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TEXAS SOCIAL WORK WORKFORCE STUDY

Understanding the Social
Work Workforce

**Texas Higher
Education**
COORDINATING BOARD



The University of Texas at Austin
Steve Hicks School of Social Work



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Executive Summary

The U.S. Bureau of Labor Statistics indicates a significant increase in the demand for social work psychotherapists and practitioners in the coming years driven by escalating behavioral health needs across the country and a notable shortage in the workforce (Salsberg et al., 2017).

Despite this growing demand, there is no national database for tracking the career trajectories of social workers, complicating efforts to understand the workforce and the balance of supply and demand in the discipline (Lombardi et al., 2024). The profession's diverse scope of practice and varied licensure designations further hinders effective monitoring and analysis of the social work labor force. The main purposes of the report are to:

1

Understand the social work workforce trajectory and barriers in supply to meet the growing behavioral health demands in Texas;

2

Underscore the urgent need for comprehensive data collection and analysis of the social work workforce to more accurately determine the current need for social workers in behavioral health;

3

Explore the geographical impact of the social work workforce shortage, particularly on rural areas in Texas; and

4

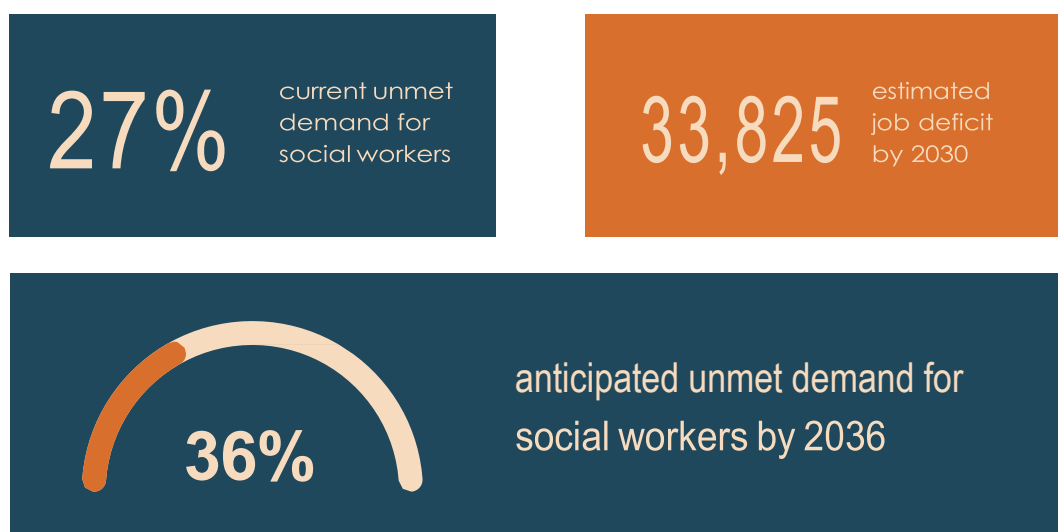
Identify strategies to better support the education and career advancement opportunities for social workers to promote recruitment, sustainability, and retention in the profession.

At the request of the Texas Higher Education Coordinating Board, the Steve Hicks School of Social Work at The University of Texas at Austin conducted a systematic literature review and a subsequent statistical population data analysis using census and Texas Behavioral Health Executive Council (BHEC) data on licensed social workers. Qualitative data from a BHEC survey on the Texas workforce was also analyzed to examine the factors that may be affecting the growth of the Texas workforce.

Summary of Findings

The data from the 2024 Workforce Supply and Demand Projection indicated a 27% unmet demand for social workers, a number expected to rise to 36% by 2036 if current trends continue (Texas Department of State Health Services, 2024). Texas was identified as one of the states with the highest projected social worker shortage by 2030 with an estimated deficit of 33,825 jobs in the state workforce (Lin et al., 2016). The number of licensed social workers in the state over the past five years has consistently fallen short of the target ratio of 185 social workers per 100,000 individuals needed to meet the population's demands. In 2023, the Texas social work workforce was operating at 56% of the required capacity. This state data primarily focuses on LCSWs, overlooking other critical segments of the workforce including BSWs and MSWs with and without entry level licensure, i.e., LMSWs, further demonstrating the limited scope of understanding of the social work workforce currently available.

Numbers at a glance:



The statistical population data also provided that 97% of counties in Texas have been designated as Mental Health Professional Shortage Areas (MHPSAs), and an additional 1% have partial MHPSA designations. These MHSPAs represent the increasing rate of serious health risks for the Texas population (National Association of Social Workers, n.d.; Texas Department of State Health Services, n.d.; World Health Organization, 2018).

Recommendations for Texas

For the sustainability, retention, and growth of the social work workforce in Texas to ensure that all Texans have access to the necessary behavioral health services, we make the following recommendations:

- 01** ————— **Adopt policies** that enhance the educational opportunities, career advancement, and practice retention for social workers.
- 02** ————— **Support initiatives** such as enhancing pipeline programs to degree programs and advanced licensure, improving access to supervision, and participating in the Social Work Licensure Compact to facilitate licensure portability.
- 03** ————— **Promote collaborative efforts** among educational institutions, government agencies, and community organizations to effectively close the gap between the available number of practitioners and demand for behavioral health services.

Social work professionals continue to play a critical role in addressing the behavioral health needs of the people of Texas. The projected shortage of social workers, particularly in rural areas, highlights the urgent need for creative and strategic interventions to recruit, train, and retain qualified professionals to ensure the behavioral health and well-being of all Texans.

The Social Work Workforce

The U.S. Bureau of Labor Statistics reports a growing demand for social work professionals to address increasing behavioral health needs in the United States and the shortage of practitioners across the country (Salsberg et al., 2017).

Currently, there is no national system for collecting data on social workers making it difficult to track career trajectories and related supply and demand for social workers (Lombardi et al., 2024). Furthermore, the wide scope of the social work profession and variations across states in requirements for licensure complicates tracking, analysis, and understanding of the social work labor force. In this report, we examine the factors impacting the social work workforce, the funding of social work students in their practicum placements, and data on the hiring patterns of social workers within state agencies. We further provide a systematic literature review on what is known about the social work workforce in the state of Texas and conduct a population data analysis on licensed social workers and the population needs particularly in rural areas within the state.



Who are Social Workers?

Social workers provide an estimated 60% of all behavioral health services in the U.S. (Health Resources and Service Administration, 2023). Social workers are licensed psychotherapists who work as substance use counselors in private and public settings and as case managers in hospitals and nursing homes among many other professional settings. Social workers apply social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance the social, psychosocial, or biopsychosocial well-being of individuals, families, groups, and communities adversely affected by social or psychosocial stress or health impairment (Social Work Licensure, 2021). Social work theory and practice are grounded in the biopsychosocial (BPS) model of wellness that systematically considers biological, psychological, and social factors in their complex interactions, informing social workers to better understand the health and needs of their clients in their fullest contexts (Greenberg, 2005; Washington University in St. Louis, 2021). They approach assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders through a unique person-in-environment, multi-systems lens, lending particular attention to the needs and empowerment of individuals, families, groups, and communities who are vulnerable, oppressed, and living in poverty (National Association of Social Workers, n.d.).

Social Work Regulation in Texas

In Texas, social workers are licensed and regulated by the Texas State Board of Social Worker Examiners (TSBSWE) that in 2024 includes a presiding member, vice chair, and seven board members (Texas State Board of Social Worker Examiners, n.d.). The mission of the TSBSWE aligns with that of the Texas Behavioral Health Executive Council (BHEC), which is

“to protect and promote the welfare of the people of Texas by ensuring that behavioral health services and social work practice are provided by qualified and competent practitioners who adhere to established professional standards” (Texas Behavioral Health Executive Council, n.d.-b).

The TSBSWE is governed by the Social Work Practice Act (2003) outlined in Chapter 505 of the Occupations Code, and the rules established by the TSBSWE are detailed in the Texas Administrative Code under 22 TAC Part 34, Chapter 781 (Rules of Practice, 2020). The rules inform and guide the practice and conduct of every licensed social worker to be in accordance with the highest standards of ethics, accountability, and competence. To further guide the practice of social work, the BHEC has created a Consolidated Rulebook for Social Work available for public access on the Texas BHEC website (n.d.-a).

Behavioral Health & Social Work

More than one in five adults in the U.S. in 2021 was affected by a behavioral health condition, which can refer to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms (American Medical Association, 2022; U.S. Department of Health and Human Services, 2023). Social determinants of health—including education, financial resources, housing, and preventative health services—account for between 30-55% of health outcomes, and exposure to unfavorable social, economic, geopolitical, and environmental circumstances, including poverty and violence have shown to make people more vulnerable to behavioral health problems (Bhavnani et al., 2023; U.S. Department of Health and Human Services). That is, a higher burden of behavioral health conditions is disproportionately experienced by marginalized populations, affecting both lifespan and quality of years lived, and studies have shown that those who experience serious behavioral health conditions have mortality rates 2-3 times higher than the general population (Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: A systematic analysis for the global burden of disease study 2019, 2022; U.S. Department of Health and Human Services). Over the past decade, data collected by the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior

“...those who experience serious behavioral health conditions have mortality rates 2-3 times higher than the general population.”

Surveillance System has also revealed a significant rise in behavioral health issues among U.S. youth with reports of one in five youth (ages 13-18) having experienced a seriously debilitating behavioral health condition (Underwood et al., 2020; U.S. Department of Health and Human Services, 2023). Behavioral health conditions sharply increased following the global COVID-19 pandemic during which the challenges facing youth and families were significantly exacerbated. Today, the U.S. faces the combined impact of increasing behavioral health problems and its larger health implications and the sustained productivity losses and other indirect deficits among the general workforce (U.S. Department of Health and Human Services, 2023).

As leaders in recognizing and responding to trauma experiences and crisis situations (e.g., outbreaks, natural disasters, school shootings, interpersonal violence, and sudden loss), social work clinical therapists are trained to work with clients through evidence-based, trauma-conscious and trauma-informed



practice. According to the Health Resources and Services Administration (HRSA, 2023), social workers make up 60% of behavioral health providers in the U.S. and practice in various settings, including community-based behavioral health clinics, hospitals, police departments, schools, employee assistance programs, private practice offices, and non-profit settings. Social workers provide a wide range of psychotherapy, prevention, education, and clinical case management services and conduct assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders, including addictions, severe behavioral health issues, and serious emotional disturbances in children, adolescents, and adults. While social workers are the largest groups of behavioral health providers in the country, there is a lack

adequate comprehensive data on the size, geographic distribution, employment setting, educational preparation, and practice patterns of social workers at both state and national levels (Lombardi et al., 2024). It is critical then to better understand the points of concerns for the recruitment, education and training, and retention of social workers in the workforce.

“...social workers make up 60% of behavioral health providers in the U.S. and practice in various settings, including community-based behavioral health clinics, hospitals, police departments, schools, employee assistance programs, private practice offices, and non-profit settings.”

