

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and is available to the public pursuant to Virginia Code Section 2.2-3708(D).

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

- Welcome/Introductions
- Establishment of a Quorum
- Mission of the Board/Emergency Egress Procedures 3

Adoption of Agenda *

Approval of Minutes * July 10, 2026, Board Meeting 4

Public Comment

The Board will receive public comments related to agenda items. 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.

Agency Director Report – David Brown, D.C., Director of the Department of Health Professions (DHP)

Chairperson’s Report – Teresa Reynolds, LCSW

Board Counsel Report – Brent Saunders, JD, Office of the Attorney General

Staff and Committee Reports

- **Legislative and Regulatory Report** 8
 - Regulatory Chart 8
 - Regulatory Process 10
- **Executive Director’s Report – Maria Stransky, LPC, CSOTP, CSAC**
- **Discipline Report – Jennifer Lang, Deputy Executive Director**
- **Licensing Report – Josh Boggan, LMSW, Deputy Executive Director**

New Business

- **2026 Licensed Clinical Social Worker Workforce Report – Barbara Hodgdon, PhD, Deputy Director, Healthcare Workforce Data Center**
 - Virginia’s Licensed Master’s Social Worker Survey: 2026 11
 - Virginia’s Licensed Clinical Social Worker Workforce: 2026 36

* Indicates a board vote may be required.



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- **Bylaws Update*** – Maria Stransky 70
- **Election for Vice Chairperson*** – Maria Stransky

Next Meeting: December 11, 2026

* Indicates a board vote may be required.

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

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

Exit the room using one of the doors at the back of the room. 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.



DRAFT
Virginia Board of Social Work
Quarterly Board Meeting Minutes
Friday, July 10, 2026, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 2

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

BOARD MEMBERS PRESENT: Joan Landolt, MSW, LCSW
Victoria Mattis, MSW, LCSW (*arrived at 10:28am*)
Marshall Pattie, PhD, Citizen Member
Denise Purgold, MSW, LCSW
Sherwood Randolph Jr., MSW, LCSW

BOARD MEMBERS ATTENDING VIRTUALLY: Elke Cox, LCSW (via Teams) – Ms. Reynolds approved Ms. Cox’s virtual attendance at the meeting, via Teams, after Ms. Cox timely notified the board that she would be traveling out of state and unable to attend the meeting in person.

Kimberly Jackson, Citizen Member (via Teams) – Ms. Reynolds approved Ms. Jackson’s virtual attendance at the meeting, via Teams, after Ms. Jackson timely notified the board that she could not attend in person due to medical reasons.

BOARD MEMBERS ABSENT: Denise Purgold, MSW, LCSW

BOARD STAFF PRESENT: Krystal Blanton, Discipline & Compliance Case Specialist
Jennifer Lang, Deputy Executive Director
Maria Stransky, LPC, CSAC, CSOTP, Executive Director
Sharniece Vaughan, Licensing & Operations Supervisor
Rebecca Walker, Licensing Specialist

DHP STAFF PRESENT: David E. Brown, D.C., Agency Director, Department of Health Professions
Matt Novak, Agency Regulatory Coordinator, Department of Health Professions

BOARD COUNSEL PRESENT: James Rutkowski, Assistant Attorney General

PUBLIC ATTENDEES: John Richardson-Lauve, LCSW, Senior Director of Community Outreach and Trauma-Informed Care Specialist, St. Joseph’s Villa
Mark Smith, Greater Washington Society for Clinical Social Work (GWSCSW), Virginia Society of Clinical Social Work (VSCSW)
Ophelia Von Ludwig, LCSW, VSCSW
Cassidy Wright, Richmond Association of Black Social Workers (RABSW), National Association of Black Social Workers (NABSW)

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. With seven members of the Board being present at roll call, a quorum was established. At 10:28 a.m., Ms. Mattis joined the meeting, bringing the total board attendance to eight members.

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

ADOPTION OF AGENDA: The Board reviewed the proposed agenda for the July 10, 2026, meeting. The

agenda was approved as presented.

APPROVAL OF MINUTES:

The Board reviewed the minutes from the last board meeting held on March 6, 2026.

Motion: Mr. Randolph moved to approve the minutes from the March 6, 2026, meeting as presented. The motion was properly seconded by Ms. Landolt and passed unanimously.

PUBLIC COMMENT:

None.

AGENCY DIRECTOR REPORT:

Dr. Brown provided an overview of the programs established through the \$185.5 million awarded to Virginia under the Rural Health Transformation Program (RHTP). He noted that Governor Youngkin's projects are now being implemented during Governor Spanberger's administration.

In partnership with collaborating organizations, four key initiatives were developed: CareIQ, Homegrown Health Heroes, Connected Care, and Closer to Home, all designed to expand outreach and strengthen community EMT support. In addition, the *Live Well Together* initiative aims to improve access to nutritious food and encourage children to be more physically active.

CHAIR REPORT:

Ms. Reynolds reported no updates.

BOARD COUNSEL REPORT:

Mr. Rutkowski announces that he has taken on a new position at the Office of Attorney General as a Section Chief in the Health Services Division, which will be more of a supervisory role. He will also be advising multiple state agencies including the Department of Health Professions (DHP). He is currently working on recruiting his replacement to serve as the Board's counsel and noted that he has enjoyed his time working with the Board and staff.

LEGISLATION & REGULATORY REPORT:

Mr. Novak noted that there are three pieces of legislation currently at the Secretary's office. He also reported on House Bills that passed or failed since the General Assembly concluded.

- HB 451: Failed – Regarding Doctor of Social Work degrees
- HB 571: Passed – Regarding background checks for licensure applications
- HB 668: Failed – Regarding the use of AI
- HB 1282: Passed – Related to counseling; allowed an individual to obtain an LSATP license without an exam
- HB 210: Counseling Bill
- HB 796: Fee Bill – Regarding an increase in fees for administrative costs, up to \$1500. Adding to the need for the HB 796 fee increases, Dr. Brown stated that some Boards require a fee increase because they do not receive funding through the state. He also mentioned that state employees received a 3.5% pay increase, which is one of the reasons fee adjustments are necessary.
- HB 1414: Changes to the requirement for mandatory report of child abuse and neglect

2022 Periodic Review

The Board reviewed and considered the proposed action.

Motion: Ms. Landolt motioned to adopt the final stage regulatory amendments to implement provision from the 2022 periodic review. The motion was

properly seconded by Ms. Meadows and passed unanimously.

Amendments to the Proposed Regulations Combining LMSW and LCSW Supervisees

Mr. Novak presented the Regulatory Committees recommended changes to 18VAC140-20, to combine LMSW and Supervisee in Social Work. In its review, the Board suggested additional revisions, which included the following:

1. Page 150 – Updated definition of “Supervisee.”
2. Page 152 – Change to the title of 18VAC140-20-40.
3. Page 153 – Clerical changes; the letter “e” was added.
4. Page 153 (D) – Correction to prevent applicants from being incorrectly required to take the LMSW exam.
5. Page 154 – 18VAC140-20-45(4): Added the term “registration.”
6. Page 154 – 18VAC140-20-49: Added “licensed master social worker.”\
7. New change from Page 160 – 18VAC140-20-5: Removed “LMSW” from the title.

Motion: Ms. Mattis motioned to adopt the proposed stage action, as amended. The motion was properly seconded by Ms. Jackson and passed 7-1-0.

COMPACT REPORT:

Ms. Mattis attended the Compact Commission meeting on June 10, 2026, during which they discussed delegate concerns, elections, and system updates. While most of the meeting focused on government transparency, many attendees expressed concerns that implementation was taking too long. She also noted that they will need to work on correcting amendments.

Ms. Mattis reported that state commissioners voiced concerns regarding the Commission’s leadership. Following a discussion, an election was held; however, the motion to elect a new Chairperson did not receive the required votes, and the Commission’s leadership remains unchanged.

The next Commission meeting is scheduled for September 2026.

EXECUTIVE DIRECTOR’S REPORT:

Ms. Stransky informed the Board that Charlotte Lenart is no longer with the Department of Health Professions and that staff continues to do a great job in her absence. She also stated that several individuals have applied to be reappointed to the Board, but she has not yet received any information regarding who has been chosen. In addition, she reminded members that travel vouchers must be completed and submitted within 30 days or they will not be processed by the Finance Department. She also mentioned that she has been part of a legislative meeting with the Greater Washington Society for Clinical Social Work (GWSCSW) and the Virginia Society of Clinical Social Work (VSCSW).

Ms. Stransky added that the Nominations Committee met prior to today’s Quarterly Board meeting. She posed the question of whether a nominations committee is still needed or if the language in the bylaws could be changed from “shall” to “may” to allow for more flexibility. She also suggested adjusting the timing of officer elections. The Board expressed openness to discussing potential changes, and Board staff will present proposed revisions at the next meeting for further discussion and consideration.

DISCIPLINE REPORT:

Ms. Lang reported that between January 24, 2026, and June 19, 2026, the Board received 95 new disciplinary cases, representing a 22.5% increase compared to the same period in 2025. Dr. Marshall asked why the number of complaints had increased. Ms. Lang stated that it is difficult to identify a single cause but noted that

a contributing factor may be an overall increase in public awareness of the reporting process. She also noted that the number of complaints has increased across all Boards at DHP.

LICENSING REPORT:

Ms. Vaughan provided an update on how Board staff are managing licensing operations amid a significant staff shortage. She stated that from April 1, 2026, through July 30, 2026, the Board received 1,174 applications. Of those, there were 11 Licensed Bachelor Social Worker (LBSW) applications, 165 Licensed Master Social Worker (LMSW) applications, 28 Licensed Music Therapist applications, 641 Licensed Clinical Social Worker (LCSW) applications, and 329 Registration of Supervision (ROS) applications.

During that same period, the Board issued 878 LBSW exam and endorsement licenses, 117 LMSW exam, endorsement, and reinstatement licenses, 536 LCSW exam, endorsement, and reinstatement licenses, 29 Music Therapist licenses, and 192 ROS Initial and Add/Change registrations.

OLD BUSINESS:

The Board addressed the letter received from Dr. Matthew DeCarlo regarding ASWB. After discussion, the Board decided to send Dr. DeCarlo a letter stating that they would not be forwarding his concerns to ASWB but would continue to consider his points during ongoing conversations about exam alternatives.

NEW BUSINESS:

Mr. Randolph reported that the Nominations Committee met prior to the Board meeting and recommended that Ms. Reynolds and Ms. Cox retain their roles as Board Chair and Vice-Chair. There were no additional nominations from the floor. Mr. Randolph then opened the floor for a vote.

Motion: Mr. Randolph made a motion to recommend that Ms. Reynolds and Ms. Cox maintain their positions as Chair and Vice-Chair, respectively. The motion was properly seconded by Ms. Landolt. The motion passed unanimously.

NEXT MEETING DATES:

The next meeting is scheduled for Friday, October 2, 2026.

ADJOURNMENT:

Ms. Reynolds adjourned the meeting at 11:32 a.m.

Maria Stransky, LPC, CSAC, CSOTP, Executive Director

Board of Social Work
Current Regulatory Actions
As of September 28, 2026

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	2022 Periodic review changes to section 37	10/4/2024	193 days	Includes provision that was removed from the overall periodic review action of Chapter 20 to handle separately.

At the Department of Planning and Budget

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC140-20	Proposed	Streamlining licensure requirements for LCSW supervisees and LMSW	9/14/2026	14 days	Combines LCSW supervisee status and LMSW license. Part of a legislative mandate.

At the Office of the Attorney General

None.

Recently effective or awaiting publication

None.

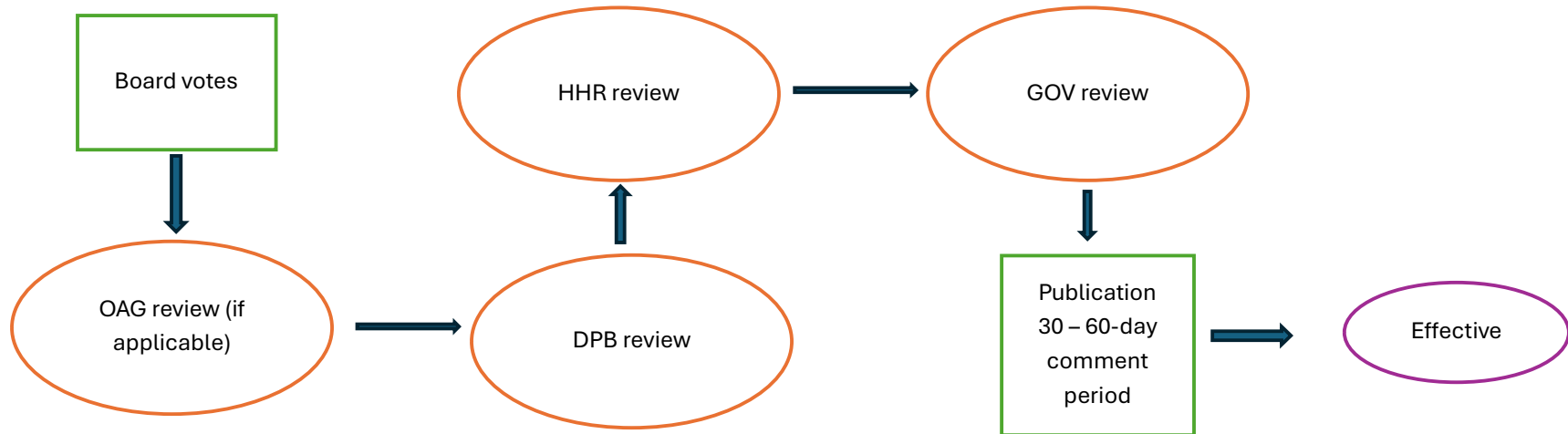
Other

Due to a large number of actions that have been approved for publication and the limited staff at the Registrar's office, submission of actions for publication is delayed for some actions

VAC	Stage	Subject Matter	Submitted for publication	Effective Date	Notes
18VAC140-20	Proposed	Acceptance of APA approved training as CE providers	TBD	TBD	Expands options for CE.
18VAC140-20	Proposed	Implementation of the Social Work Compact	TBD	TBD	Facilitates entry into the Social Work Compact.
18VAC140-20	Final	Amendments resulting from 2022 periodic review	TBD	TBD	Implements changes identified in the 2022 periodic review.

Regulatory Process

Standard rulemaking and fast-track



*Standard rulemaking includes three steps: notice of intended regulatory action (“NOIRA”), proposed stage, and final stage. Fast-track rulemaking includes one step.

Exempt regulations



DRAFT

Virginia's Licensed Master's Social Worker Survey: 2026

Healthcare Workforce Data Center

August 2026

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

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

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

In total, 1,074 Licensed Master's Social Workers voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Social Work express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

Venus Onyango,
Summer Intern

Virginia Board of Social Work

Chairperson

Teresa Reynolds, MSW, LCSW
Cumberland

Vice-Chairperson

Elke Cox, MSW, LCSW
Lynchburg

Members

Kimberly Jackson
Chesapeake

Joan Landolt, MSW, LCSW
Salem

Victoria Mattis, MSW, LCSW
Suffolk

Martha A. Meadows, MA, LCSW
Lynchburg

Marshall Pattie, PhD
Staunton

Denise Purgold, MSW, LCSW
Henrico

Sherwood Randolph, Jr., MSW, LCSW
Richmond

Executive Director

Maria Stransky, LPC, CSAC, CSOTP

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

Licensees

Licensees:	1,762
Virginia's Workforce:	1,072
FTEs:	975

Survey Response Rate

All Licensees:	61%
Renewing Practitioners:	100%

Age

Median Age:	39
% Under 40:	51%
% 55 and Over:	15%

Work Location

Northern VA:	44%
Central VA:	20%
Hampton Roads:	17%

Supervision

Supervised:	68%
Supervisor w/ LCSW:	58%

Macro

Macro Concentration:	23%
Work at Agency:	65%
Pursuing LCSW:	53%

Micro

CSW Concentration:	66%
Work at Agency:	75%
Pursuing LCSW:	75%

Job Turnover

New Location:	34%
Employed Over 2 Yrs.:	43%

Time Allocation

Clinical Work:	51%-60%
Administration:	11%-20%
Clinical Work Role:	46%

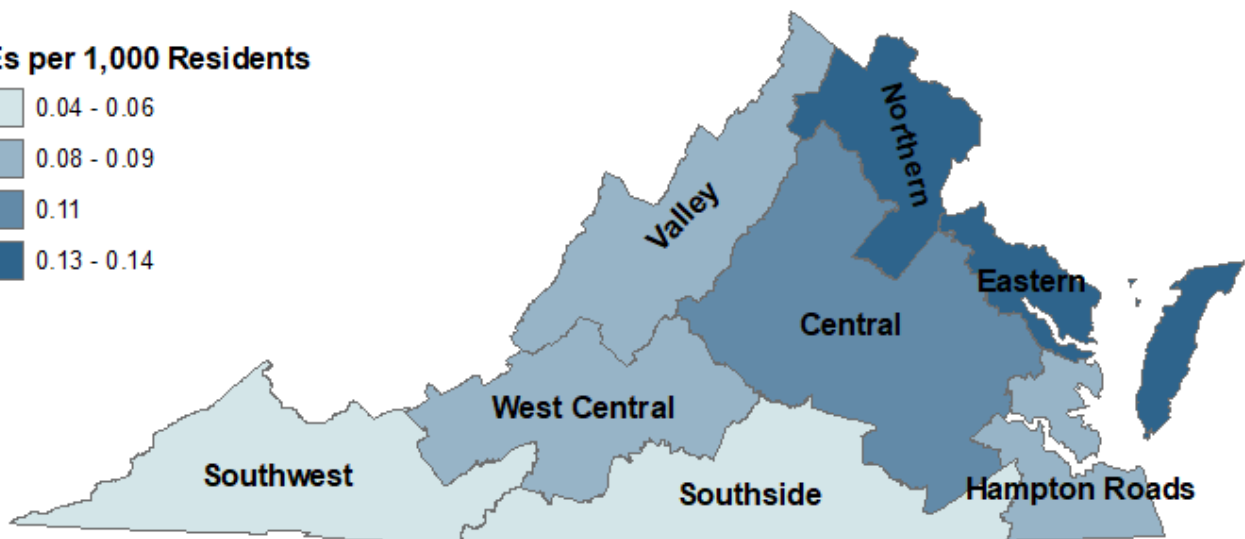
Source: Va. Healthcare Workforce Data Center

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

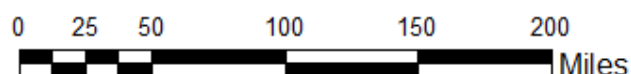
Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents

0.04 - 0.06
0.08 - 0.09
0.11
0.13 - 0.14



Annual Estimates of the Resident Population: July 1, 2024
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2026 Licensed Master's Social Worker (LMSW) Workforce Survey. In total, 1,074 LMSWs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LMSWs. These survey respondents represent 61% of the 1,762 LMSWs licensed in the state and nearly all renewing practitioners.

The HWDC estimates that 1,072 LMSWs participated in Virginia's workforce during the survey period. For the purposes for this survey, the LMSW workforce is defined as those LMSWs who worked at least a portion of the year in the state, but it does not include LMSWs who live in the state and intend to work as an LMSW at some point in the future. Over the past year, Virginia's LMSW workforce provided 975 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

The median age of the LMSW workforce is 39. Nearly two out of every five LMSWs obtained an LMSW license because they believed it to be a prerequisite for licensure as a clinical social worker. In addition, 68% of LMSWs have a supervisor on site, and 58% of these supervisors are LCSWs. LMSWs spend approximately half of their time performing clinical work, and 46% of LMSWs fill a clinical work role, defined as spending at least 60% of their time in clinical work activities. In total, 43% of LMSWs have worked at their primary work location for more than two years.

