

OCCUPATIONAL PROFILE: SOCIAL WORKERS

In Washington state, social workers' roles may vary widely depending on credentials, specialty, and the configuration of the practice. Washington state licenses two types of social workers: Licensed Advanced Social Worker (LASW) and Licensed Independent Clinical Social Worker (LICSW). The LASW is a non-clinical license, and these professionals might provide case management, community organization and advocacy, and biopsychosocial assessments. They are not allowed to conduct psychotherapy independently, but may provide psychotherapy under supervision. LICSWs are clinical mental health professionals who are allowed to diagnose and treat emotional and mental disorders, and bill for their services independently. (Washington State Legislature, 2013)

Size, Distribution, and Demographics of Supply

In April 2017, there were 134 licensed advanced social workers (LASW) who held an active license in Washington (Table 1). Thirty-eight percent (38.1%) of the LASW's licensed in Washington had mailing addresses in Oregon, suggestive of an opportunity or incentive for Oregon social workers to obtain a Washington LASW license.

The mean age of Washington's LASWs was 49 years old, and 89.6% were female. An additional 232 individuals held a conditional Washington license as a licensed social work associate advanced (LSWAA)—about 72.9% of the total Washington LASW workforce. The mean age of Washington's LSWAAs was 44 years old, and 79.2% were female. One hundred percent of Washington's LASWs and 94.7% of LSWAAs worked in urban settings.

TABLE 1. Licensed Advanced Social Workers (LASW) and Associates (LASWA) with Washington State Licenses, 2017

	LASW	LSWAA
With mailing address in:		
Washington	77 (57.5%)	207 (89.2%)
Oregon	51 (38.1%)	14 (6.0%)
Idaho	3 (2.2%)	1 (0.4%)
Other	3 (2.2%)	10 (4.3%)
Total	134	232

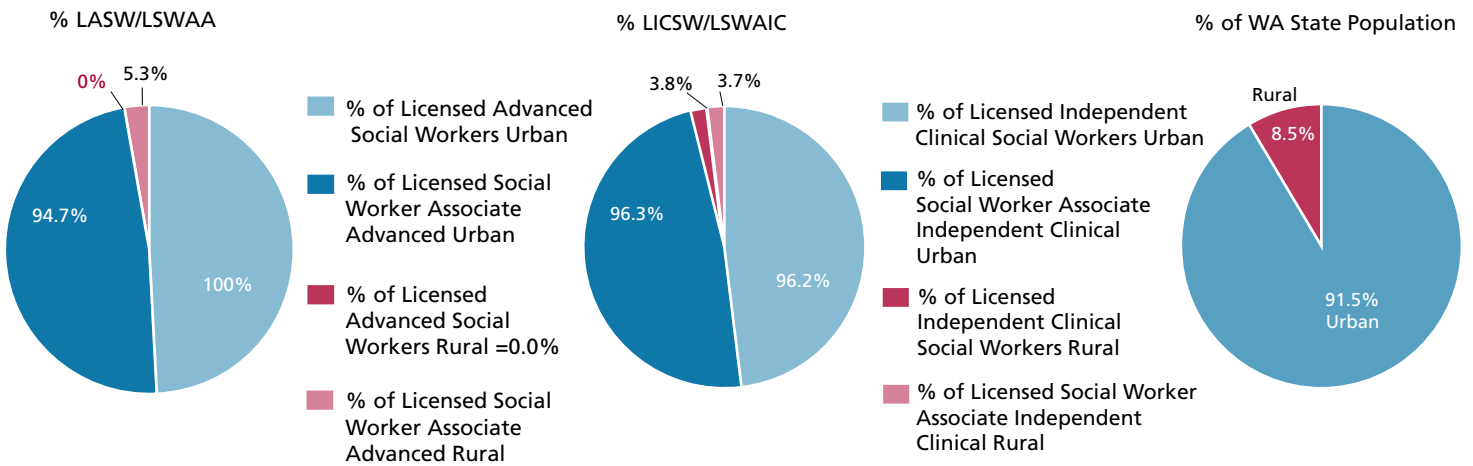
Licensed Clinical Independent Social Workers (LICSW) and (LSWAIC) Associates with Washington State Licenses, 2017