Texas Schools of Social Work

Schools of social work housed in Texas colleges and universities play a critical role in supplying the social work workforce. There are currently 36 Bachelor of Social Work (BSW) and 22 Master of Social Work (MSW) programs within 38 colleges and universities in Texas (Council on Social Work Education, n.d.). The Texas schools of social work educate and train their social work graduates to become lifelong learners who continue to equip themselves by building upon their knowledge and skills once they are licensed and enter their social work practice settings. While all

36

Bachelor of Social
Work (BSW)
programs



22

Master of Social
Work (MSW)
programs

MSW programs offer training in counseling skills and foundational education in behavioral health, eight MSW programs focus on the specialized preparation of clinical social workers.

The Steve Hicks School of Social Work (SHSSW) at The University of Texas at Austin provides a concentration in Clinical Social Work, a track that offers students specialized courses in clinical assessment and diagnosis and advanced clinical selectives in neurobiology and evidenced-based behavioral health practices including but not limited to Cognitive-Behavioral Therapy, Motivational Interviewing, and Solution Focused Brief Therapy.



SOCIAL WORKER SPOTLIGHT



“CLINICAL SUPERVISION IS A REQUIREMENT FOR ADVANCED LICENSURE (LCSW) IN TEXAS. I HAVE LEARNED THAT THE SKILLS REQUIRED TO PROVIDE THIS SUPERVISION EFFECTIVELY FOR RISING SOCIAL WORKERS ARE BOTH SIGNIFICANT AND INTRICATE AND THAT GOOD SUPERVISION’S VALUE IS ABSOLUTELY IMMEASURABLE IN GROWING SOLID SOCIAL WORKERS IN OUR PROFESSION.”



Tammy Linseisen, LCSW-S, ACSW,

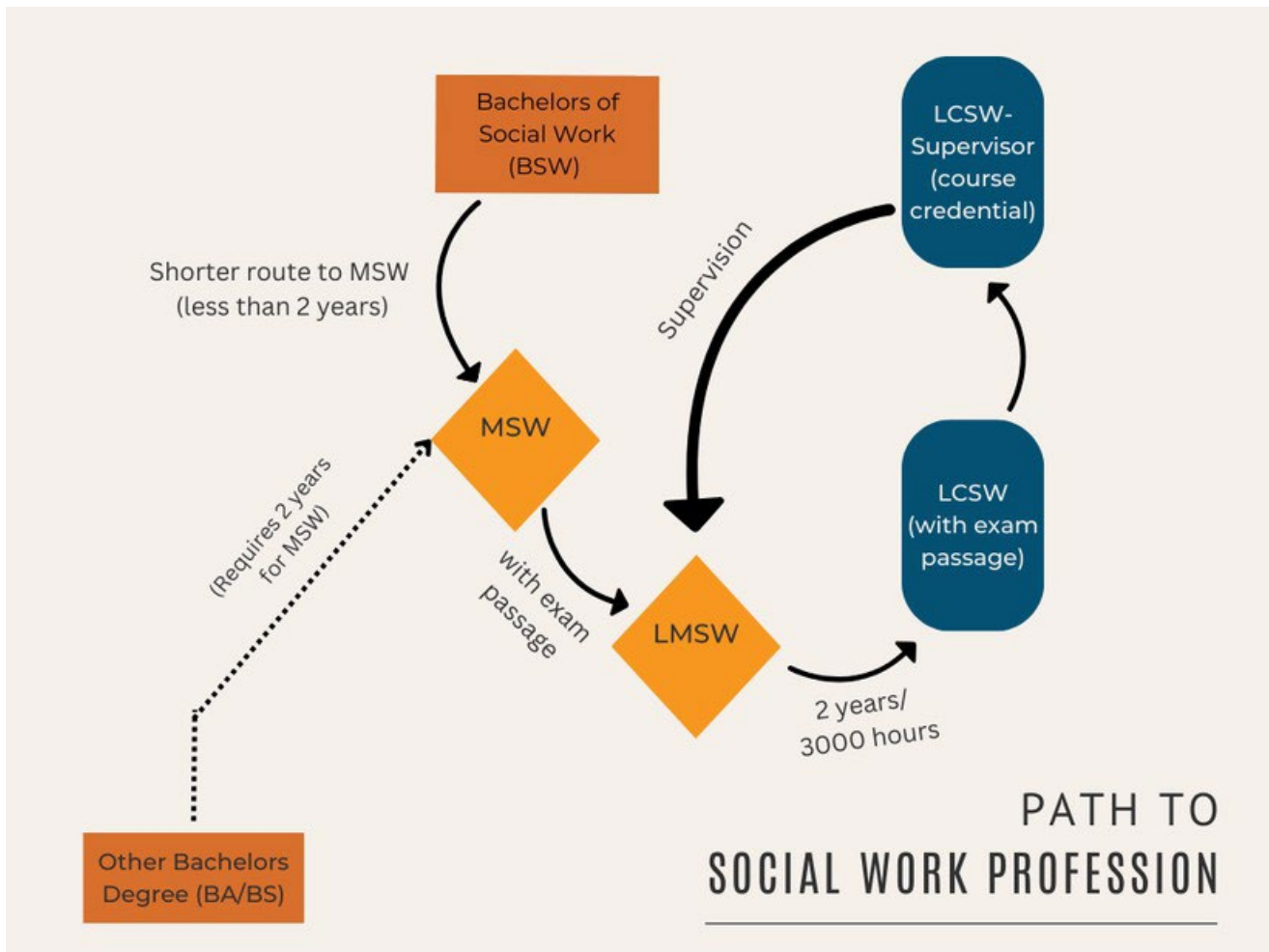
joined the faculty at the SHSSW as a clinical professor in 1998 as a part of the Child Welfare Education Collaboration, a program funded by the Title IV-E Prevention Program to support the professional development of Child Protective Service (CPS) employees. She teaches clinical courses to MSW students and provides training to child welfare through community-based partnerships.

Tammy began teaching the Art of Clinical Supervision course in 2005 for Licensed Clinical Social Workers (LCSWs) seeking their supervisory certification, which continues to hold a waitlist since her first year of offering the course. She also is the faculty coordinator of the Military Social Work Practice certificate program for MSW students at the SHSSW, and since 2011, has conducted trainings, including the Art of Clinical Supervision course for the U.S. Army in Texas and around the world.

Professional Degrees, Licensure, and Advancement

Two out of three of the social work licenses in Texas require a master's degree from a school accredited by the CSWE. Students enter an MSW program either from a BSW program or with an undergraduate degree in another discipline. BSW students are required to attend a CSWE-accredited school, fulfill 46 credit hours of social work courses, and complete a 400-hour academic internship, i.e., practicum, for course credit. In the final semester before graduation, a BSW student can take the BSW licensure exam to become a licensed baccalaureate social worker (LBSW). Across the U.S., all social work licensing exams are administered through the Association of Social Work Boards (ASWB). LBSWs may work as case managers, child welfare specialists, or community outreach workers; however, the majority of BSW graduates enter an MSW program to become LMSWs and advance further to become LCSWs. LCSWs can engage in a broader scope of practice (e.g., behavioral healthcare including psychotherapy) and increased opportunities for higher earnings.

Because BSW graduates have completed foundational coursework in obtaining their degree, they have the advantage of earning their MSW in just over a year (compared to two full years required of other baccalaureate graduates) with the option of applying to an accelerated MSW program known as a post-BSW program or an advanced standing. MSW students must also graduate from a CSWE-accredited school and are required to complete 60 credit hours of coursework including two academic internships that accrue 900 hours of practice experience. Current data does not provide the percentage of MSW graduates who go on to earn their LMSW; however, in 2020, the CSWE (2020b)



Created by Erin Swearingen, 2024.

Figure 1. *Path to Social Work Profession* illustrates the tracks in the social work profession towards licensure, i.e., licensed master of social work (LMSW), licensed clinical social worker (LCSW), and licensed clinical social worker supervisor (LCSW-S).

reported that 79% of MSW graduates across the U.S. intended to take the LMSW licensing exam required to be taken within five years of graduating with an MSW, indicating a high value for clinical licensure in the profession. Upon earning their MSW and successfully passing the entry licensing exam, an LMSW can provide clinical therapy and behavioral health treatment under professional supervision and needs only to earn 30 Continuing Education Units (CEUs) every biennium to maintain

licensure. MSW graduates at any licensure level who supervise BSW and MSW students for their academic practicums can be awarded up to 10 CEUs per biennium with no financial cost.

Beyond the practice scope of an LMSW, an LCSW can diagnose and provide psychotherapy services for behavioral health conditions independently. The benefits of becoming an LCSW are many and include the ability to provide psychotherapy in private practice

without ongoing supervision; access to a broader array of advanced clinical positions; and greater access to insurance and other direct reimbursement, which all lend to a higher earning potential (Munday, 2023). To advance to become an LCSW, an LMSW must:

- practice under an LCSW-approved supervisory plan;
- complete a minimum of 3,000 hours of supervised practice that includes assessment, diagnosis, and treatment; and
- complete a minimum of 100 hours of clinical supervision under a board-approved.

Supervision toward an LCSW can exceed \$2,500 each year. Many but not all agencies and behavioral health practices offer clinical supervision hours as a valued part of employment in that setting. When the agency or organization of employment does not offer supervision, the LMSW is required to pay for the supervision on their own, which can be a costly endeavor for beginning social work professionals.

For an LCSW to become a licensed clinical social worker supervisor (LCSW-S), they must obtain board approved supervisor status in Texas. An LCSW-S requires that an LCSW practice for two years post receiving their LCSW license and complete a 40-hour supervision training program. An LCSW-S can supervise LMSWs within their own practice competency and must be willing to take responsibility for the social

work services that are covered in the supervisory plan developed with the supervisee.

Projected Workforce Needs

According to the HRSA, the behavioral health workforce was expected to grow by 15% between 2016 and 2023 based on national supply and demand projections from their workforce simulations modules (Department of Health and Human Services, 2024). The HRSA noted a current shortage of social workers but also suggested that the number of practicing social workers in a few years will increase to meet the projected demands. This report suggests a current surplus of social workers; however, we highlight a couple of key flaws that may indicate that the projections may not be accurate:

1. the HRSA report calculates the need at a national level which does not account for variation between states; and
2. more glaringly important, the HRSA report calculates the surplus based on an assumption that demand equaled supply in 2017.

While the report provides a reference, the information being considered can lead to inaccurate results. That is, the assumption does not take into account unmet need in terms of the number of social work clinicians at an agency compared to the actual number of clinicians required to meet the demands of their client base (usually due to lack of

funding) and the number of unfilled positions due to the lack of available social workers who are specifically skilled to perform those jobs. The U.S. Bureau of Labor Statistics' (2024) Occupational Handbook for Social Workers posed similar projections concerning the demand for social workers:

The overall employment of social workers is expected to grow by 7%, or about 54,700, between 2023 and 2033.

