
10:00 a.m. Call to Order – Teresa Reynolds, LCSW, Chairperson

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

10:05 a.m. Public Hearing on Proposed Regulatory Action Regarding Licensure of Music Therapists

Adoption of Agenda

Public Comment

The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.-----Page 4

Approval of Minutes

September 27, 2024 Board Meeting* ----- Page 7

Agency Director Report (Verbal Report) - Arne Owens

Chair Report (Verbal Report) – Teresa Reynolds

Presentation

“Overview of Boost 200 Program” – Trinette Randolph, Virginia Health Care Foundation, Boost 200 Program Manager

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

- Chart of Regulatory Actions----- Page 17
- Consideration of Petition For Rulemaking*-----Page 19

Committee Reports

- Ad Hoc Committee (Verbal Report) – Sherwood Randolph, LCSW, and Martha Meadows, LCSW
 - November 13, 2024 Ad Hoc Committee Draft Minutes (For Informational Purposes)-----Page 25

Unfinished Business

- **Overview of Report to Senator Favola** – Jaime Hoyle JD, Executive Director, Boards of Counseling, Psychology, and Social Work (“BSU”)
 - Report Regarding Efforts to Diversify and Strengthen the Clinical Social Work Workforce-----Page 28
-

Staff Reports

- Executive Director's Report – Ms. Hoyle
 - Discipline Report – Jennifer Lang, Deputy Director, BSU -----Page 50
 - Licensure Report - Charlotte Lenart, Deputy Director, BSU-----Page 69
-
-

Future Meeting Dates

January 8, 2025: Ad Hoc Committee Meeting (4:00 p.m.)

February 21, 2025: Board of Social Work Regulatory Committee Meeting (10:00 a.m.)

February 21, 2025: Music Therapy Advisory Board Meeting (2:00 p.m.)

March 14, 2025: Board of Social Work Full Board Meeting (10:00 a.m.)

Consideration of Recommended Decision*- Ms. Lang

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).

MISSION STATEMENT

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

EMERGENCY EGRESS

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

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

Board Room 1

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

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

Board Room 2

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

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

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

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

Board Rooms 3 and 4

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

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

Training Room 1

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

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

Training Room 2

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

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

Memo of Concern

Clinical Social Work Licensing
November 2024

Since the 2020 pandemic, there has been an increased need for mental health services with 25% of US citizens having a mental health disorder (KFF, 2022). Clinical Social Workers (legally designated as LCSWs, LICSWs and other titles) are the largest group of clinicians providing mental health services in the United States, numbering over 365,000 qualified professionals (CSWA, 2024). Since 2004, every state and jurisdiction has had licensure laws and regulations governing psychotherapy services given by clinical social workers, including *scopes of practice that allow LCSWs to assess, diagnose and treat mental illness independently*, thus protecting vulnerable citizens seeking mental health services. The requirements developed by each state reflect a range of standards. To assure an adequate level of competency, however, each state requires an LCSW candidate to have a Master of Social Work (MSW) degree; a minimum of 2000 hours/two years of post-Masters supervised experience providing psychotherapy services; and the successful passing of a national clinical examination.

The last requirement – passing a national examination – has been embattled for the past two years. This conflict originated from a 2022 report issued by the organization that oversees the development and administration of the national examination, the Association of Social Work Boards (ASWB). This report showed that the pass rate for Black clinical social workers was 40% lower than for white clinical social workers; older MSWs and MSWs who use English as a second language also had lower pass rates. Concern about these disparities led to different explanations about what could be done to make pass rates more equivalent.

Concerns: This Memo clarifies our three major concerns for the future of clinical social work. First, we recognize the importance of removing barriers to maintaining and expanding the LCSW workforce, to meet the need to increase access to mental health services. Second, a more reasoned and systematic review of the national examination for clinical licensing is in order to eliminate any racial, ethnic or age-related bias. This exam is an essential metric by which core competencies and acquired clinical skills can be measured and assured; finding a way to improve it is clearly preferable to eliminating the exam. Third, providing preparatory courses at low or no cost, to prepare MSWs for the clinical examination would be helpful to those who find it difficult to pass the exam.

To clarify the skills required to be an independent LCSW, we have included the ASWB Model scope of practice, the basis for the national clinical examination:

Practice of Clinical Social Work: A specialty within the practice of Master's Social Work requiring the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or bio-psychosocial functioning of individuals, couples, families, groups, organizations and communities. The practice of Clinical Social Work requires the application of specialized clinical knowledge and advanced clinical skills in the areas of assessment, diagnosis and treatment of mental, emotional, and behavioral disorders, conditions and addictions. Treatment methods include the provision of individual, marital, couple, family and group counseling and psychotherapy. The practice of Clinical Social Work may include private practice and the provision of clinical supervision. (ASWB, 2010)

Several states have incorporated the ASWB standard for their clinical social work scope of practice licenses including Minnesota, New York, and Washington State.

LCSWs provide psychotherapy services which are also provided by five other mental health disciplines. To eliminate the national examination would make clinical social workers an outlier among these other mental health professionals which include five professions – psychologists, psychiatrists, professional counselors, marriage and family therapists, advanced practice psychiatric nurses, and, in some states, psychoanalysts. *It could damage the credibility of LCSWs as practicing psychotherapists and threaten their ability to receive insurance reimbursement.*

For these reasons, the signatories to this document support retaining the national clinical examination as one of the

three primary requirements for becoming a licensed clinical social worker. There should be a careful reevaluation of the examination to determine what revisions might be helpful in removing disparities.

In summary, it is essential for LCSWs:

- *To have acquired an MSW (or PhD) from an accredited social work program.*
- *To complete a supervised post-MSW clinical experience of at least 2000 hours.*
- *To pass a national clinical examination.*

These criteria measure the core competencies and clinical skills of individual social workers seeking to become licensed clinical social workers. Providing reparative and preparatory tools to help MSWs who have difficulty passing the examination must be a priority, as is crafting an examination that is free from racial, ethnic or age-related disparities that contribute to the differences in pass rates.

Barbara Berger, PhD, LCSW (IL)
Janice Berry Edwards, PhD, LICSW (DC)
Laura Groshong, LICSW (WA)
Penny Rosen, LCSW (NY)
Golnar Simpson, PhD, LCSW (VA)
Marsha Wineburgh, DSW, LCSW-R (NY)
Jerrold Brandell, PhD, LCSW, BCD (MI)
Audrey Thayer Walker, MSS, LICSW, BCD (Washington, DC)
Kathryn Basham, PhD, LICSW (MA)
Carolyn Gruber, PhD, LICSW (Washington, DC)

Clinical Social Work Association Board of Directors
Clinical Social Work Circle (WA)
Kentucky Society for Clinical Social Work Board of Directors
Virginia Society for Clinical Social Work Board of Directors
New York State Society for Clinical Social Work Board of Directors
New Jersey Society for Clinical Social Work Board of Directors
Pennsylvania Society for Clinical Social Work Board of Directors
Georgia Society for Clinical Social Work Board of Directors
Minnesota Society for Clinical Social Work Board of Directors
Washington State Society for Clinical Social Work

References:

Kaiser Family Foundation, *Current Mental Health Needs*, 2022
Clinical Social Work Association, Number of LCSWs in the U.S., 2024

**DRAFT**

Virginia Board of Social Work
Quarterly Board Meeting Minutes
Friday, September 27, 2024, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 2

PRESIDING OFFICER: Teresa Reynold, MSW, LCSW, Board Chairperson

BOARD MEMBERS PRESENT: Denise Purgold, MSW, LCSW
Elke Cox, MSW, LCSW, Vice-Chairperson
Kimberly Jackson, Citizen Member
Martha Meadows, MA, LCSW
Sherwood Randolph, MSW, LCSW

BOARD MEMBERS ABSENT: Gloria Manns, MSW, LCSW

BOARD STAFF PRESENT: Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Deputy Executive Director
Sharniece Vaughan, Licensing Supervisor

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

BOARD COUNSEL PRESENT: James Rutkowski, Assistant Attorney General

PUBLIC ATTENDEES: Mark Smith, The Virginia Public Access Project, GWSCSW, VSCSW
Denise Daly Konrad, Virginia Health Care Foundation (VHCF)

CALL TO ORDER: Ms. Reynolds called the Board Meeting to order at 10:00 a.m.

ROLL CALL/ESTABLISHMENT OF A QUORUM: All Board members and staff were introduced. Six Board members were present at roll call, establishing a quorum.

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

ADOPTION OF AGENDA: The agenda was adopted as presented.

PUBLIC COMMENT: No public comment was provided.

APPROVAL OF MINUTES: The Board reviewed the minutes from the last meeting held on July 12, 2024.

Motion: Ms. Purgold made a motion, which Ms. Cox properly seconded, to approve the minutes from the July 12, 2024, meeting as presented. The motion passed unanimously.

AGENCY REPORT: Mr. Owens welcomed Kimberly Jackson, new Board Member, and provided the

following information:

- New Security Measures – fully implemented and it is a safe environment for all.
- 2025 General Assembly (GA) – three months away. The Agency has submitted several proposals to the Governor’s office.
- 2024 General Assembly (GA) was successful.
 - Board of Psychology has initiated regulations to issue a master’s level Psychological Practitioner license.
 - Board of Counseling has initiated regulations to issue a Behavioral Health Technical and a Behavioral Health Technician Assistant registration.
- Evaluating salaries to be complete with other state agencies. New salary study should be complete at the end of the month.

BOARD CHAIR REPORT:

Ms. Reynolds thanked the Board members for their confidence in electing her as the chair. This is her first meeting as the Board Chair.

PRESENTATIONS:

Virginia’s Licensed Clinical Social Work Workforce

Dr. Shobo presented a PowerPoint presentation on the Clinical Social Work Workforce in Virginia which was included in the agenda packet.

Ms. Cox stated that she is concerned about the education debt ratio becoming higher than licensees’ income.

Virginia’s Licensed Master’s Social Work Workforce

Dr. Shobo presented a PowerPoint presentation on the Master’s Social Work Workforce in Virginia which was included in the agenda packet.

Mr. Sherwood shared his concern about LMSWs providing clinical services without being approved as a supervisee in social work under supervision.

LEGISLATION & REGULATORY REPORT:

Chart of Regulatory Actions

Mr. Novak stated that the initial regulations for Music Therapy have cleared the Secretary’s Office and have been with the Governor’s office for the last two days.

Adoption of Proposed Regulations to Accept American Psychological Association (APA) as an approved provider for continuing education (CE)

Mr. Novak reported that there were eight public comments at the Notice of Intended Regulatory Action (NOIRA) stage.

Motion: Mr. Randolph made a motion, which Ms. Meadows properly seconded, to adopt proposed regulations of 18VAC140-20-105(B)(1)(d) as presented. The motion passed unanimously.

Definition of “Generalist Social Work”

Mr. Novak discussed the Attorney Office General (OAG) guidance and presented a suggested definition. After a long discussion, the Board agreed on the definition below:

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

services are useful, effective, and ethical.

Motion: Mr. Randolph made a motion, which Ms. Purgold properly seconded, to accept the aforementioned definition of generalist social work with anticipation of a guidance document that would provide detailed information on the scope of practice for each license type similar to the Board of Counseling Guidance Document 115-11. The motion passed unanimously.

- **NOIRA for Social Work Compact Regulations**

Ms. Novak discussed the need for the Board to issue a NOIRA to amend regulations for entry into the Social Work Licensure Compact.

The amendments will make changes consistent with the language and rules of the Compact when they are determined, which will include setting a fee to practice in Virginia, set forth the requirements to obtain a privilege to practice under the Compact, and specify that renewal of the privilege is based upon adherence to Compact rules for continued competency. Additionally, the amendments will make changes to incorporate individuals practicing in Virginia under a Compact privilege into disciplinary and practice provisions.