Nearly one out of every four LMSWs pursued a Master's in Social Work with a macro concentration, and 65% of LMSWs with a macro concentration work at an agency. Among LMSWs with a macro concentration who work at an agency, 67% provide clinical social work services through their employment at that agency, 14% of which are exempt from licensing requirements. Among LMSWs with a macro concentration, 53% intend to eventually pursue licensure as a clinical social worker. Nearly one-third of LMSWs with a macro concentration are registered as a supervisee in social work.

Two out of every three LMSWs pursued a Master's in Social Work with a micro concentration, and 75% of LMSWs with a micro concentration work at an agency. Among LMSWs with a micro concentration who work at an agency, 82% provide clinical social work services through their employment at that agency, 10% of which are exempt from licensing requirements. Among LMSWs with a micro concentration, 75% intend to eventually pursue licensure as a clinical social worker. In total, 56% of LMSWs with a micro concentration are registered as a supervisee in social work.

Summary of Trends

In this section, all statistics for the current year are compared to the 2023 LMSW workforce. The number of licensed LMSWs in Virginia has increased by 35% (1,762 vs. 1,301). In addition, the size of Virginia's LMSW workforce has increased by 22% (1,072 vs. 879), and the number of FTEs provided by this workforce has increased by 17% (975 vs. 830). Virginia's renewing LMSWs are more likely to respond to this survey (100% vs. 93%).

LMSWs are less likely to pursue an MSW because they believed that it was a prerequisite for licensure as a clinical social worker (39% vs. 41%). Meanwhile, LMSWs are more likely to have a supervisor on site (68% vs. 61%), and these supervisors are more likely to be credentialed as a LCSW (58% vs. 52%).

While there has been no change in the percentage of LMSWs who pursued a Master's in Social Work with a macro concentration (23%), these LMSWs are less likely to work at an agency (65% vs. 73%). On the other hand, LMSWs who work at an agency are slightly more likely to provide clinical social work services (67% vs. 66%). These LMSWs are less likely to eventually pursue licensure as a clinical social worker (53% vs. 57%). Meanwhile, the percentage of LMSWs who pursued a Master's in Social Work with a micro concentration has declined as well (66% vs. 67%), but these LMSWs are more likely to work at an agency (75% vs. 73%). However, the percentage of LMSWs who work at an agency and provide clinical social work services has remained constant (82%). LMSWs with a micro concentration are less likely to eventually pursue licensure as a clinical social worker in the future (75% vs. 77%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	939	53%
New Licensees	377	21%
Non-Renewals	446	25%
All Licensees	1,762	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Nearly all renewing LMSWs submitted a survey. These represent 61% of the 1,762 LMSWs who held a license at some point during the survey period.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	126	123	49%
30 to 34	148	200	58%
35 to 39	106	158	60%
40 to 44	88	160	65%
45 to 49	74	134	64%
50 to 54	58	112	66%
55 to 59	50	90	64%
60 and Over	38	97	72%
Total	688	1,074	61%
New Licenses			
Issued in Past Year	257	120	32%
Metro Status			
Non-Metro	29	39	57%
Metro	363	733	67%
Not in Virginia	296	302	51%

Source: Va. Healthcare Workforce Data Center

Definitions

- The Survey Period:** The survey was conducted in June 2026.
- Target Population:** All LMSWs who held a Virginia license at some point between July 2025 and June 2026.
- Survey Population:** The survey was available to LMSWs who renewed their licenses online. It was not available to those who did not renew, including LMSWs newly licensed in 2026.

Response Rates	
Completed Surveys	1,074
Response Rate, All Licensees	61%
Response Rate, Renewals	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LMSWs

Number:	1,762
New:	21%
Not Renewed:	25%

Response Rates

All Licensees:	61%
Renewing Practitioners:	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LMSW Workforce: 1,072
FTEs: 975

Utilization Ratios

Licensees in VA Workforce: 61%
Licensees per FTE: 1.81
Workers per FTE: 1.10

Source: Va. Healthcare Workforce Data Center

Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year. It does not include those who intend to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's LMSW Workforce

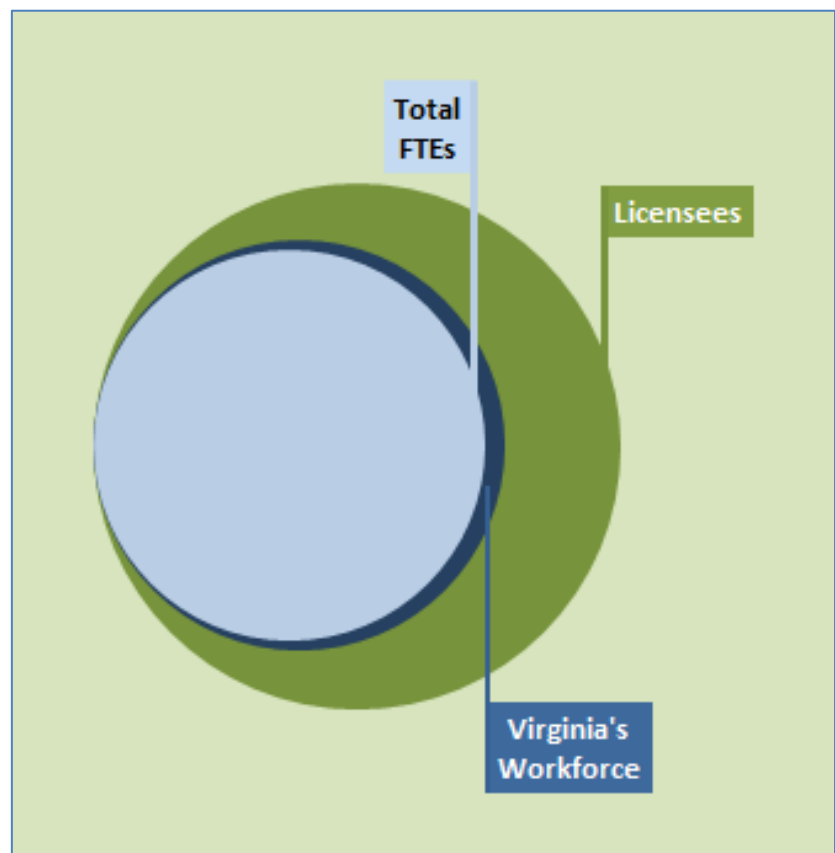
Status	#
Virginia's Workforce	1,072
Total FTEs	975
Licensees	1,762

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report.

Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age		
Age	#	%
Under 30	185	17%
30 to 34	199	19%
35 to 39	168	16%
40 to 44	133	12%
45 to 49	137	13%
50 to 54	90	8%
55 to 59	94	9%
60 and Over	68	6%
Total	1,074	100%

Source: Va. Healthcare Workforce Data Center

The median age of the LMSW workforce is 39. Among all LMSWs, 51% are under the age of 40, while 15% are age 55 or over.

At a Glance:

Age

Median Age:	39
% Under 40:	51%
% 55 or Over:	15%

Location

Metro:	94%
Urban:	4%
Rural:	2%

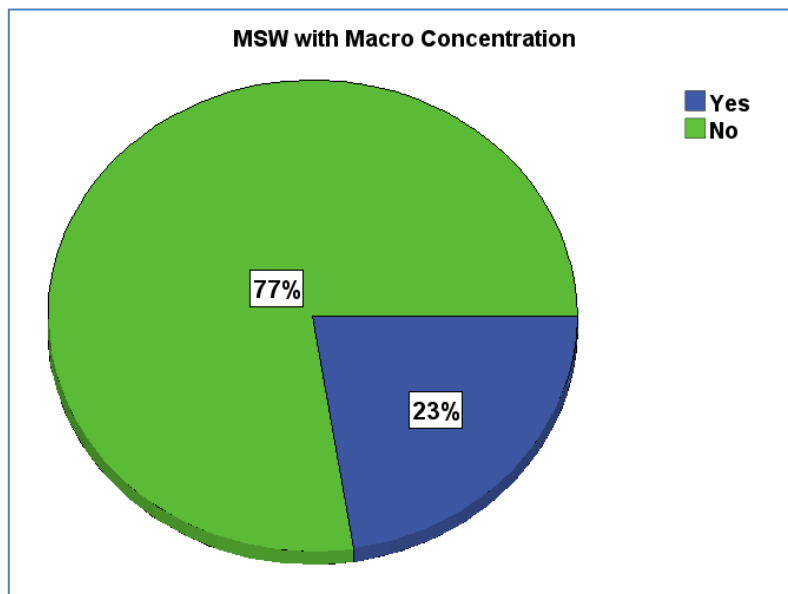
Source: Va. Healthcare Workforce Data Center

USDA Rural/Urban Continuum of Work Location		
Area	#	%
Metro Counties		
Metro, 1 Million+	821	80%
Metro, 250,000 to 1 Million	44	4%
Metro, 250,000 or Less	106	10%
Non-Metro Counties		
Urban, Pop. 20,000+, Metro Adjacent	5	0%
Urban, Pop. 2,500-19,999, Metro Adjacent	18	2%
Urban, Pop. 2,500-19,999, Non-Adjacent	16	2%
Rural, Metro Adjacent	10	1%
Rural, Non-Adjacent	11	1%
Total	1,031	100%

Source: Va. Healthcare Workforce Data Center

Among all LMSWs who have a primary work location in Virginia, 94% work in a metro area. Another 2% of LMSWs have a primary work location in a rural area.

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Macro

% Concentration: 23%

Licensure

Future LCSW: 53%

Supervisee: 31%

Source: Va. Healthcare Workforce Data Center

Macro Concentration		
Response	#	%
Yes	240	23%
No	826	77%
Total	1,066	100%

Source: Va. Healthcare Workforce Data Center

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

More than half of all LMSWs with a macro concentration intend to eventually pursue licensure as a clinical social worker.

Intention to Pursue LCSW		
Response	#	%
Yes	117	53%
No	104	47%
Total	221	100%

Source: Va. Healthcare Workforce Data Center

Registered as a Supervisee		
Response	#	%
Yes	69	31%
No	152	69%
Total	221	100%

Source: Va. Healthcare Workforce Data Center

Nearly one-third of all LMSWs with a macro concentration are registered with the Board as a supervisee in Social Work.

Agency Employment for LMSWs with Macro Concentration

At a Glance:

Agency

Work at Agency: 65%
% CSW Services: 67%

Services

Assessment: 91%
Case Management: 83%
Treatment: 66%

Source: Va. Healthcare Workforce Data Center

Works at Agency

Response	#	%
Yes	154	65%
No	83	35%
Total	237	100%

Source: Va. Healthcare Workforce Data Center

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

Provisioning of CSW Services

Response	#	%
Yes	102	67%
No	51	33%
Total	153	100%

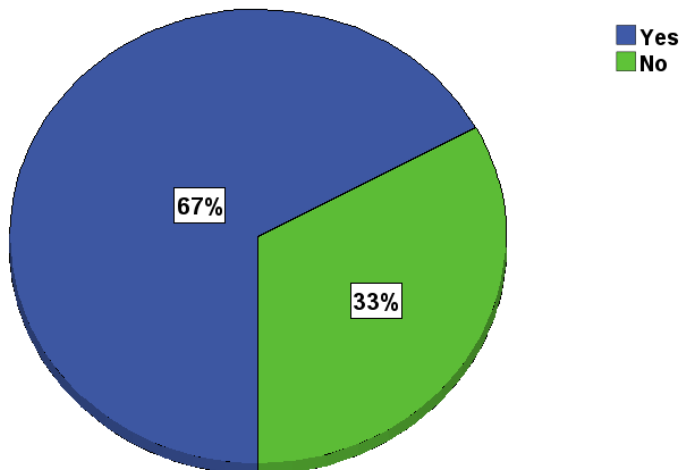
Source: Va. Healthcare Workforce Data Center

Clinical Services Offered

Service	#	%
Assessment	93	91%
Case Management	85	83%
Treatment	67	66%
Diagnosis	60	59%
Other	7	7%

Source: Va. Healthcare Workforce Data Center

Provisioning of CSW Services for LMSWs with Macro Concentration



Source: Va. Healthcare Workforce Data Center

Two out of every three LMSWs with a macro concentration who work at an agency provide clinical social work services through their employment at their agency.

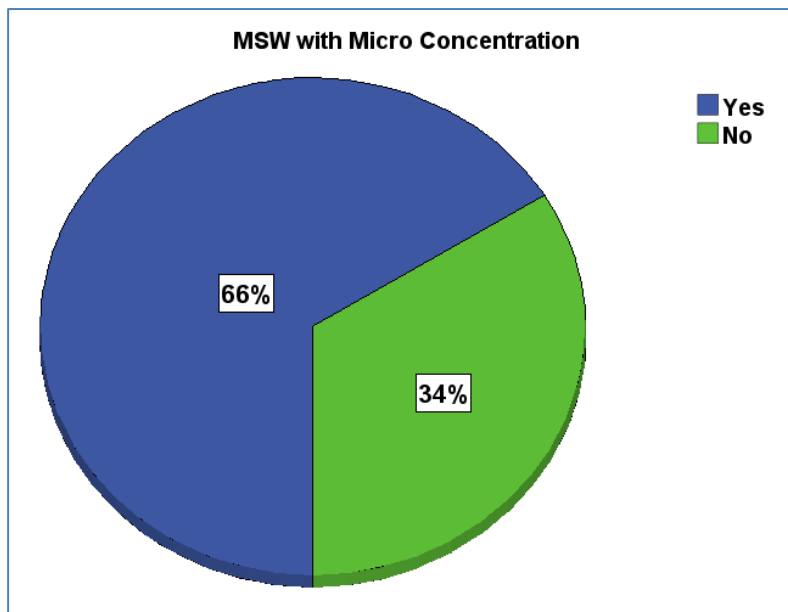
More than one out of every ten LMSWs with a macro concentration who perform clinical social work services are employed at an agency that is exempt from licensure.

Licensure Exemption

Response	#	%
Yes	14	14%
No	83	86%
Total	97	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Micro

% Concentration: 66%

Licensure

Future LCSW: 75%

Supervisee: 56%

Source: Va. Healthcare Workforce Data Center

Micro Concentration		
Response	#	%
Yes	679	66%
No	347	34%
Total	1,026	100%

Source: Va. Healthcare Workforce Data Center

Two out of every three LMSWs pursued a MSW with a micro concentration.

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

Intention to Pursue LCSW		
Response	#	%
Yes	484	75%
No	163	25%
Total	647	100%

Source: Va. Healthcare Workforce Data Center

Registered as a Supervisee		
Response	#	%
Yes	359	56%
No	279	44%
Total	638	100%

Source: Va. Healthcare Workforce Data Center

More than half of all LMSWs with a micro concentration are registered with the Board as a supervisee in Social Work.

Agency Employment for LMSWs with Micro Concentration

At a Glance:

Agency

Work at Agency: 75%
% CSW Services: 82%

Services

Assessment: 96%
Treatment: 80%
Diagnosis: 73%

Source: Va. Healthcare Workforce Data Center

Works at Agency

Response	#	%
Yes	498	75%
No	170	25%
Total	668	100%

Source: Va. Healthcare Workforce Data Center

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

Provisioning of CSW Services

Response	#	%
Yes	397	82%
No	89	18%
Total	486	100%

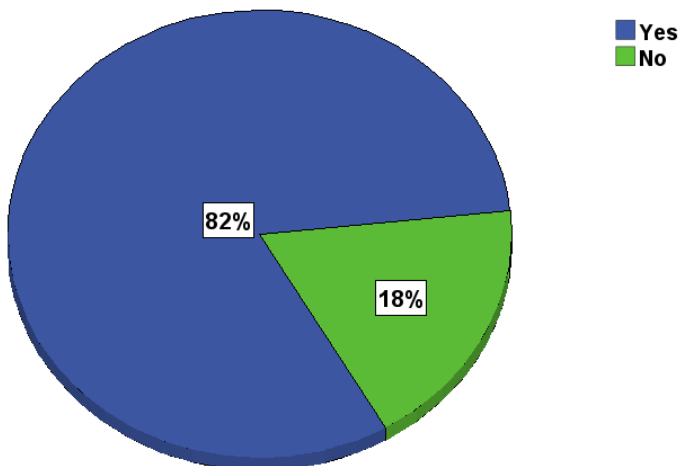
Source: Va. Healthcare Workforce Data Center

Clinical Services Offered

Service	#	%
Assessment	383	96%
Treatment	318	80%
Diagnosis	290	73%
Case Management	283	71%
Other	28	7%

Source: Va. Healthcare Workforce Data Center

Provisioning of CSW Services for LMSWs with Micro Concentration



Source: Va. Healthcare Workforce Data Center

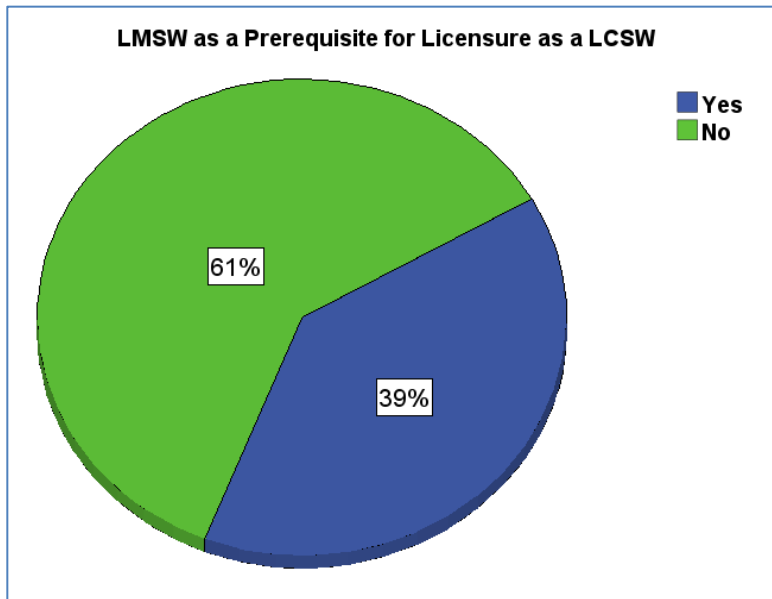
One out of every ten LMSWs with a micro concentration who perform clinical social work services are employed at an agency that is exempt from licensure.

Licensure Exemption

Response	#	%
Yes	37	10%
No	340	90%
Total	377	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Prerequisite

Prerequisite for LCSW: 39%

Source: Va. Healthcare Workforce Data Center

LMSW as a Prerequisite for LCSW		
Response	#	%
Yes	401	39%
No	619	61%
Total	1,020	100%

Source: Va. Healthcare Workforce Data Center

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

At a Glance:

Supervision

Supervisor on Site: 68%

Credential of Supervisor

LCSW: 58%

RN: 11%

LMSW: 7%

Source: Va. Healthcare Workforce Data Center

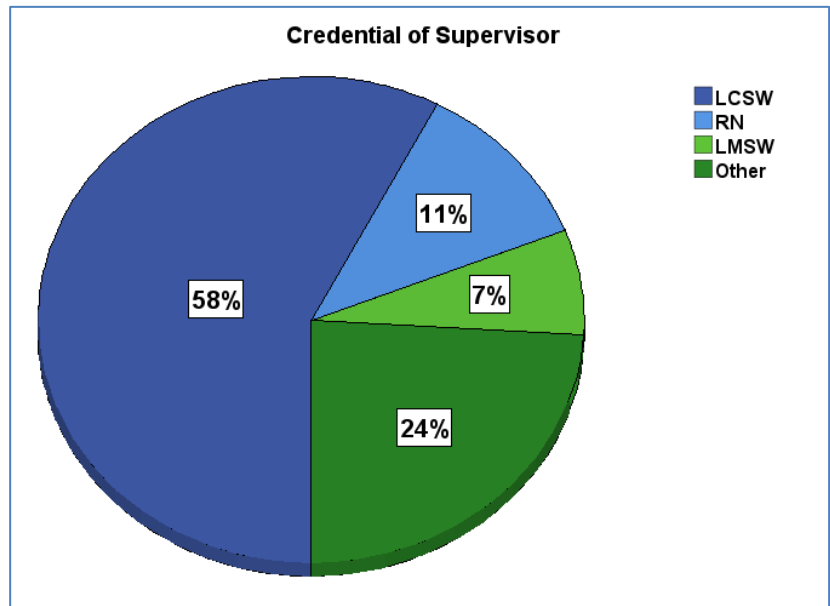
A Closer Look:

Supervisor on Site		
Response	#	%
Yes	637	68%
No	306	32%
Total	943	100%

Source: Va. Healthcare Workforce Data Center

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

Nearly three out of every five LMSWs have a supervisor with a LCSW. Another 11% of LMSWs have a supervisor with an RN.