The breakdown of growth is as follows:

- ◆ Child Family and School Social Workers: 5.3%
- ◆ Healthcare Social Workers: 10%
- ◆ Mental Health and Substance Use: 12%
- ◆ Other categories: 5%

The demand for social workers in these speciality areas coincides with the settings at which the majority of social workers are employed; however, specific data showing the practice settings of social workers work in the state of Texas could not be found.

National Social Work Workforce Shortage

The national reports show a shortage of LMSWs and LCSWs, and when looking at the national projection of the social work workforce, the U.S. is expected to experience a shortfall of 54 social workers for every 100,000 people by 2030 (Lin et al., 2015). When looking back to 2012, 11 out of 50 states were experiencing lower

numbers than the national ratio, and by 2030, the number is anticipated to increase to 30 out of 50 states. States in the South and the West have the lowest average regional grades compared with the Midwest and the Northeast. Texas is predicted to be the third highest state in need of social workers (33,825) with the most severe shortages in 2030 (Lin et al., 2015). Turnover rates increase annually nationwide, and similar to other behavioral health professionals, recruiting and retaining social work practitioners remains a challenge. Reports from Illinois (Hong et al., 2021), Iowa (Landsman & Crandall, 2019), Hawaii (Arndt et al., 2022) and a national report conducted by the Health Workforce Institute and submitted to the CSWE in 2018 all identified common barriers to growth in the workforce as education, licensing, employment recruitment, and retention. Key findings from these reports also demonstrated that issues such as low salaries, inadequate access to clinical supervision, occupational burnout, and financial issues (e.g., unpaid internships) have also contributed to the attrition of the LMSW and LCSW workforce.

“Texas is predicted to be the third highest state in need of social workers (33,825) with the most severe shortages in 2030 (Lin et al., 2015).”

Social Work Student Debt

When looking specifically at social work graduates, student loan debt was reported as a significant concern and barrier. A BSW student graduates with an average of \$30,000 to \$40,000 in loan debt, and an MSW student graduates with upwards of \$60,000 to \$80,000 debt depending on the institution and whether they attended an in-state or out-of-state program (National Association of Social Workers, 2021); the average student loan debt for social workers is substantial and reflects the extended educational requirements for those pursuing an MSW.

Social Work Income

The salary of a social worker varies based on years of experience, geographic location, areas of practice, and level of training, i.e., licensure. Table 1 provides the mean salaries for social workers reported by the U.S. Bureau of Labor Statistics (2024).

Table 1. Mean Salaries for Social Workers in 2023

Practice Areas	U.S. Annual Mean Salary	Texas Annual Mean Salary
Child, Family, & School Social Work	\$59,190	\$50,630
Healthcare	\$67,430	\$64,120
Mental Health & Substance Use	\$63,870	\$47,660
Social Work & all other	\$68,800	\$81,230

The average student loan debt of a social work graduate and mean national- and Texas state-level annual salaries demonstrate high educational debt-to-income ratios. The loan debt burden in contrast to the earning potential highlights the salient need to provide social workers with consistent and accessible funding while in their practicums through educational scholarships and following graduation through loan forgiveness programs.

Cost of Attendance and Practicums

The cost of undergraduate and graduate school and resultant debt burden may impact recruitment and retention for the social work profession (Chen & Bahr, 2021). Some undergraduate and graduate students may quit or curtail their employment while in school, especially during their practicums which can require 16 to 40 hours each week, reducing earned income in the process of accruing academic loan debt. In addition to general academic scholarships, social work students in Texas have at least four potential funding sources while in their practicums. It is important to note that these funding sources are not consistently available and funding levels vary from school to school and year to year. Additionally, larger schools in urban areas may have greater access to the following funding sources than smaller or rural schools:

1 AGENCY-PROVIDED STIPENDS,

i.e., funding provided by the internship placement site. These stipends may range from a small financial acknowledgement (e.g., \$50) to more significant hourly rates of pay (e.g., \$15/hour for the duration of a 400- or 500-hour internship) (U.S. Department of Veteran Affairs, n.d.).

2 TRAINING GRANTS,

i.e., funding received by the social work program from foundations or other funding sources to provide training to interns. For example, the HRSA has provided individual integrated behavioral health (IBH) scholarships of up to \$10,000 and IBH training to every student in an IBH internship (Steve Hicks School of Social Work, n.d.).

3 WORK-BASED PLACEMENTS

in which students are approved to complete their internships at their existing place of employment, typically with additional educational conditions and responsibilities (Bogo & Sewell, 2023).

4 FEDERAL WORK STUDY (FWS),

i.e., a financial aid program that funds part-time employment for students with demonstrated financial need. Some universities have expanded their FWS hiring practices to include social work interns on campus and in community settings (U.S. Department of Education, n.d.).

Many students choose to continue their employment while earning their degrees to maintain income. A 2018 survey *Exhausted, Stressed, and Disengaged: Does Employment Create Burnout for Social Work Students?* found that 83% of social work students worked while completing their practicums, and 45% worked more than 30 hours per week while interning 16 to 40 hours weekly and taking additional courses (Benner & Curl, 2018).

To address the recruitment and retention of social work students and practitioners, the Texas Child Mental Health Care Consortium (TCMHCC, 2022) proposed funded internships for students. The TCMHCC (2022, p. 53) also recommended “financial assistance or loan repayments for college students who commit to behavioral health careers in the public sector.”

Uvalde Community Spotlight

Beginning in October 2022, an interdisciplinary research team from the Steve Hicks School of Social Work, Departments of History and Sociology in the College of Liberal Arts, and IC2’s Bureau for Business Research conducted an extensive trauma-informed needs assessment regarding the tragic May 2022 school shooting in this rural Texas town. During 41 visits through September 2024, the team worked with community stakeholders including elected officials, community leaders, faith leaders, service providers, and educators for the purpose of identifying community priorities. The team developed 10 community-requested projects and was awarded funding from The University of Texas at Austin and the National Institute of Justice to carry out the research. Findings revealed that Uvalde had a significant lack of resources before the tragedy (Hill Country Center & Meadows Mental Health Policy Institute, 2022). Since the tragedy, existing mental health professionals have struggled with overwhelming demands, fatigue, and high turnover (Martinez, M. M., et al., October 2023).



Uvalde school shooting memorial [Photograph].

Uvalde exemplifies the unique dynamics of rural communities, which constitute about 20% of the U.S. population according to the 2020 Census. Challenges identified by the research team showed limited mental health access and stigma, low health and tech literacy, and a shortage of behavioral health professionals. Additional services were introduced after May 24, 2022, but some were difficult to access or otherwise inaccessible (e.g., a lack of bilingual providers). Uvalde has a large Spanish-speaking population, making up 60.3% of its total residents (U.S. Census Bureau, 2018–2022). The verbal, printed, and online communication, as well interviews with the residents indicated that the community lacks sufficient bilingual accessibility (Pogue & Wright, 2024). In response to these behavioral health treatment gaps, the local mental health authority Hill Country Mental Health & Developmental Disabilities Center expanded their programming. The Uvalde community also created the Uvalde Together Resiliency Center that provides family assistance and resources at no cost (Meadows Mental Health Policy Institute, 2023).

In April 2024, Governor Greg Abbott’s office announced a \$34 million project to build a behavioral health campus in Uvalde designed to be a centralized site for crisis intervention, outpatient care, and support for ongoing behavioral health needs (Office of the Texas Governor, 2024). The level of investment demonstrates the recognition of the critical need for behavioral health services in rural Uvalde and the surrounding counties. As the 2024 DSHS report demonstrates that most of Texas’ counties are designated MHPSAs, an anticipated challenge of the behavioral health facility will be hiring and sustaining enough social workers and other behavioral health professionals to support this important endeavor (Martinez, M. M., et al., October 2023).

The Uvalde Community Spotlight has been corrected from the original version.

SOCIAL WORKER SPOTLIGHT



Becky Morales, LCSW-S,

serves as the Chief Mission Officer for Flatwater, a Texas-based non-profit agency that connects individuals impacted by cancer with therapists within their communities. Her Psychotherapy Solution program has been inundated with client requests for therapy as the U.S. faces a record-level of 5,500 new cancer diagnoses each day (American Cancer Society, 2024). Especially since COVID-19, Becky routinely connects clients in rural locations with social work therapists for telemental health therapy sessions.

In her own clinical practice, Becky provides bilingual psychotherapy services for individuals. She carries specialized training in healthcare that supports the Hispanic and Spanish-speaking populations of Texas. The 2020 U.S. Census Bureau (2022) data provided that 39.3% of Texans identify as Hispanic, and 29.5% of residents aged five and older primarily speak Spanish at home. The Council on Social Work Education (CSWE, 2020a) report found that 14% of newly licensed social workers in Texas identified as Hispanic/Latino, and Becky who identifies as a Hispanic/Latina therapist expresses the value her identity holds for her clients and LMSW supervisees in pursuit of LCSWs.

Geographic Distribution of Social Workers in Texas

According to the Texas Department of State Health Services (DSHS, 2024), 246 of Texas' 254 counties qualify as Mental Health Professional Shortage Areas (MHPSAs). The Texas Primary Care Office and the HRSA work together to determine the qualification of a resident-to-provider ratio shortage for an MHPSA designation. To qualify, a region must have a ratio of 30,000 residents to one behavioral health provider, or 20,000 to one if there are "unusually high needs in the community" (DSHS, 2024). According to the HRSA, the behavioral health provider category includes psychiatrists, clinical social workers, clinical psychologists, licensed professional counselors, marriage and family therapists, psychiatric nurse specialists, and school psychologists (Esri, n.d.).