	LICSW	LSWAIC
With mailing address in:		
Washington	3,619 (89.9%)	1,555 (94.8%)
Oregon	149 (3.7%)	34 (2.1%)
Idaho	38 (0.9%)	7 (0.4%)
Other	221 (5.5%)	45 (2.7%)
Total	4,027	1,641

Data sources: Washington State Department of Health, 2017 Health Professions Licensing Data System

In April 2017, there were 4,027 licensed independent clinical social workers (LICSWs) who held an active license in Washington. The mean age of Washington's LICSWs was 52 years old, and 82.0% were female. An additional 1,641 individuals held a conditional Washington license as a licensed social work associate independent clinical (LSWAIC) – about 30.1% of the total Washington LICSW workforce. The mean age of Washington's LSWAICs was 39 years old, and 83.0% were female. 96.2% of Washington's LICSW and 96.3% of LSWAICs worked in urban settings.

Figure 1: Rural/Urban Distribution of Social Workers, Social Worker Associates and the General Population in Washington



Data sources: 2016 Washington State Office of Financial Management county population data; Washington State Department of Health, 2017 Health Professions Licensing Data System. Does not include the <0.1% of total SWs for whom location was unknown.

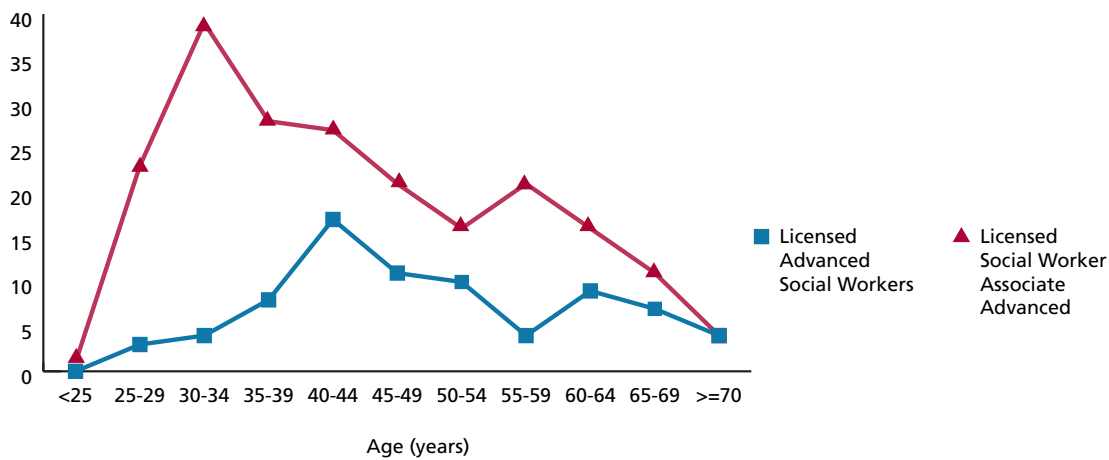


Figure 2: Age Distribution of Licensed Advanced Social Workers and Associates in Washington State, 2017

Data source: Washington State Department of Health, 2017 Health Professions Licensing Data System.

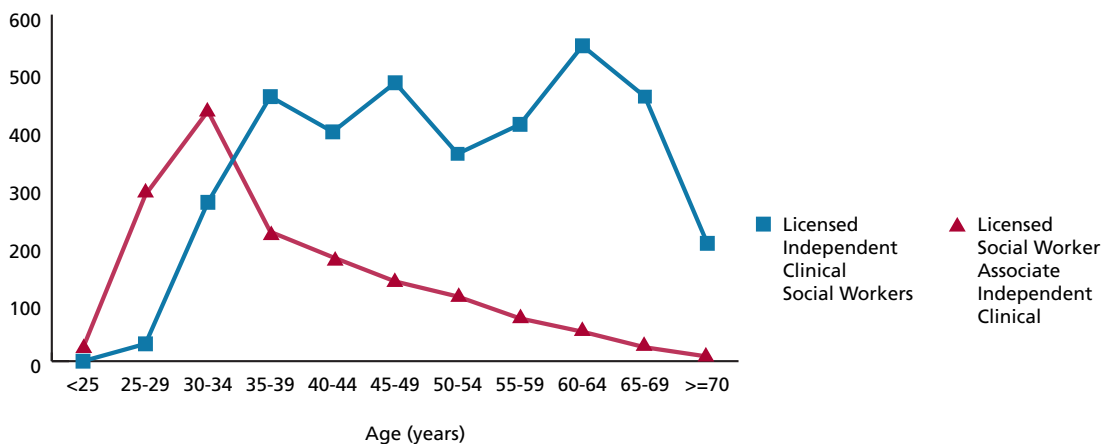


Figure 3: Age Distribution of Licensed Independent Clinical Social Workers and Associates in Washington State, 2017

