

Demographic	Group	# test-takers	Pass rate
Race/Ethnicity	Asian	44	68.2%
	Black	375	50.7%
	Hispanic/Latino	55	76.4%
	Multiracial	35	71.4%
	Native American/Indigenous peoples	6	
	White	919	88.6%
Gender	Men	151	76.2%
	Women	1,318	77.3%
Age	18 - 29	328	83.5%
	30 - 39	701	80.3%
	40 - 49	260	69.6%
	50 and older	182	64.8%
Language	English	1,431	77.8%
	Non-English	40	57.5%

*Note.* To protect the privacy of individual test-takers, results are not shown for groups where the number of test-takers is less than 10.



## ASWB CLINICAL EXAMINATION Eventual pass rates

### Number of test-takers and **eventual** pass rates by demographic group 2011 – 2021

State/Province	# test-takers (overall)	Pass rate (overall)
VA	3,243	88.4%

Demographic	Group	# test-takers	Pass rate
Race/Ethnicity	Asian	80	87.5%
	Black	853	70.8%
	Hispanic/Latino	109	85.3%
	Multiracial	60	86.7%
	Native American/Indigenous peoples	9	
	White	2,041	96.1%
Gender	Men	353	87.0%
	Women	2,887	88.6%
Age	18 - 29	641	96.4%
	30 - 39	1,470	92.6%
	40 - 49	642	84.9%
	50 and older	490	70.2%
Language	English	3,144	88.5%
	Non-English	99	84.8%

*Note.* To protect the privacy of individual test-takers, results are not shown for groups where the number of test-takers is less than 10.

### Number of test-takers and **eventual** pass rates by demographic group 2018 – 2021

State/Province	# test-takers (overall)	Pass rate (overall)
VA	1,600	84.5%

Demographic	Group	# test-takers	Pass rate
Race/Ethnicity	Asian	46	84.8%
	Black	464	64.4%
	Hispanic/Latino	57	87.7%
	Multiracial	37	78.4%
	Native American/Indigenous peoples	6	
	White	946	94.6%
Gender	Men	164	84.8%
	Women	1,434	84.4%
Age	18 - 29	322	92.9%
	30 - 39	740	88.6%
	40 - 49	303	80.2%
	50 and older	235	65.5%
Language	English	1,554	84.7%
	Non-English	46	76.1%

*Note.* To protect the privacy of individual test-takers, results are not shown for groups where the number of test-takers is less than 10.



## ASWB MASTERS EXAMINATION

### First-time pass rates

Number of test-takers and **first-time** pass rates by demographic group 2018 – 2021

State/Province	# test-takers (overall)	Pass rate (overall)
VA	264	72.0%

Demographic	Group	# test-takers	Pass rate
Race/Ethnicity	Asian	14	71.4%
	Black	94	56.4%
	Hispanic/Latino	13	61.5%
	Multiracial	8	
	Native American/Indigenous peoples	1	
	White	119	85.7%
Gender	Men	35	74.3%
	Women	229	71.6%
Age	18 - 29	104	77.9%
	30 - 39	92	68.5%
	40 - 49	41	70.7%
	50 and older	27	63.0%
Language	English	245	73.1%
	Non-English	19	57.9%

*Note.* To protect the privacy of individual test-takers, results are not shown for groups where the number of test-takers is less than 10.

## ASWB MASTERS EXAMINATION

### Eventual pass rates

Number of test-takers and **eventual** pass rates by demographic group 2018 – 2021

State/Province	# test-takers (overall)	Pass rate (overall)
VA	278	73.0%

Demographic	Group	# test-takers	Pass rate
Race/Ethnicity	Asian	15	80.0%
	Black	100	59.0%
	Hispanic/Latino	16	56.3%
	Multiracial	8	
	Native American/Indigenous peoples	1	
	White	123	86.2%
Gender	Men	36	80.6%
	Women	242	71.9%
Age	18 - 29	105	82.9%
	30 - 39	98	69.4%
	40 - 49	46	65.2%
	50 and older	29	62.1%
Language	English	259	74.1%
	Non-English	19	57.9%

*Note.* To protect the privacy of individual test-takers, results are not shown for groups where the number of test-takers is less than 10.