Behavioral health providers

include:

- psychiatrists
- clinical social workers
- clinical psychologists
- licensed professional counselors
marriage and family therapists
psychiatric nurse specialists
- school psychologists

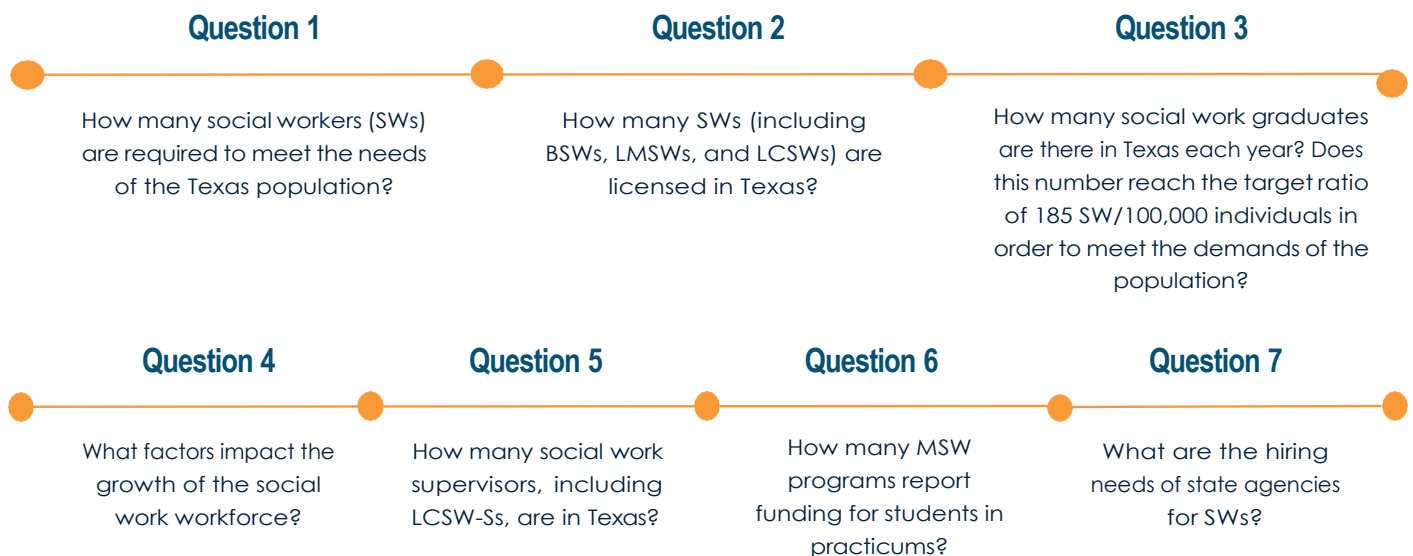
Summary

Social workers are licensed practitioners who provide the majority of behavioral health services in the United States. Post pandemic, the behavioral health needs of youth and families has grown to a global crisis that demands an increase in the behavioral health workforce. National reports indicate that there is a shortage of social workers and other behavioral health professionals, and these shortages are especially evident in rural regions. Reports illustrate that the reasons for such shortages include: substantial student loan debt; lack of funding for practicums; scarcity of available LCSW-S supervision; limited financial resources to pursue career advancement towards an LCSW and LCSW-S; low salaries at both the national and state levels; and high job stress. While national labor projections show that the number of social workers needed in the workforce will increase, there is a lack of accurate data on the social work workforce at both the national and state levels to determine how that demand will be met. Currently, there is no systematic way to track social work professionals in their career paths; therefore, it is important that states operationalize a method of tracking and analyzing the social work workforce to determine an accurate and current need for social work professionals.



Findings on the Social Work Workforce in Texas

This report summarizes what is known about the Texas social work workforce using available data from a systematic literature review and a subsequent statistical population data analysis using Census data and Texas Behavioral Health Executive Council (BHEC) data on licensed social workers. Qualitative data from a BHEC survey on the Texas workforce was also analyzed to examine the factors that may be affecting the growth of the Texas workforce. Additionally, data on the hiring needs of state agencies are presented along with data on the available stipends that are provided for social workers during their practicums.



Systematic Literature Review

To identify recent data on the social work workforce in Texas published after 2020, we conducted a systematic literature search using the key terms “Texas,” “social work,” and “workforce” across academic databases and government and professional organization websites. This comprehensive search yielded a total of 646 articles, 116 government reports, 9 one-pagers, and 1 professional organization’s report. After removing duplicates and screening for relevance, we only found 2 articles, 4 data sources, and 1 report specifically related to the Texas social work workforce.

What We Know

The two journal articles focused on school social workers' (SSW) critical role in addressing students' behavioral health challenges. Ding et al. (2022) surveyed 212 school social workers and other school service providers in Texas and found that SSWs more frequently served high-needs and special needs students. SSWs conducted behavioral health assessments (particularly regarding risk, i.e., suicidal ideation and self-harm), assisted teachers with classroom management, and performed in-service training more frequently than other specialized instructional services providers. Padilla et al. (2023) further revealed that schools with SSWs had lower failure rates despite those schools serving more challenging student populations.

Recent data from the Health Professions Resource Center (HPRC) of the Texas Department of State Health Services (2023) revealed a complex picture of the state's social work workforce. **While the total number of LCSWs has increased to 10,675 as of 2023, the ratio of population to LCSWs has decreased by 23.8% compared to 2015. The total number of LMSWs increased by 27.7% since 2015, but the ratio of population to LMSWs decreased by 10.7%.** The HPRC noted that as of 2023, there were 91 counties without an LCSW and 74 counties without an LMSW. Other 2022 reports indicated that 166 counties (65%) in Texas are without an LCSW who accepts Medicaid (National Association of Social Workers Texas Chapter, 2022). Among the counties with LCSWs, only 23% accept Medicaid clients.

- As of 2023, 91 counties are without an LCSW and 74 counties without an LMSW.
- Only 23% of counties with LCSWs accept Medicaid clients.

The data from the 2024 Workforce Supply & Demand Projection indicated a 27% unmet demand for social workers, which is expected to rise to 36% by 2036 if current trends continue (Texas Department of State Health Services, 2024). This projection aligns with earlier studies that assigned Texas the lowest grade, "D," as one of the states with the highest projected social worker shortage by 2030 with an estimated deficit of 33,825 jobs in the state workforce (Lin et al., 2016).

Texas Health and Human Services Commission (2024), identified geographical regions in Texas with shortages of behavioral health providers. These shortage areas were identified based on calculations of population to provider ratios, and the calculations accounted for: (1) the prevalence of alcohol and substance use; (2) the proportions of the population that are below the federal poverty line; (3) the proportions of the population under the age of 18 and over the age of 65; and (4) travel time to the nearest source of care outside the MHPSA, or Mental Health Professional Shortage Area. As stated earlier in our report in “Geographic Distribution of Social Workers in Texas,” 97% of counties in Texas have been designated as MHPSAs, and an additional 1% have partial MHPSA designations. Given the critical role of social workers in addressing and treating behavioral health issues and the rising behavioral health needs in the state that have been documented by the CDC, these MHPSAs represent serious health risks for the population of Texas (National Association of Social Workers, n.d.; Texas Department of State Health Services, n.d.; World Health Organization, 2018).

Needs in Rural Regions

Texas exhibits significant disparities between urban and rural regions in the social work workforce. Padilla et al. (2023) found that six regions constitute over 75% of all SSWs, with 87% of schools with SSWs located in city or suburban areas. The HPRC also revealed that metropolitan counties had 3.1 times and non-border counties had 2.4 times more LCSWs than their counterparts (Texas Department of State Health Services, 2023). The visualization of the ratio of Texas population to LCSW and LMSW by counties are represented below.

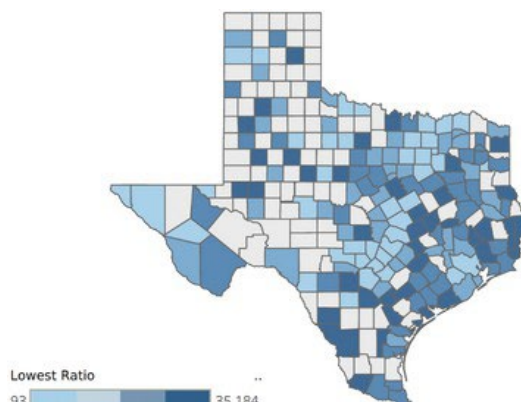


Figure 2. Ratio of Texas Population to LCSWs by County.

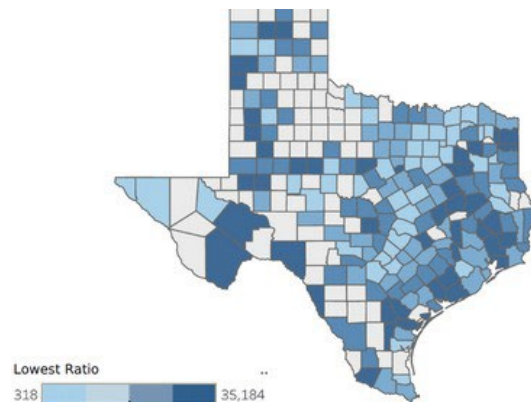


Figure 3. Ratio of Texas Population to LMSWs by County.

A recent Milliman report further underscored the severity of this shortage in Texas by providing comparison with other states (Davenport et al., 2023). The report revealed that 88.2% of Texans reside in designated MHPSA counties. Texas ranks last among all 50 states in the ratio of population to behavioral health providers, averaging 690 people per provider. Moreover, with 18% of the Texas population uninsured and given the provider shortages, Texas has the lowest rate of individuals with a behavioral health diagnosis to receive care from a behavioral health specialist (22%) out of all states.



88.2%, or approximately 8 in 10, of Texans reside in designated MHPSA counties



18%, or approximately 1 in 5, of Texans are uninsured

What We Do Not Yet Know: Gaps in Literature

Based on our review, several gaps in understanding the Texas social work workforce have emerged. First, while studies on SSWs provide valuable insights, there is an obvious lack of comprehensive data across various behavioral health domains, limiting our understanding of the broader social work workforce in Texas. Additionally, current state data primarily focuses on LCSWs, overlooking other critical segments of the workforce, including BSWs and MSWs without and with entry level licensure, i.e., LMSW.

Texas Social Work Workforce Analysis, Projections, and Impact

In this section, we answer the proposed questions about the Texas social work workforce.

Question 1: How many social workers (SWs) are required to meet the needs of the Texas population?

Due to the critical role of social workers in addressing behavioral health concerns, previous research has assessed the growing needs for social work services across the U.S. population. Work published by Lin et al. (2015) acknowledged that the expanding social diversity and aging of the baby boomer generation in the U.S. population will continue to increase demand for social work services. To understand supply and demand issues in the social work workforce, these researchers used methodological approaches previously established in examinations of registered nursing and physical therapy. They demonstrated that, in 2012, the U.S. had a national ratio of 185 social workers for each 100,000 individuals in the population, and this ratio assumed no shortages. In current studies, this ratio was used to calculate target numbers for the social work workforce in Texas from the year 2019 to the present and beyond.

Statistics regarding the population of Texas were extracted from the U.S. Census Bureau and summarized by Macrotrends (n.d.) from 2019 to 2023. This data was used to calculate the number of

social workers needed in Texas by assuming a ratio of 185 SWs for each 100,000 individuals in the population between the years 2019 and 2023. The years 2019 to 2023 were used to calculate average population growth per year, which was estimated at 1.285%, and this rate of increase was applied for the years from 2024 to 2028. These projected population estimates were then used to calculate the number of social workers that will be needed between 2024 and 2028 in Texas. As presented in Table 2 (Target Number SW), in order to meet the behavioral health needs of the Texas population, the social work workforce would have needed 55,555 social workers in 2022 and 56,431 in 2023 and will need 57,156 in 2024. These numbers are notably higher than the actual number of social workers registered in the state during these years, suggesting a significant shortfall.