Motion: Ms. Purgold made a motion, which Mr. Randolph properly seconded, to issue a NOIRA to amend regulations for entry into the Social Work Compact. The motion passed unanimously.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle reported that the Social Work Compact Commission met for the first time recently. Ms. Lang and Ms. Lenart also attended. She stated that the Commissions next meeting will be in January 2025 and that they will be developing a data system. Ms. Hoyle provided information on the increased number of endorsement applications received by the Board as a direct result of the regulations changing last year. She also provided a handout of the current licenses and registrations issued since 2018 and the current revenue as of June 30, 2024. (See Attachment A)

Ms. Hoyle welcomed Ms. Jackson as the new citizen member and stated that due to Ruth Smulik resignation and Gloria Mann's second term ending on June 30, 2024, the Board now has three vacancies, two LCSW positions and one citizen member position.

DISCIPLINE REPORT:

Ms. Lang referenced the discipline report included in the agenda packet. She reported that she recently completed recruitment for a new discipline and compliance case specialist position who will be shared by the three behavioral science boards. The new employee is scheduled to start on October 10, 2024. Additionally, she is planning to request a second part-time position for a licensed reviewer to address the growing backlog of cases currently in probable cause review. She also adds that John Salay has become the agency subordinate.

LICENSING REPORT:

Ms. Lenart reported that staff received 99.3% on the satisfaction surveys and thanked staff for their hard work and dedication to the Board. Ms. Lenart mentioned there is currently a vacancy in the full-time licensing specialist position, but that staff recently interviewed for this position and has a candidate that will be starting on October 10, 2024.

Ms. Lenart announced that she continues to coordinate the Behavioral Sciences Boards Business Process Re-Engineering efforts and is excited to share that the process for Social Work is 90% completed. A list of the changes was outlined the

licensing report in the agenda packet. Ms. Lenart stated that effective October 1, 2024, the Board will require the verification of clinical supervision form to be notarized.

COMMITTEE REPORTS:

- **Ad Hoc Committee**

Mr. Randolph reported that Committee met on July 19, 2024, with two stakeholders: Kim Young and Kevin Holder. Mr. Randolph stated that Ad Hoc Committee will be scheduling regular meetings with stakeholders to address concerns related to the licensing exams, competency measures, and workforce, as well as other topics as they arise. Board members are welcome to attend these meetings.

NEXT MEETING DATES:

The next meeting is scheduled for Friday, December 20, 2024.

**CONSIDERATION OF
RECOMMENDED
DECISION:**

Recommendation (see Attachment B)

ADJOURNMENT:

Ms. Reynolds adjourned the meeting at 11:43 a.m.

Teresa Reynolds, MSW, LCSW, Chair

Jaime Hoyle, JD, Executive Director

Board of Social Work

Executive Director's Report

September 27, 2024

Board Members/Appointments

Kimberly Jackson, Citizen Member First Term Ends June 30, 2028 Chesapeake, VA	Sherwood Randolph, Jr., MSW, LCSW First Term Ends June 30, 2026 Richmond, VA
Vacant	Ruth Ann Smulik, Citizen Member (Resigned) First Term Ends June 30, 2027 Forest, VA
Martha A. Meadows, MA, LCSW First Term Ends June 30, 2027 Lynchburg, VA	Denise Purgold, MSW, LCSW First Term Ends June 30, 2026 Henrico, VA
Elke Cox, MSW, LCSW Vice-Chairperson First Term Ends June 30, 2026 Lynchburg, VA	Gloria Manns, MSW, LCSW Second Term Ends June 30, 2024 Roanoke, VA
Teresa Reynolds, MSW, LCSW Chairperson Second Term Ends June 30, 2028 Cumberland, VA	

Financials

**FY 2024 Budget / Actual through June Final
2024**

Virginia Department of Health Professions

Cash Balance

6/30/2024

100%

11000

Board of Social Work

09223

Period Ending:

% of the Year Completed:

Department ID:

Department Name:

Fund

Cash Balance as of June 30, 2023

2,338,352

YTD FY 2024 Revenue

1,422,428

Less: YTD FY 2024 Direct & Allocated Expenditures

1,079,236

Cash Balance as of June 30, 2024

\$2,681,544



Board of Social Work Applications by Fiscal Year

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
LBSW	1					2	6	37	56	45	46	46
LCSW	437	422	483	588	627	703	723	728	1199	1378	1490	1703
LMSW	85	222	221	253	248	241	275	317	387	433	512	514
LSW Supervision	1	1	2	3	1	1	3	3				
LCSW ROS												
Initial	572	658	821	736	519	533	727	623	680	889	1007	1071
Add/change	3	1		180	391	456	575	612	570	505	570	404
Total	575	659	821	916	910	989	1302	1235	1250	1394	1577	1475
Total	1099	1304	1527	1760	1786	1936	2309	2320	2892	3250	3625	3738

License Issued

	FY2024	FY2023	FY2018
LBSW			
Exam	5	5	1
Endorsement	9	13	1
Reinstatement			
Total	14	18	2
LMSW			
Exam	160	139	53
Endorsement	235	183	85
Reinstatement	12	14	
Total	407	336	138
LCSW			
Exam	501	449	345
Endorsement	1028	950	237
Reinstatement	42	45	9
Total	1571	1444	591
Registration of Supervision			
Initial	990	1022	186
Add/Change	363	409	157
Total	1353	1431	343
Total	3345	3229	1074

CONSIDERATION OF RECOMMENDED DECISIONS

September 27, 2024

BOARD MEMBERS IN ATTENDANCE:

Teresa Reynolds, LCSW, Chairperson
Kimberly Jackson, Citizen Member
Martha Meadows, LCSW

Elke Cox, LCSW, Vice-Chairperson
Denise Purgold, LCSW
Sherwood Randolph, LCSW

CLOSED MEETING:

Sherwood Randolph moved that the Board of Social Work convene in closed session pursuant to §2.2-3711(A)(27) of the *Code of Virginia* to consider agency subordinate recommendations. He further moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, Charlotte Lenart, and Sharniece Vaughan attend the closed meeting because their presence in the meeting was deemed necessary and would aid the Board in its consideration of the matters. The motion was seconded and passed unanimously.

RECOMMENDATIONS:

Margaret Midboe, LCSW

Case No.: 224596

Margaret Midboe did not appear before the board and did not submit a written response. The board considered the agency subordinate's recommendation to place certain terms and conditions on Ms. Midboe's license to practice as an LCSW.

RECONVENE:

Sherwood Randolph certified that pursuant to §2.2-3712 of the *Code of Virginia*, the Board of Social Work heard, discussed or considered only those public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as identified in the original motion.

DECISION:

Sherwood Randolph made a motion to accept the agency subordinate's recommendation as presented. The motion was seconded and passed unanimously.

Board of Social Work
Current Regulatory Actions
As of December 5, 2024

In the Governor's office

None

In the Secretary's office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC140-20	Proposed	Amendments resulting from 2022 periodic review	12/19/2022	167 days	Amendments from 2022 periodic review excluding the section 37 changes that were filed in a separate action.
18VAC140-20	NOIRA	Implementation of the Social Work Compact	10/10/2024	48 days	Implements the Social Work Compact as required by legislation.

At the Department of Planning and Budget

None

At the Office of the Attorney General

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC140-20	Proposed	Acceptance of APA approved training as CE providers	10/4/2024	62 days	Expands options for CE.
18VAC140-20	Proposed	2022 Periodic review changes to section 37	10/4/2024	62 days	Includes provision that was removed from the overall periodic review action of Chapter 20 to handle separately.

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC140-30	Proposed	Initial regulations for licensure of music therapists	12/16/2024	Comment period will be 12/16/2024 – 2/14/2025. The Board will vote on final regulations after the close of public comment.

Agenda Item: Consideration of petition for rulemaking

Included in your agenda package:

- Petition for rulemaking received by the Board;
- Comments received via Town Hall; and
- 18VAC140-20-50.

Staff note: Only one comment was received following the publication of the petition for rulemaking.

Action needed:

- Motion to either:
 - Accept the petition and initiate rulemaking; or
 - Deny the petition, stating reasons for the denial in the motion.



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,)

Alexander Lagos Choquecahua

Street Address

402 Foxwood Drive

Area Code and Telephone Number

4435679950

City

Goode

State

Virginia

Zip Code:

2 4 5 5 6

Email Address (optional)

alagos@liberty.edu

Respond to the following questions:

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

18VAC140-20-50. A.3. 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.

I would like to propose that supervisees who have not begun supervision hours but have received approval to do so, do not have to wait 4 years to re-start their supervision hours. Supervisees would be able to request the Board of Social Work to pause their supervision hours so they can be allowed to re-apply for supervision approval to start earning their supervision hours again when they are ready to do so.

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.

Board of Social Work

Signature:

Date: 10/05/2024

Public Petition for Rulemaking: 422

Commenter	Title	Comment	Date/ID
Anonymous	BRBH Licensure Supervision Committee supports the proposed change	The Blue Ridge Behavioral Healthcare Licensure Supervision Committee is in agreement with the proposed pause of supervision time following approval. The implementation of this change will better support those seeking supervisors for licensure supervision without the added pressure of the four-year timeframe.	12/4/24 2:39 pm CommentID:228932

Part II. Requirements for Licensure

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 to a supervisor not currently approved by the board:

- 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. After the initial graduate course or 14 hours of continuing education in supervision, at least seven 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 the supervisor 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) 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 ensure 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 telephone 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.

Statutory Authority

§54.1-2400 of the Code of Virginia.

Historical Notes

Derived from VR620-01-2 § 2.2, eff. July 6, 1989; amended, Virginia Register Volume 6, Issue 26, eff. October 24, 1990; Volume 9, Issue 5, eff. December 30, 1992; Volume 12, Issue 3, eff. November 29, 1995; Volume 15, Issue 5, eff. December 23, 1998; Volume 24, Issue 23, eff. September 4, 2008; Volume 25, Issue 4, eff. November 26, 2008; Volume 26, Issue 6, eff. January 7, 2010; Volume 27, Issue 11, eff. March 2, 2011; Volume 29, Issue 25, eff. September 26, 2013; Volume 32, Issue 22, eff. August 12, 2016; Volume 33, Issue 20, eff. June 28, 2017; Volume 37, Issue 12, eff. March 18, 2021; Volume 40, Issue 22, eff. July 17, 2024.