Data source: Washington State Department of Health, 2017 Health Professions Licensing Data System.

TABLE 2. Distribution, Age, and Sex of Social Workers and Social Worker Associates in Washington by Accountable Community of Health, 2017.

Licensed Advanced Social Worker	N	Population	Rate per 100,000	Mean Age	% (N) > 55 Years	%, (N) Female
Statewide*	77	7,183,700	1.1	49	31.2% (24)	89.6% (69)
By Accountable Community of Health (ACH)†						
Pierce County	6	844,490	0.7	45	16.7% (1)	83.3% (5)
North Sound	15	1,206,900	1.2	52	33.3% (5)	100.0% (15)
King County	31	2,105,100	1.5	48	22.6% (7)	83.9% (26)
Better Health Together	8	587,770	1.4	47	25.0% (2)	75.0% (6)
Cascade Pacific Action Alliance	6	614,750	1.0	56	66.7% (4)	100.0% (6)
Greater Columbia	2	710,850	0.3	60	100.0% (2)	100.0% (2)
Southwest Washington	6	493,780	1.2	50	33.3% (2)	100.0% (6)
Olympic Community of Health	1	367,090	0.3	-	0.0% (0)	100.0% (1)
North Central	2	252,970	0.8	52	50.0% (1)	100.0% (2)
Licensed Social Worker Associate Advanced	N	Population	Rate per 100,000	Mean Age	% (N) > 55 Years	%, (N) Female
Statewide*	207	7,183,700	2.9	44	25.1% (52)	79.2% (164)
By Accountable Community of Health (ACH)†						
Pierce County	22	844,490	2.6	38	4.5% (1)	77.3% (17)
North Sound	31	1,206,900	2.6	43	22.6% (7)	80.6% (25)
King County	76	2,105,100	3.6	41	15.8% (12)	81.6% (52)
Better Health Together	20	587,770	3.4	46	30.0% (6)	80.0% (16)
Cascade Pacific Action Alliance	21	614,750	3.4	48	42.9% (9)	76.2% (16)
Greater Columbia	20	710,850	2.8	48	40.0% (8)	80.0% (16)
Southwest Washington	8	493,780	1.6	57	62.5% (5)	75.0% (6)
Olympic Community of Health	7	367,090	1.9	55	57.1% (4)	71.4% (5)
North Central	2	252,970	0.8	41	-	50.0% (1)
Licensed Independent Clinical Social Worker	N	Population	Rate per 100,000	Mean Age	% (N) > 55 Years	%, (N) Female
Statewide*	3,619	7,183,700	50.4	52	44.7% (1,618)	82.0% (2,969)
By Accountable Community of Health (ACH)†						
Pierce County	349	844,490	41.3	51	41.5% (145)	79.9% (279)
North Sound	444	1,206,900	36.8	54	55.9% (248)	82.0% (364)
King County	1,759	2,105,100	83.6	51	40.6% (714)	84.1% (1,480)
Better Health Together	298	587,770	50.7	51	44.3% (132)	79.2% (236)
Cascade Pacific Action Alliance	188	614,750	30.6	53	47.3% (89)	77.1% (145)
Greater Columbia	238	710,850	33.5	51	42.9% (102)	81.1% (193)
Southwest Washington	147	493,780	29.8	53	48.3% (71)	81.0% (119)
Olympic Community of Health	155	367,090	42.2	57	60.6% (94)	77.4% (120)
North Central	41	252,970	16.2	54	56.1% (23)	80.5% (33)

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Table 2. Continued

TABLE 2. Distribution, Age, and Sex of Social Workers and Social Worker Associates in Washington by Accountable Community of Health, 2017.