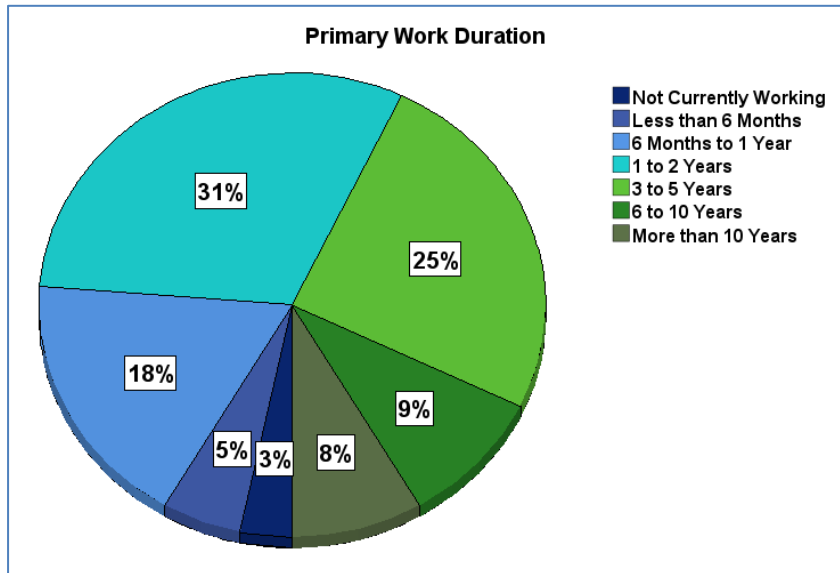


Source: Va. Healthcare Workforce Data Center

Credential of Supervisor		
Credential	#	%
LCSW	561	58%
RN	111	11%
LMSW	68	7%
LPC	36	4%
MD	4	0%
LCP	0	0%
Other	194	20%
Total	974	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Turnover & Tenure

New Location: 34%
Over 2 Years: 43%
Over 2 Yrs., 2nd Location: 37%

Source: Va. Healthcare Workforce Data Center

More than two out of every five LMSWs have worked at their primary work location for more than two years.

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	35	3%	26	6%
Less than 6 Months	54	5%	44	11%
6 Months to 1 Year	190	18%	78	19%
1 to 2 Years	328	31%	105	26%
3 to 5 Years	267	25%	91	23%
6 to 10 Years	100	9%	31	8%
More than 10 Years	90	8%	27	7%
Subtotal	1,063	100%	402	100%
Did Not Have Location	0		657	
Item Missing	9		14	
Total	1,072		1,072	

Source: Va. Healthcare Workforce Data Center

At a Glance:

Concentration

Top Region:	44%
Top 3 Regions:	81%
Lowest Region:	1%

Locations

2 or More (Now*):	34%
-------------------	-----

Source: Va. Healthcare Workforce Data Center

More than four out of every five LMSWs in the state work in Northern Virginia, Central Virginia, or Hampton Roads.

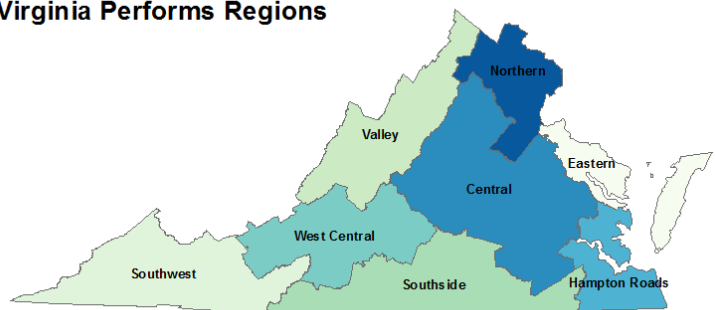
A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	209	20%	71	18%
Eastern	15	1%	14	3%
Hampton Roads	178	17%	60	15%
Northern	468	44%	162	40%
Southside	18	2%	5	1%
Southwest	29	3%	6	1%
Valley	55	5%	10	2%
West Central	58	6%	21	5%
Virginia Border State/D.C.	13	1%	18	4%
Other U.S. State	11	1%	34	8%
Outside of the U.S.	0	0%	0	0%
Total	1,054	100%	401	100%
Item Missing	17		14	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

More than one out of every three LMSWs currently have multiple work locations.

Number of Work Locations

Locations	Work Locations Now*	
	#	%
0	32	3%
1	675	63%
2	335	31%
3	26	3%
4	4	0%
5	0	0%
6 or More	0	0%
Total	1,072	100%

*At the time of survey completion, June 2026.

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

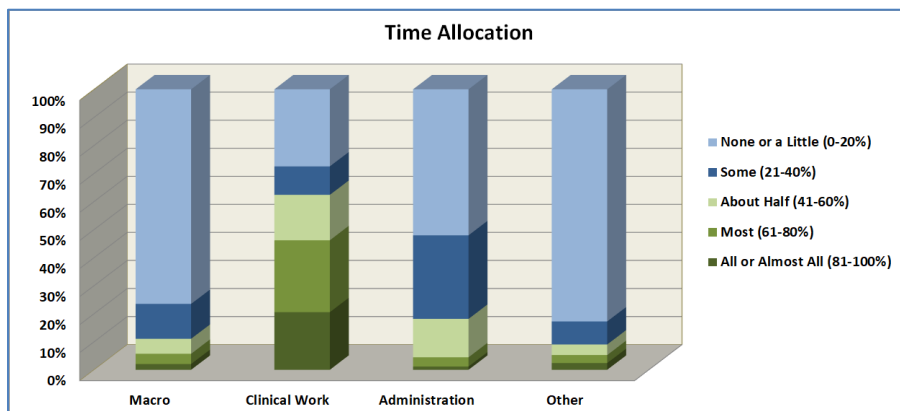
Macro:	0%-10%
Clinical Work:	51%-60%
Administration:	11%-20%
Other:	0%-10%

Roles

Macro:	6%
Clinical Work:	46%
Administration:	4%
Other:	5%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

LMSWs spend approximately half of their time performing clinical work. In fact, 46% of all LMSWs fill a clinical work role, defined as spending more than 60% of their time on clinical work activities.

Time Allocation				
Time Spent	Macro	Clinical Work	Admin.	Other
All or Almost All (81-100%)	2%	21%	1%	2%
Most (61-80%)	4%	26%	3%	3%
About Half (41-60%)	5%	16%	14%	4%
Some (21-40%)	12%	10%	30%	8%
None or a Little (0-20%)	77%	27%	52%	83%

Source: Va. Healthcare Workforce Data Center

At a Glance:

FTEs

Total: 975

FTEs/1,000 Residents¹: 0.111

Average: 0.91

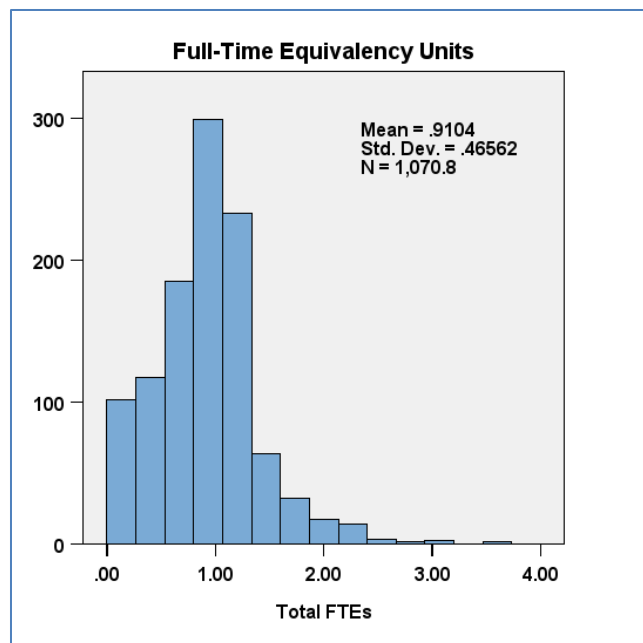
Age & Gender Effect

Age, *Partial Eta*²: Small

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

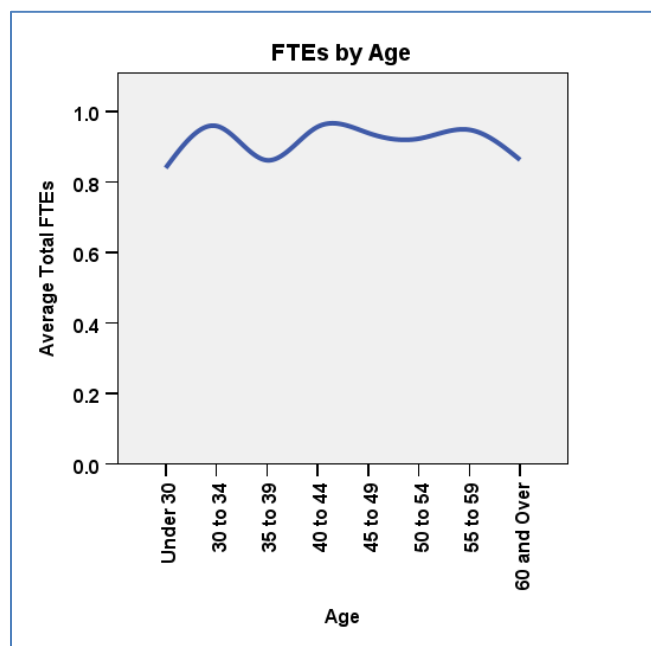


Source: Va. Healthcare Workforce Data Center

The typical (median) LMSW provided 0.95 FTEs over the past year, or approximately 38 hours per week for 50 weeks. Statistical tests did not verify that FTEs vary by age.

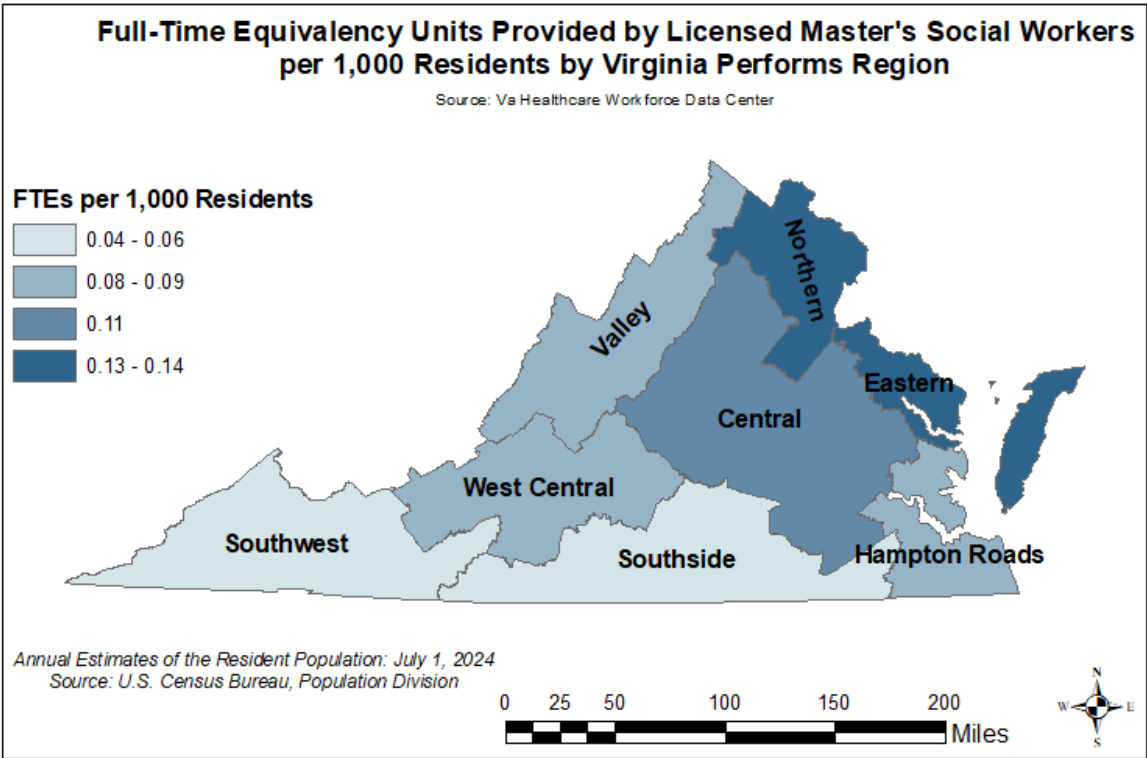
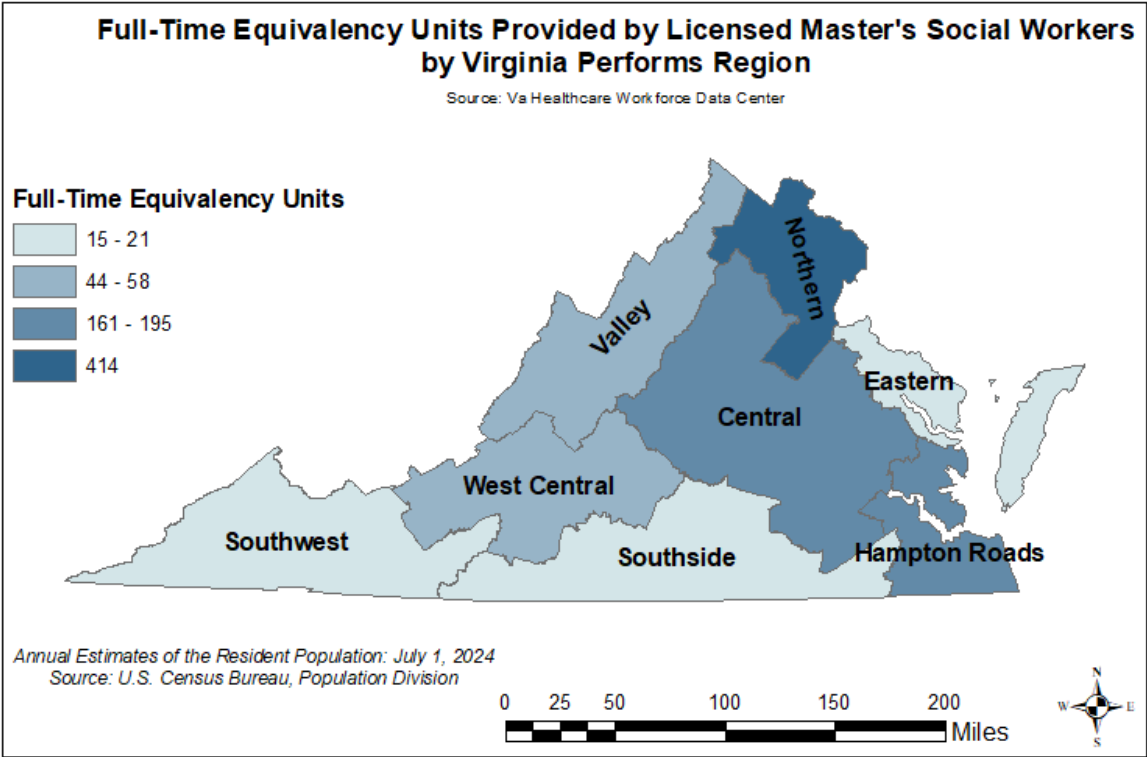
Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.84	0.82
30 to 34	0.96	0.94
35 to 39	0.86	0.96
40 to 44	0.96	1.01
45 to 49	0.94	0.96
50 to 54	0.92	0.98
55 to 59	0.95	1.03
60 and Over	0.86	0.83

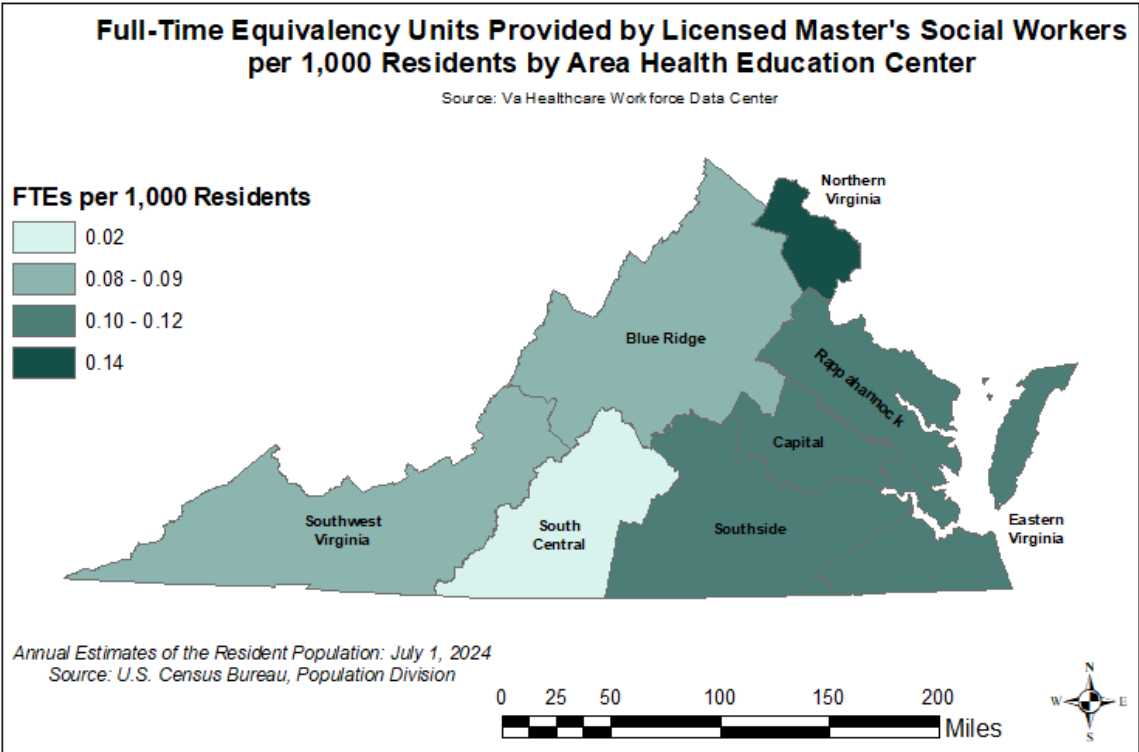
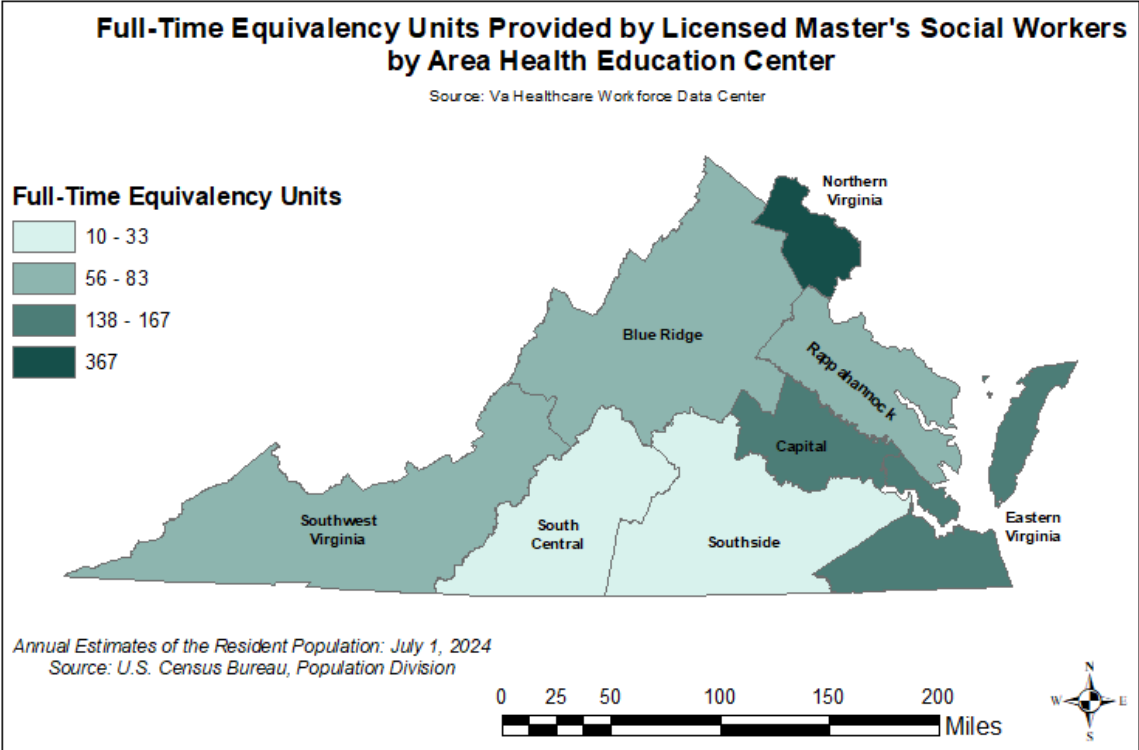
Source: Va. Healthcare Workforce Data Center