Virginia Department of
Health Professions
Board of Social Work

DRAFT

Virginia Board of Social Work
Ad Hoc Committee Meeting Minutes
Wednesday, November 13, 2024, at 4:00 p.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 4

- BOARD MEMBERS PRESENT:** Sherwood Randolph Jr., MSW, LCSW
- BOARD MEMBERS ABSENT:** Martha Meadows, MA, LCSW
- BOARD STAFF PRESENT:** Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director- Discipline (*remote via Webex*)
Charlotte Lenart, Deputy Executive Director- Licensing
Sharniece Vaughan, Licensing Supervisor
Rebecca Walker, Licensing Specialist
- STAKE HOLDER ATTENDEES:** Mark Smith, Virginia Society of Clinical Social Workers (VSCSW)
Denise Daly Konrad, Virginia Health Care Foundation (VHCF)
Susan Witt, LCSW, VSCSW (*remote via Webex*)
Kevin Holder, LCSW, Richmond Chapter of the Association of Black Social Workers (*remote via Webex*)
Joseph Lynch, LCSW (*remote via Webex*)
Matthew DeCarlo, Ph.D., LCSW (*remote via Webex*)
- CALL TO ORDER:** Mr. Randolph called the Committee Meeting to order at 4:08 p.m. Mr. Randolph stated that the Ad Hoc meeting was being held to discuss the racial disparities in the Association of Social Work Borad (ASWB) examination and discuss alternative pathways to licensure.
- Mr. Randolph also announced to everyone that since Ms. Meadows, the other committee member, was not present, that there would be no decisions made at this meeting, but the floor is open for discussion.
- STAFF REPORTS:** Ms. Hoyle addressed the Freedom of Information Act (FOIA) and how it relates to Board and Committee meetings.
- Ms. Hoyle stated that after ASWB released the 2022 Pass Rate Analysis Examination Data Report, the Board discussed and received public comments at its September 23, 2022 board meeting. The Board requested staff to invite ASWB to its meeting in December 2022 and agreed to release a statement to its licensees and applicants which was published on November 15, 2022.
- On behalf of the Virginia State Board of Social Work, we acknowledge the racial disparity recently highlighted in the ASWB clinical and masters' level exam pass rates. This disparity is unacceptable and alarming. The VA State Board of Social Work does not condone any discrimination, institutional or otherwise, and strives for equal opportunity and accessibility to entering the field of Social Work. Additionally, we recognize the need for effective, educated, and professional clinicians and we are certain that we can identify an equitable solution. We will work with the ASWB, the community, and other stakeholders to obtain more information on the possible causes of any disparities and pursue solutions to any issues found.*

At its December 9, 2022 meeting, ASWB provided a presentation on its findings and answered questions from the Board. After discussion, the Board agreed to form an Ad Hoc Committee to address the results and determine if the Board had a further role.

DISCUSSION WITH STAKEHOLDERS:

Mr. Holder stated that he would like to participate on the Ad Hoc Committee. He added that other states have alternatives to passing the exam such as additional supervision hours and time and suggested that the Virginia Board of Social Work to consider these alternatives.

Mr. Lynch expressed concern that finding an alternative pathway to the exam could possibly affect current LCSWs and does not want it to undermine the current systems in place. He highlighted the Board role to protect the public. He stated he does not want a potential change to the requirements for examination to damage Virginia LCSW licensees ability to earn income in Virginia or other states.

Dr. DeCarlo mentioned that the Board should look at alternatives similar to Oregon, Illinois and Minnesota that allow additional supervision in lieu of passing the ASWB examination. He provided some helpful links (links listed below) and suggested a podcast for the Board to study. He also stated that Illinois required applicants to first fail the exam at least one time before an alternative pathway can be considered. He stated that these methods have yielded no ethical challenges. He stated that he would like to know how he can help the Board.

- <https://www.researchgate.net/publication/384147411>
- <https://socialworkpodcast.blogspot.com/2023/02/NASWIL.html>
- <https://www.socialworktoday.com/archive/MJ20p24.shtml>

Ms. Witt suggested that it would be helpful for ASWB to speak to the Board and provide updates on how they plan to address the issues with the examination.

Mr. Randolph added that the Board has previously invited ASWB for a meeting that he believes was beneficial.

Ms. Hoyle talked about her recent return from the ASWB Annual Conference and how alternative pathways to the exam was a very significant topic. She discussed that ASWB has been working very hard to address public concerns. ASWB will not be ready to release more data on some of the approaches they are exploring to address these issues until January 2025.

Ms. Daly Konrad briefly spoke about how any alternatives to the examination would affect the Virginia's ability to remain in the compact and how this alternative would hinder the licensee's mobility in the future.

Mr. Holder added that ASWB has made some changes to the exam such as reducing the 4 option questions to 3 to help with passing and by changing the testing centers due to cultural biases. He mentioned that the National Association of Black Social Workers knew the data was there when it came out on August 5, 2022, and that ASWB has no intention of implementing alternative pathways due to the possible reduction of revenue. He stated that he is not encouraged by ASWB coming back to talk with the Board since they do not support alternative pathways to the exam.

NEXT STEPS:

Mr. Randolph stated that in preparation for the next Ad hoc meeting staff should:

1. Research which states allow alternative pathways to examination and identify

those pathways.

2. Reach out to ASWB to participate in the next Ad hoc meeting to discuss their plan to address the racial disparities in their examination.
3. Ask stakeholders for a written official stance on alternative pathways.
4. Staff should include both social work reports in the agenda for the next meeting.

NEXT MEETING DATES:

The next meeting is scheduled for Wednesday, January 8, 2025, at 4:00p.m.

ADJOURNMENT:

Mr. Randolph adjourned the meeting at 4:57 p.m.

Sherwood Randolph Jr., MSW, LCSW

Jaime Hoyle, JD, Executive Director

DRAFT



COMMONWEALTH of VIRGINIA

Arne W. Owens
Director

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TO: The Honorable Barbara Favola
Chair, Senate Committee on Rehabilitation and Social Services

FROM: Arne W. Owens
Director, Virginia Department of Health Professions

DATE: November 21, 2024

RE: Report Regarding Efforts to Diversify and Strengthen the Clinical Social Work Workforce.

This report is submitted by the Department of Health Professions in compliance with the request from the Chair of the Senate Committee on Rehabilitation and Social Services to review HB606, which was passed by indefinitely during the 2024 General Assembly Session.

Should you have questions about this report, please feel free to contact me at (804) 367-4648 or arne.owens@dhp.virginia.gov.

AO/EB
Enclosure

CC: Janet V. Kelly, Secretary of Health and Human Resources

Preface

This report is submitted in compliance with the request submitted pursuant to Rule 20(o) of the Rules of the Senate, under which rule the Chair of the Senate Committee on Rehabilitation and Social Services directed the Board of Social Work to review the current regulations related to the licensure of clinical social workers and evaluate the effectiveness of the exam as a regulatory instrument.

The Board's review and evaluation of the examination requirements related to the licensure of clinical social workers follows.

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I. Executive Summary

Pursuant to Rule 20(o) of the Rules of the Senate of Virginia, the Senate Committee on Rehabilitation and Social Services referred the subject matters contained in House Bill 606 (Delegate Price) of the 2024 General Assembly to the Board of Social Work “Board” for review by letter from the Chair. House Bill 606, which failed to report from the Committee on Rehabilitation and Social Services, had directed the Board to amend the regulations for the licensure of clinical social workers to allow applicants to obtain an additional 1,500 hours of supervised experience as an alternative to passing the examination. The subsequent letter encouraged the Board to consider the following:

1. The use of any anti-bias measures currently required of professional-level licensure exams;
2. Current and proposed efforts the Board has made to diversify the clinical social worker workforce and improve instruction and support at Virginia’s schools of social work;
3. Steps other states are actively taking related to creating alternative licensure pathways. This analysis should include any positive or negative implications or outcomes including cautionary indicators;
4. The Board’s capacity to manage any alternative pathway including one that may include at least 1500 hours of supervised clinical experience beyond what is currently required;
5. Additional, objective oversight measures that might be utilized by the Board in the absence of the exam. This review should include the consideration of objective, alternative competence measurements that could be consistently utilized by the Board as the regulators of the clinical social work license;
6. Any steps the Board is taking towards strengthening supervision, credentialing, oversight, and accountability to include an evaluation of supervisory hours as an equivalent replacement for an exam and a step towards licensure; and
7. The state-level impact on the Social Work Licensure Compact if Virginia moves forward with an alternative licensure pathway. This review should include the impact on the Commonwealth’s ability to remain in the Compact but also on individuals who earn their license through an alternative path being eligible for the multi-state license.

The mission of the Board is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to practitioners and the public. Within that mission, this report includes background on the current licensed clinical social worker workforce in Virginia, current regulations related to the licensure of clinical social workers, as well as an evaluation of the available data related to competency measures, alternative pathways to licensure, and efforts to ensure a diverse and highly qualified social worker workforce in the Commonwealth.

II. Background

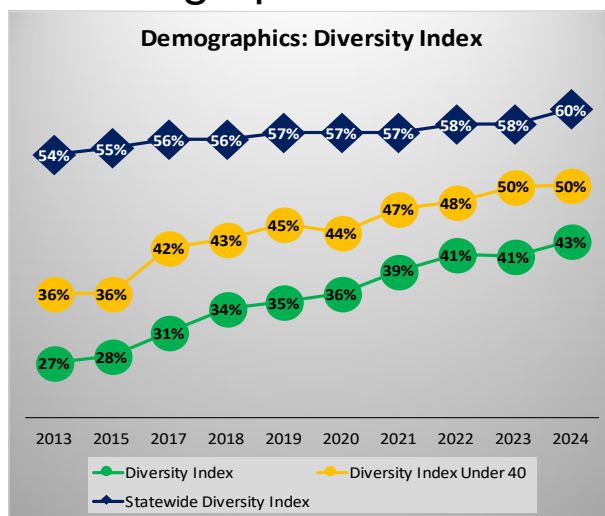
A. Virginia Licensed Clinical Social Worker Workforce

The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers a survey to Licensed Clinical Social Workers (LCSWs) in Virginia during the license renewal period, which occurs every year on June 30th, and includes this information in an annual report. In 2024, 9,732 LCSWs voluntarily participated in this survey, which reflects 85% of the 11,493 LCSWs licensed in Virginia and 97% of renewing practitioners.¹

The number of licensed social workers in Virginia continues to increase. The report indicates that since 2019, the number of licensed LCSWs has increased by 58% (11,493 vs. 7,291) and has also become younger, with the median age of the LCSW workforce now being 48 versus 50. At the same time, Virginia's LCSW workforce has become more diverse (43% vs. 35%), and this is also true among those LCSWs who are under the age of 40 (50% vs. 45%). Among other factors, the report measures the diversity index. The diversity index indicates that, in a random encounter between two LCSWs, there is a 43% chance that they would be of different races or ethnicities. This diversity index increases to 50% for those LCSWs who are under the age of 40. By comparison, for Virginia's entire population, the comparable diversity index is 60%.



Trends in Demographics



Used by permission of HWDC

¹ *Virginia Licensed Clinical Psychologist Workforce: 2024*, Healthcare Workforce Data Center, Virginia Department of Health Professions, 2024.

B. Current Licensure Requirements for Licensed Clinical Social Workers

As outlined by the Regulations Governing the Practice of Social Work (18VAC140-20-10 *et seq.*), Virginia licenses initial applicants for licensure as a clinical social worker via the licensure by examination pathway. An applicant pursuing an initial license as a clinical social worker (“LCSW”) submits an application to the Virginia Board of Social Work (“Board”) for licensure by examination, indicating that the final step prior to obtaining the license is passage of the required national examination. The Association of Social Work Boards (“ASWB”) administers the social work examinations, and applicants cannot register with the ASWB to take the examination without prior approval from the Board. The Board approval indicates that the applicant has met the education and supervised experience requirements.

Virginia requires LCSW applicants provide evidence of a master’s degree in social work with a clinical course of study from a program accredited by the Council on Social Work Education (“CSWE”). The vast majority of United States jurisdictions require graduation from a CSWE master’s program as a prerequisite to licensure. Boards rely on the CSWE to ensure the quality and integrity of the education programs. Exceptions include states like Virginia that require a course transcript review to ensure a minimum of clinical course content as CSWE does not differentiate between clinical and non-clinical MSW degree programs. The New York State Education Department only accepts degree programs it accredits for clinical licensure.

Additionally, Virginia requires applicants for the LCSW to provide evidence of having 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. This supervised experience requires applicants obtain 100 hours of face-to-face supervision with no more than 50 hours being obtained in group supervision. The Board approves the supervisors, who must be LCSWs with a minimum of two years of experience and must complete the required supervisor training. Supervision of an LCSW applicant must be completed in no more than four years. Some employers offer supervision as a perk of employment, but most supervisees must pay for their supervision. All United States jurisdictions require a period of supervised experience as a prerequisite to licensure, with the vast majority requiring 3,000 hours.