Table 2. Actual and Projected Number of SWs versus Ideal Numbers in Texas (2019-2028)

Year	BHEC BSW	BHEC MSW	BHEC LCSW	BHEC Total SW	Target Number SW	Shortfall
2019	4366	11106	8930	24402	53625.6	29223
2020	4403.1	11503.8	9817.7	25195.2	54083.6	28888
2021	4440	12987	11274	30088	54688.4	24600
2022	4292	13878	12604	30774	55555.2	24781
2023	3928	14203	13703	31834	56431.1	24597
2024	3716	14422	14978	33116	57156.2	24040
2025	3502.8	14938.5	16466.9	34192.4	57890.7	23698
2026	3301.8	15473.3	18103.8	35303.8	58634.6	23331
2027	3112.4	16027.5	19903.4	36451.4	59388.1	22937
2028	2933.8	16601.5	21881.9	37636.3	60151.2	22515

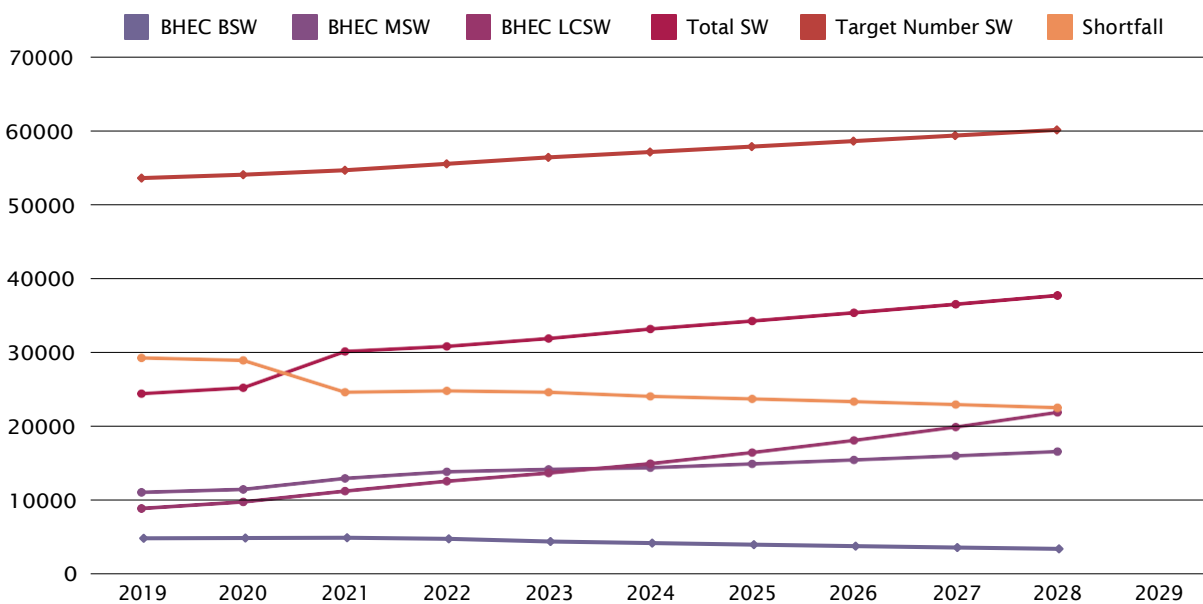
Note. SW = social worker; BSW = bachelor of social work; MSW = master of social work; and LCSW = clinical licensed social work. BHEC Total SW and LCSW (in purple font) show projected numbers. Target Number SW was calculated from a ratio of 185 SW/100,000 individuals as proposed in Lin et al. (2015). Shortfall was calculated by subtracting BHEC total SW from Target Number SW.

Question 2: How many SWs (including BSWs, LMSWs, and LCSWs) are licensed in Texas?

The Texas BHEC (n.d.) is involved in the regulation of behavioral health services and social work practice in the state. As part of its mission to uphold standards of practice, the BHEC approves licensure applications for social workers and other behavioral health professionals. The BHEC has kept a database of licensed social workers since its formation in 2019. For the purposes of this project, the BHEC provided data on licensed BSWs, MSWs, and LCSWs in the state of Texas for the years 2019, 2021, 2022, 2023, and 2024 (data was not available for 2020). As presented in Table 2, the number of licensed social workers in the state over the past five years has consistently fallen short of the target ratio of 185 per 100,000 needed to meet the population's

demands. For example, in 2023, there 31,834 licensed social workers (including BSWs, MSWs, and LCSWs), while the state's projected need was 56,431, resulting in a shortfall of 24,597 social workers. That is, the social work workforce in Texas was operating at 56% of the required capacity in 2023. Figure 3 provides a visual representation of the discrepancies between the actual numbers of social workers versus the target number (line in green) between 2019 and 2024. The graph also illustrates projected discrepancies for the years from 2025 to 2028. These projections are based on established trends calculated from the rate of change in licensed social workers in addition to target numbers based on the rate of population increase from previous years.

Figure 3. Past and Projected Social Work Workforce Growth in Texas



Question 3: How many social work graduates are there in Texas each year? Does this number reach the target ratio of 185 SW/100,000 individuals in order to meet the demands of the population?

Current data indicates that there has been a shortfall in the social work workforce in Texas since at least 2019. Addressing this shortfall, however, depends on identifying the specific stage in the workforce development process in which social workers are leaving the profession. As reported by the CSWE (n.d.), there are 58 accredited social work programs in Texas that offer BSW (n=36) and MSW (n=22) programs. Relevant questions are related to the number of graduates being produced by these programs and whether this number comes close to meeting the target ratio of 185 per 100,000 needed to meet the population's demands. The CSWE conducts a yearly survey of social work programs across the U.S., and results from the 2022-2023 survey demonstrated that the state of Texas conferred 1,360 BSW and 1,231 MSW degrees—a total of 2,591 degrees (Council on Social Work Education, 2023). *This evidence illuminates two significant issues.* The first issue is that Texas needs more than 2,591 graduates each year in order to reach the target number of social workers required to meet the demands of the population (i.e., 185 SW/100,000 individuals in the population). As presented in Table 2, in 2023, there was a shortfall of 24,597 social workers across the state, indicating that Texas may require up to 10 times the number of

graduates each year in order to build a workforce capable of meeting the needs of the population. The second issue illuminated by this data is the discrepancy between the number of graduates and the number of licenses issued by the state. **As presented in Table 2, in 2023, BHEC gained 1,060 licensed social workers, which is only 41% of the number of graduates from Texas that same year.** This discrepancy poses the question as to why social workers who received their education in Texas were not getting their entry level licensure at the same rate at which they were graduating. While existing research has not explained the reasons for this inconsistency, it can be speculated that the discrepancy exists for various reasons, such as people moving out of state, delaying their licensing exams due to cost, or shifting to work in other types of employment unrelated to social work. Altogether, the data points to two stages in the social work workforce development process—the number of graduates being produced by the state and the time between graduation and licensure—that require additional examination and possible intervention. It is important then to more closely investigate the possible deterrents that prevent individuals from choosing social work as a profession and the reasons individuals who attain their social work degrees through a social work program in the state are delaying or foregoing licensure in Texas.

Question 4: What factors impact the growth of the social work workforce?

Data examined for the purposes of this report have so far indicated that the volume of the social work workforce in Texas has consistently fallen short of the target numbers (i.e., 185 SW/ 100,000 individuals in the population) required to meet the needs of the state's population since 2019. Data further indicated that the state is not producing enough social work graduates and that some graduates may either choose not to pursue licensure in Texas or face challenges or delays in obtaining licensure. In order to better understand barriers preventing the growth of the social work workforce at these two stages, qualitative data from a recent survey conducted by the Texas BHEC was examined.

In 2023, the Texas BHEC (2023) launched its first workforce study, which intended to gather data to assist legislature and other relevant stakeholders in coordinating statewide approaches for building and maintaining a behavioral health workforce to meet the needs of the state. Licensed social workers, among other behavioral health clinicians, were asked a number of questions related to their work and perspectives on their study of practice. 372 BSWs, 1,395 MSWs, and 2,339 LCSWs responded to the 2023 survey. Two questions that explored insight into barriers preventing the growth of the social work workforce were:

1. "Would you recommend a career in mental or behavioral health to other individuals? Why not?"; and
2. "If you had the authority, what changes would you make to reduce barriers for individuals entering the profession?"

Responses to these questions overwhelmingly showed the top reasons social workers would not recommend the profession to others as due to low wages and high stress. As presented in Table 3, the most popularly identified barriers for individuals entering the social work profession include: low pay, high student debt/low financial support from schools, access to and financial resources for supervision, cost of licensure, and lack of assistance in navigating licensure processes.

Survey Responses

Most popularly identified barriers:

- low pay
- high student debt/low financial support from schools
- access to and financial resources for supervision
- cost of licensure
- lack of assistance in navigating licensure processes

Table 3. *Texas Behavioral Health Executive Council 2023 Survey: Example Responses from Social Workers*

Survey Question	Example Responses
<p>“Would you recommend a career in mental or behavioral health to other individuals? Why not?”</p>	<p>“The compensation is not worth the stress. Mental and physical drain”</p> <p>“stressful, and low pay”</p> <p>“Same level of education and often more training yet less pay than nurses”</p> <p>“The amount of money we make does not cover living cost. The amount of stress that comes with this career is not worth the pay as we don’t make what we deserve”</p>
<p>“If you had the authority, what changes would you make to reduce barriers for individuals entering the profession?”</p>	<p>“higher pay, more scholarships for students”</p> <p>“More scholarships or grants to lower student debt”</p> <p>“Assistance in obtaining licensure. Many students want to license but find it difficult and challenging to start the process. Even me, I am set to finish my LCSW hours but do not know how to start the process of applying for my next license”</p> <p>“Reduce costs of licensure, increase access to study materials and assistance....”</p> <p>“To make sure therapists have good supervision before going into practice”</p> <p>“It is very expensive to become fully licensed and the income potential is not as great in comparison”</p> <p>“Just like teachers the pay and incentives to working these hard careers need to be in place....”</p> <p>“The availability and cost of education makes it difficult to enter this field. Additionally, the requirement to work in an unpaid position for field education makes it very difficult for those already in the workforce to finish their schooling and enter the profession”</p>

This qualitative data points to specific issues that may be inhibiting the growth of the social work workforce in Texas. The data suggests that individuals may not choose to continue in the profession due to a lack of financial support, resources, and incentives during their education, practicum experience, and processes related to attainment of licensure, (e.g., access to supervision). If and upon when licensure is attained, the workforce overwhelmingly reports that financial compensation is not satisfactory. Increasing the financial resources for and remuneration of current and future social workers may then ameliorate the named chief grievances and improve retention to foster the development of a larger workforce that can meet the behavioral health needs of the Texas population.

Question 5: How many social work supervisors, including LCSW-Ss, are in Texas?