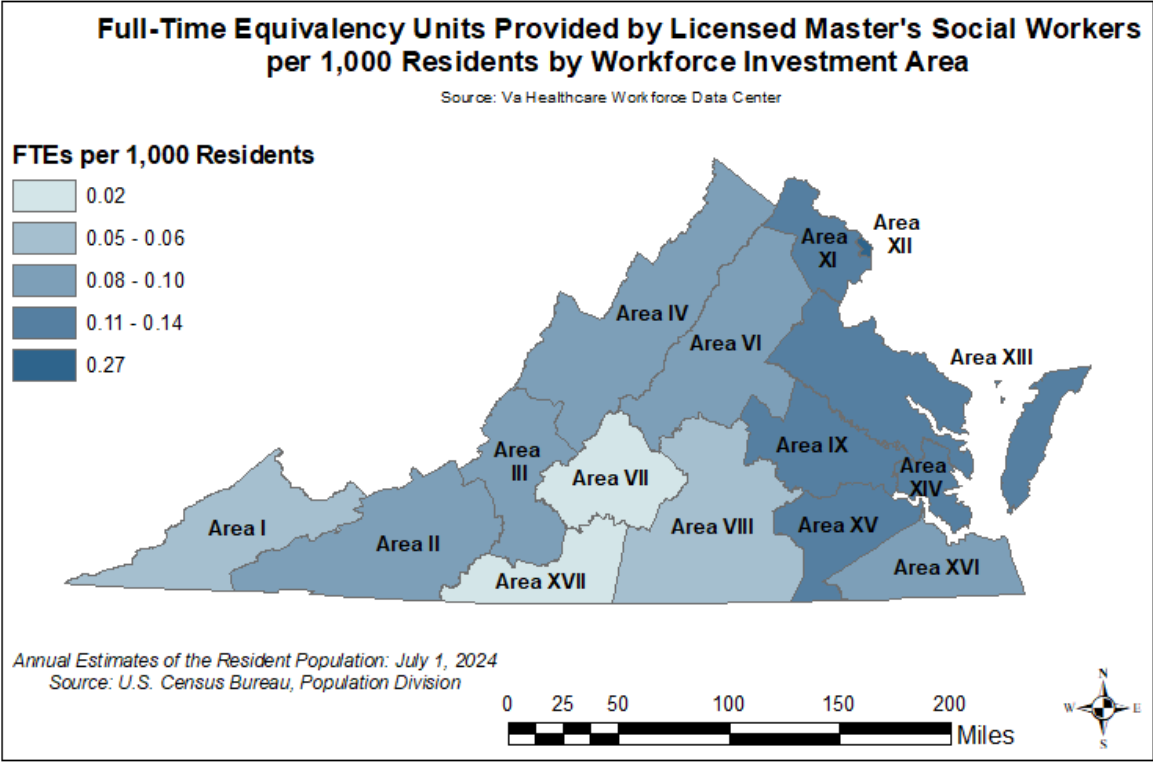
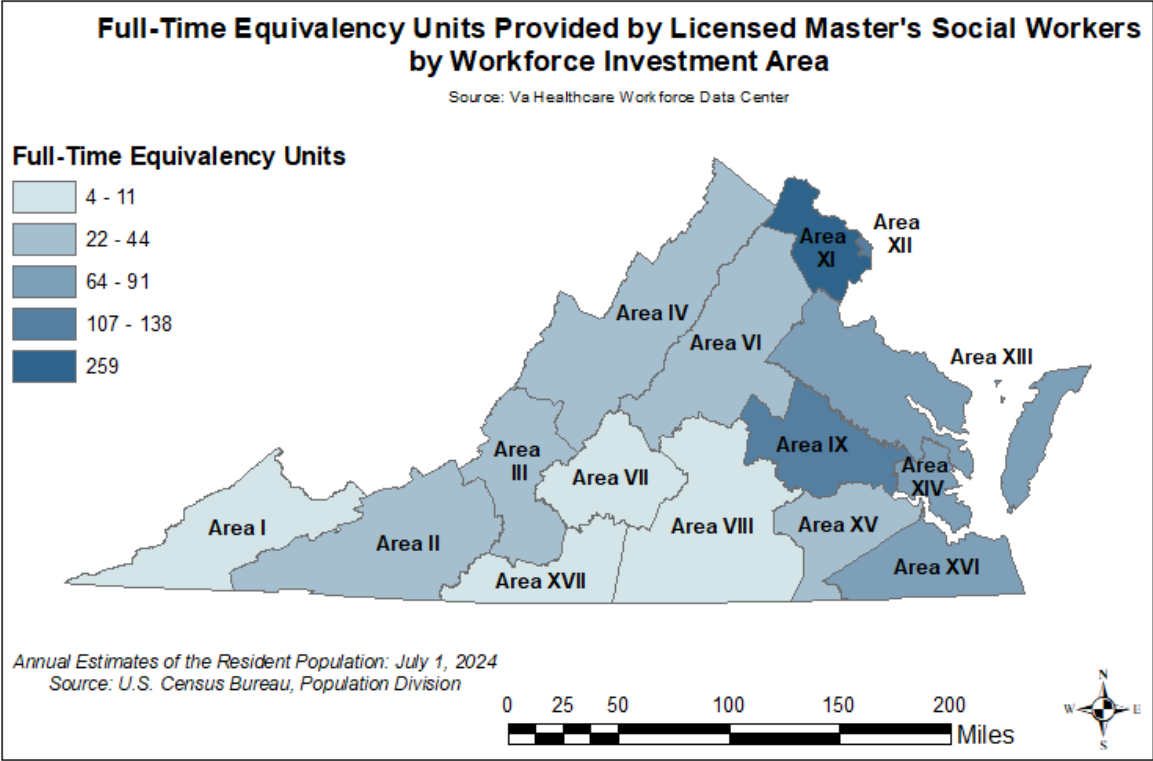


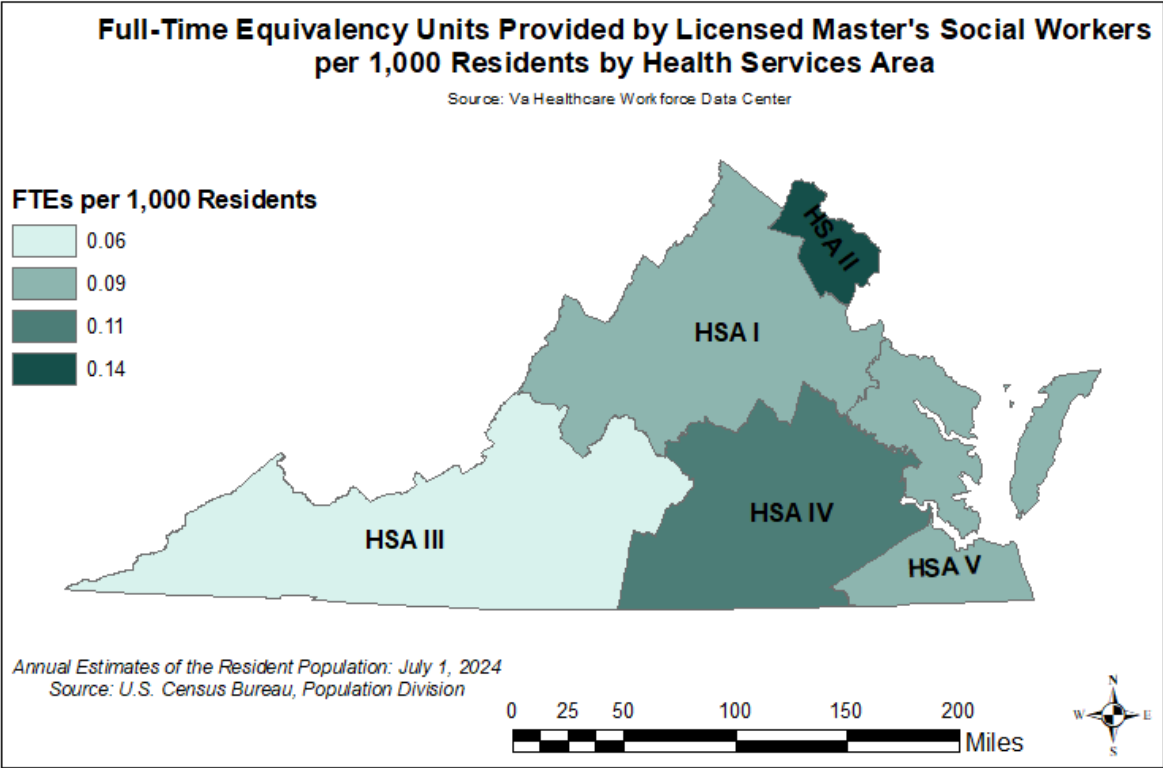
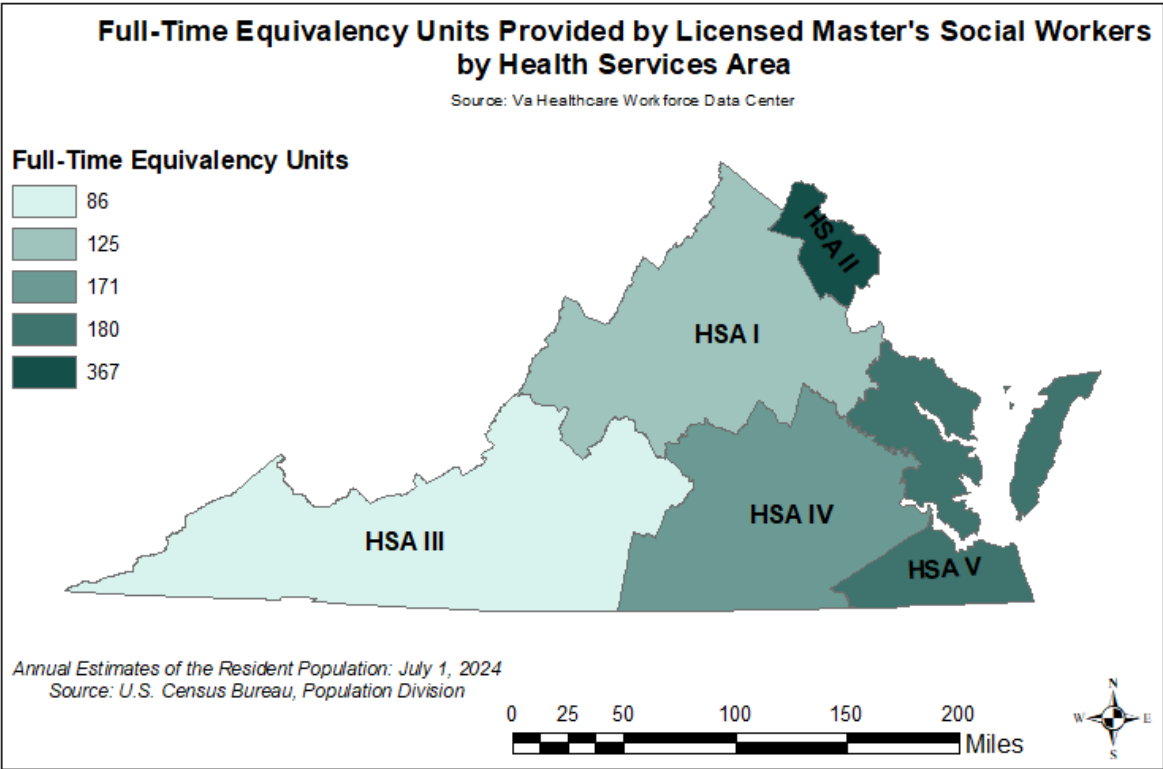
Source: Va. Healthcare Workforce Data Center

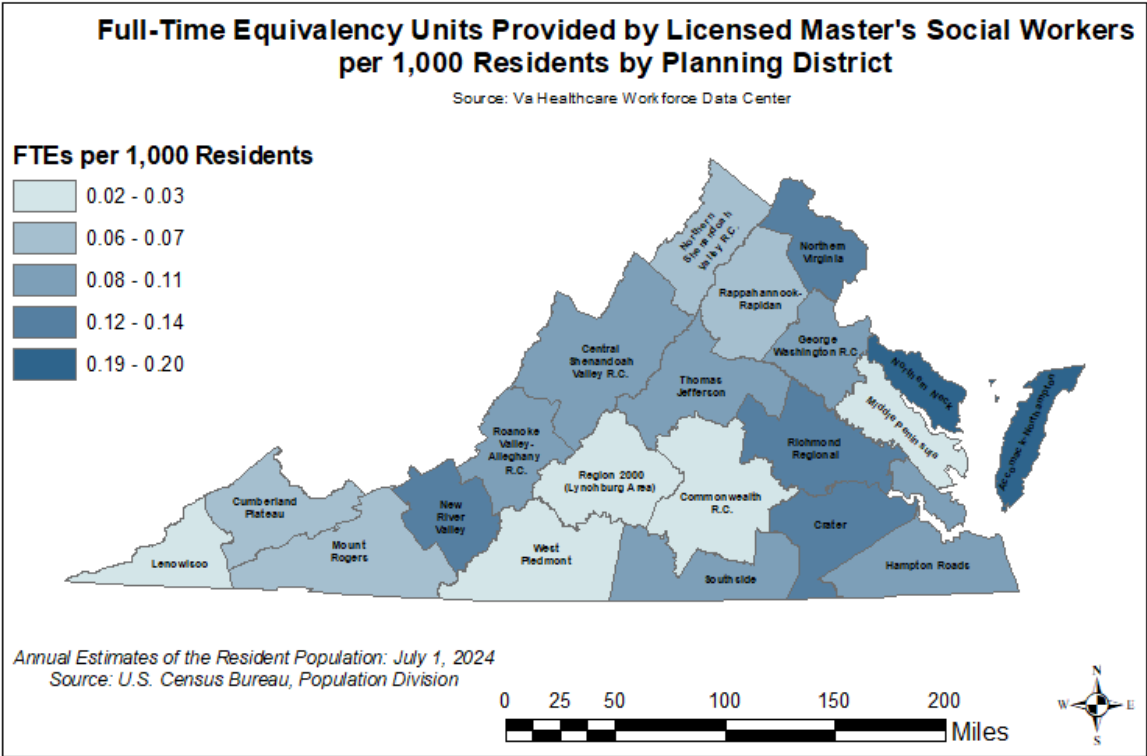
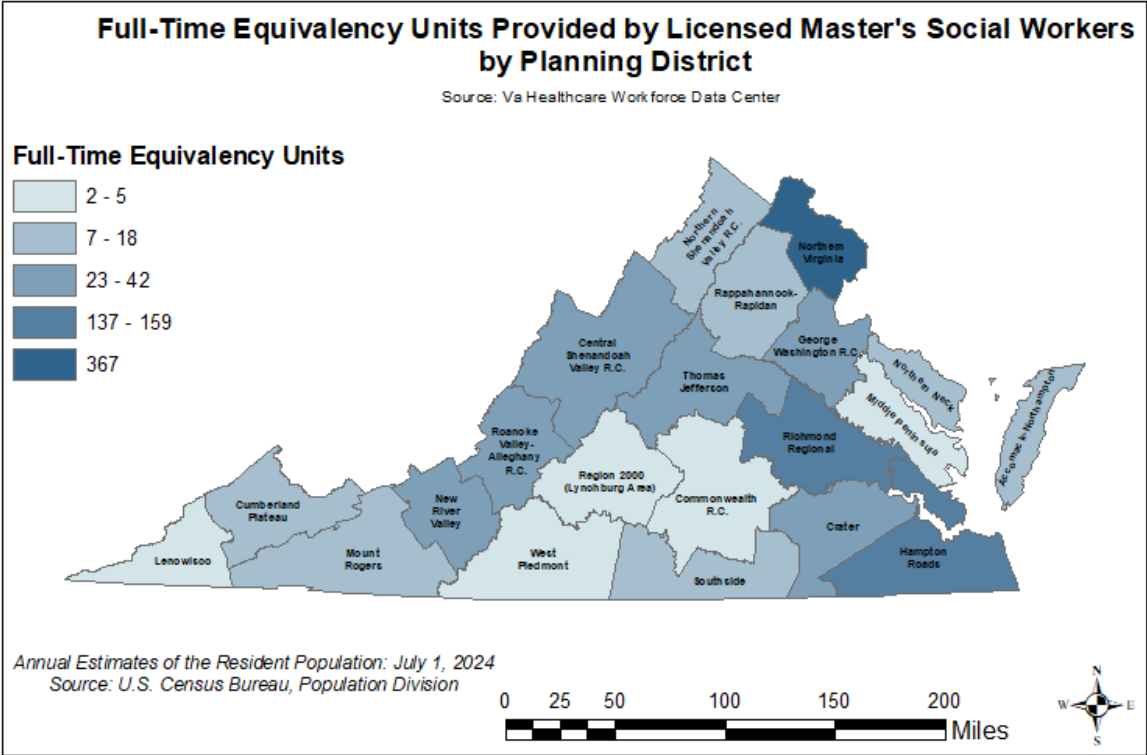
¹ Number of residents in 2024 was used as the denominator.