Once the education and supervised experience requirements are met and the Board approves the applicant to take the examination, the applicant registers with the ASWB to take the examination. The ASWB sets the passing score. The Board requires that the applicant pass the examination within two years of the Board’s initial approval. The ASWB allows applicants to take the exam every 90 days. However, waivers to this policy are permitted under certain circumstances. Once the applicant receives a passing score on the examination, the Board issues a license. Until recently, all United States jurisdictions shared this requirement. As of 2024, all jurisdictions except Minnesota and Utah require passage of the clinical examination as a prerequisite to licensure as an LCSW. In Illinois, individuals must attempt the clinical exam at least one time to be eligible for an alternative path. Each of these states requires applicants for the clinical license alternative to complete an additional period of supervised practice experience which has additional implications and unintended consequences.

In 2022, the ASWB published examination data that indicated pass rates disparities across different racial/ethnic groups.² With this release, the ASWB points out that the data reflects a multitude of factors that can affect performance on a licensing exam, including educational background, preparation, and length of time between graduation and testing. The differences in pass rates also reflect societal opportunity gaps for historically underrepresented groups, and illuminates the historical burdens of racial trauma, marginalization, and social injustice to which Black candidates may have been subjected along their journey to licensure.

In response to the data publication, regulators throughout the United States have been exploring avenues to address this issue in a variety of ways. States have been asking for context and conducting additional research and engaging with stakeholders. The majority of state regulatory boards are monitoring the data publication and engaging with the ASWB to learn more about exam development and ongoing process improvements, as well as understand research findings into variables impacting disparate outcomes. Many are also looking to understand why pass rate differences vary depending on the degree program of test takers. While a handful of states have either eliminated the exam requirement (Minnesota) or created alternative pathways, several, including Virginia, have created ad hoc committees to examine the data publication further and make potential recommendations.

² 2022 ASWB Exam Pass Rate Analysis: Final Report. Association of Social Work Boards.

III. Anti-Bias Measures

The ASWB follows a structured and rigorous exam development process to ensure that its licensure exams are fair, valid, and reflective of social work practice. This process involves multiple steps, from the creation of test questions to ongoing review and psychometric analysis.³

The ASWB has implemented several anti-bias measures within its exam development to promote fairness and inclusivity, and to ensure that the exam does not disadvantage any group based on race, ethnicity, gender, or other characteristics. The exam development process begins with a survey, called a practice analysis, of thousands of social workers to ensure representation from various backgrounds and geographic areas. The ASWB surveys licensed social workers across different jurisdictions to gather data on the tasks they perform, and the competencies needed in their roles. The results of this survey help to establish the content for measured competencies and form the basis for the exam content outline which defines the areas of knowledge tested in each exam.

The ASWB then recruits a diverse group of social workers with various backgrounds and experiences to write and review exam questions. The ASWB intentionally selects these item writers to reflect multiple perspectives that encompass diverse cultural backgrounds, geographic regions, work settings, and areas of expertise to reduce potential bias in the development of exam content. These professionals develop test questions based on the exam content outline. The ASWB trains the item writers in best practices for writing high-quality, fair, and clear test questions. The training also includes strategies to avoid bias and ensure cultural sensitivity in the items they develop.

After the item writers produce the initial questions, committees of social work professionals conduct several rounds of reviews. They review the questions for accuracy, relevance, clarity, and fairness. All exam questions go through a bias and sensitivity review process. This review is designed to identify and remove questions that could be interpreted as biased, culturally insensitive, not reflective of diverse populations, or that could disadvantage specific groups. The review also ensures the exam questions measure cultural competency and reflect the cultural diversity of clients that social workers may encounter in practice, including consideration of the role of cultural factors in diagnosis, treatment, and intervention. The ASWB does not have a formal definition of cultural competency but follows the general definition established within the social work profession where it is understood to mean the ability to work effectively across diverse cultural backgrounds with sensitivity, respect, and an understanding of the impact of culture on an individual's experience. The National Association of Social Workers (“NASW”) describes cultural competence as a set of behaviors, attitudes, and policies that enable social workers to work effectively in cross-cultural situations. This includes understanding and respecting the cultural and personal values of clients and being self-aware of one’s own cultural perspective and biases. The NASW understands cultural competency as an ethical obligation and has incorporated it into its Code of Ethics. The CSWE includes cultural competence as a core competency in its Educational Policy and Accreditation Standards (“EPAS”). This standard

³ More information on the ASWB examination development process *available at:* <https://www.aswb.org/exam/exams-for-the-future-of-social-work/webinars/>.

requires social workers to understand diversity and difference in practice, apply knowledge of how diversity shapes human experiences, and recognize how social structures and personal biases affect individuals and communities. CSWE encourages social work students to engage in self-reflection and develop critical thinking around cultural influences. Items that fail to meet bias and sensitivity standards are revised or removed entirely.

Psychometricians also review the statistical properties of the items to ensure they function well in measuring the intended skills and knowledge. The ASWB conducts psychometric analyses of the exam data to detect any patterns of differential item functioning (“DIF”), which identifies if any specific question is more difficult for demographic groups. Questions flagged through this analysis are reviewed and either revised or removed if bias is detected. Before new questions are scored, they are introduced as pre-test items that do not count toward the candidate’s score. This allows the ASWB to analyze the performance of questions across different demographic groups. Questions indicating signs of bias during pre-testing are also flagged for review and possible revision or removal.

After exams are administered, the ASWB conducts a statistical analysis to ensure that the test questions continue to perform well. This analysis includes detecting any questions that may have performed unexpectedly or unfairly. The ASWB uses a process called equating to ensure that all exam forms are of comparable difficulty so that passing scores are consistent across different versions of the exam. The ASWB convenes a panel of social work experts to determine the passing score for each exam. The panel reviews the exam’s difficulty and ensures that the passing score reflects the level of competence required for safe and effective practice. The panel considers the equitable impact of the exam on different groups. Item performance and expert recommendations may lead to an adjustment in the passing score. The ASWB carefully evaluates the passing score to ensure it reflects competency without being influenced by systemic bias.

The ASWB continuously monitors the exams to ensure they remain valid and reflective of current social work practices. Monitoring includes regular updates based on changes in social work standards, ethics, and practices. The ASWB also collects feedback from exam candidates and licensed professionals to inform future revisions and improvements. If candidates feel that a question is biased or unfair, they can submit comments to the ASWB. The exam development team reviews the comments and assists to gather additional data on potential biases from a broad range of test-takers.

IV. Current and Proposed Methods to Diversify the Clinical Social Worker Workforce, Improve Instruction, and Improve Support at Virginia’s Schools of Social Work

As stated in the Executive Summary to this report, the mission of the Board is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to practitioners and the public. The Board’s authority stems from statute and regulations and focuses on the licensing and discipline of its regulated professions. Although the Board requires applicants for licensure to meet education requirements and graduate from accredited institutions, it does not have authority over the accrediting body or the colleges and universities to impact instruction. The Board depends on the expertise of accrediting bodies to oversee the curricula of these programs and take action against colleges and institutions that fail to meet or adhere to the accreditation standards. Currently, the CSWE is the only accrediting body for social work programs in Virginia and across the United States.

A scan of the national and state landscape reveals efforts by organizations and educational programs to diversify the workforce and support schools. The CSWE has initiated several key efforts to improve test outcomes and promote diversity within the clinical social work workforce.⁴ These initiatives aim to address disparities in education, training, and licensure outcomes, particularly among underrepresented groups. CSWE’s Educational Policy and Accreditation Standards (“EPAS”) ensures that accredited social work programs emphasize diversity, equity, and inclusion (“DEI”) in their curriculum. These standards require social work schools to prepare students for culturally competent practice, which is essential for diversifying the workforce and improving outcomes for historically marginalized populations. The EPAS framework includes specific competencies focused on anti-racism, social justice, and culturally responsive care. These competencies are embedded into the curriculum to ensure students are better prepared to serve diverse populations and succeed in licensure exams. Additionally, the CSWE’s Commission on Diversity and Social and Economic Justice works on advancing DEI across social work education, focusing on diversifying the student and faculty pipeline, thereby contributing to a more diverse workforce in clinical social work. In response to the ASWB’s release of the examination data, the CSWE’s Commission on Accreditation removed licensing exam pass rates from the 2022 EPAS accreditation standards.

The CSWE provides resources for schools to address structural racism and develop more inclusive teaching practices. It encourages schools to adopt policies and programs that support students from diverse backgrounds, which potentially indirectly influences their success in clinical social work licensure exams. The CSWE has also encouraged social work programs to provide additional resources such as tutoring, mentorship, and test preparation specifically for students who are preparing for clinical licensure exams.

The CSWE has also partnered with the National Association of Social Workers (“NASW”) and the ASWB to examine disparities in licensure exam pass rates. These collaborations aim to analyze and address the root causes of these disparities, including factors such as any bias inherent in the test development, as well as educational preparation and access to resources that may play

⁴ See <https://www.cswe.org/> for more detailed information on CSWE's initiatives.

a larger role in the disparate outcomes. The organizations have been working together to ensure the licensure exam is fair and reflective of diverse social work practices.

The CSWE promotes various scholarship programs, including the Minority Fellowship Program (“MFP”), which supports students from underrepresented groups pursuing careers in social work. This program helps to diversify the pipeline of future clinical social workers by providing financial assistance and mentorship to those from racial and ethnic minority groups. The MFP is a significant initiative aimed at increasing diversity in the workforce, addressing mental health disparities, and improving educational outcomes for these populations.

Additionally, the National Association of Deans/Directors (“NADD”) of Social Work Programs formed a task force to develop an action plan in relation to the data released on pass/fail rates on the national licensing exam. The task force is creating resources for state-level stakeholders to examine potential revisions to regulations aimed at increasing the numbers and diversity of social workers nationally and exploring alternative pathways to licensure.

V. Steps Taken by Other States Regarding Alternative Licensure Pathways

The majority of states have reacted to the release of the ASWB exam data by engaging with stakeholders, conducting research, and monitoring the activity with the national associations to address the disparities and provide recommendations. Connecticut went a step further and paused the use of the master's exam for the master's license in 2023 until mid-2026 to await recommendations from the national organizations. Illinois and Utah eliminated the use of the master's and bachelor's exam for licensure, and Colorado eliminated the use of the master's exam for the master's license.⁵ Minnesota recently eliminated the requirement for passing the national social work exam for initial licensure at all social work license levels, including the Licensed Independent Clinical Social Worker ("LICSW"). Instead of the exam, Minnesota introduced a provisional licensure pathway that involves completing 2,000 hours of supervised practice and 37.5 hours of direct supervision.⁶

At the clinical level, research and surveys of licensed social workers indicate that the majority of jurisdictions and licensees see the value of requiring an exam, as it is the only competency measure that provides uniformity and consistency across jurisdictions. The ASWB data release revealed there is no perfect measure and there is an ongoing need and responsibility to ensure that competency-based measures protect the public without unfairly obstructing entrance into the workforce. States are exploring the possibility of creating alternative licensure pathways for clinical social workers. So far, these alternative licensure pathways focus on work experience, supervised clinical practice, and competency-based evaluations. These alternative pathways generally require an applicant to have failed the exam before the alternative pathway becomes an option. In April of 2024, however, the Oregon Board of Licensed Social Workers established the Oregon Alternative Pathways to Social Work Committee. The recommendations made were to abolish the use of the ASWB exam for all licensure levels and rather than establishing an alternative pathway, establish a new pathway that does not ever taking or passing an examination. These recommendations remain at the recommendation stage.

Illinois recently implemented alternative licensure pathways for social workers, allowing candidates to fulfill competency requirements without passing the traditional the ASWB exam. Illinois, Public Act 103-433, effective January 1, 2024, enables an alternative path for LCSW applicants who have made at least one attempt at the ASWB exam within the past five years. These individuals can qualify for licensure by completing an additional 3,000 hours of supervised professional experience under the guidance of various licensed professionals.