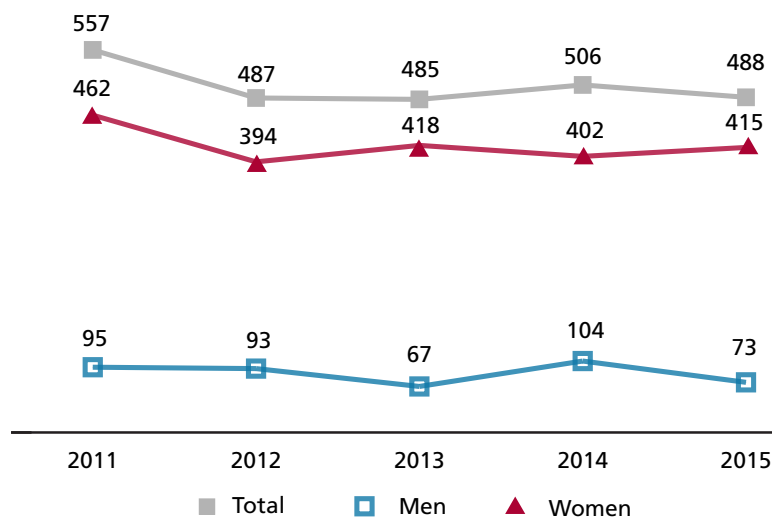
Licensed Social Worker Associate Independent Clinical	N	Population	Rate per 100,000	Mean Age	% (N) > 55 Years	%, (N) Female
Statewide*	1,555	7,183,700	21.6	38	10.1% (157)	83.0% (1,290)
By Accountable Community of Health (ACH)†						
Pierce County	204	844,490	24.2	39	9.8% (20)	89.2% (182)
North Sound	224	1,206,900	18.6	39	10.7% (24)	82.6% (185)
King County	632	2,105,100	30.0	36	6.0% (38)	81.8% (517)
Better Health Together	172	587,770	29.3	40	14.0% (24)	80.8% (139)
Cascade Pacific Action Alliance	95	614,750	15.5	42	14.7% (14)	78.9% (75)
Greater Columbia	88	710,850	12.4	43	17.0% (15)	79.5% (70)
Southwest Washington	64	493,780	13.0	43	17.2% (11)	89.1% (57)
Olympic Community of Health	50	367,090	13.6	44	16.0% (8)	86.0% (43)
North Central	26	252,970	10.3	41	11.5% (3)	84.6% (22)

Data source: Washington State Department of Health, 2017 Health Professions Licensing Data System.

* LASWs, LSWAAs, LICSWs, and LSWAICs with Washington State license address only.

† Counties in multi-county ACH's are Whatcom, Skagit, Snohomish, San Juan, Island (North Sound), Ferry, Stevens, Pend Oreille, Lincoln, Spokane, Adams (Better Health Together), Grays Harbor, Mason, Thurston, Pacific Lewis, Wahkiakum, Cowlitz (Cascade Pacific Action Alliance), Whitman, Asotin, Garfield, Columbia, Walla Walla, Franklin, Benton, Kittitas, Yakima (Greater Columbia), Clark, Skamania, Klickitat (Southwest Washington), Clallam, Jefferson, Kitsap (Olympic Community of Health), Okanogan, Chelan, Douglas, Grant (North Central).

Figure 4: Master's Degrees in Social Work in Washington State, 2011 – 2015



Data source: Integrated Postsecondary Education Data System (IPEDS). 2015 & 2016 Argosy University - Seattle Master of Science in Human Services degree graduates excluded.

Education and Training

In 2016, there were four schools offering master's degrees in social work (MSW) (see Table 3). The University of Washington (UW) – Seattle Campus also awarded 35 doctoral degrees in social work in a program categorized by the school as research/scholarship focused. Eastern Washington University offers a full-time MSW program at their Cheney/Spokane campus, and part-time online/in-person hybrid MSW programs at their Vancouver and Everett campuses, and in Spokane. Walla Walla University's program in Washington is also a hybrid in-person and online model. UW – Seattle offers full-time and part-time in-person MSW tracks. UW – Tacoma offers a part-time in-person track. All of these programs are accredited by the Council on Social Work Education (CSWE).