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	963	66.98%	1.493	1.267	1.842
Metro, 250,000 to 1 Million	49	67.35%	1.485	1.260	1.832
Metro, 250,000 or Less	84	65.48%	1.527	1.296	1.885
Urban, Pop. 20,000+, Metro Adj.	5	60.00%	1.667	1.414	1.697
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	25	56.00%	1.786	1.515	2.203
Urban, Pop. 2,500-19,999, Non-Adj.	9	66.67%	1.500	1.272	1.591
Rural, Metro Adj.	24	54.17%	1.846	1.566	2.278
Rural, Non-Adj.	5	60.00%	1.667	1.577	1.768
Virginia Border State/D.C.	321	52.96%	1.888	1.602	2.330
Other U.S. State	277	47.65%	2.098	1.780	2.589

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	249	49.40%	2.024	1.832	2.589
30 to 34	348	57.47%	1.740	1.575	2.226
35 to 39	264	59.85%	1.671	1.512	2.137
40 to 44	248	64.52%	1.550	1.403	1.983
45 to 49	208	64.42%	1.552	1.413	1.985
50 to 54	170	65.88%	1.518	1.374	1.941
55 to 59	140	64.29%	1.556	1.408	1.990
60 and Over	135	71.85%	1.392	1.260	1.780

Source: Va. Healthcare Workforce Data Center

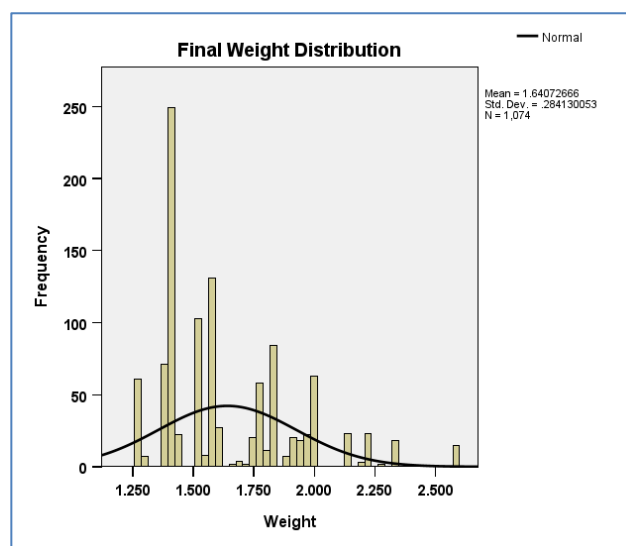
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

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

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

Overall Response Rate: 0.609535



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Clinical Social Worker Workforce: 2026

Healthcare Workforce Data Center

July 2026

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
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Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

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

In total, 11,993 Licensed Clinical Social Workers voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Social Work express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

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The Licensed Clinical Social Worker Workforce At a Glance:

The Workforce

Licensees:	14,413
Virginia's Workforce:	9,261
FTEs:	7,232

Background

Rural Childhood:	24%
HS Degree in VA:	49%
Prof. Degree in VA:	50%

Current Employment

Employed in Prof.:	92%
Hold 1 Full-Time Job:	54%
Satisfied?:	95%

Survey Response Rate

All Licensees:	83%
Renewing Practitioners:	96%

Education

Masters:	95%
Doctorate:	5%

Job Turnover

Switched Jobs:	5%
Employed Over 2 Yrs.:	71%

Demographics

Female:	89%
Diversity Index:	46%
Median Age:	47

Finances

Median Income: \$80k-\$90k
Health Insurance: 63%
Under 40 w/ Ed. Debt: 65%

Time Allocation

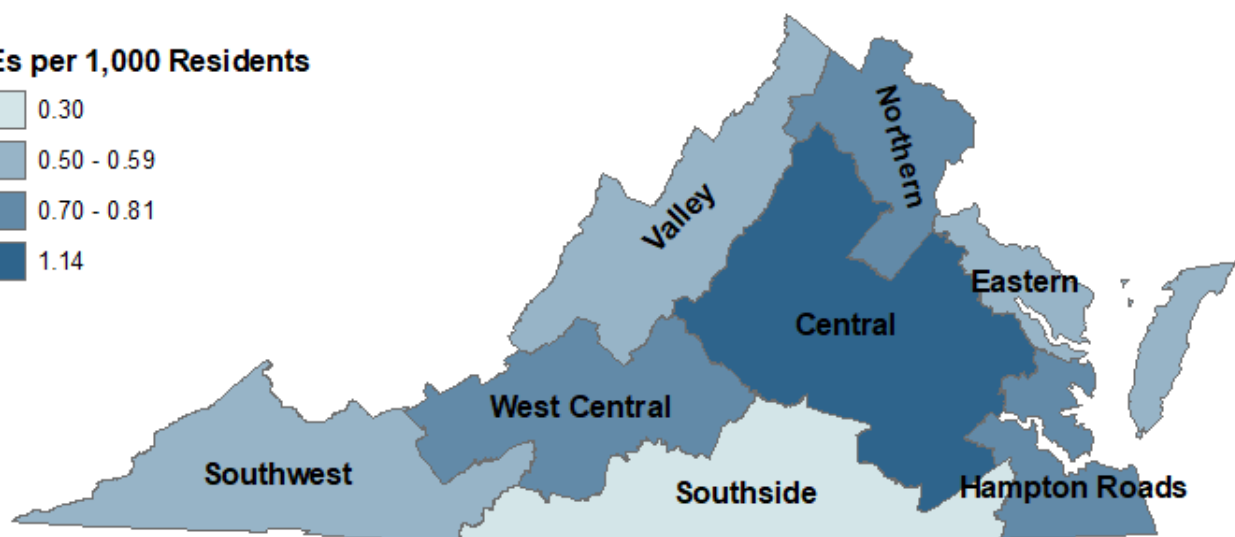
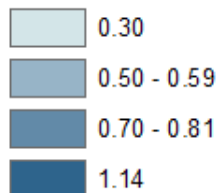
Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	65%

Source: Va. Healthcare Workforce Data Center

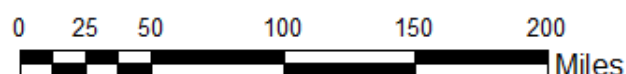
Full-Time Equivalency Units Provided by Licensed Clinical Social Workers per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2024
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2026 Licensed Clinical Social Worker (LCSW) Workforce Survey. In total, 11,993 LCSWs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LCSWs. These survey respondents represent 83% of the 14,413 LCSWs licensed in the state and 96% of renewing practitioners.

The HWDC estimates that 9,261 LCSWs participated in Virginia's workforce during the survey period, which is defined as those LCSWs who worked at least a portion of the year in the state or who live in the state and intend to work as a LCSW at some point in the future. Over the past year, Virginia's LCSW workforce provided 7,232 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly nine out of every ten LCSWs are female, including 92% of LCSWs who are under the age of 40. Meanwhile, the median age of this workforce is 47. In a random encounter between two LCSWs, there is a 46% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 54% for those LCSWs who are under the age of 40. For Virginia's overall population, the comparable diversity index is 60%. Nearly one out of every four LCSWs grew up in a rural area, and 13% of LCSWs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 5% of all LCSWs work in a non-metro area of the state.

Among all LCSWs, 92% are currently employed in the profession, 54% hold one full-time job, and 43% work between 40 and 49 hours per week. Nearly three out of every four LCSWs are employed in the private sector, including 56% who work in the for-profit sector. The median annual income of Virginia's LCSW workforce is between \$80,000 and \$90,000, and 56% receive this income in the form of a salary. In addition, 76% of wage and salaried LCSWs receive at least one employer sponsored benefit, including 63% who have access to health insurance. Among all LCSWs, 95% indicated that they are satisfied with their current work situation, including 66% who indicated they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2015 LCSW workforce. The number of licensed LCSWs in Virginia has increased by 131% (14,413 vs. 6,251). In addition, the size of Virginia's LCSW workforce has increased by 76% (9,261 vs. 5,264), and the number of FTEs provided by this workforce has increased by 63% (7,232 vs. 4,449). Virginia's renewing LCSWs are more likely to respond to this survey (96% vs. 90%).

The percentage of Virginia's LCSW workforce that is female has increased (89% vs. 85%), while the median age of this workforce has fallen (47 vs. 54). The diversity index of Virginia's LCSWs has increased (46% vs. 28%), and this is also the case among those LCSWs who are under the age of 40 (54% vs. 36%). Although LCSWs are slightly more likely to have grown up in a rural area (24% vs. 23%), LCSWs who grew up in a rural area are slightly less likely to work in a non-metro area of Virginia (13% vs. 14%). In addition, the percentage of all LCSWs who work in a non-metro area of the state has fallen slightly as well (5% vs. 6%).

LCSWs are more likely to work in the profession (92% vs. 89%). At the same time, LCSWs are relatively more likely to hold two or more positions simultaneously (28% vs. 20%) than one full-time job (54% vs. 56%). In addition, LCSWs are also relatively more likely to work less than 30 hours per week (21% vs. 19%) than between 40 and 49 hours per week (43% vs. 48%). LCSWs are more likely to work in the for-profit sector (56% vs. 46%) than in either the non-profit sector (17% vs. 21%) or state/local government (18% vs. 24%).

LCSWs are more likely to carry education debt (41% vs. 30%), and the median outstanding balance among LCSWs with education debt has increased (\$70k-\$80k vs. \$40k-\$50k). At the same time, the median annual income of Virginia's LCSWs has increased (\$80k-\$90k vs. \$60k-\$70k). However, wage and salaried LCSWs are less likely to receive at least one employer-sponsored benefit (76% vs. 78%). Overall, LCSWs are less likely to indicate that they are satisfied with their current work situation (95% vs. 96%), including those LCSWs who indicated that they are "very satisfied" (66% vs. 69%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	11,489	80%
New Licensees	1,979	14%
Non-Renewals	945	7%
All Licensees	14,413	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing LCSWs, 96% submitted a survey. These represent 83% of the 14,413 LCSWs who held a license at some point during the survey period.

Definitions

- 1. The Survey Period:** The survey was conducted in June 2026.
- 2. Target Population:** All LCSWs who held a Virginia license at some point between July 2025 and June 2026.
- 3. Survey Population:** The survey was available to LCSWs who renewed their licenses online. It was not available to those who did not renew, including LCSWs newly licensed in 2026.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 35	520	1,420	73%
35 to 39	405	1,904	83%
40 to 44	343	1,844	84%
45 to 49	251	1,581	86%
50 to 54	246	1,416	85%
55 to 59	196	1,305	87%
60 to 64	139	954	87%
65 and Over	320	1,569	83%
Total	2,420	11,993	83%
New Licenses			
Issued in Past Year	1,186	793	40%
Metro Status			
Non-Metro	96	584	86%
Metro	1,039	7,331	88%
Not in Virginia	1,285	4,078	76%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	11,993
Response Rate, All Licensees	83%
Response Rate, Renewals	96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LCSWs

Number: 14,413
 New: 14%
 Not Renewed: 7%

Response Rates

All Licensees: 83%
 Renewing Practitioners: 96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LCSW Workforce: 9,261
FTEs: 7,232

Utilization Ratios

Licensees in VA Workforce: 64%
Licensees per FTE: 1.99
Workers per FTE: 1.28

Source: Va. Healthcare Workforce Data Center

Virginia's LCSW Workforce

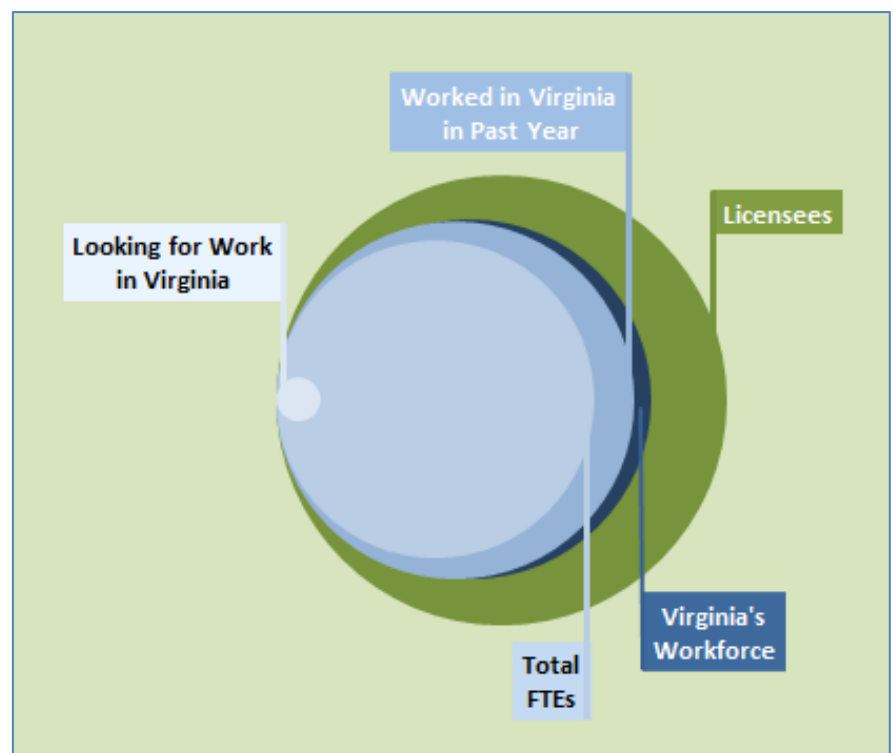
Status	#	%
Worked in Virginia in Past Year	9,118	98%
Looking for Work in Virginia	144	2%
Virginia's Workforce	9,261	100%
Total FTEs	7,232	
Licensees	14,413	

Source: Va. Healthcare Workforce Data Center

Definitions

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

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	86	7%	1,096	93%	1,182	15%
35 to 39	99	8%	1,106	92%	1,205	16%
40 to 44	110	10%	1,032	90%	1,141	15%
45 to 49	109	11%	847	89%	956	12%
50 to 54	104	12%	734	88%	838	11%
55 to 59	99	12%	699	88%	798	10%
60 to 64	82	14%	509	86%	591	8%
65 and Over	189	19%	805	81%	994	13%
Total	878	11%	6,827	89%	7,705	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	LCSWs		LCSWs Under 40	
	%	#	%	#	%
White	58%	5,489	71%	1,526	64%
Black	19%	1,395	18%	485	20%
Asian	7%	158	2%	70	3%
Other Race	0%	52	1%	11	0%
Two or More Races	3%	211	3%	95	4%
Hispanic	12%	428	6%	187	8%
Total	100%	7,733	100%	2,374	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2024.

Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 31% are under the age of 40, and 92% of LCSWs who are under the age of 40 are female. In addition, the diversity index among LCSWs who are under the age of 40 is 54%.

At a Glance:

Gender

% Female: 89%
% Under 40 Female: 92%

Age

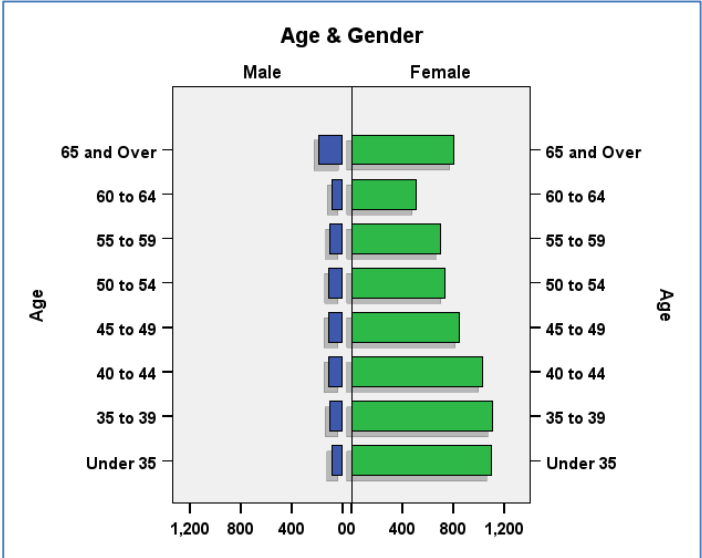
Median Age: 47
% Under 40: 31%
% 55 and Over: 31%

Diversity

Diversity Index: 46%
Under 40 Div. Index: 54%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LCSWs, there is a 46% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the comparable diversity index is 60%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 16%
Rural Childhood: 24%

Virginia Background

HS in Virginia: 49%
Prof. Edu. in VA: 50%
HS or Prof. Edu. in VA: 62%

Location Choice

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

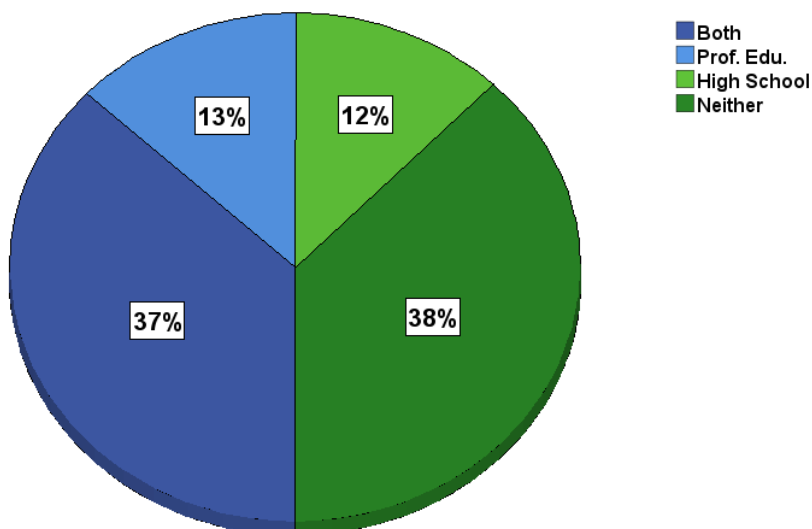
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	18%	66%	17%
2	Metro, 250,000 to 1 Million	49%	39%	12%
3	Metro, 250,000 or Less	33%	53%	14%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	62%	23%	15%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	58%	36%	6%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	84%	8%	7%
8	Rural, Metro Adjacent	50%	46%	5%
9	Rural, Non-Adjacent	40%	46%	14%
Overall		24%	60%	16%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 24% grew up in a self-described rural area, and 13% of LCSWs who grew up in a rural area currently work in a non-metro county. In total, 5% of all LCSWs in the state currently work in a non-metro county.

Top Ten States for Licensed Clinical Social Worker Recruitment

Rank	All LCSWs			
	High School	#	Init. Prof. Degree	#
1	Virginia	3,741	Virginia	3,788
2	New York	525	New York	458
3	Maryland	416	Washington, D.C.	445
4	Pennsylvania	301	Maryland	376
5	New Jersey	235	Massachusetts	238
6	North Carolina	232	Pennsylvania	217
7	California	176	California	190
8	Outside U.S./Canada	168	North Carolina	184
9	Florida	143	Florida	180
10	Michigan	116	Tennessee	116

Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 49% received their high school degree in Virginia, and 50% received their initial professional degree in the state.

Among LCSWs who have obtained their initial license in the past five years, 48% received their high school degree in Virginia, and 44% also received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	1,443	Virginia	1,313
2	New York	201	New York	184
3	Maryland	180	Maryland	173
4	North Carolina	108	Washington, D.C.	123
5	Pennsylvania	103	Pennsylvania	106
6	California	88	California	104
7	Outside U.S./Canada	82	Florida	96
8	New Jersey	75	Massachusetts	96
9	Florida	74	North Carolina	86
10	Texas	58	Tennessee	62

Source: Va. Healthcare Workforce Data Center

More than one out of every three of Virginia's licensees did not participate in the state's LCSW workforce during the past year. Among these LCSWs, 96% worked at some point in the past year, including 71% who currently work in a job related to the behavioral sciences.

At a Glance:

Not in VA Workforce

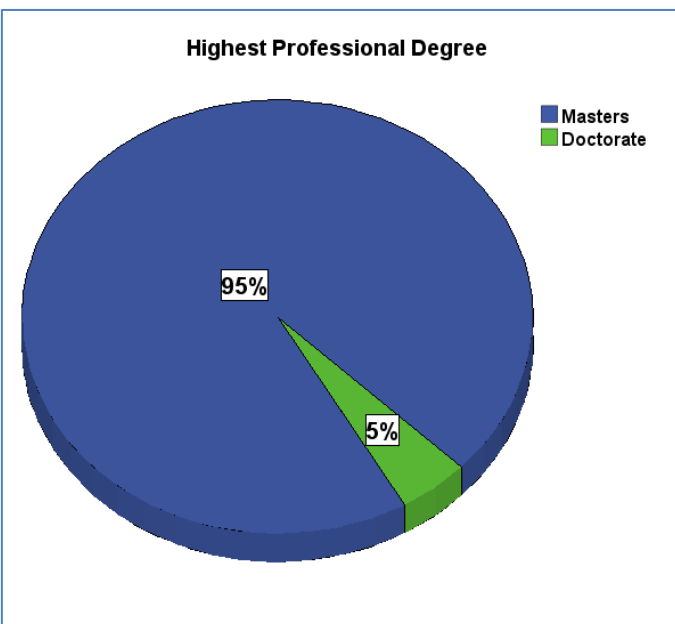
Total:	5,151
% of Licensees:	36%
Federal/Military:	8%
Va. Border State/DC:	24%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
Bachelor's Degree	3	<1%
Master's Degree	7,150	95%
Doctor of Psychology	39	1%
Other Doctorate	296	4%
Total	7,487	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than two out of every five LCSWs carry education debt, including 65% of those LCSWs who are under the age of 40. For those LCSWs with education debt, the median outstanding balance is between \$70,000 and \$80,000.