Other than additional supervision, these alternative assessments can involve various evaluation methods. Case scenarios require candidates to analyze hypothetical scenarios to demonstrate their ability to apply relevant competencies effectively. Practical evaluations involve simulations or direct observations of candidates in practice settings, and this allows evaluators to assess their performance in real-time. Portfolio Assessments require candidates to compile evidence of their competencies through documentation of their experiences, such as case studies, reflective journals, and supervisor evaluations. Competency-based licensing initiatives aim to

⁵ Note that these actions were taken for licensure categories other than LCSWs.

⁶ More information is available through the Minnesota Chapter of the National Association of Social Workers, *available at*: <https://naswmn.socialworkers.org/Advocacy/Legislative-Updates>.

evaluate a candidate's ability to demonstrate the skills and knowledge required for clinical practice rather than relying solely on traditional exams.

Provisional or temporary licenses are issued in some states to social workers who have met most of the licensure requirements but still need to pass the ASWB exam or complete final steps. For instance, Massachusetts offers a temporary license to those who have completed their education and supervision requirements but are still preparing for the ASWB exam. This allows them to work in clinical settings while studying for the exam, improving job security, and reducing financial strain.

California allows for extended supervised practice options, where social workers can work clinically while gaining the required supervision hours for licensure. These pathways offer flexibility to applicants who may not be able to pass the licensure exam on their first attempt but are ready to practice under supervision. California is also developing a competency-based assessment model as part of their ongoing efforts to address disparities in licensure outcomes. This approach is seen as an avenue to better align assessments with the skills and knowledge required for effective social work practice.

States like New Mexico, Colorado, and Washington have proposed or implemented apprenticeship or fellowship programs that allow recent graduates or social workers from non-traditional backgrounds to gain licensure through extended supervised practice or training programs. These programs typically offer mentorship and structured training in clinical settings, helping candidates develop the competencies needed for licensure. Colorado has been proactive in implementing alternative pathways, such as a focus on portfolio-based assessments for candidates. This allows applicants to demonstrate their competencies through a comprehensive review of their education, experience, and professional achievements, rather than relying solely on standardized tests. Washington has been exploring competency-based licensure alternatives, including performance-based assessments. These models may involve evaluating practical skills through clinical simulations or portfolio-based assessments, which focus on real-world competency rather than standardized test results.

VI. Capacity of Virginia Board of Social Work to Manage Alternative Pathways

Depending on the alternative pathway utilized, the Board has limited capacity to objectively measure competence. It should be noted that it is the combination of requirements, and not one requirement alone, that provides the objective measures. For instance, even though licensure requires graduation from an accredited social work program, accreditation acts only as a partial safeguard to the quality of the programs. Programs and students are not created equally. The quality of the professors, the grading scale, and the student's abilities vary from program to program and student to student.

Likewise, supervision depends on the quality of the supervisor, and sometimes the dynamic between the supervisor and the supervisee. The Board ensures that the supervisor meets the requirements to be a supervisor but cannot ensure that the supervision is in fact occurring as reported. The Board lacks the personnel resources⁷ to audit the supervision and relies on the honesty and the evaluative abilities of each supervisor. The Board recognizes that the Commonwealth has many wonderful supervisors, but a financial incentive to provide supervision exists because supervisees often must pay for their supervision. Additionally, the Board currently has no regulations governing the number of supervisees a supervisor can supervise, and some worry less about the quality of the supervision they provide and more about the quantity. The regulations only require that the supervisor have an active LCSW that has been in good standing for the last two years and have taken certain continuing education hours in supervision. In fact, the Board recently streamlined its regulations to reduce ongoing supervision requirements. If the Board adopts an alternative pathway to the examination, it will need to strengthen the regulations governing supervision to ensure greater accountability. Under the current requirements, applicants submit a Verification of Supervision form⁸ that is signed and notarized by the supervisor and the applicant and lists the supervised hours and the type of supervision received. Staff reviews the forms for accuracy, but in actuality, must rely on the honesty and integrity of the applicant and the supervisor. If an alternative pathway does not change this review, additional staff would not be required. However, if supervision becomes the main competency measure and guardrail to protect the public, staff should audit the supervision, which would require additional staff.

Additional alternative pathways, such as portfolio reviews, would require significant additional resources. The Board would need to either utilize Board members to review and approve the alternative pathway chosen or would need to hire professional staff to conduct these reviews. The Board has nine volunteer members defined in statute.⁹ At times, not all Board member spots are filled.¹⁰ Given the small size of the Board and the fact that members are volunteers, staff currently face difficulties scheduling meetings and hearings due to limited Board member availability and lack of a quorum. Placing more responsibility on the Board members could delay

⁷ Personnel resources to ensure quality supervision would likely require three fulltime employees solely dedicated to a continual audit of supervision ongoing in the Commonwealth. Licensure staff for the Board of Social Work currently numbers two full-time and two part-time individuals. Discipline workload would likely increase as well and the Board of Social Work currently has part-time staff dedicated to processing complaints.

⁸ Available at <https://www.dhp.virginia.gov/media/dhpweb/docs/sw/forms/ClinicalSupervisionVerification.pdf>.

⁹ Va. Code § 54.1-3703.

¹⁰ There are currently two vacancies on the Board, leaving the Board with seven members.

the licensure process. Hiring professional staff to conduct such reviews would have an impact on the cost to obtain a license to practice as a social worker in the Commonwealth. The Department of Health Professions is a special fund agency, meaning that its licensing boards must fund operations from collection of licensure fees.¹¹ Hiring additional staff ultimately requires raising fees imposed for licensure to compensate for the increased operations costs of the Board.

¹¹ Va. Code § 54.1-113.

VII. Steps the Virginia Board of Social Work is Currently Taking

Over the past five years, the Board progressively reduced unnecessary barriers to the workforce and streamlined its regulations and requirements to encourage licensure while still protecting the public and allowing for mobility. In comparison to other jurisdictions, Virginia's requirements are aligned and the ASWB considers Virginia's supervision processes, such as registering supervision and requiring a supervision contract, best practice. Virginia requires supervisors to hold an active, unrestricted license as a licensed clinical social worker with at least two years of post-licensure clinical social work experience. The regulations also require the supervisor to have received professional training in supervision, consisting of a three credit-hour graduate course in supervision or at least fourteen hours of continuing education. Ongoing supervision requires the supervisor to obtain seven hours of continuing education in supervision within the five years preceding any supervision.¹² The Board recently reduced the number of hours of continuing education required after initial supervisor approval from fourteen to seven in an effort to reduce barriers to supervision and encourage more LCSWs to serve as supervisors. Additionally, to facilitate the supervision process for applicants, the Board created a Supervisor Registry that publicizes the supervisors that the Board has approved for supervision.¹³ If the Board pursues an alternative pathway to licensure that includes more extensive supervision, it will need to revisit the reduction in continued education for supervisors.

Virginia utilizes available mechanisms for evaluating supervision with minimum resources required in other jurisdictions. Candidates for licensure must complete 3,000 hours of supervised post-master's degree experience that includes at least 100 hours of face-to-face supervision. The Board requires initial supervision contracts and reporting of supervision hours, but oversight of supervision remains limited. For example, the Board does not restrict the number of supervisees that a single supervisor may supervise. If the Board pursues an alternative pathway to licensure that includes additional supervision, it may want to consider limiting the number of supervisees per supervisor to help ensure supervisors focus on the quality of the supervision.

In response to the ASWB data release, on November 15, 2022, the Board issued the following statement:

On behalf of the Virginia State Board of Social Work, we acknowledge the racial disparity recently highlighted in the ASWB clinical and masters' level exam pass rates. This disparity is unacceptable and alarming. The [Virginia] Board of Social Work does not condone any discrimination, institutional or otherwise, and strives for equal opportunity and accessibility to entering the field of Social Work. Additionally, we recognize the need for effective, educated, and professional clinicians and we are certain that we can identify and equitable solution. We will work with the ASWB, the community, and other stakeholders to obtain more information on

¹² 18VAC140-20-50(B).

¹³ Va. Code § 54.1-3705(8).

the possible causes of any disparities and pursue solutions to any issues found.¹⁴

The Board subsequently formed an ad hoc committee to collect information related to the disparities, engage with stakeholders, and identify and recommend to the Board any potential actions the Board can implement to address racial bias and disparities in the licensure process that prevents competent and qualified professions from entering the profession. The work of the ad hoc committee is ongoing.

¹⁴ Announcement *available at*:
<https://www.dhp.virginia.gov/Boards/SocialWork/AbouttheBoard/News/announcements/Content-701893-en.html>.

VIII. Impact on Social Work Licensure Compact

The exam is the only objective measure available to regulators that offers assurance that social workers licensed elsewhere are competent to practice in their jurisdiction. Because of this consideration, compact legislation for all professions typically requires an exam as a key feature. Jurisdictions that do not require an exam for a specific category of license may be ineligible to participate in the compact for that category of license. This may cause social workers licensed in that jurisdiction to have a limited ability for cross-jurisdictional practice.

Specifically, the Social Work Compact grants individuals in member jurisdictions a multistate authorization to practice, which is equivalent to a license, and allows holders of this multistate license the privilege to practice social work in any other member jurisdiction. As stated in Section 3 of the Compact, states do not have to require the Qualifying National Exam for all licensees. However, they must require the Qualifying National Exam for licensees applying for a multistate license. The use of a Qualifying National Exam does not prohibit a state from establishing alternative competency measures for licensure.¹⁵

Section 4 of the Compact gives the commission flexibility to determine if there are other alternative competency assessments that would be deemed “substantially equivalent” to the Qualifying National Exam. The Compact Commission, the governing body whose membership comprises a delegate from each member state, will define “substantial equivalency” by rule. This provision may give flexibility to states to allow for alternative pathways to the examination; however, the amount of flexibility is yet to be determined.¹⁶ Rather than allowing alternative pathways that lack uniformity, the Compact Commission could identify another broadly used competence measure. Since compacts thrive on uniformity, the “substantial equivalency” would need to reflect uniform standards of competency rather than a variety of alternative pathways.

For states that want to remain in the compact but also implement alternative pathways, compact states could grant two pathways to licensure: single state and multistate. For example, Virginia could require passage of the examination for the multistate license and implement changes to modify exam requirements for a single state license. This framework may present unintended consequences and equity issues. Individuals with a single state license may face mobility issues and will likely be required to pass the examination to obtain licensure and practice in other jurisdictions. Employers may also choose to screen and not hire individuals who have not taken and passed the licensing exam.

¹⁵ See generally Va. Code § 54.1-3709.4, § 3.

¹⁶ See generally Va. Code § 54.1-3709.4, § 4.

IX. Summary of ASWB Research Efforts

Since the proactive data publication in 2022, the ASWB has been actively working to do its part to address the disparities revealed in the exam passage rates. The ASWB efforts include working with stakeholders to do their part to address concerns with examination preparation, reviewing and improving the examination development process where needed, and investing in research. For example, concurrent with the data publication in 2022, ASWB demonstrated a commitment to working with social work education programs by making a suite of free exam resources for educators available to use to prepare their students more equally for the exams and licensure. The suite includes the free downloadable *ASWB Examination Guidebook*, the Educator Guide to the Social Work Exams with Group Review Practice Questions, detailed reports on student pass rates (including information on content area performance), and a free training in writing questions according to ASWB standards.

Beginning in January 2023, ASWB began a partnership with FifthTheory, a minority-owned firm with expertise in high-stakes testing and occupational assessment. During the pilot period, select test-takers received access to the Test Mastery Inclusion program, which includes a research-based assessment and resources designed to help individuals taking a high-stakes exam reflect on and develop essential mindset competencies. This program is offered at no cost to all registered test-takers.