Accessibility to and availability of social work supervision is necessary for MSW students to fulfill their practicum requirements and for those with LMSWs working towards becoming LCSWs and for LCSW-Ss. **Limited access to supervision was one key issue identified by social workers who responded to the 2023 BHEC survey, an issue also echoed in other sources.** A recent article by Simpson (2024) discussed the lack of clinical supervisors in Texas as a serious barrier for both those working towards attaining LMSWs and LCSWs. BHEC records the number of LCSW-Ss, and their data provided that there are currently 3,871 licensed

supervisors in Texas; however, this number does not provide insight into how many of these LCSW-Ss are actively working as supervisors (to supervise practicing social workers, the S license is required). Data from the 2023 BHEC survey indicated that 84 (or 6%) of LMSW respondents and 684 (or 29%) of LCSW respondents are currently providing supervision to those working towards clinical licensure. A follow-up question asked respondents to provide why they were not offering supervision. As presented in Table 4, common responses included lack of time/busy workload, reticence, organizational limitations, prohibitive costs related to seeking a supervisory license, and a lack of inquiries from potential supervisees.

Table 4. Texas Behavioral Health Executive Council 2023 Survey: Example Responses Regarding Supervision

Survey Question	Example Responses
"Do you currently serve as a supervisor for individuals working towards full licensure? Why not?"	"don't have time"
	"I don't want to work extra time"
	"work environment is not meant for supervising"
	"While I have a supervisor's license my organization structure does not allow for supervises"
	"The requirement in Texas is too expensive and time consuming"
"I am a supervisor, but I do not get contacted for supervision services"	

The report based on the collective responses of the 11,884 MSWs and LCSWs suggests that only a small percentage of the social work workforce is both interested in and able to work in a supervisory capacity. Improved support from employers in infrastructure and time allowances and from licensing bodies such as BHEC through the reduction of costs and streamlining of supervisory licensure attainment may foster increased access to and availability of supervision in the social work workforce.



Question 6: How many MSW programs report funding for students in practicums?

The qualitative data from the 2023 BHEC survey indicated that a lack of financial incentives and support during the education process presented as a significant barrier that may be impacting the growth of the social work workforce in Texas. In order to gain a better perspective on this issue, data was extracted from a previous survey conducted by the SHSSW at The University of Texas at Austin. In 2021, the SHSSW Office of Practicum Education invited schools across the country, including all 38 schools with accredited programs in Texas, to complete a survey assessing the level of funding available for students placed in their respective 400- or 500-hour internships. Programs were asked if students received funding

during their academic internships from any sources including agency stipends, grant-funded training awards, and work-based placement support. Of the 11 schools that responded, 72% reported some level of funding from agencies; 45% reported funding from school-based programs or grant-funded training awards; and 45% reported funding from work-based placements. These results, however, may not demonstrate the level of scarcity in funding; qualitative data from this survey showed that the schools who reported funding also indicated that funding was uncommon. As presented in Table 5, respondents indicated that in all funding scenarios, funding was not consistently available to all students and access to these resources fluctuated year-over-year.

Table 5. Qualitative Data From SHSSW Office of Practicum Education Survey

Source of Funding	Example Responses
Agency	<p data-bbox="781 338 1369 390">“We have an option at one agency for a paid internship. It is not available every year”</p> <p data-bbox="781 422 1382 533">“Presently, it is difficult to find enough agencies in our area to meet placement needs without stipends. I have no hope of agencies being a realistic source of funding for our internships”</p>
School- or grant-funded training	<p data-bbox="781 600 1395 680">“We have a very small Social Work Student Professional Development Fund which provides monetary awards to a few students per semester”</p> <p data-bbox="781 716 1292 768">“We have had several in the past that were grant related. We do not have any at this time”</p>
Work-based placement	<p data-bbox="781 835 1354 915">“On rare occasions a student may be offered employment by the agency. This has happened once every two years, maybe”</p>

The results of this survey highlight two important issues. Firstly, because only 11 of the 38 programs in Texas responded to this survey, there remains a significant lack of data available to fully understand access to funding for students in practicums in the state. Secondly, this preliminary data suggests that funding is scarcely available, and when available, is only accessible to a small number of students as resources fluctuate year-over-year. Further examination of funding for students in practicums may be important in identifying possible interventions to increase the social work workforce in Texas.



Question 7: What are the hiring needs of state agencies for SWs?

Data examined for the purposes of this report have previously examined the number of social workers compared to the needs of the state along with specific issues and barriers identified by current social workers that may be preventing the growth of the workforce. In order to establish a comprehensive understanding of the workforce, data regarding state employment of social workers was also examined.

According to the Health and Human Services Jobs Center (n.d.), Texas employs only a small percentage of social workers compared to the number required to meet the needs of the state's population. As of August 29, 2024, there were only 33 open licensed social worker positions for the State of Texas Agencies. As presented in Table 6, between 200 and 300 social workers were employed each year from 2019 to 2024 by state agencies (Texas State Auditor's office - E-class search criteria, n.d.). In 2019, Texas agencies employed 209.5 licensed social workers, terminated 57 licensed social workers, and transferred two within agencies for a turnover rate of 27.3%. In 2024, the Alcoholic Beverage Commission employed two social workers; the Department of State Health Services employed 98.67 social workers; and the Health and Human Services Commission (HHSC) employed 190.33 social workers (one position is split between DSHS and HHSC).

Table 6. Number of State-Employed Social Workers Over the Last 5 Years

Fiscal Year	Head Count
2019	209.50
2020	258.00
2021	270.50
2022	239.25
2023	227.25
2024	291.00

This employment data illustrates the lack of social work services available compared to the needs of the population and the state's low employment rate despite the documented unmet needs. That is, despite the shortage of 24,040 social workers in 2024, state agencies employed only 291 social workers in 2024. Many social workers are contracted through the state to perform private care services, but they are not classified as employees of state agencies. A plausible explanation for the discrepancy between the number of state-funded social work positions and the needs of the population is a lack of funding allocation for these types of positions; however, further investigation is needed to confirm the reason for discrepancy and

to determine how much additional funding might be needed to recruit and hire enough social workers to meet the needs of the population.

Social workers employed by state agencies may be hired to work in policy and administrative roles, and may be less likely to provide direct services. Further studies may determine if state employed social workers are more often in positions that influence social service funding and program development and evaluation.



Summary of Findings on the Texas Social Work Workforce

The findings on the social work workforce in Texas illustrate similar issues and trends identified in state reports completed in Illinois (Hong et al., 2021), Iowa (Landsman & Crandall, 2019), Hawaii (Arndt et al., 2022), and in a national report conducted by the Health Workforce Institute and submitted to the CSWE in 2018. The shortage of social workers especially in rural regions presents the pressing need to improve the recruitment, retention, and financial support of the social work workforce beginning at the time social workers enter schools of social work and through their time in working towards all levels of licensure.

Summary of Findings continued

THE CURRENT AND PROJECTED FUTURE NUMBERS OF SOCIAL WORKERS

do not meet the needs of the population of Texas, and this disparity is projected to increase over the next four years.

SURVEYS REPORT A GROWING DEMAND FOR SOCIAL WORK PROFESSIONALS

to address increasing behavioral health needs in Texas and the contemporaneous shortage of practitioners with 97% of the counties in Texas having been designated as mental health professional shortage areas (MHPSAs).

LCSWS HAVE KEY SKILLS TO PROVIDE THERAPY, SUPPORTING THE SCREENING, DIAGNOSIS, AND TREATMENT OF PEOPLE

with behavioral health conditions and are specifically trained to work with high-risk populations, but these behavioral health professionals are in scarce supply across the state. This scarcity is magnified in a number of geographical regions in Texas. That is, metropolitan counties had 3.1 times more LCSWs than rural counties, and non-border counties had 2.4 times more LCSWs than their border counterparts (Texas Department of State Health Services, 2023).

TO MEET THE POPULATION NEEDS IN THE STATE OF TEXAS,

schools of social work will need to produce up to 10 times more graduates each year.

ANALYSIS OF THE QUALITATIVE DATA FROM THE BHEC (2023) WORKFORCE SURVEY

provided that factors such as lack of incentives; high student debt; lack of scholarships and funding for practicums; difficulty accessing supervision; low wages at all stages of professional development after graduation; and costs of licensure may inhibit the growth of the social work workforce in Texas.

STIPENDS AND FUNDING FOR PRACTICUMS SERVE AS INCENTIVES

for students to complete their social work education; however, there is currently limited data available to understand access to funding for students in practicums in the state. Additionally, existing data suggests that funding is scarcely available and is accessible to only a small number of students each year.

TEXAS AGENCIES ARE EMPLOYING ONLY A SMALL PERCENTAGE OF SOCIAL WORKERS

compared to the demand to meet the population needs of the state. The low employment rate may be due to a lack of funding allocation for state agency positions.

Recommendations: Meeting the Needs of the People of Texas

This report demonstrates that the need for social workers in Texas is greatest in rural areas and that the workforce shortages of social workers across the state are attributable to the inability to supply enough social workers to meet the population needs.

According to the qualitative data from the 2023 BHEC survey, social workers reported that the workforce is chronically underpaid and overworked. Improving education and work incentives for individuals to pursue and remain in the social work profession may have the double benefit of both ameliorating these realities and increasing the volume of the social work workforce in the state. Our recommendations to mitigate rural behavioral health workforce needs build on those previously highlighted by Baum & King (2023) and focus on our findings specific to Texas.



Recommendations continued

SCHOLARSHIPS & GRANTS

can support social workers who can offer services in Spanish and are willing to commit to working in rural communities and MHPsAs after graduation. The U.S. Census Bureau (2022) estimates that more than a third of Texans speak a language other than English at home.



PIPELINE PROGRAMS

create a road for students from rural areas to become social workers in their own communities or other rural areas after graduation. These programs include mentorship, internships, and job placement.

EDUCATIONAL LOAN REPAYMENT PROGRAMS

for social workers who commit to working in an underserved rural region can support practitioners and further benefit communities in MHPsAs. An existing example is the Coordinating Board's Mental Health Professional Loan Repayment Program.



PARTNERSHIPS

between educational institutions, local governments, and healthcare providers lends a supportive environment for social workers who have chosen to work in an MHPSA. These partnerships often offer continuing education and speciality training programs.

JOIN THE SOCIAL WORK LICENSURE COMPACT

which is designed to optimize access to licensed social workers especially in rural and other underserved areas. The Council on State Governments, the Department of Defense, the Clinical Social Work Association, NASW, and ASWB have partnered to support the Social Work Licensure Compact to reduce barriers to portability. Between April and September of 2024, 12 states adopted the Compact and an additional 15 states have proposed legislation to join. The Compact would allow "social workers who have or are eligible for an active, unencumbered license in the compact member state where they reside to apply for a multistate license." (Council of State Governments, 2023; Social Work Licensure Compact, 2024).

Recommendations continued

TELEMENTAL HEALTH

expansion would allow Texas social workers to provide psychotherapy and other behavioral health services to rural clients without being in the same region. An existing example is the Texas Child Health Access Through Telemedicine (TCHAT) that currently provides services to school districts to help identify and assess behavioral health needs of children and adolescents (The University of Texas System, n.d.).



STIPENDS FOR MSW STUDENTS TO TAKE THE LMSW EXAM

can assist students who face barriers due to licensure associated costs. Workforce development funds could be used to provide stipends that help graduating MSW students pay for their licensing fees.