Virginia Department of  
**Health Professions**  
Board of Social Work

Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463

Email: [socialwork@dhp.virginia.gov](mailto:socialwork@dhp.virginia.gov)  
Phone: (804) 367-4441  
E-Fax: (804) 977-9915  
Website: [www.dhp.virginia.gov/social](http://www.dhp.virginia.gov/social)

## CLINICAL EXAM

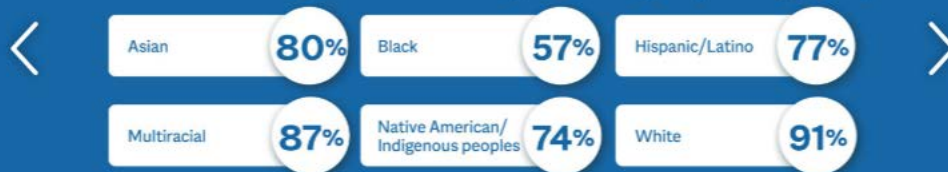
### Between 2011 and 2021...

Exam volume more than doubled  
from 9,100 to 20,657

Members of historically marginalized groups increased as a proportion  
of the test-taker population by 14%

**88%** of all test-takers eventually passed

### 2018-2021 pass rates by demographic group



Gender

♂ 80%

♀ 83%

Age categories

18-29  
91%

30-39  
86%

40-49  
76%

50+  
65%

**83%** of test-takers whose primary  
language is English



**70%** of test-takers whose primary  
language is not English





Virginia Department of  
**Health Professions**  
Board of Social Work

Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463

Email: [socialwork@dhp.virginia.gov](mailto:socialwork@dhp.virginia.gov)  
Phone: (804) 367-4441  
E-Fax: (804) 977-9915  
Website: [www.dhp.virginia.gov/social](http://www.dhp.virginia.gov/social)

## MASTERS EXAM

### Between 2011 and 2021...

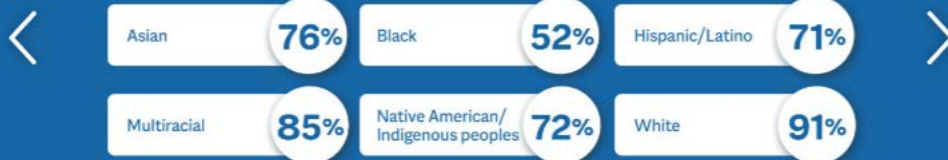


Exam volume nearly doubled  
from 11,260 to 21,650

Members of historically marginalized groups increased as a proportion  
of the test-taker population by 12%

**86%** of all test-takers eventually passed

### 2018-2021 pass rates by demographic group



Gender 78% 79%

#### Age categories

18-29	30-39	40-49	50+
86%	77%	70%	62%

**80%** of test-takers whose primary  
language is English



**63%** of test-takers whose primary  
language is not English



Virginia Department of  
**Health Professions**  
Board of Social Work

Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463

Email: [socialwork@dhp.virginia.gov](mailto:socialwork@dhp.virginia.gov)  
Phone: (804) 367-4441  
E-Fax: (804) 977-9915  
Website: [www.dhp.virginia.gov/social](http://www.dhp.virginia.gov/social)

## Virginia School ASWB Examination Scores

Clinical Exam (First-Time)	2018	2019	2020	2021	School Average	State Average	National Average
George Mason University (189 testers)	87.0%	94.0%	90.0%	82.0%	<b>87.8%</b>	86.0%	74.6%
Norfolk University (165 testers)	55.0%	51.0%	41.0%	46.0%	<b>47.9%</b>	86.0%	74.6%
Radford University (141 testers)	66.0%	68.0%	69.0%	78.0%	<b>70.9%</b>	86.0%	74.6%
Virginia Commonwealth University (548 testers)	86.0%	83.0%	84.0%	86.0%	<b>85.0%</b>	86.0%	74.6%

Master's Exam (First-Time)	School Average (2018-2021)	State Average (2018-2021)	National Average (2018-2021)
George Mason University (60 testers)	78.3%	74.0%	74.3%
Norfolk University (39 testers)	38.5%	74.0%	74.3%
Radford University (20 testers)	70.0%	74.0%	74.3%
Virginia Commonwealth University (117 testers)	85.5%	74.0%	74.3%