In 2022, the ASWB convened the Social Work Workforce Coalition, a group that includes a range of U.S. and Canadian social work organizations that represent diverse perspectives, to provide input into the Social Work Census and the Community Conversations research initiative. The data from the Social Work Census, which was open from March to June 2024, will be aggregated and used to develop a comprehensive and up-to-date picture of the demographics of social workers for use by the profession. The Social Work Census will gather robust data on what they do to inform the content of the next iteration of the social work licensing exams. The Community Conversations program, that operated from January to May 2023, consisted of a series of facilitated conversations with social workers about their unique experiences with the licensing exams. Each session centered around the test-taker experiences of exam preparation, administration, and outcomes.

The ASWB is also revisiting the exam structure and exam administration practices to increase equitable access. It is working toward redesigning the exam to use a module-based format, allowing test-takers who are unsuccessful on an exam to retake only necessary sections, thereby reducing costs and other barriers.

The ASWB has invested in a regulatory research agenda, in partnership with educational institutions and researchers, to consider alternative competence measurement formats, contextual factors impacting disparate outcomes, and other alternatives for regulators to have a voice in their licensure decisions. The ASWB awarded a grant to researchers at Western Kentucky University¹⁷ to address three research areas: factors impacting disparity in pass rates for social work licensure;

¹⁷ More information available at: <https://www.wku.edu/news/articles/index.php?view=article&articleid=11486>.

the impact of disparity in licensure pass rate on the social work profession; and, solutions to reduce disparity in pass rates for social work licensure.

Finally, to contextualize more precisely the systemic factors that influence pass rates, the ASWB has partnered with Joy Kim, MSW, Ph.D., of Rutgers, The State University of New Jersey. Dr. Kim and her associate, Michael Joo, MSW, Ph.D., have conducted an inquiry into the sources of pass rate disparities that includes analyses of pass rates that control for the individual, institutional, and community factors that test-takers carry with them throughout their lives. The research will help identify individual, school, and community factors that affect candidates' exam pass/fail outcomes and analyze the data to unveil the effects of those factors and assist with contextualizing examination pass rate data publication with additional research and insights. They have delivered three mini-reports in August 2024 focused on:

- Demographic profile of exam-takers;
- Determinants of exam outcomes from other professions; and
- Net effects of race/ethnicity on ASWB exam outcome.

The series begins with a report that profiles social work license examinees using ASWB data.¹⁸ The report describes the racially patterned educational and training journey individuals experience before they sit for a licensing exam. The report concludes that “demographic, educational, and employment characteristics of examinees from historically marginalized groups — particularly Black examinees — signal that their educational and training journeys to the profession might have been disturbed by cumulative lifetime disadvantages.”¹⁹

The second report reviews other professions' literature on licensing/certification exam pass rate disparities.²⁰ Dr. Kim finds that significant racial/ethnic disparities are consistently documented across numerous professions, including medicine, nursing, and psychology. Her report emphasizes the need for more empirical research to understand and begin to reduce pass rate disparities.

The final report returns to the social work licensing exams, focusing on the effects of race/ethnicity on clinical exam outcomes.²¹ Using the limited data available, Dr. Kim's findings suggest that if historically marginalized groups had the same individual, educational, and employment characteristics and lived in similar institutional and community environments as white examinees, the Black–white disparity in the Clinical exam outcomes could be reduced by about 20%, and the Hispanic/Latino–white disparity by around 28%.

¹⁸ Joy Kim, MSW, PhD & Michael Joo, MSW, PhD, “The Profile of Social Work License Examinees: A Racially Patterned Educational and Training Journey Before the Exams,” Rutgers School of Social Work (2024).

¹⁹ <https://www.aswb.org/wp-content/uploads/2024/08/1.-Kim-Joo-2024-Profile-of-Social-Work-License-Examinees-07-30-2024.pdf> at 2.

²⁰ Joy Kim, MSW, PhD & Michael Joo, MSW, PhD, “The Determinants of Licensing Exam Outcomes: The Compounding Effects of Individual, Institutional, and Community Factors,” Rutgers School of Social Work (2024).

²¹ Joy Kim, MSW, PhD & Michael Joo, MSW, PhD “The Effects of Race/Ethnicity on Clinical Exam Outcomes: Diminished (Yet Persistent) Effects When Other Determinants are Controlled,” Rutgers School of Social Work (2024).

X. Conclusions and Next Steps

The Board will continue to engage with stakeholders, both passively and with intention. Intentionally, the Board will include stakeholder discussion as an agenda item in its ad hoc committee meetings. The ad hoc committee will invite stakeholders to present information, help shape the discussion and provide input into the development of any recommendations. The Board and staff will attend the ASWB biannual conferences to stay involved and knowledgeable about research and activity at the national level and with other states. Passively, the Board receives public comment at every meeting, and all meetings are open to the public. Ongoing engagement with associations and stakeholders should lead to additional public and stakeholder involvement at meetings.

At future Board meetings, the Board will review other states' alternative pathways and determine the feasibility and desirability of such implementation in Virginia for effectively measuring competency and ensuring protection of the public. Likewise, the Board will continue to review its regulations on an ongoing basis to ensure sufficient accountability and also reduce unnecessary barriers.

Specifically, the Board will seek flexibility in the administration of the examination. For instance, determining what changes can be made to allow applicants to take the LCSW licensure examination at any time, rather than having to wait until after completion of their supervision. Such flexibility would allow applicants to take the examination closer to completion of their education. Other professions, such as licensed professional counselors and licensed marriage and family therapists, allow this flexibility.

Reworking the current structure of the Licensed Master's Social Worker ("LMSW") and the registration of supervisees in social work may also address this issue. Currently, the LMSW is a non-clinical license. It requires a master's degree in social work from a CSWE program and passage of the ASWB master's level exam. Individuals with an LMSW must practice under supervision but this scope of practice does not include the provision of clinical social work services. Individuals with a master's in social work who want to provide clinical services and eventually pursue their LCSW must register with the Board as "supervisees in social work." These "supervisees in social work" can provide clinical social work services while under supervision and obtaining their required hours of supervision towards the LCSW. A license at the master's level is not a prerequisite to the LCSW, but registration as a "supervisee in social work" is a prerequisite. This structure causes confusion because many other jurisdictions require an LMSW, with passage of the exam, as a prerequisite to the LCSW and allow this LMSW to provide clinical services. Redefining the LMSW to incorporate "supervisees in social work" and allowing for those LMSW to provide clinical social work services under supervision indefinitely, would provide flexibility and support to those individuals pursuing an LCSW but having difficulty passing the examination. Currently "supervisees in social work" have two to four years to complete their supervision and pass the clinical examination. If they fail the examination, they are required to restart supervision. If Virginia instead required an LMSW, which was not necessarily a prerequisite to the LCSW, those who want to pursue the LCSW and practice independently could do so while under supervision and provide those services indefinitely. If this LMSW failed the clinical exam, then they would remain under supervision until they passed the examination, and the supervisor could

work with LMSW to pass the exam. If they never pass the examination, then they just remain practicing under supervision. This approach would protect the public as the candidate would remain known to the Board and not be engaging in autonomous, unregulated practice. This pathway would give the candidates support, remove the pressure of having to pass the examination within a given amount of time, and allow candidates to continue working. This approach would simultaneously address some workforce needs by expanding the pool of individuals who can provide clinical social work services, with this pool being transparent to employers and the public.

The Board remains committed to its mission to protect the public and license qualified professionals. This commitment means remaining responsive to and engaged with stakeholders to address competency, fairness, and workforce issues as they arise.

Staff Discipline Reports

Sep 14, 2024 to Dec 6, 2024

NEW CASES RECEIVED BY BOARD Sep 14, 2024 to Dec 6, 2024
60

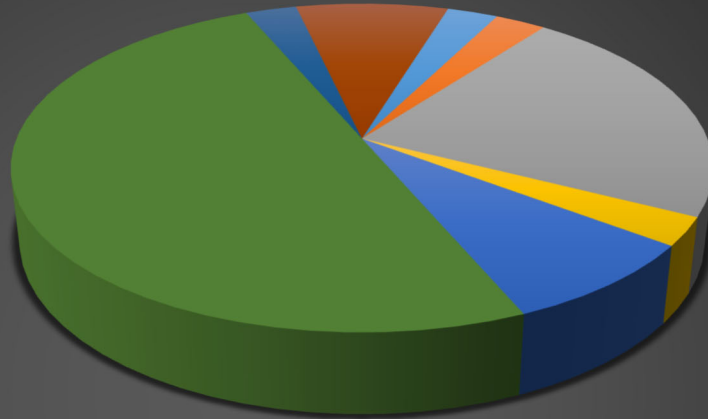
TOTAL OPEN INVESTIGATIONS (ENFORCEMENT)
26

OPEN CASE STAGES as of Dec 6, 2024	
Probable Cause Review	195
Scheduled for Informal Conferences	2
Scheduled for Formal Hearings	14
Other (pending CCA, PHCO, hold, etc.)	6
Cases with APD for processing (IFC, FH, Consent Order)	2
TOTAL CASES AT BOARD LEVEL	219

CONFERENCES AND HEARINGS	
Informal Conferences	
Conferences Held:	August 30, 2024 December 6, 2024
Scheduled Conferences:	February 7, 2025 May 2, 2025 August 1, 2025
Formal Hearings	
Hearings Held:	Sep 27, 2024
Scheduled Hearings:	TBD

CASES CLOSED Sep 14, 2024 to Dec 6, 2024	
Closed – No violation	31
Closed – Undetermined	2
Closed – Violation	3
Conference/Hearing held	
Consent Order	
Confidential Consent Agreement	
Mandatory Suspension	
Summary Suspension	
TOTAL CASES CLOSED	36

Closed Case Categories



■ Abuse/Abandonment/Neglect (1)

■ Action by Another State Board (1)
1 violation (LCSW)

■ Business Practice Issues (8)

■ Diagnosis/Treatment (1)

■ Inappropriate Relationship (3)
1 violation (LCSW)

■ No jurisdiction (18)

■ Reinstatement (1)
1 denied (LMSW)

■ Unlicensed Activity (3)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)

Average time for case closures	115
Avg. time in Enforcement (investigations)	50
Avg. time in APD (IFC/FH preparation)	69
Avg. time in Board (includes hearings, reviews, etc).	59

Discipline Staff for Behavioral Science Boards

Jennifer Lang, Deputy Executive Director
 Christy Evans, Discipline and Compliance Case Specialist
 Krystal Blanton, Discipline and Compliance Case Specialist
 Discipline Reviewer, Board of Counseling (part-time)
 Discipline Reviewer, Board of Psychology (part-time)
 Discipline Reviewer, Board of Social Work (part-time)

CASES RECEIVED YEAR-TO-DATE PER BOARD Jan 1, 2024 – Dec 6, 2024	
Board of Counseling	469
Board of Psychology	188
Board of Social Work	188
TOTAL CASES RECEIVED	845

CURRENT OPEN CASES PER BOARD as of Dec 6, 2024	
Board of Counseling	210
Board of Psychology	156
Board of Social Work	219
TOTAL CASES WITH BOARD STAFF	585

Recent Orders entered by the Board of Social Work

*For informational purposes only.
Board action is not required.

BEFORE THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

IN RE: CHRISTINE MARGARET MARTIN, L.C.S.W.
License Number: 0904-014954
Case Number: 241915

ORDER OF MANDATORY SUSPENSION

In accordance with Virginia Code § 54.1-2409, the Director of the Virginia Department of Health Professions received evidence that Christine Margaret Martin, L.C.S.W., voluntarily surrendered her license to practice clinical social work in the State of Texas in lieu of disciplinary action. A copy of the Agreed Order is attached hereto as Commonwealth's Exhibit 1.