At a Glance:

Education

Masters:	95%
Doctorate/PhD:	5%

Education Debt

Carry Debt:	41%
Under Age 40 w/ Debt:	65%
Median Debt:	\$70k-\$80k

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All LCSWs		LCSWs Under 40	
	#	%	#	%
None	3,790	59%	672	35%
Less than \$10,000	202	3%	68	4%
\$10,000-\$29,999	333	5%	167	9%
\$30,000-\$49,999	321	5%	141	7%
\$50,000-\$69,999	337	5%	191	10%
\$70,000-\$89,999	347	6%	205	11%
\$90,000-\$109,999	353	6%	161	8%
\$110,000-\$129,999	210	3%	109	6%
\$130,000-\$149,999	125	2%	60	3%
\$150,000 or More	355	6%	138	7%
Total	6,373	100%	1,912	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Primary Specialty

Mental Health:	63%
Child:	6%
Health/Medical:	5%

Secondary Specialty

Mental Health:	16%
Behavioral Disorders:	12%
Substance Abuse:	11%

Source: Va. Healthcare Workforce Data Center

Nearly two out of every three LCSWs have a primary specialty in mental health. In addition, 16% of LCSWs have a secondary specialty in mental health.

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Mental Health	4,651	63%	972	16%
Child	420	6%	566	9%
Health/Medical	369	5%	308	5%
Behavioral Disorders	347	5%	761	12%
School/Educational	270	4%	258	4%
Substance Abuse	269	4%	648	11%
Family	158	2%	431	7%
Gerontologic	114	2%	131	2%
Marriage	60	1%	211	3%
Social	39	1%	109	2%
Forensic	38	1%	56	1%
Sex Offender Treatment	15	0%	30	0%
Vocational/Work Environment	13	0%	27	0%
Public Health	11	0%	45	1%
Industrial-Organizational	10	0%	16	0%
Neurology/Neuropsychology	6	0%	20	0%
Rehabilitation	6	0%	13	0%
Experimental or Research	0	0%	6	0%
General Practice (Non-Specialty)	364	5%	1,090	18%
Other Specialty Area	237	3%	400	7%
Total	7,396	100%	6,099	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

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

Positions Held

1 Full-Time: 54%
2 or More Positions: 28%

Weekly Hours:

40 to 49: 43%
60 or More: 4%
Less than 30: 21%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	10	< 1%
Employed in a Behavioral Sciences-Related Capacity	6,815	92%
Employed, NOT in a Behavioral Sciences-Related Capacity	308	4%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	17	< 1%
Voluntarily Unemployed	130	2%
Retired	110	2%
Total	7,391	100%

Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 92% are currently employed in the profession, 54% hold one full-time job, and 43% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	257	4%
1 to 9 Hours	243	3%
10 to 19 Hours	510	7%
20 to 29 Hours	768	11%
30 to 39 Hours	1,300	18%
40 to 49 Hours	3,124	43%
50 to 59 Hours	706	10%
60 to 69 Hours	215	3%
70 to 79 Hours	38	1%
80 or More Hours	24	0%
Total	7,185	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	257	3%
One Part-Time Position	1,105	15%
Two Part-Time Positions	359	5%
One Full-Time Position	3,870	54%
One Full-Time Position & One Part-Time Position	1,390	19%
Two Full-Time Positions	54	1%
More than Two Positions	190	3%
Total	7,225	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	51	1%
Less than \$40,000	617	11%
\$40,000-\$49,999	246	4%
\$50,000-\$59,999	385	7%
\$60,000-\$69,999	498	9%
\$70,000-\$79,999	687	12%
\$80,000-\$89,999	792	14%
\$90,000-\$99,999	595	10%
\$100,000-\$109,999	616	11%
\$110,000-\$119,999	363	6%
\$120,000 or More	932	16%
Total	5,783	100%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	4,684	66%
Somewhat Satisfied	2,056	29%
Somewhat Dissatisfied	246	4%
Very Dissatisfied	85	1%
Total	7,070	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: \$80k-\$90k

Benefits

(Salary/Wage Employees Only)

Health Insurance: 63%

Retirement: 59%

Satisfaction

Satisfied: 95%

Very Satisfied: 66%

Source: Va. Healthcare Workforce Data Center

The typical LCSW earns between \$80,000 and \$90,000 per year. Among LCSWs who receive either an hourly wage or a salary as compensation at their primary work location, 76% receive at least one employer-sponsored benefit, including 63% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	3,474	51%	68%
Health Insurance	3,217	47%	63%
Dental Insurance	3,105	46%	61%
Paid Sick Leave	3,028	44%	60%
Retirement	3,026	44%	59%
Group Life Insurance	2,237	33%	45%
Signing/Retention Bonus	546	8%	10%
At Least One Benefit	3,987	59%	76%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experienced Involuntary Unemployment?	73	1%
Experience Voluntary Unemployment?	350	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	229	2%
Work Two or More Positions at the Same Time?	2,234	24%
Switch Employers or Practices?	505	5%
Experience at Least One?	2,875	31%

Source: Va. Healthcare Workforce Data Center

Among Virginia's LCSWs, 1% experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 3.7% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	141	2%	77	4%
Less than 6 Months	258	4%	167	8%
6 Months to 1 Year	488	7%	252	13%
1 to 2 Years	1,152	17%	426	21%
3 to 5 Years	2,134	31%	580	29%
6 to 10 Years	1,317	19%	303	15%
More than 10 Years	1,490	21%	206	10%
Subtotal	6,979	100%	2,011	100%
Did Not Have Location	163		7,133	
Item Missing	2,120		117	
Total	9,261		9,261	

Source: Va. Healthcare Workforce Data Center

In total, 56% of all LCSWs are salaried employees, while 18% receive income from their own business or practice.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 5%
New Location: 17%
Over 2 Years: 71%
Over 2 Yrs., 2nd Location: 54%

Employment Type

Salary/Commission: 56%
Business/Practice Income: 18%

Source: Va. Healthcare Workforce Data Center

In total, 71% of all LCSWs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	2,814	56%
Hourly Wage	835	17%
By Contract	389	8%
Business/Practice Income	917	18%
Unpaid	27	1%
Subtotal	4,981	100%
Did Not Have Location	163	
Item Missing	4,117	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 3.4% and a high of 3.9%. At the time of publication, the unemployment rate for June 2026 was still preliminary.

At a Glance:

Concentration

Top Region:	35%
Top 3 Regions:	80%
Lowest Region:	1%

Locations

2 or More (Past Year):	30%
2 or More (Now*):	27%

Source: Va. Healthcare Workforce Data Center

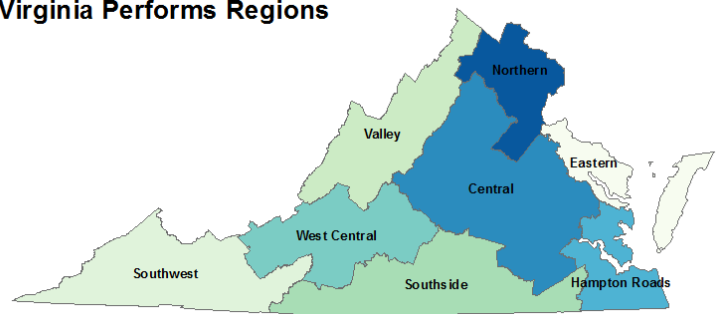
Four out of every five LCSWs in the state work in Northern Virginia, Central Virginia, or Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,984	28%	496	24%
Eastern	83	1%	41	2%
Hampton Roads	1,184	17%	396	19%
Northern	2,428	35%	665	32%
Southside	91	1%	40	2%
Southwest	218	3%	51	2%
Valley	256	4%	56	3%
West Central	604	9%	161	8%
Virginia Border State/D.C.	50	1%	65	3%
Other U.S. State	112	2%	91	4%
Outside of the U.S.	4	< 1%	5	< 1%
Total	7,014	100%	2,067	100%
Item Missing	2,086		60	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 27% currently have multiple work locations, while 30% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	141	2%	248	4%
1	4,854	68%	4,915	69%
2	1,160	16%	1,120	16%
3	860	12%	766	11%
4	43	1%	30	< 1%
5	20	< 1%	12	< 1%
6 or More	30	< 1%	17	< 1%
Total	7,108	100%	7,108	100%

*At the time of survey completion, June 2026.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	3,593	56%	1,446	81%
Non-Profit	1,084	17%	198	11%
State/Local Government	1,153	18%	127	7%
Veterans Administration	293	5%	7	0%
U.S. Military	173	3%	8	0%
Other Federal Government	70	1%	5	0%
Total	6,366	100%	1,791	100%
Did Not Have Location	163		7,133	
Item Missing	2,733		338	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

For-Profit:	56%
Federal:	8%

Top Establishments

Private Practice, Solo:	20%
Private Practice, Group:	17%
Mental Health Facility (Outpatient):	14%

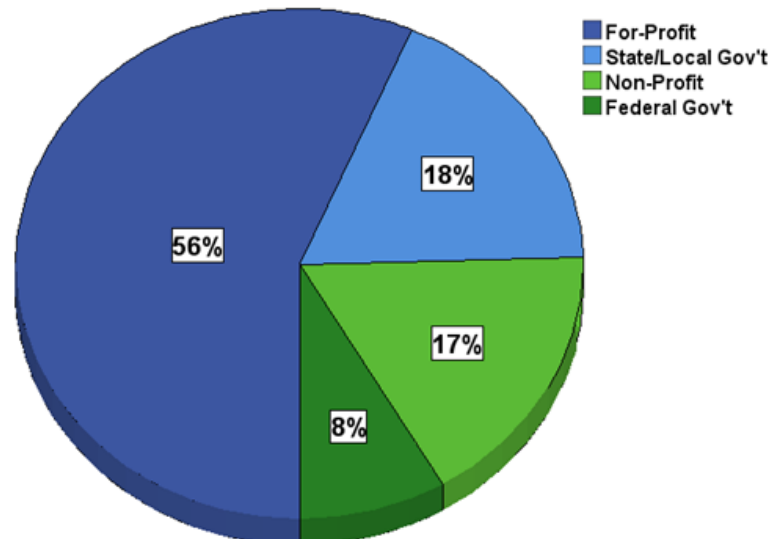
Payment Method

Cash/Self-Pay:	54%
Private Insurance:	50%

Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 73% work in the private sector, including 56% who work in the for-profit sector. Another 18% of LCSWs work for a state or local government.

Sector, Primary Work Site



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Solo	1,283	20%	502	29%
Private Practice, Group	1,035	17%	417	24%
Mental Health Facility, Outpatient	901	14%	253	15%
Community Services Board	549	9%	58	3%
Hospital, General	449	7%	52	3%
Community-Based Clinic or Health Center	438	7%	94	5%
School (Providing Care to Clients)	428	7%	26	2%
Hospital, Psychiatric	146	2%	29	2%
Residential Mental Health/Substance Abuse Facility	99	2%	20	1%
Academic Institution (Teaching Health Professions Students)	75	1%	57	3%
Administrative or Regulatory	74	1%	6	0%
Physician Office	61	1%	2	0%
Corrections/Jail	56	1%	6	0%
Home Health Care	44	1%	15	1%
Long-Term Care Facility, Nursing Home	40	1%	9	1%
Rehabilitation Facility	21	0%	3	0%
Residential Intellectual/Development Disability Facility	15	0%	6	0%
Other Practice Setting	547	9%	170	10%
Total	6,261	100%	1,725	100%
Did Not Have a Location	163		7,133	

Source: Va. Healthcare Workforce Data Center

Solo and group private practices employ 37% of all LCSWs in Virginia. Another 14% of LCSWs work at outpatient mental health facilities.

Among all LCSWs, 54% work at establishments that accept cash/self-pay as a form of payment for services rendered. This makes cash/self-pay the most commonly accepted form of payment among Virginia's LCSW workforce.

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	5,026	54%
Private Insurance	4,629	50%
Medicaid	3,148	34%
Medicare	2,608	28%

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

Spanish:	16%
French:	7%
Arabic:	7%

Means of Communication

Virtual Translation:	57%
Other Staff Member:	36%
Onsite Translation:	25%

Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 16% are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	1,458	16%
French	634	7%
Arabic	629	7%
Chinese	607	7%
Korean	603	7%
Hindi	581	6%
Vietnamese	570	6%
Urdu	550	6%
Tagalog/Filipino	546	6%
Persian	544	6%
Pashto	511	6%
Amharic, Somali, or Other Afro-Asiatic Languages	455	5%
Others	344	4%
Total	1,676	18%

Source: Va. Healthcare Workforce Data Center

Means of Language Communication

Provision	#	% of Workforce with Language Services
Virtual Translation Service	953	57%
Other Staff Member is Proficient	611	36%
Onsite Translation Service	425	25%
Respondent is Proficient	404	24%
Other	66	4%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every five LCSWs who are employed at a primary work location that offers language services for patients provide it by means of a virtual translation service.

At a Glance: (Primary Locations)

Typical Time Allocation

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

Roles

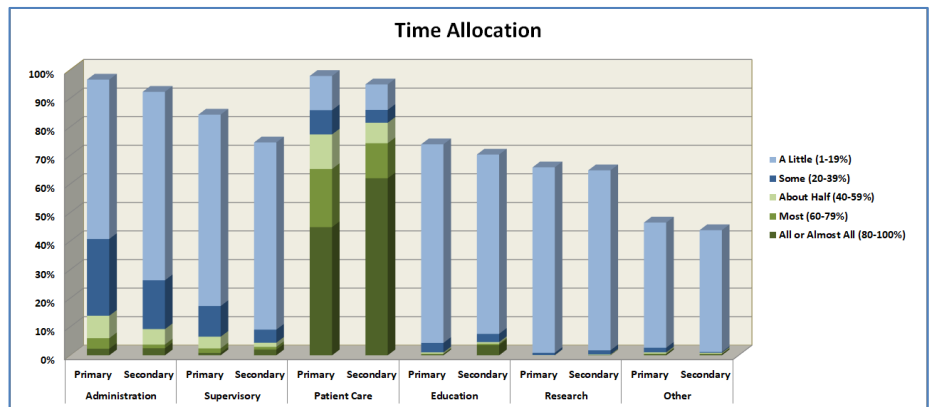
Patient Care: 65%
Administration: 6%
Supervisory: 2%

Patient Care LCSWs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



LCSWs spend approximately three-quarters of their time treating patients. In fact, 65% of all LCSWs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation												
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	2%	2%	1%	2%	45%	62%	0%	4%	0%	0%	0%	0%
Most (60-79%)	4%	1%	2%	1%	20%	12%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	8%	5%	4%	1%	12%	7%	0%	1%	0%	0%	0%	0%
Some (20-39%)	27%	17%	11%	5%	8%	5%	3%	3%	1%	1%	2%	0%
A Little (1-19%)	56%	66%	67%	66%	12%	9%	70%	63%	65%	63%	44%	43%
None (0%)	3%	8%	16%	25%	2%	5%	26%	30%	34%	35%	54%	56%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	428	7%	148	8%
1 to 24	4,234	67%	1,451	83%
25 to 49	1,454	23%	134	8%
50 to 74	106	2%	14	1%
75 or More	59	1%	7	0%
Total	6,281	100%	1,754	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Patients Per Week

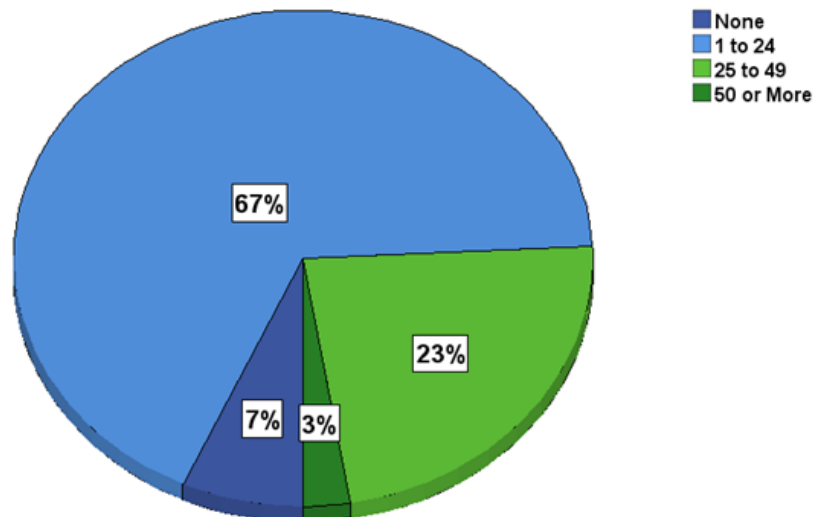
Primary Location: 1-24

Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

Two out of every three LCSWs treat between 1 and 24 patients per week at their primary work location. Among those LCSWs who also have a secondary work location, 83% treat between 1 and 24 patients per week.

Patients Per Week, Primary Work Site



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Patient Allocation

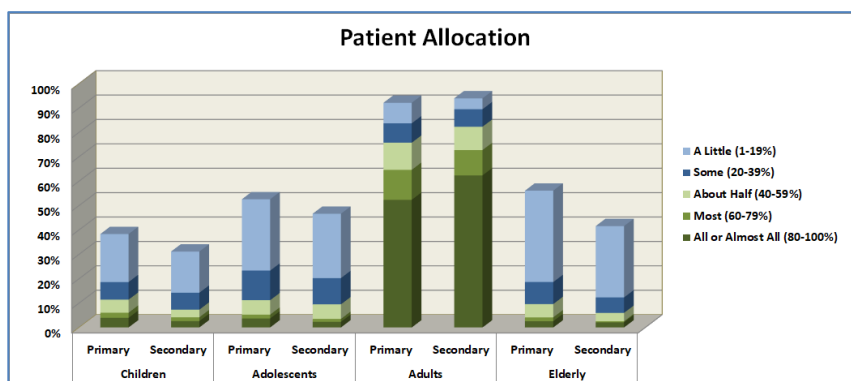
Children: None
 Adolescents: 1%-9%
 Adults: 80%-89%
 Elderly: 1%-9%

Roles

Children: 6%
 Adolescents: 5%
 Adults: 65%
 Elderly: 4%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

In general, between 80% and 90% of all patients seen by LCSWs at their primary work location are adults. In addition, 65% of LCSWs serve an adult patient care role, meaning that at least 60% of their patients are adults.