STIPENDS FOR LMSW SUPERVISION TOWARDS AN

LCSW

can reduce the financial strain of licensure. Social work supervision towards the LCSW can be costly. Organizations and state agencies can incentivize employment by offering supervision to their LMSW employees.




STIPENDS FOR LCSWS TO PURSUE AN LCSW-S

that cover the required supervision course can increase the number of available supervisors. BHEC can provide a public database of licensed supervisors so that supervisors and supervisees can be more easily connected.


FUNDING FOR SOCIAL WORK INTERNS

during their 900-hour academic internships in community-based programs including psychotherapy settings, schools, and healthcare clinics. Funding through federal work study, training grants, agency-based stipends, and/or work-based placements would provide income for students while they are earning their social work degrees.


Major Gaps in Knowledge




There is a discrepancy between the number of social workers who graduate in Texas each year and the number that attain licensure with BHEC. The reasons are unknown and require further study to understand and remedy the incongruity.



This report offers at least two junctures of interest in which the state may be losing social workers: (1) recruitment to the profession and (2) the time between graduation and licensure at the different levels. There is currently no way to publicly track students who enter social work programs and subsequently the workforce in Texas. Implementing a tracking system could provide further insight into appropriate interventions. Furthermore, to better understand limitations regarding recruitment and retention in the profession, data should be collected from social work recruitment events across the state. This data could be gathered from surveys provided to individuals who make contact with social work schools to obtain information about their respective programs and with BHEC regarding licensure trends.



Barriers to recruitment to the profession may include: lack of incentives; high student debt; lack of scholarships and funding for practicums; difficulty accessing supervision; low wages at all stages of professional development after graduation; and costs of licensure. The types of incentives that may already be in place are not known, e.g., the number of internships with funding currently offered by schools and what can be done to increase that number.



The reasons for the low number of paid social work positions within state agencies is unknown. Collecting data regarding unmet client needs and waitlists from agencies employing social workers could provide insight into the discrepancies between the number of social work positions and the needs of the communities in which these agencies operate.

Conclusion

The Texas social work workforce faces significant challenges that must be addressed to meet the growing demand for behavioral health services across the state. The projected shortage of social workers, particularly in rural areas, highlights the need for creative and strategic interventions to recruit, train, and retain qualified professionals. Key strategic interventions could include increasing funding for social work education and the required internships as well as offering incentives including scholarships and loan repayment programs. Additionally, addressing the financial barriers to licensure and supervision as well as improving the distribution of social work services through employment incentives and telemental health services will be critical to reaching underserved populations in areas suffering behavioral health shortages. To ensure the sustainability of the social work workforce in Texas, it is essential to implement policies that support both the education and career advancement of social workers. This could include enhancing pipeline programs, increasing accessibility to supervision, and participating in initiatives like the Social Work Licensure Compact for licensure portability that would reach rural Texans. The findings of this report indicate that without targeted efforts to address these issues, the gap between the demand for social work services and the availability of qualified professionals will continue to widen, exacerbating the behavioral health crisis in Texas. Collaborative efforts between educational institutions, government agencies, and community organizations will be vital in closing this gap and ensuring that all Texans have access to the social services they need.

Glossary

ASWB	Association of Social Work Boards
BHEC	Behavioral Health Executive Council
BSW	Bachelor of Social Work
CDC	Centers for Disease Control and Prevention
CEUs	Continuing Education Units
CPS	Child Protective Services
CSWE	Council on Social Work Education
DSHS	Department of State Health Services
FWS	Federal work study
HHSC	Health and Human Services Commission
HPRC	Health Professions Resource Center
HRSA	Health Resources and Services Administration
LBSW	Licensed baccalaureate social worker
LCSW	Licensed Clinical Social Worker
LCSW-S	Licensed Clinical Social Worker-Supervisor
LMSW	Licensed Master Social Worker
MHPSAs	Mental Health Professional Shortage Areas
MSW	Master of Social Work
NASW	National Association of Social Workers
SHSSW	Steve Hicks School of Social Work
SSW	School social workers
SW	Social worker
TCMHC	Texas Child Mental Health Care Consortium
TSBSWE	Texas State Board of Social Worker Examiners

References

- American Academy of Pediatrics. (2021). AAP-AACAP-CHA declaration of a national emergency in child and adolescent mental health.
- American Cancer Society. (2024). *Facts and figures 2024*. <https://www.cancer.org/research/acs-research-news/facts-and-figures2024.html#:~:text=2024%E2%80%94First%20Year%20the%20US,6%20of%20the%20top%2010>
- American College of Surgeons. (2023a). *Certain cancers will likely rise exponentially due to COVID-19 screening delays*. <https://www.facs.org/media-center/press-releases/2023/certain-cancers-will-likely-rise-exponentially-due-to-covid-19-screening-delays/>
- American College of Surgeons. (2023b). Delay and disparity in observed vs. predicted outcomes. *Journal of the American College of Surgeons*, 237(3), 5. https://journals.lww.com/journalacs/abstract/2023/09000/delay_and_disparity_in_observed_vs_predicted.5.aspx
- American Medical Association. (2022, August 22). *What is behavioral health?* American Medical Association. <https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health>
- Arndt, R.G., Bersamira, C., Kreif, T., & Stotzer, R. L. (2022). *Social work in Hawai'i: A workforce profile*. Manoa, HI: Thompson School of Social Work & Public Health, University of Hawai'i at Manoa.
- Association of Social Work Boards. (2019). *Comparison of clinical supervision requirements*. <https://www.aswb.org/wp-content/uploads/2021/01/Comparison-of-clinical-supervision-requirements-9.23.19.pdf>
- Baum, N., & King, J. (2020). *The behavioral health workforce in rural America: Developing a national recruitment strategy*. Center for Health and Research Transformation. University of Michigan School of Public Policy.
- Benner, K., & Curl, A. L. (2018). Exhausted, stressed, and disengaged: Does employment create burnout for social work students? *Journal of Social Work Education*, 54(2), 300-309. <https://www.jstor.org/stable/48542907>
- Bhavnani, S. K., Zhang, W., Bao, D., Raji, M., Ajewole, V., Hunter, R., Kuo, Y. F., Schmidt, S., Pappadis, M. R., Smith, E., Bokov, A., Reistetter, T., Visweswaran, S., & Downer, B. (2023). Subtyping social determinants of health in all of us: Network analysis and visualization approach. medRxiv. <https://doi.org/10.1101/2023.01.27.23285125>
- Bogo, M., & Sewell, K. (2023). Emerging best practices for employment-based field placements: A path to a more equitable field experience. *Field Educator*. Retrieved August 28, 2024, from <https://fieldeducator.simmons.edu/article/emerging-best-practices-for-employment-based-field-placements-a-path-to-a-more-equitable-field-experience/>
- Chen, R., & Bahr, P. R. (2021). How does undergraduate debt affect graduate school application and enrollment? *Research in Higher Education*, 62(4), 528–555. <https://doi.org/10.1007/s11162-020-09610-y>
- Council of State Governments. (n.d.). *Social Work Licensure Compact*. Retrieved September 26, 2024, from <https://compacts.csg.org/compact-updates/social-work/>
- Council on Social Work Education. (2020a). *The social work profession: Findings from three years of surveys of new social workers*. <https://www.cswe.org/CSWE/media/Workforce-Study/The-Social-Work-Profession-Findings-from-Three-Years-of-Surveys-of-New-Social-Workers-Dec-2020.pdf>
- Council on Social Work Education. (2020b). *Statistics on social work education in the United States*. Retrieved from <https://www.cswe.org/getattachment/726b15ce-6e63-4dcd-abd1-35d2ea9d9d40/2020-Annual-Statistics-On-Social-Work-Education-in-the-United-States.pdf?lang=en-US#:~:text=The%20majority%20of%20baccalaureate%20social,17.9%25%20were%20Hispanic%2FLatinx>
- Council on Social Work Education. (2020c). *2020 statistics on social work education in the United States: Race and ethnicity of MSW graduates*. https://www.cswe.org/getmedia/938fe746-53c2-47ff-85d6-086df54821c4/WorkforceStudy_Brief-MSW_Raceethnicity.pdf.pdf
- Council on Social Work Education. (2021). *2020 statistics on social work education in the United States*. <https://www.cswe.org/Research-Statistics/Research-Briefs-and-Publications/2020-Annual-Statistics-on-Social-Work-Education>
- Council on Social Work Education. (2023). *2022–2023 annual statistics on social work education in the United States*. <https://www.cswe.org/research-statistics-0a2756984f2446870db6e935f0e44221/annual-survey-of-social-work-programs/>
- Council on Social Work Education. (n.d.). *Directory of accredited programs*. Retrieved August 28, 2024, from https://www.cswe.org/accreditation/about/directory/?pg=&program_state=TX