TABLE 3. Washington Schools Offering Master’s Degrees in Social Work

School	# Graduations 2016	CSWE Accredited
Eastern Washington University	66	X
Walla Walla University	84	X
University of Washington-Seattle Campus	219	X
University of Washington-Tacoma Campus	52	X*

Data source: Integrated Postsecondary Education Data System (IPEDS), 2016 provisional data; Master’s level graduates only.
* Under the auspices of the University of Washington – Seattle campus program

Credentialing

Washington state requires program accreditation by the Council on Social Work Education (CSWE) for graduates to be eligible for licensure.

While a graduate is gaining the supervised experience necessary to become a licensed social worker, they may apply for conditional licensure as an associate (LSWAA/LSWAIC) by declaring they are working towards full licensure. Associates may provide and be paid for services only under approved supervision. Associate credentials may not be renewed more than six times.

LSWAAs must complete 3,200 hours of postgraduate, supervised experience to be eligible for LASW licensure, including 800 hours of direct client contact.(Washington State Legislature, “Supervised postgraduate experience requirements”, 2017) LSWAICs must complete 4,000 hours of postgraduate, supervised experience over a period of at least three years, including 1,000 hours of direct client contact, and 130 hours of direct supervision by an approved clinical supervisor, to apply for their LICSW.(Washington State Legislature, “Approved supervisor standards”, 2017)

Upon providing proof of education, required supervised experience, and application approval, applicants for a license in social work are required to complete a board examination from the American Association of Social Work Boards (ASWB): the advanced generalist exam for LASW, and the clinical exam for LICSW. Alternatively, applicants who obtained the Board Certified Diplomate in Clinical Social Work from the American Board of Examiners in Clinical Social Work (ABECSW) or the Diplomate in Clinical Social Work (DCSW) or Qualified Clinical Social Work (QCSW) from the National Association of Social Workers (NASW) are considered to have met the education and postgraduate experience requirements to be eligible for the ASWB board exams. Passing exam scores must be sent directly from ASWB to the Department of Health.

Practice Characteristics

Social workers identify people and communities in need, help connect needs to resources, respond to crises in abuse and mental health, implement programs to ensure basic social services, provide psychotherapy, and more. In 2016, 46.6% of all social workers worked in child, family, and school occupations, 25.9% in healthcare, and 18.1% in mental health/substance abuse.(Bureau of Labor Statistics, “Outlook Handbook”, 2017) The largest employers of social workers were providers of individual and family services, state government, ambulatory healthcare services, local government, and hospitals.(Bureau of Labor Statistics, “Outlook Handbook”, 2017)

In behavioral health specifically, social workers who are licensed to provide independent clinical psychotherapy may work in private practice or agency settings. While clinical social workers are most frequently mentioned as providing behavioral health services, other master’s degreed social workers might provide clinical or casework social services under the consultation and supervision of a licensed independent clinical social worker. Social workers may work in healthcare settings to oversee support groups, and help patients understand their diagnoses, find support resources, make necessary adjustments to accommodate their medical condition, and generally provide a holistic viewpoint on a patient’s wellness for a healthcare team. A unique characteristic of LICSWs is their status as the only master’s level mental health provider eligible to bill Medicare for services under current Center for Medicare and Medicaid Services rules.(Centers for Medicare & Medicaid Services, 2017)

The 2016 mean annual wage¹ for mental health and substance abuse social workers in Washington was \$51,980.(Bureau of Labor Statistics, “Employment Statistics”, 2017) The 10th percentile mean annual wage was \$32,140 and the 90th percentile mean annual wage was \$74,800.

¹Estimates do not include self-employed workers.

Relevant Skills Needed for Behavioral Health – Primary Care Integration:

Social workers currently play a role in medical settings, and as such, social workers may represent the most currently integrated master's level mental health professionals in the physical health setting. For example, a 2017 University of Washington study examining who served in the Care Manager role in the Washington State Mental Health Integration Program (MHIP) program found that 46.6% of those reporting were social workers.(RuralPREP, 2017) MHIP integrates mental health screening and treatment using the Collaborative Care Model in safety-net primary care settings.