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	4%	3%	4%	2%	52%	62%	3%	2%
Most (60-79%)	2%	2%	2%	1%	12%	10%	2%	0%
About Half (40-59%)	5%	3%	6%	6%	11%	10%	5%	3%
Some (20-39%)	7%	7%	12%	11%	8%	7%	9%	6%
A Little (1-19%)	20%	17%	29%	26%	8%	4%	37%	29%
None (0%)	62%	69%	47%	53%	8%	6%	44%	58%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Telehealth Services		
	#	%
Location of Telehealth Services		
In Virginia	4,302	59%
Outside of Virginia	70	1%
Both	1,400	19%
Providing Telehealth Services		
Providing Telehealth Services	5,772	80%
Not Providing Telehealth Services	1,477	20%
Total	7,250	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Telehealth Services

% Providing Telehealth: 80%

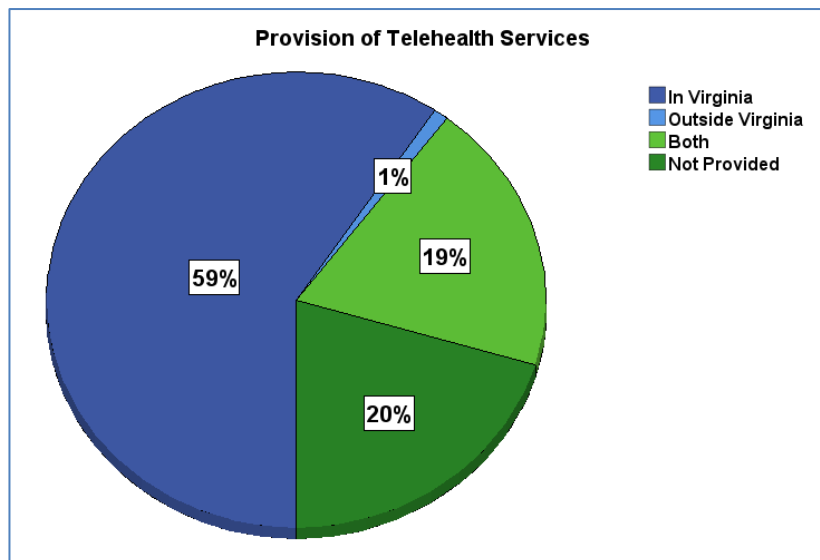
Telehealth Workload

Less than Half: 59%

More than Half: 19%

All: 22%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Four out of every five LCSWs provide telehealth services, including 59% of LCSWs who provide telehealth services only in Virginia.

More than two out of every five LCSWs work at a practice that provides more than half or all of their health care services via telehealth.

Telehealth Workload		
Percentage	#	%
Less than Half	3,773	59%
More than Half	1,254	19%
All	1,423	22%
Total	6,449	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Interstate Compact

% in Compact: 2%

Compact Affiliation

Social Work Licensure: 83%

PSYPACT: 1%

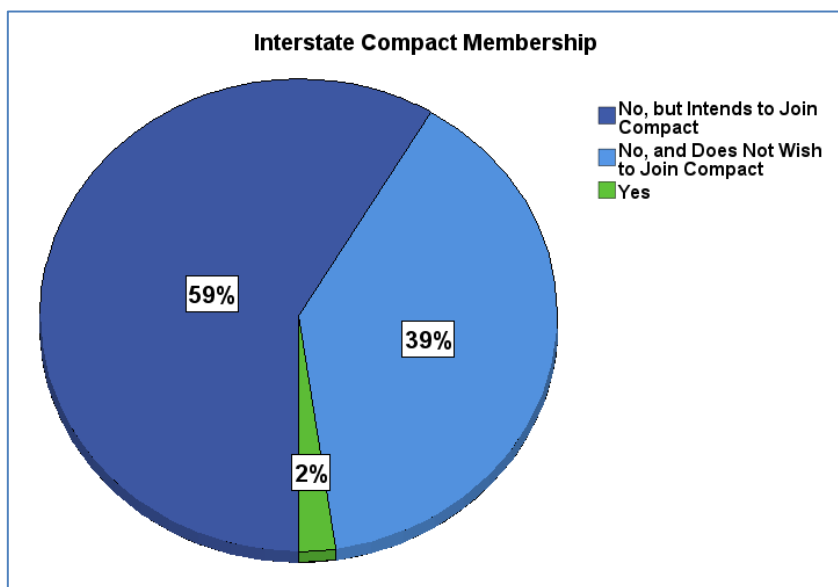
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Interstate Compact		
	#	%
Compact Membership		
In Compact	155	2%
Not in Compact	6,649	98%
Total	6,804	100%
Not in Compact		
Intends to Join Compact	3,981	59%
Does Not Wish to Join Compact	2,668	39%
Subtotal	6,804	100%

Source: Va. Healthcare Workforce Data Center

While 2% of LCSWs are currently a part of an interstate compact, 59% intend to join a compact in the future.



Source: Va. Healthcare Workforce Data Center

Compact Affiliation		
Affiliation	#	%
Social Work Licensure Compact	122	83%
Counseling Compact	1	1%
Psychology Interjurisdictional Compact (PSYPACT)	1	1%
Other	23	16%
Total	147	100%

Source: Va. Healthcare Workforce Data Center

More than four out of every five LCSWs currently in an interstate compact are affiliated with the Social Work Licensure Compact.

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LCSWs		LCSWs 50 and Over	
	#	%	#	%
Under Age 50	98	2%	-	-
50 to 54	172	3%	14	1%
55 to 59	440	7%	102	4%
60 to 64	1,216	20%	383	15%
65 to 69	1,850	31%	788	30%
70 to 74	1,010	17%	574	22%
75 to 79	439	7%	293	11%
80 or Over	203	3%	141	5%
I Do Not Intend to Retire	567	9%	294	11%
Total	5,994	100%	2,589	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LCSWs

Under 65: 32%

Under 60: 12%

LCSWs 50 and Over

Under 65: 19%

Under 60: 4%

Time Until Retirement

Within 2 Years: 7%

Within 10 Years: 23%

Half the Workforce: By 2051

Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 32% expect to retire before the age of 65.
Among those LCSWs who are age 50 or over, 19% expect to retire by the age of 65.

Within the next two years, 13% of LCSWs expect to increase their patient care hours, and 9% expect to pursue additional educational opportunities.

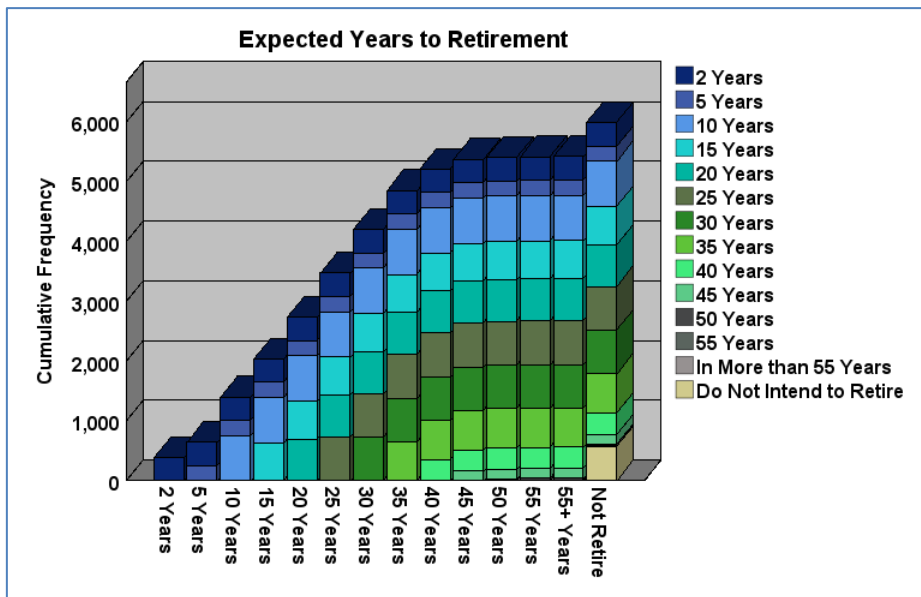
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	99	1%
Leave Virginia	232	3%
Decrease Patient Care Hours	713	8%
Decrease Teaching Hours	29	<1%
Increase Participation		
Increase Patient Care Hours	1,182	13%
Increase Teaching Hours	547	6%
Pursue Additional Education	822	9%
Return to the Workforce	62	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LCSWs. While 7% of LCSWs expect to retire in the next two years, 23% expect to retire in the next ten years. Half of the current workforce expects to retire by 2051.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	391	7%	7%
5 Years	256	4%	11%
10 Years	758	13%	23%
15 Years	633	11%	34%
20 Years	701	12%	46%
25 Years	739	12%	58%
30 Years	727	12%	70%
35 Years	653	11%	81%
40 Years	358	6%	87%
45 Years	164	3%	90%
50 Years	31	1%	90%
55 Years	9	0%	90%
In More than 55 Years	7	0%	91%
Do Not Intend to Retire	567	9%	100%
Total	5,994	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2036. Retirement will peak at 13% of the current workforce around the same time before declining to under 10% of the current workforce again around 2066.

At a Glance:

FTEs

Total: 7,232
FTEs/1,000 Residents²: 0.821
Average: 0.79

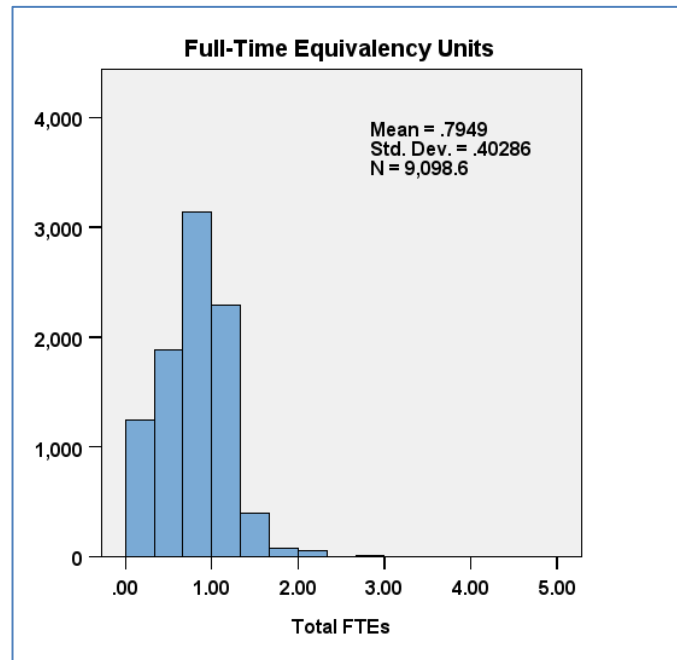
Age & Gender Effect

Age, *Partial Eta*²: Small
Gender, *Partial Eta*²: Negligible

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

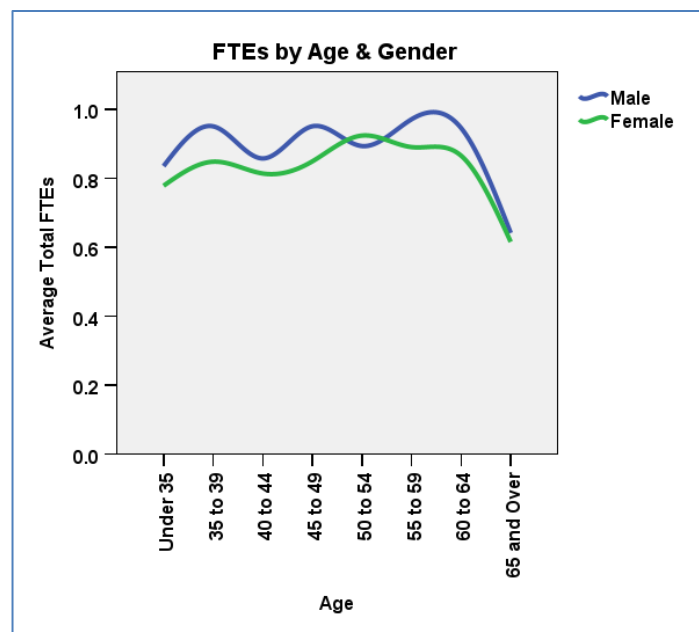


Source: Va. Healthcare Workforce Data Center

The typical (median) LCSW provided 0.85 FTEs over the past year, or approximately 34 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 35	0.76	0.76
35 to 39	0.86	0.87
40 to 44	0.71	0.82
45 to 49	0.80	0.83
50 to 54	0.92	0.90
55 to 59	0.83	0.83
60 to 64	0.88	0.87
65 and Over	0.66	0.78
Gender		
Male	0.86	0.93
Female	0.82	0.87

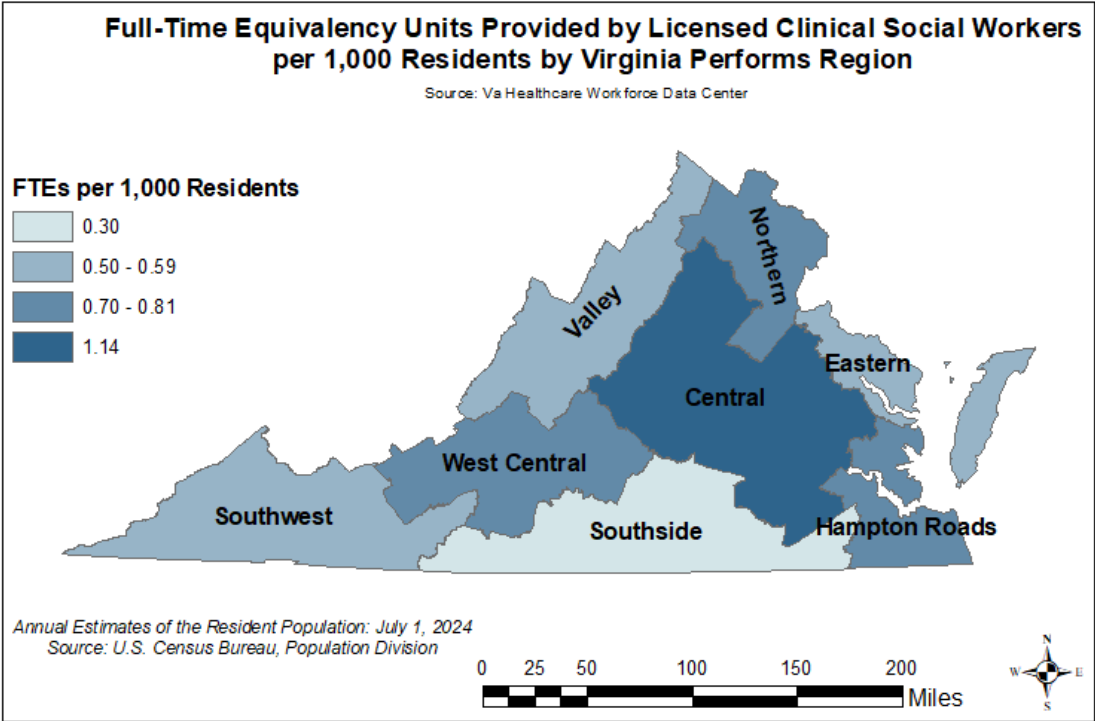
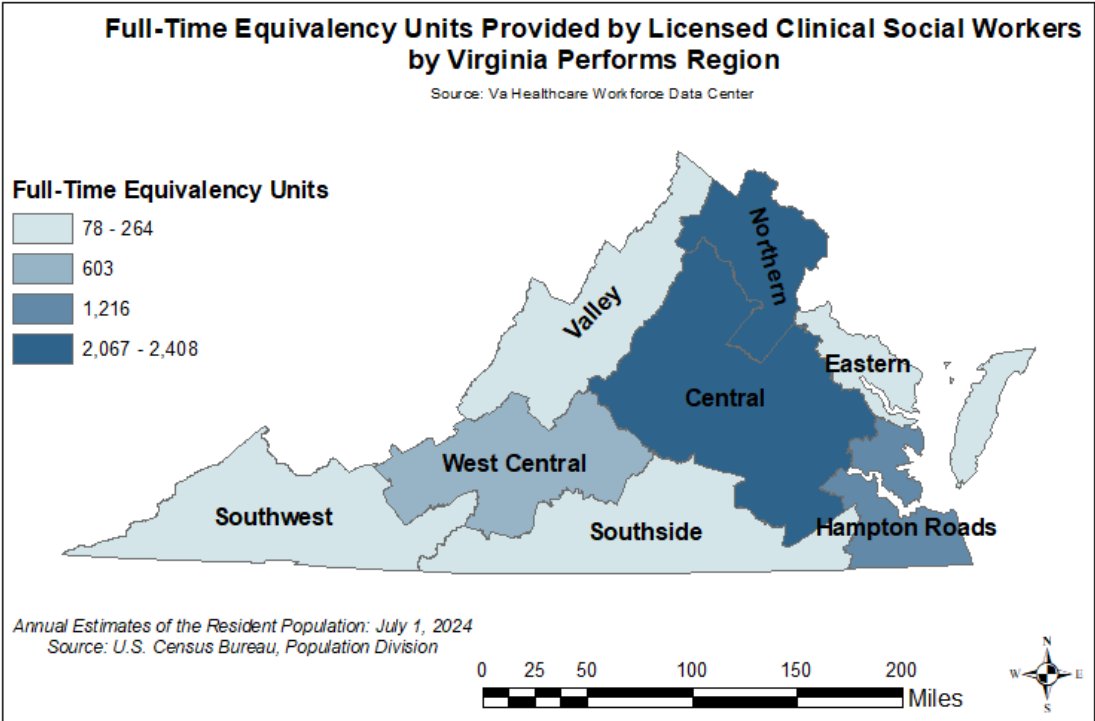
Source: Va. Healthcare Workforce Data Center

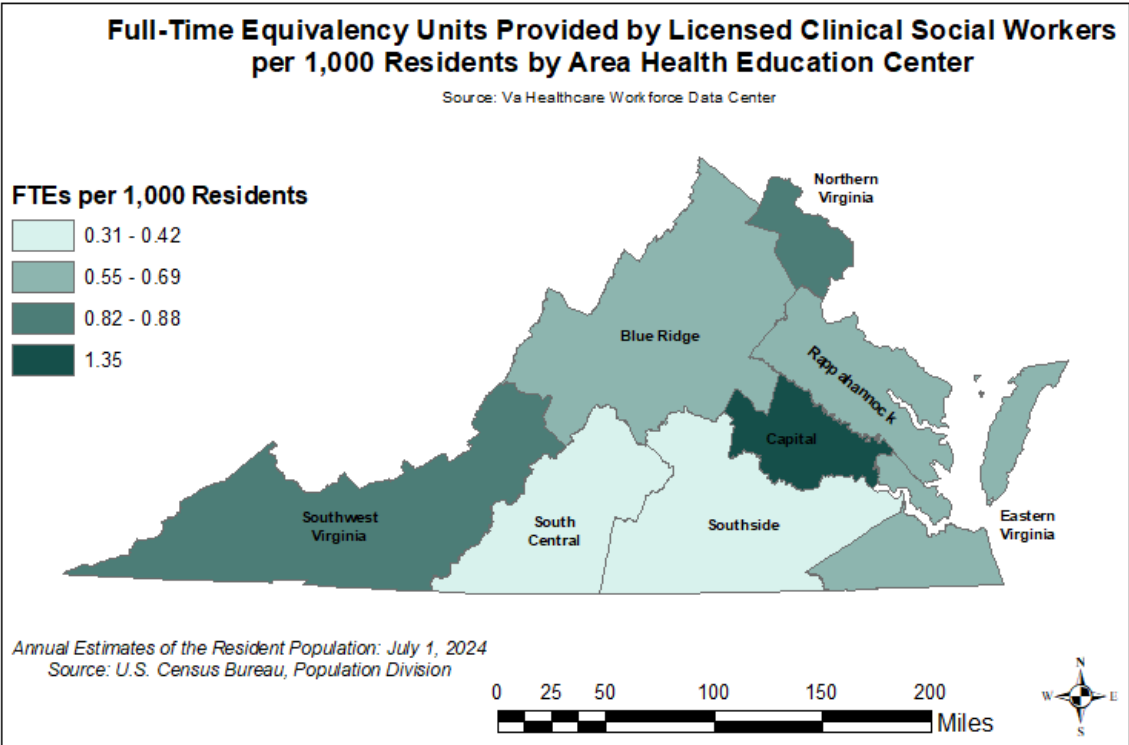
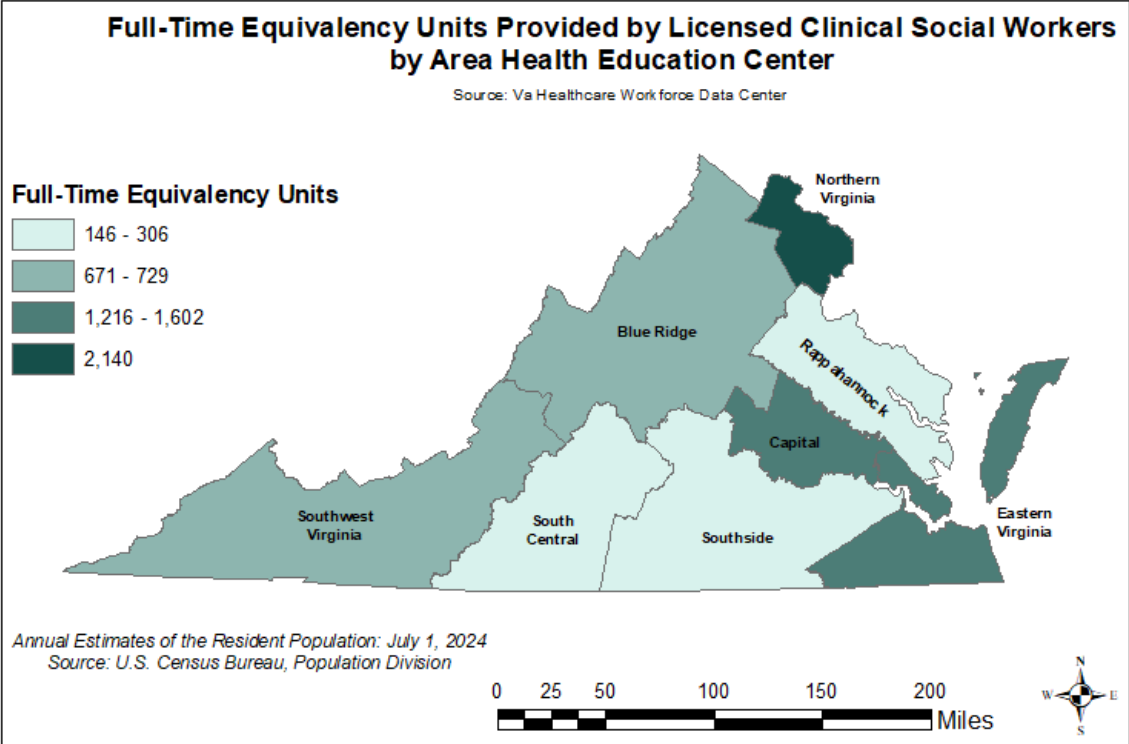