- Council of State Governments. (2023). Social work licensure compact: Frequently asked questions. Retrieved August 28, 2024, from <https://swcompact.org/wp-content/uploads/sites/30/2023/02/Social-Work-Licensure-Compact-FAQ.pdf>
- Cullen, W., Gulati, B., & Kelly, B. D. (2020). Mental health in the COVID-19 pandemic. *QJM: An International Journal of Medicine*, 113(5), 311–312. <https://doi.org/10.1093/qjmed/hcaa110>
- Davenport, S., Darby, B., Gray, T. J., & Spear, C. (2023). *Access across America: State-by-state insights into the accessibility of care for mental health and substance use disorders*. Milliman. <https://www.milliman.com/en/insight/access-across-america-state-insights-accessibility-mental-health-substance-use>
- Department of Health and Human Services. (2024, September 2). *Workforce projections*. Health Resources and Services Administration. <https://data.hrsa.gov/topics/health-workforce/workforce-projections>
- Ding, X., Faulkner, M., Franklin, C., Gerlach, B., Beer, M., Calbow, E., & Nulu, S. (2022). Assessing Texas school social work practice: Findings from the first statewide conference survey. *International Journal of School Social Work*, 8(1), 1–24. <https://doi.org/10.4148/2161-4148.1088>
- Esri. (n.d.). Mental health professional shortage areas (HPSA). ArcGIS Experience. Retrieved August 23, 2024, from <https://experience.arcgis.com/experience/323d93aa45fd43e88515cdf65365bf78/page/Page-1/?views=Mental-HPSA>
- Fitzhugh Mullan Institute for Healthforce Equity, George Washington University. (2021). The provision of behavioral health services by recent master of social work (MSW) graduates. The Provision of Behavioral Health Services by Recent Master of Social Work Graduates (socialworkers.org)
- Garrett, R. (2019). Lifelong learning and professional development in social work. *Social Work Education*, 38(2), 235–247.
- Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: A systematic analysis for the global burden of disease study 2019. (2022). *The Lancet Psychiatry*, 9(2), 137–150. [https://doi.org/10.1016/s2215-0366\(21\)00395-3](https://doi.org/10.1016/s2215-0366(21)00395-3)
- Greenberg, W. M. (2005). The biopsychosocial approach: Past, present, future. *American Journal of Psychiatry*, 162(7), 1398. <https://doi.org/10.1176/appi.ajp.162.7.1398>
- Health Resources and Services Administration. (2022). Scoring shortage designations. U.S. Department of Health and Human Services. <https://bhwh.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring>
- Health Resources and Services Administration. (2023). Behavioral health workforce brief. U.S. Department of Health and Human Services. <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf>
- Health Resources and Services Administration. (2024). *Health professional shortage areas (HPSA) - Mental health*. U.S. Department of Health and Human Services. <https://experience.arcgis.com/experience/323d93aa45fd43e88515cdf65365bf78/page/Page-1/?views=Mental-HPSA>
- Hill Country Mental Health & Developmental Disabilities Center, & Meadows Mental Health Policy Institute. (2022, December 20). *Uvalde region mental health needs assessment*. <https://www.hillcountry.org/uvalde-region-mental-health-needs-assessment>
- Hong, R., Rubin, J., & Hong, P. Y. P. (2021). An evaluation of the Illinois social work workforce: Challenges and opportunities. Chicago, IL: National Association of Social Workers—Illinois Chapter.
- Landsman, M.J., & Crandall, S. (2019). Meeting the needs of lowans through the services of professional social workers: An assessment of the Iowa social work labor force. Iowa City, IA: University of Iowa and Iowa Chapter, National Association of Social Workers.
- Lawrence, J. A., Williams, D. R., & Davis, B. A. (2022). Racial/ethnic differences in burnout among healthcare providers. Harvard University. https://scholar.harvard.edu/files/davidwilliams/files/lawrence_et_al_raceethnicdifferencesinburn
- Lin, V. W., Lin, J., & Zhang, X. (2015). U.S. social worker workforce report card: Forecasting nationwide shortages. *Social Work*, 61(1), 7–15. <https://doi.org/10.1093/sw/swv047>
- Lombardi, B. M., de Saxe Zerden, L., & Fraher, E. (2024). Varying estimates of social workers in the United States: Which data source to use? *Medical Care Research and Review*. <https://doi.org/10.1177/10775587241257983>
- Macrotrends. (n.d.). Texas population 1900-2023. <https://www.macrotrends.net/global-metrics/states/texas/population#:~:text=The%20population%20of%20Texas%20in,a%200.85%25%20increase%20from%202019>

- Martinez, M. M., González-López, G., Busch-Armendariz, N., Sulley, C., Quiroga, A., & Susswein, M. (2023, August). Community needs assessment findings for Uvalde, Texas: Phase I October 2022-May 2023. The University of Texas at Austin. [Presentation and Unpublished Paper].
- Martinez, M. M., Busch-Armendariz, N., González-López, G., & Sulley, C. (2023, October). Community needs assessment findings for Uvalde, Texas: Phase I and II October 2022-October 2023. The University of Texas at Austin. [Presentation and Unpublished Paper].
- Meadows Mental Health Policy Institute. (2023). Uvalde region mental health needs assessment. <https://mmhpi.org/project/uvalde-region-mental-health-needs-assessment/>
- Mental Health America. (2022). Ranking the states. *Mental Health America*. <https://www.mhanational.org/issues/2022/ranking-states>
- Munday, R. (2023, September 5). LMSW vs. LCSW: Learn the differences and which licensure is right for you. *SocialWorkGuide.org*. <https://www.socialworkguide.org/licensure/lmsw-vs-lcsw/>
- National Association of Social Workers. (n.d.). Code of ethics. National Association of Social Workers. <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- National Association of Social Workers (NASW) Texas Chapter. (2022). Mental health workforce expansion. Retrieved from https://www.naswtx.org/resource/resmgr/resources_4/LMSWs_billing_Medic_aid_-_One.pdf
- National Association of Social Workers (NASW). (2019). Rural social work. Retrieved from <https://www.socialworkers.org/LinkClick.aspx?fileticket=fueSmjCz0c8%3D&portalid=0>
- National Association of Social Workers (NASW). (2021). Student loan debt among social workers. Retrieved from <https://www.socialworkers.org/>
- National Association of Social Workers (NASW). (2022). Social work salaries by state. Retrieved from <https://www.socialworkers.org/Careers/Career-Center/Kickstart-Your-Job-Hunt/Social-Work-Salaries>
- National Association of Social Workers (NASW). (2022). 2022 ASWB exam pass rate analysis. Retrieved from https://cdn.ymaws.com/www.naswtx.org/resource/resmgr/resources_2/ASWB_Texas_Data_Report_-_Fin.pdf
- Office of the Texas Governor. (2024, April 22). Governor Abbott announces \$34 million behavioral health campus project in Uvalde. <https://gov.texas.gov/news/post/governor-abbott-announces-34-million-behavioral-health-campus-project-in-uvalde>
- Padilla, G. D., Menchaca, V., & Gandaria, A. (2023). Texas school social workers: Who and where are they? *International Journal of Arts, Humanities & Social Science*, 4(3), 1–23. <https://doi.org/10.56734/ijahss.v4n3a1>
- Pogue, G., & Wright, J. (2024). Uvalde Community Asset Mapping and Economic Recommendation Report. IC2 Institute, The University of Texas at Austin.
- Rules of Practice. (2020). 22 Texas Administrative Code, § 781.3.
- Salsberg, E., Quigley, L., Mehfoud, N., Acquaviva, K., Wyche, K., & Silwa, S. (2017). Profile of the social work workforce. Retrieved from https://hsrc.himmelfarb.gwu.edu/sphhs_policy_workforce_facpubs/16
- Simpson, S. (2023, February 21). Texas' shortage of mental health care. *The Texas Tribune*. Retrieved August 28, 2024, from <https://www.texastribune.org/2023/02/21/texas-mental-health-workforce-shortage/>
- Simpson, S. (2024, August 5). How a lack of supervisors keeps new mental health workers from entering the field. *The Texas Tribune*. <https://www.texastribune.org/2024/08/05/texas-mental-health-supervisors-training-students/>
- Social Work Licensure. (2021). 22 Texas Administrative Code, Rule § 781.302.
- Social Work Licensure Compact. (2024). Social Work Licensure Compact. Retrieved September 26, 2024, from <https://swcompact.org/2024/>
- Social Work Practice Act. (2003). 3 Occupations Code, § 505.001.
- Steve Hicks School of Social Work. (n.d.). Funded practicum education programs. *The University of Texas at Austin*. Retrieved August 28, 2024, from <https://socialwork.utexas.edu/academics/practicum/programs-with-funding/>
- Texas Behavioral Health Executive Council. (2023). 2023 Texas behavioral health executive council workforce study survey data. <https://bhec.texas.gov/workforce-survey-and-data/>
- Texas Behavioral Health Executive Council. (n.d.-a). Retrieved from <https://bhec.texas.gov/proposed-rule-changes-and-the-rulemaking-process/>

- Texas Behavioral Health Executive Council. (n.d.-b). Agency mission and philosophy. Retrieved August 28, 2024, from <https://bhec.texas.gov>
- Texas Behavioral Health Executive Council. (n.d.-c). Applying for a license. Retrieved from <https://bhec.texas.gov/texas-state-board-of-social-worker-examiners/applying-for-a-license/>
- Texas Behavioral Health Executive Council. (n.d.-d). Texas State Board of Social Worker Examiners. Retrieved from <https://bhec.texas.gov/texas-state-board-of-social-worker-examiners/>
- Texas Child Mental Health Care Consortium. (2022). Biennial report to the Legislative Budget Board: Fiscal years 2021-2022. University of Texas System. <https://tcmhcc.utsystem.edu/wp-content/uploads/2022/12/FINAL-TCMHCC-Report-to-the-LBB-FYS-21-22.pdf>
- Texas Department of State Health Services. (2023). Health profession fact sheets. Health Professions Resource Center. Retrieved August 15, 2024, from <https://healthdata.dshs.texas.gov/dashboard/health-care-workforce/hprc/health-profession-fact-sheets>
- Texas Department of State Health Services. (2024). Workforce supply & demand projections. Health Professions Resource Center. Retrieved August 15, 2024, from <https://healthdata.dshs.texas.gov/dashboard/health-care-workforce/hprc/workforce-supply-and-demand-projections>
- Texas Department of State Health Services. (n.d.). Mental health. Texas Health Data. Retrieved August 28, 2024, from <https://healthdata.dshs.texas.gov/dashboard/mental-health/mental-health>
- Texas Health and Human Services. (n.d.). Health and human services jobs center. Retrieved August 28, 2024, from https://jobshportal.hhsc.state.tx.us/ENG/careerportal/Job_List.cfm?szSearchType=Advanced
- Texas State Auditor's Office. (n.d.). E-class search criteria. <https://sao.texas.gov/Apps/eclass/Search/>
- Texas State Board of Social Worker Examiners. (n.d.). Board news. *Texas Behavioral Health Executive Council*. Retrieved August 26, 2024, from <https://bhec.texas.gov/texas-state-board-of-social-worker-examiners/board-news/>
- Underwood, J. M., Brener, N., Thornton, J., et al. (2020). Overview and methods for the youth risk behavior surveillance system—United States, 2019. *MMWR Supplements*, 69(Suppl-1), 1–10. <https://doi.org/10.15585/mmwr.su6901a1>
- U.S. Bureau of Labor Statistics. (2024). Social workers. *Occupational Outlook Handbook*. Retrieved August 29, 2024, from <https://www.bls.gov/ooh/community-and-social-service/social-workers.htm#tab-7>
- U.S. Census Bureau (2018-2022). Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over (Hispanic or Latino) American Community Survey 5-year estimates. <https://censusreporter.org>
- U.S. Census Bureau. (2020). P9 Hispanic or Latino, and not Hispanic or Latino by race, 2020 census redistricting data (Public Law 94-171) summary file. Retrieved from <https://data.census.gov/table/DECENNIALCD1182020.P9?g=040XX00US48>
- U.S. Census Bureau. (2022). S1601 language spoken at home, 2022 American community survey 1-year estimates. Retrieved from <https://data.census.gov/table/ACSST1Y2022.S1601?q=language%20spoken%20at%20home&g=040XX00US48>
- U.S. Department of Education. (n.d.). Federal work-study. Federal Student Aid. Retrieved August 28, 2024, from <https://studentaid.gov/help-center/answers/article/federal-work-study>
- U.S. Department of Health and Human Services. (2023, March). Mental illness. National Institute of Mental Health. <https://www.nimh.nih.gov/health/statistics/mental-illness>
- U.S. Department of Veterans Affairs. (n.d.). Social work education. Veterans Affairs. Retrieved August 28, 2024, from <https://www.socialwork.va.gov/education.asp>
- Washington University in St. Louis. (2021, October 10). Three aspects of health and healing: The biopsychosocial model in medicine. Department of Surgery. <https://surgery.wustl.edu/three-aspects-of-health-and-healing-the-biopsychosocial-model/>
- World Health Organization. (2018). Mental health atlas 2017. World Health Organization.