A survey of social workers in integrated primary care settings reported that a majority of their core competencies for behavioral health consultation in these settings was learned on the job.(Horovitz & Manoleas, 2013) The most commonly endorsed useful competencies for the integrated setting were:

- Knowledge of psychotropic medications
- Cultural competence
- Knowledge of family systems
- Psychoeducation
- Motivational interviewing
- Relaxation training
- Team-based care

Further, “Over 80% of respondents rated knowledge of psychosocial sequelae of chronic illness, knowledge about psychotropic medication, skills in team-based care, cultural competence, and psychoeducation as important or very important competency areas at their job.”(Horovitz & Manoleas, 2013) In addition to specific interventions and increased knowledge of psychopharmacology and chronic disease management, training in interdisciplinary team practice was commonly requested. Other needed skills may include having a thorough understanding of psychiatric diagnoses to facilitate confident assessments in fast-paced medical environments, and honing one's interviewing skills.(Reardon, 2010)

The Council on Social Work Education launched the “Social Work and Integrated Care Project” in 2012, and has a robust program to teach integrated care curriculum in more than 30 schools of social work, establish a learning network for students and faculty, and place students in integrated field work sites.(Council on Social Work Education, 2017) Implementation of education curricula to prepare social workers for work in integrated settings is increasing.(Putney, et al., 2017; Rishel & Hartnett, 2017; Held, Mallory, & Cummings, 2017; Mattison, Weaver, Zebrack, Fischer, & Dubin, 2017) However, the lack of available sites for field placement in integrated care settings, an essential part of training for successful integration of social work and physical health, may become a barrier.(Smith-Osborne & Daniel, 2017; Putney, et al., 2017)

Demand

Washington's “early warning” system of health workforce demand changes, the Washington Health Workforce Sentinel Network, allows employers to report workforce shifts and high-priority needs.(Workforce Training & Education Coordinating Board, 2017) In most regions of the state, behavioral health and community health clinic sentinels consistently ranked SWs to be among the top occupations with exceptionally long vacancies and increased demand in their facilities. Reasons for increased demand include Medicaid expansion, new roles with behavioral health integration, and high turnover in safety net sites. Sentinels reported requiring increased training for new and incumbent SWs in areas related to integration and healthcare transformation, including evidence-based practices, use of health information technology, and new documentation requirements.

State data from the Washington State Employment Security Department (ESD) estimates that the social work profession will experience growth (see Table 4).(Washington State Employment Security Department, 2017) ESD estimates, however, are based on average health sector growth trends and do not necessarily take into account state initiatives that may increase demand for behavioral health occupations.

TABLE 4. Annual Growth Rates and Annual Openings Due to Growth for Social Workers, 2015 – 2020 and 2020 – 2025

SOC Code	Occupational Title	Average Annual Growth Rate 2015 - 2020	Average Annual Growth Rate 2020 - 2025	Average Annual Opening Due to Growth 2015 - 2020	Average Annual Opening Due to Growth 2020-2025
21-1000	Counselors, Social Workers, and Other Community and Social Service Specialists	1.6%	1.3%	856	759
21-1021	Child, Family, and School Social Workers	1.3%	1.2%	116	108
21-1022	Healthcare Social Workers	1.8%	1.6%	69	68
21-1023	Mental Health and Substance Abuse Social Workers	1.7%	1.3%	48	40
21-1029	Social Workers, All Other	0.8%	0.6%	7	5

Data source: Washington State Employment Security Department 2017 Projections.

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TECHNICAL NOTES

- Washington State social worker and social worker associate data are from the Washington State Department of Health, Health Professions Licensing Data System, April 2017, as analyzed by the Washington State Office of Financial Management. All analyses include SW/SWAs ages 18 – 75 years with active license status and expiration of license \geq 2017.
- Washington population data are from the Washington State Office of Financial Management, 2016 data.
- Rural/urban status determined using Rural Urban Commuting Area (RUCA) taxonomy.(U.S. Department of Agriculture) and practitioner's license public address ZIP code.
- Included IPEDS CIP code 44.07 (Social Work) and 51.1503 (Clinical/Medical Social Work), Masters awards only, 1st/2nd major, no imputation variables. 2011 – 2015 Final Release Data, 2016 Provisional Data Release.

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SUGGESTED CITATION

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