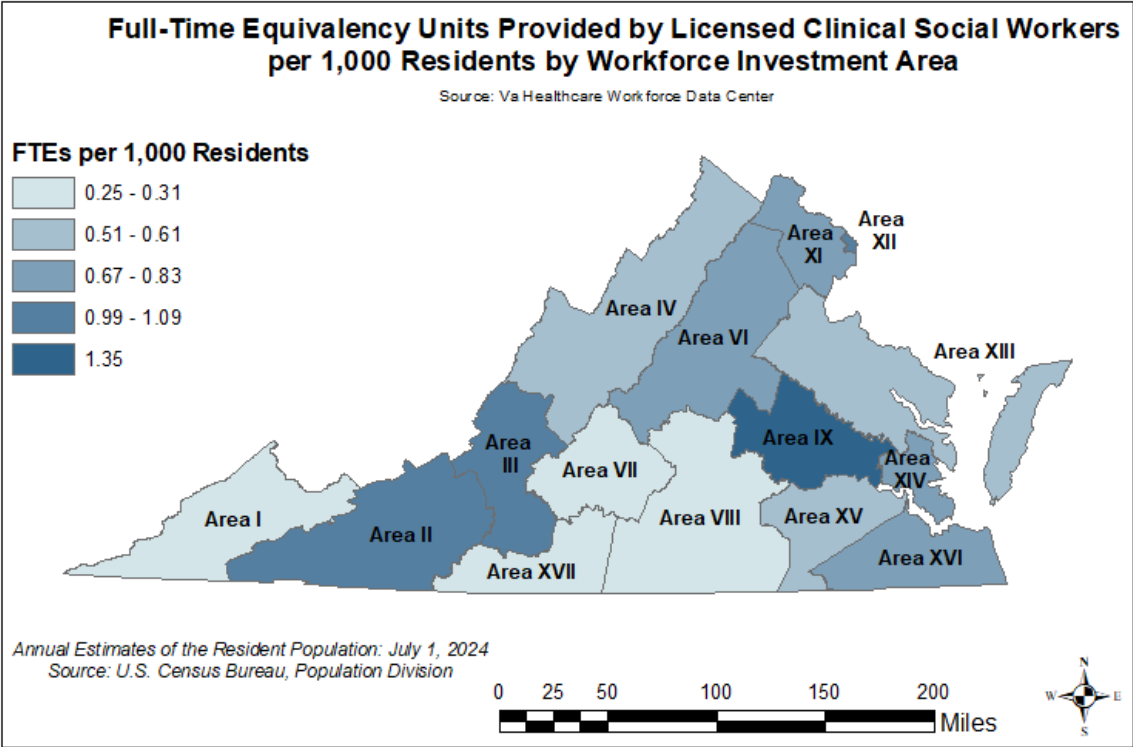
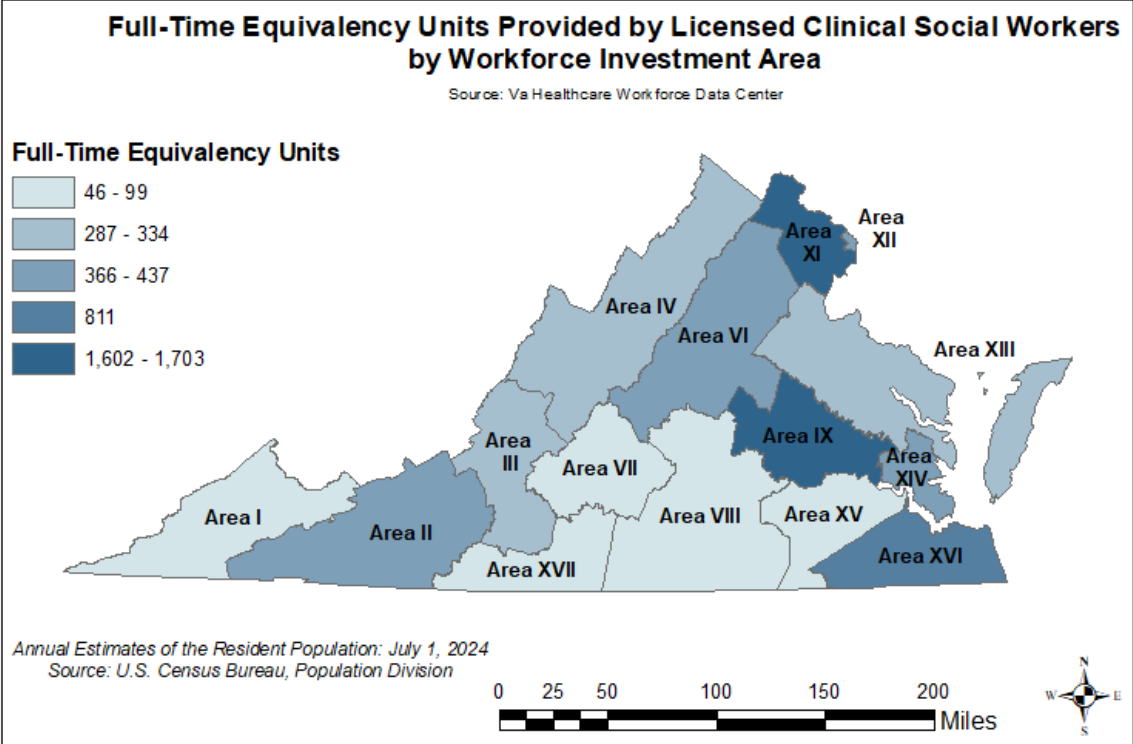
Source: Va. Healthcare Workforce Data Center

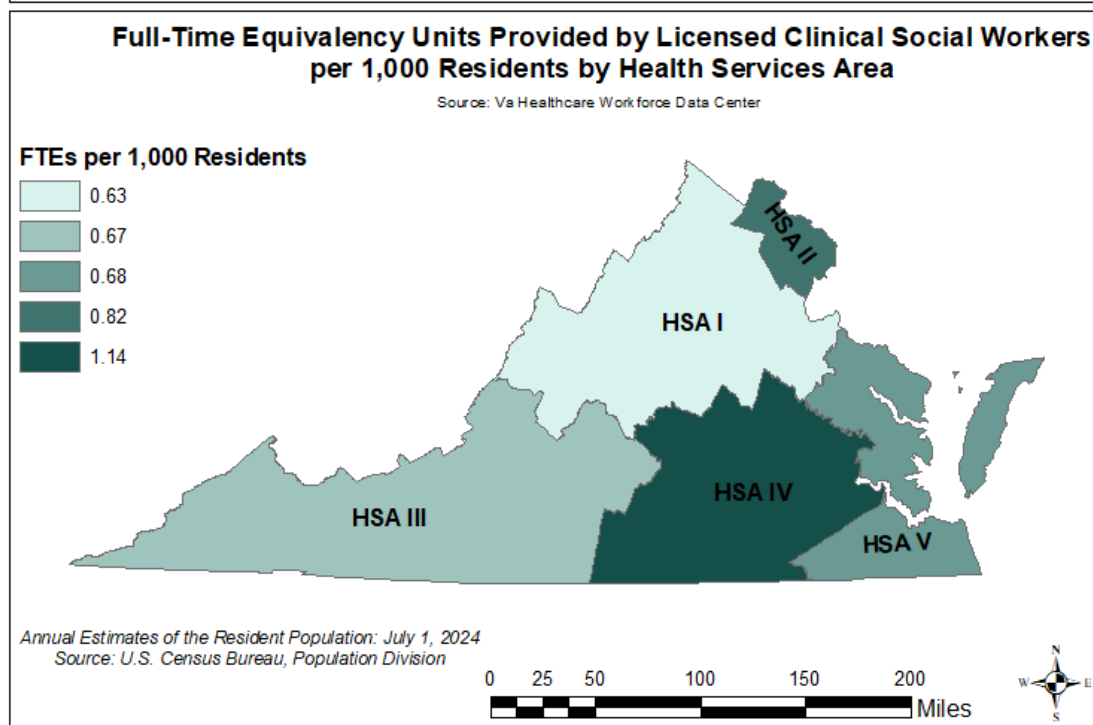
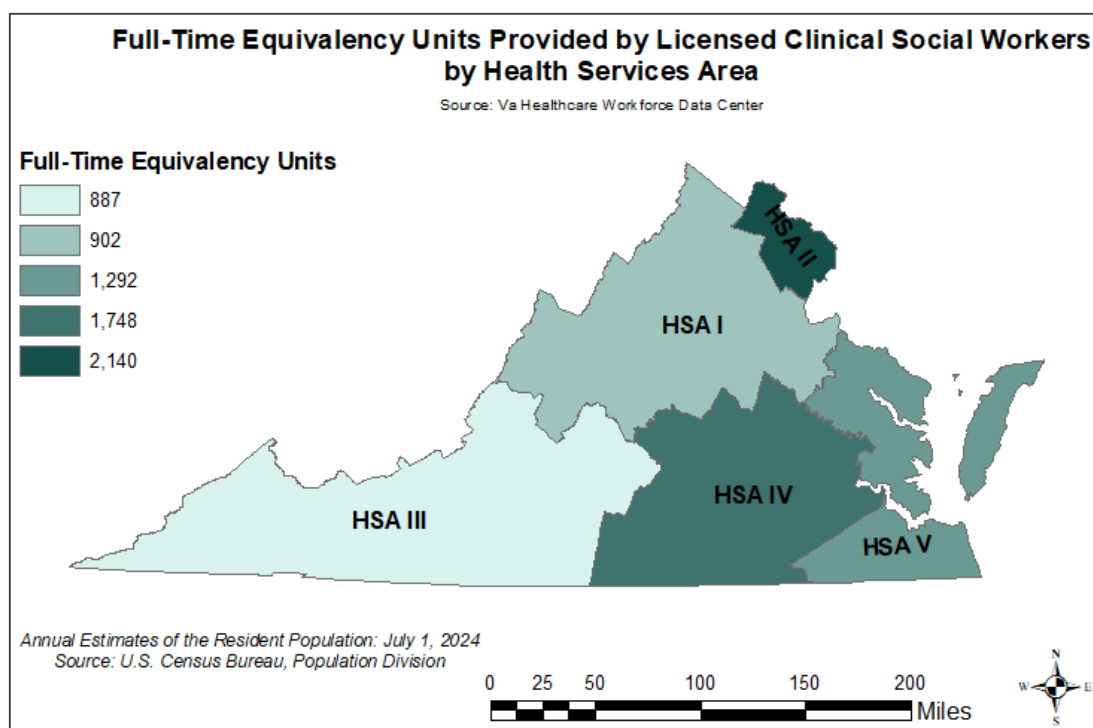
² Number of residents in 2024 was used as the denominator.

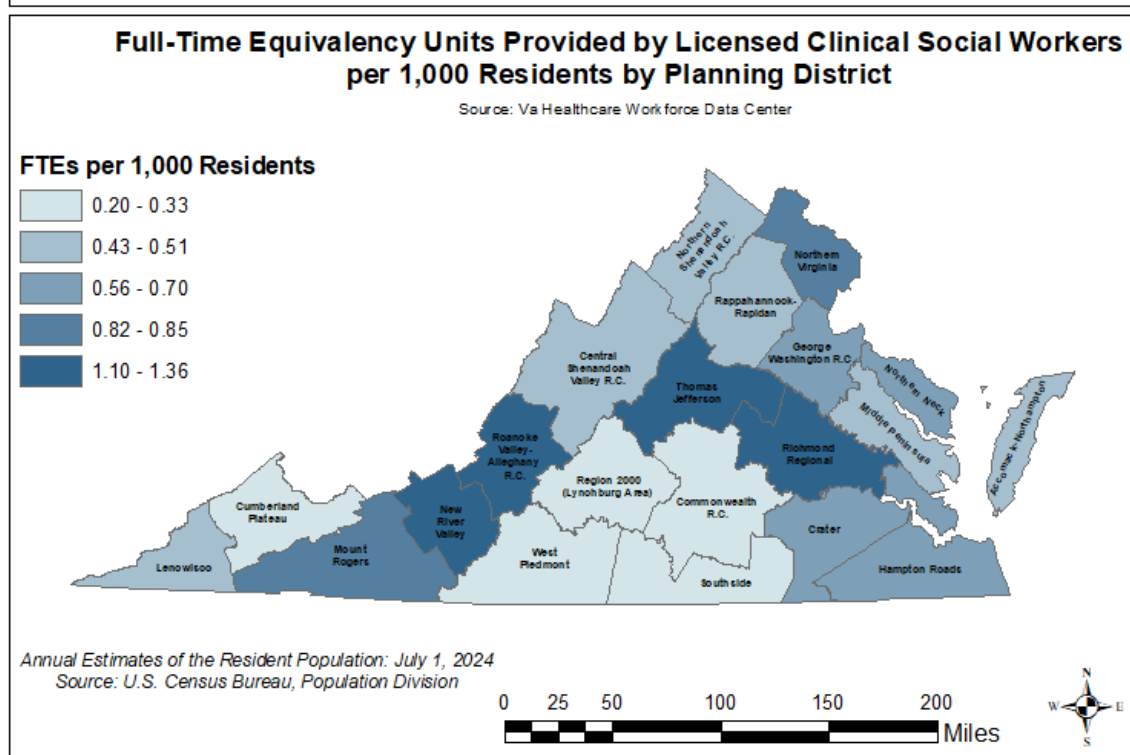
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	6,858	87.65%	1.141	1.088	1.297
Metro, 250,000 to 1 Million	617	88.82%	1.126	1.073	1.280
Metro, 250,000 or Less	895	86.26%	1.159	1.105	1.318
Urban, Pop. 20,000+, Metro Adj.	54	88.89%	1.125	1.073	1.279
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	254	83.86%	1.192	1.137	1.356
Urban, Pop. 2,500-19,999, Non-Adj.	111	91.89%	1.088	1.037	1.237
Rural, Metro Adj.	211	86.26%	1.159	1.105	1.318
Rural, Non-Adj.	50	78.00%	1.282	1.222	1.457
Virginia Border State/D.C.	2,850	78.88%	1.268	1.209	1.441
Other U.S. State	2,513	72.82%	1.373	1.309	1.561

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 35	1,940	73.20%	1.366	1.237	1.561
35 to 39	2,309	82.46%	1.213	1.098	1.386
40 to 44	2,187	84.32%	1.186	1.074	1.355
45 to 49	1,832	86.30%	1.159	1.049	1.324
50 to 54	1,662	85.20%	1.174	1.063	1.341
55 to 59	1,501	86.94%	1.150	1.042	1.314
60 to 64	1,093	87.28%	1.146	1.037	1.309
65 and Over	1,889	83.06%	1.204	1.090	1.376

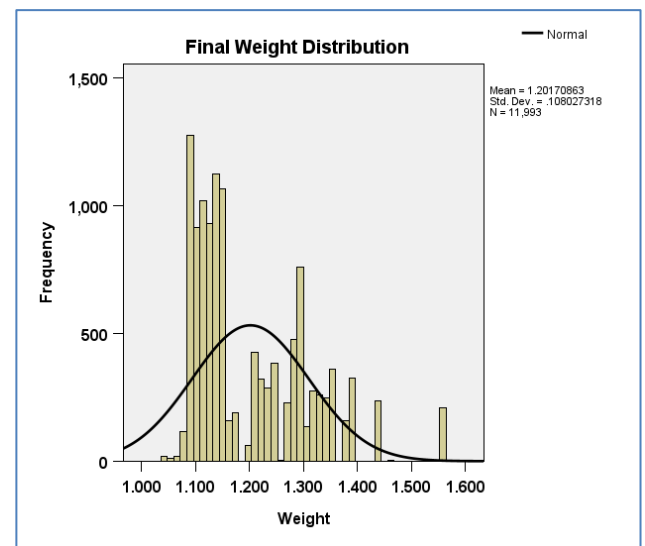
Source: Va. Healthcare Workforce Data Center

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

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

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

Overall Response Rate: 0.832096



Source: Va. Healthcare Workforce Data Center

VIRGINIA BOARD OF SOCIAL WORK BYLAWS

ARTICLE I: AUTHORIZATION

A. Statutory Authority

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

B. Duties

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

C. Mission

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

ARTICLE II: THE BOARD

A. Membership

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

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B. Officers

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

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

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C. Duties of Members

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

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D. Election of Officers

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

Commented [EB1]: Since there will be no nominating committee slate

E. Meetings

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

a. Adoption of Agenda

a.b. Public Comment;

b.c. Approval of Minutes of preceding regular Board meeting(s) and any called meetings s since the last regular meeting of the Board;

e.d. Reports of officers and staff;

e.e. Reports of committees;

e.f. Election of officers (as needed);

f.g. Unfinished business; and

g.h. New business.

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

ARTICLE III: COMMITTEES

A. Duties and Frequency of Meetings.

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

B. Standing Committees

Standing committees of the Board shall consist of the following:

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

1. Regulatory/Legislative Committee

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

2. Special Conference Committee

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

3. Credentials Committee

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

4. Nomination Committee

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

ARTICLE IV: GENERAL DELEGATION OF AUTHORITY

The Board delegates the following functions:

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

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

~~Guidance document: 140-7~~

Revised: October 2, 2026
June 3, 2022

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

ARTICLE V: AMENDMENTS

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

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