WHEREUPON, by the authority vested in the Director of the Department of Health Professions pursuant to Virginia Code § 54.1-2409, it is hereby ORDERED that the license of Christine Margaret Martin, L.C.S.W., to practice clinical social work in the Commonwealth of Virginia is hereby SUSPENDED.

Upon entry of this Order, the license of Christine Margaret Martin, L.C.S.W., will be recorded as suspended. Should Ms. Martin seek reinstatement of her license pursuant to Virginia Code § 54.1-2409, she shall be responsible for any fees that may be required for the reinstatement of the license prior to issuance of the license to resume practice.

Pursuant to Virginia Code § 2.2-4023 and § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection or copying on request.



Arne W. Owens, Director
Virginia Department of Health Professions

ENTERED:



CERTIFICATION OF DUPLICATE RECORDS

As Director of the Department of Health Professions, I hereby certify that the attached Agreed Order entered July 24, 2024, regarding Christine Margaret Martin, L.C.S.W., is a true copy of the records received from the Texas State Board of Social Worker Examiners.


Arne W. Owens


Date

COMPLAINT NO. 2023-00471

IN THE MATTER OF

CHRISTINE MARTIN

§
§
§
§
§
§

BEFORE THE TEXAS BEHAVIORAL
HEALTH EXECUTIVE COUNCIL

THE TEXAS STATE BOARD
OF SOCIAL WORKER
EXAMINERS

AGREED ORDER

Pursuant to its authority under §507.305 of the Texas Occupations Code, §2001.056 of the Government Code, and 22 Texas Administrative Code §884.12(e), the Executive Director for the Texas Behavioral Health Executive Council ("Council") hereby approves, ratifies, and enters this Agreed Order with the following Findings of Fact, Conclusions of Law, and Order of Council, which have been approved and accepted by **CHRISTINE MARTIN** ("Respondent") and which constitutes a full settlement and compromise of the complaint(s) currently pending against Respondent before the Council in the above-referenced and numbered matter(s).

FINDINGS OF FACT

1. Respondent is licensed as a Licensed Clinical Social Worker (#55219) in the State of Texas and is, therefore, subject to the jurisdiction of the Council.
2. Respondent had an inappropriate sexual relationship with a former client.

CONCLUSIONS OF LAW

1. Respondent voluntarily received a license from the Council and, therefore, is bound by the provisions of Chapters 505 and 507 of the Texas Occupations Code and the Rules of the Council, 22 Texas Administrative Code Parts 34 and 41.
2. Violation of the Council's Rules is unprofessional conduct and constitutes grounds for the imposition of sanctions under §§505.451, 507.301, and 507.351 of the Texas Occupations Code.
3. Based on the above Findings of Fact, the Council finds that Respondent violated 22 Tex. Admin. Code §§ 781.301(8), 781.301(9), 781.304(e), and 781.305(b).



ORDER

IT IS HEREBY ORDERED, ADJUDGED, AND DECREED THAT:

1. Respondent, by signing this Agreed Order, hereby voluntarily and permanently **RESIGNS** his or her license (#55219) in lieu of further adjudication by the Council on these matters.
2. Respondent shall return his or her license to the Council no later than fourteen (14) days after the date this order is ratified.
3. The Council will not consider an application for licensure from Respondent and Respondent agrees not to apply for any new license from the Council for ten (10) years from the effective date of this Order.
4. If Respondent seeks to apply for a license with the Council in the future, and the Council is willing to reinstate the license, Respondent will be subject to conditions of eligibility to be imposed by the Council at that time.

WARNING

RESPONDENT'S FAILURE TO COMPLY WITH ONE OR MORE TERMS OF THIS ORDER MAY CONSTITUTE A VIOLATION OF 22 TEXAS ADMINISTRATIVE CODE §884.55 REQUIRING FURTHER DISCIPLINARY ACTION.

WAIVERS

On the underlying investigative file, Respondent has waived his or her right to an informal settlement conference, a formal hearing before an Administrative Law Judge at the State Office of Administrative Hearings (SOAH), and judicial review pursuant to Texas Government Code Chapter 2001, in exchange for the conditions set out in this Agreed Order.

THE RESPONDENT, BY SIGNING THIS ORDER, AGREES TO ITS TERMS, ACKNOWLEDGES UNDERSTANDING OF THE FORMAL NOTICES, FINDINGS OF FACT, AND CONCLUSIONS OF LAW SET FORTH HEREIN AND COVENANTS TO SATISFACTORILY COMPLY WITH THE MANDATES OF THIS ORDER IN A TIMELY MANNER. RESPONDENT FURTHER ACKNOWLEDGES AND AGREES THAT HE OR SHE HAS AGREED TO THIS ORDER UPON THE ADVICE AND CONSENT OF COUNSEL, OR THAT HE OR SHE HAS HAD THE OPPORTUNITY TO HAVE THIS ORDER REVIEWED BY COUNSEL OF HIS OR HER CHOICE.



Christine Martin
Licensed Clinical Social Worker
License No. 55219

DATE SIGNED:

07/19/2024

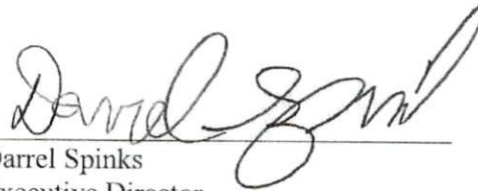


Kenneth Long
Texas Bar No. 24078877
Staff Attorney
Texas Behavioral Health Executive Council
1801 Congress Ave., Ste. 7.300
Austin, Texas 78701

DATE SIGNED:

7/23/2024

APPROVED, RATIFIED, AND ENTERED THIS 24th DAY OF July, 2024.



Darrel Spinks
Executive Director
Texas Behavioral Health Executive Council

BEFORE THE VIRGINIA BOARD OF SOCIAL WORK

**IN RE: MARGARET SOFTIE MIDBOE, L.C.S.W.
A.K.A. FIA MIDBOE
License Number: 0904-009726
Case Number: 224596**

RATIFICATION AND ORDER

On September 27, 2024, a Panel of the Board met to receive and act upon the Recommended Decision of the Agency Subordinate. Margaret Softie Midboe, L.C.S.W., was not present nor was she represented by legal counsel.

In consideration whereof, the Board of Social Work ACCEPTS the attached Recommended Findings of Fact and Conclusions of Law of the Agency Subordinate and ADOPTS the Recommended Order in its entirety.

Pursuant to Virginia Code § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection and copying upon request.

Pursuant to Virginia Code § 54.1-2400(10), Ms. Midboe may, not later than 5:00 p.m., on November 19, 2024, request a formal administrative hearing before the Board by notifying Jennifer Lang, Deputy Executive Director, Board of Social Work, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated.

This Order shall become final on November 19, 2024, unless a request for a formal administrative hearing is received as described above.

FOR THE BOARD

Jennifer P. Lang
for Jaime Hoyle, J.D.
Executive Director
Virginia Board of Social Work

ENTERED AND MAILED ON: October 17, 2024

BEFORE THE VIRGINIA BOARD OF SOCIAL WORK

IN RE: MARGARET SOFTIE MIDBOE, L.C.S.W.
A.K.A. FIA MIDBOE
License Number: 0904-009726
Case Number: 224596

REPORT AND RECOMMENDATION OF AGENCY SUBORDINATE

Jurisdiction and Procedural History

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), John Salay, L.C.S.W., serving as Agency Subordinate of the Virginia Board of Social Work ("Board"), held an informal conference on June 21, 2024 in Henrico County, Virginia, to inquire into evidence that Margaret Softie Midboe, L.C.S.W., may have violated certain laws and regulations governing the practice of clinical social work in the Commonwealth of Virginia.

Ms. Midboe appeared at this proceeding and was represented by Nora T. Ciancio, Esquire.

Upon consideration of the evidence, the Agency Subordinate makes the following Findings of Fact and Conclusions of Law and recommends that the Board adopt the following Order.

Recommended Findings of Fact and Conclusions of Law

1. Margaret Softie Midboe, L.C.S.W., was issued License Number 0904-009726 to practice clinical social work on December 16, 2016. Said license is scheduled to expire on June 30, 2025. At all times relevant to the findings herein, said license was in full force and effect.

2. Ms. Midboe violated 18 VAC 140-20-150(B)(11) and (D)(2) and 18 VAC 140-20-160(3), (5), and (8) of the Regulations Governing the Practice of Social Work in that, between spring or summer 2019 and November 2022, during and after providing mental health skill building services to Client A, an adult male client with a history of mental health and substance abuse issues, she engaged in a dual romantic and sexual relationship with Client A that caused him harm. Specifically:

a. Between February 26, 2018, and August 20, 2019, during her employment with

New River Valley Community Services, Blacksburg, Virginia (“NRVCS”), Ms. Midboe provided mental health skill building services to Client A, who presented with a history of bipolar disorder, borderline personality disorder, alcohol abuse and marijuana abuse. In addition, Client A had a history of frequent and recent hospitalizations related to mental health issues and alcohol detoxification.

b. In a written statement dated January 24, 2023, Ms. Midboe stated that she was working to increase Client A’s social integration and address his isolation by taking him on community outings one to three times per week. Ms. Midboe stated that a romantic relationship developed between her and Client A in the spring or summer 2019, which Client A initiated by kissing Ms. Midboe during a routine outing. Ms. Midboe admitted that the relationship soon became sexual in nature.

c. In August 2019, two NRVCS providers who worked with Client A reported to a supervisor that they had concerns that Ms. Midboe was involved in a romantic relationship with Client A. During an investigation into the report, Ms. Midboe and Client A both denied any romantic involvement with one another. However, following the investigation, Client A was assigned to a different provider for mental health skill building services.

d. After Client A was reassigned to another provider, Ms. Midboe and Client A continued to maintain a romantic and sexual relationship. In December 2020, Ms. Midboe left her employment at NRVCS, but she and Client A continued to engage in a sexual and romantic relationship until November 2022. In his interview with an investigator for the Virginia Department of Health Professions on December 15, 2022, Client A stated that he and Ms. Midboe engaged in sexual intercourse during the romantic relationship. In addition, Ms. Midboe and Client A exchanged regular text messages, and Ms. Midboe sent Client A sexually explicit photos of herself.

e. In a complaint to the Enforcement Division of the Virginia Department of Health Professions dated November 27, 2022, Client A stated that his relationship with Ms. Midboe caused him harm and exacerbated his mental health issues.

3. At the informal conference, Ms. Midboe explained that she originally saw Client A as a therapy client at NRVCS, and, after she switched to a supervisor role, which included providing mental health skill building services, she performed an assessment of Client A and assigned him to one of her employees for mental health skill building services. However, in March 2019, Ms. Midboe took over as a mental health skill building provider for Client A. Ms. Midboe acknowledged that she failed to recognize that the switch from a therapist-client relationship to a mental health skill building provider-client relationship could be confusing for Client A at that time.

4. Ms. Midboe stated that prior to switching roles at NRVCS, she had experienced sexual trauma that negatively impacted her mental health. She stated that she was in a poor space in terms of mental health and her judgment was clouded. Ms. Midboe stated that she had a poor support system in place personally and professionally, that she worked constantly and suffered from burnout, and that she was failing to engage in self-care. Ms. Midboe stated that she believed at that time that she needed to push through her difficulties, and, as a result, she failed to ask for help.

5. Ms. Midboe stated that she failed to recognize her countertransference until spring or summer of 2019, when Client A kissed her in her car, which she did not expect. She stated that when she went home, she recognized that she was attracted to Client A.

6. Ms. Midboe stated that her judgment remained clouded when the sexual relationship began, and she engaged in a lot of self-blame. However, Ms. Midboe also stated that she was afraid to end the relationship, because Client A had the ability to cause damage to her personal and professional life due to the nature of the relationship. Ms. Midboe stated that she cared for Client A, but that she simultaneously feared him, and that she tried to avoid triggering or upsetting him.

7. Ms. Midboe stated that after she ended the romantic relationship with Client A in November 2022, she left the social work field for a year. During that time, she engaged in individual telehealth therapy with a licensed professional counselor. Ms. Midboe stated that she initially focused

on becoming stable, and that her therapist recently referred her to another provider to address her trauma, but she has been unable to get an appointment before September 2024.

8. Ms. Midboe stated that after she ended the relationship with Client A, the relationship became public knowledge and she cut off most of her social contacts. Ms. Midboe stated that with the help of her therapist, she started to engage in self-care and begin building a new support system. Specifically, she started taking aqua yoga, learning a martial art, attending a church and helping with Sunday school, and doing volunteer work. She stated that she formed a strong support network of friends and focused more energy on her relationships with her family.

9. Ms. Midboe stated that a friend she met through her martial arts training encouraged her to apply for a job with the Department of Social Services (“DSS”). Ms. Midboe stated that she was concerned about whether she was ready to return to work in a social work capacity, and she disclosed her previous relationship with Client A to her friend. With her friend's support, Ms. Midboe applied for a position that did not require a license. In November 2023, Ms. Midboe was hired as an in-home worker, where she provides case management services for families. Ms. Midboe denied that the position was clinical in nature. Ms. Midboe provided numerous letters of support from colleagues, other mental health licensees, and family and friends.

10. Ms. Midboe stated that she believed that Client A groomed her and that he was skilled at using guilt to hold her in the relationship. However, Ms. Midboe also stated that she knew it was her responsibility to maintain the boundaries in their relationship and that she caused Client A harm. She further stated that she believes the relationship made him feel special at first, but then abused, manipulated, abandoned, and like he was unworthy of a real relationship. Ms. Midboe accepted accountability for her actions and the harm that she caused for Client A.

11. At the informal conference, Ms. Midboe stated that it was important for her to appear at the informal conference to explain the circumstances surrounding her dual relationship with Client A

and let the Board know that she took full accountability.

Recommended Order

Based on the foregoing Findings of Fact and Conclusions of Law, the Agency Subordinate recommends that the Board issue an Order as follows:

1. Margaret Softie Midboe, L.C.S.W., shall be placed on INDEFINITE PROBATION for not less than 18 months of active practice providing clinical social work services and/or ancillary services, as defined in 18 VAC 140-20-10 of the Regulations, subject to the following terms and conditions:

a. The period of probation shall begin on the date that this Order is entered and shall continue INDEFINITELY. Ms. Midboe may request that the Board terminate her probation after not less than 18 months from the date this Order is entered. Upon receipt of evidence that Ms. Midboe has complied with the terms and conditions of this Order for no less than 18 months of active practice providing clinical social work services and/or ancillary services, the Board authorizes the Executive Director of the Board to terminate the probation imposed on Ms. Midboe's license. In the alternative, the Executive Director may refer the matter to the Board for further administrative proceedings.

b. All reports required by this Order shall be submitted in writing to the Board office with the first report being received no later than 40 days following the date that this Order is entered. Subsequent reports must be received quarterly by the last day of the months of March, June, September, and December until the period of probation ends. Ms. Midboe is fully responsible for ensuring that all required reports are properly submitted and received by the Board in a timely manner.

c. Ms. Midboe shall undergo a psychological evaluation by a licensed clinical psychologist satisfactory to the Board and shall have a written report of the evaluation, including a diagnosis, recommended course of therapy, and a prognosis sent to the Board within 90 days of the date of entry of this Order. Prior to undergoing the evaluation, Ms. Midboe shall submit the name and

curriculum vitae of the practitioner for approval by the Board. Ms. Midboe shall advise the Board when she has made an appointment and shall await authorization from the Board before seeing the practitioner. Prior to or at the beginning of her initial appointment with the evaluator, Ms. Midboe shall provide him/her with a copy of this Order in its entirety.

d. Ms. Midboe shall comply with any recommendations of the evaluator. If therapy is recommended, prior to beginning therapy or to changing therapists, Ms. Midboe shall submit the name and curriculum vitae of the therapist for approval by the Board. Said therapist shall be licensed as a licensed clinical social worker, a licensed professional counselor, or a licensed clinical psychologist in the Commonwealth of Virginia. Ms. Midboe shall advise the Board when she has made an appointment and shall await authorization from the Board before seeing the practitioner. Ms. Midboe shall ensure that written progress reports by the therapist shall be sent to the Board quarterly as stated in Term Number 1(b) of this Order. The initial report shall include a statement of the diagnosis, treatment plan and prognosis. Thereafter, each report shall contain a detailed statement on the current condition, prognosis, and any change in the treatment plan or diagnosis. Ms. Midboe shall provide any mental health practitioners she sees in compliance with this Order with a copy of this Order prior to or at her initial appointment.

e. Within 40 days of entry of this Order, Ms. Midboe shall enter into individual supervision of her practice with a Board-approved supervisor, under the following terms:

i. Said supervisor shall hold a current, active, and unrestricted license to practice clinical social work in Virginia. Said supervisor shall submit his/her resume, qualifications, and credentials to the Board for approval, and shall act as a duly constituted agent of the Board. Ms. Midboe shall meet with the supervisor within 15 days of the date of approval for the purpose of beginning supervision. Ms. Midboe shall ensure that the Board-approved supervisor receives a copy of this Order

prior to supervision commencing. Prior to any change of supervision, Ms. Midboe must obtain Board approval.

ii. Ms. Midboe and her supervisor shall meet in person at least one hour per week of active practice providing clinical social work services and/or ancillary services during the period of probation, in a supervisory session for the purpose of engaging in continuous audit and monitoring of Ms. Midboe's practice, with an emphasis on transference and countertransference. Ms. Midboe shall provide a copy of this Order to her supervisor prior to commencing supervision. Upon the request of her supervisor, Ms. Midboe shall provide her supervisor with a list of her clients and with individual client records for review.

iii. Ms. Midboe's supervisor shall submit a detailed review of the supervisory activities in addition to any supervisory recommendations to the Board. These reviews shall be sent to the Board office quarterly as stated in Term Number 1(b) of this Order. Should Ms. Midboe or her practice supervisor request modification of the terms of this Order, said request shall be proffered in writing to the Board.

iv. Ms. Midboe shall bear all reasonable expenses of her supervisor including a per hour charge for the supervision, report writing and information gathering of the supervisor at his/her hourly fee.

v. Should Ms. Midboe and/or her supervisor terminate supervision, within 10 days of the termination of supervision, Ms. Midboe shall notify the Board of the termination, the date(s) of the termination and the last supervisory session, and the reason for the termination of the supervisory relationship. In addition, within 15 days of the date of termination of supervision, Ms. Midboe shall submit the name and curriculum vitae of a new supervisor for approval by the Board. If Ms. Midboe fails to submit the name and curriculum vitae of a new supervisor to the Board within 15 days of termination of supervision, Ms. Midboe shall discontinue clinical practice until such time as she

is able to submit the name and curriculum vitae of a new supervisor and obtain approval of the new supervisor from the Board. Supervision with any new supervisor shall be subject to the terms and conditions of this Consent Order.

f. Ms. Midboe shall provide a copy of the Order in its entirety to any current employers where she is engaging in active practice providing clinical social work services and/or ancillary services within 40 days of the date of entry of this Order. In addition, Ms. Midboe shall also provide each future employer where she is engaging in active practice providing clinical social work services and/or ancillary services with a copy of this Order in its entirety prior to or on the first day of her employment. Any and all employers where Ms. Midboe is engaging in active practice providing clinical social work services and/or ancillary services shall provide written reports regarding Ms. Midboe's performance on a quarterly basis as stated in Term No. 1(b) of this Order. The reports shall address the employer's review of Ms. Midboe's practice judgment and performance and will notify the Board of any disciplinary actions and concerns.

g. Ms. Midboe shall sign all required medical releases and authorization forms within 40 days of the date of entry of this Order or, where applicable, within ten days of the Board's approval of a practice supervisor or a treatment provider, or within ten days of beginning employment with an employer in a setting where she will be engaged in active practice providing clinical social work services and/or ancillary services, allowing for unrestricted communication between and among the Board and Ms. Midboe's evaluator, her therapist, her practice supervisor, and her employer.

h. Ms. Midboe shall terminate supervision of any students, interns, residents, and/or supervisees whom she currently supervises within 45 days from the date this Order is entered and shall not supervise any applicant for licensure and/or mental health practitioner during the probation period.

i. Ms. Midboe shall submit "Self-Reports" quarterly as stated in Term Number 1(b) of this Order. These reports shall include a current address, telephone number, and verification of any

and all current practice employment, as well as any changes in practice employment status. Self-Reports must be submitted whether Ms. Midboe has current practice employment or not.

j. Ms. Midboe shall notify the Board within ten days, in writing, of any changes in the location of her practice; additional practice locations; change in employment, including termination, suspension, separation, or other interruption in practice (including the name and address of any new employer and the date of employment); change in address, telephone number, or e-mail address; and/or criminal charges or convictions.

k. Ms. Midboe shall bear any costs associated with the terms and conditions of this Order.

l. Ms. Midboe shall comply with all laws and regulations governing the practice of social work in the Commonwealth of Virginia.

m. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of clinical social work shall constitute grounds for further disciplinary action.

n. Failure to comply with all terms and conditions of this Order within five years of the date of entry of the Order may be reason for revoking or suspending the license of Margaret Softie Midboe, L.C.S.W., and an administrative proceeding shall be held to determine whether to impose such action.

Reviewed and approved
By John Salay, L.C.S.W.
Agency Subordinate



LICENSING REPORT

Satisfaction Survey Results

2025 1st Quarter (July 1 – September 30, 2024)	92.6%
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Total as of December 11, 2024*

Current Active Licenses/Registrations

Associate Social Worker	1
Licensed Baccalaureate Social Worker	56
Licensed Clinical Social Work	11,558
Licensed Master's Social Worker	1,396
Registered Social Worker	4
Supervisees in Social Work	3,559
Total	16,574



*Unofficial numbers (for informational purposes only)

Licenses and Registrations Issued

Licenses and Registrations Issued	July 2024	August 2024	September 2024	October 2024	November 2024
Licensed Baccalaureate Social Worker (LBSW)	2	2	2	0	1
Licensed Clinical Social Worker (LCSW)	120	173	121	143	113
Licensed Master's Social Worker (LMSW)	34	36	26	34	26
Supervisees in Social Work	119	98	121	103	71
Total	275	309	270	280	211

Applications Received

Licenses and Registrations Issued	July 2024*	August 2024*	September 2024*	October 2024*	November 2024*
Licensed Baccalaureate Social Worker (LBSW)	2	5	2	2	1
Licensed Clinical Social Worker (LCSW)	181	162	158	151	130
Licensed Master's Social Worker (LMSW)	31	43	31	45	38
Supervisees in Social Work	127	124	135	87	74
Total	341	334	326	285	243

*Unofficial numbers (for informational purposes only)



Virginia Department of
Health Professions
Board of Social Work

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Henrico, VA 23233-1463

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

Additional Information:

- **Board of Social Work Staffing Information:**

- The Board currently has two full-time, and one part-time staff members to answer phone calls, emails and to process applications across all license types.
 - Licensing Staff:
 - Sharniece Vaughan – Licensing Supervisor (Full-Time)
 - Rebecca Walker – Licensing Specialist (Full-Time)
 - Gabriella Smith – Licensing Administration Assistant (Part-Time)
 - Carla Morris-Hill - Licensing Administration Assistant (Part-Time)