Describing the National Social Work Data Sources

Brianna Lombardi PhD MSW and Erin Fraher PhD MPP

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I. Introduction

Purpose

The purpose of this rapid response is to respond to a request from the National Center for Health Workforce Analysis to identify and assess the relative strengths and weaknesses of national data sources on social workers that can be used for health workforce research. Rapid growth of social work degree programs, along with a diverse array of social work practice areas makes it is difficult to describe and count the social work profession. This rapid response examines the data sources that could be used to enumerate the overall number of social workers in the United States and compares the ability of these data sources to identify social workers engaged in direct clinical behavioral health services.

Brief History and Description of the Social Work Workforce

The field of social work has a history of over 150 years with the first organized social work educational programs developing at the turn of the 20th century. According to the Council of Social Work Education (CSWE) there are currently 531 accredited Bachelor of Social Work (BSW) programs and 272 Master of Social Work (MSW) degree programs in the United States, a 16% growth in BSW and 50% growth in MSW programs since 2009. As the profession has grown, practice has shifted both in function and setting. Social work began with roots in case management and working with immigrant families. Today, most social workers work in direct clinical practice with individuals and families to address a host of issues including behavioral health, social needs, and child welfare within many different settings like schools, hospitals, nursing facilities, group homes, outpatient mental health clinics, rehabilitation centers, and prisons. Yet, social workers also fulfill positions such as community organizing and neighborhood outreach, community development, policy and advocacy work, and research.

Comparing Data Sources' Ability to Capture the Diverse Array of Social Work Roles

Social workers with different degrees and licensure statuses perform different functions. Some social workers work in clinical settings (e.g., individual therapy) and some in non-clinical settings (e.g., non-profit management). Social workers at the master's level can seek licensure (after examination and supervised practice) to provide clinical services and practice independently (without supervision). Because licensed clinical social workers can practice independently, they may be independently employed (self-employed) in private practice or practice in larger community and hospital-based settings. Licensed clinical social workers are a reimbursable provider for CMS. (A detailed description of the scope of practice of the clinical social work

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workforce is available at the University of Michigan Behavioral Health Workforce Research Center website: https://www.behavioralhealthworkforce.org/wp-content/uploads/2017/11/FA3_SOP_Full-Report_1.pdf).

Because of differences in social worker practice due to degree, license, and billing ability it is important to consider the "type" of social worker that is available in each data source. Each data source described below enumerates different types of social workers in the workforce. Table 2 and 3 highlight that the size of the workforce varies significantly, at the state and national level, by the data source used. All data sources allow for national and state level estimates, yet not all data sources have valid data to describe sub-state variation (e.g., county) of social workers. This has significant implications for identifying mental health shortage areas within states.

II. Data Sources

American Community Survey (ACS)

The American Community Survey (ACS) is a nationally representative data source for the population of United States. The ACS is administered yearly by the U.S. Census bureau. The ACS uses the federal standard for classifying workers into occupational categories: the Standard Occupational Classification (SOC). In 2018, the ACS adopted a SOC that included a refined measure of social worker type. Prior to 2018, the ACS only detailed if an individual identified themselves as a "social worker". Beginning in 2018, the ACS began to account for four categories of social work practice and classifies social workers into four sub-categories: (1) Child, Family, & School; (2) Healthcare; (3) Mental Health and Substance Abuse (MH/SUD); (4) All Other. A major limitation of ACS is that questions on occupation are self-reported and many individuals who are not trained in social work, but work in social work-adjacent positions may call themselves a social worker in this survey. Further, ACS utilizes a mechanism in which the interviewer codes the occupation described by the respondent. As such, the interviewer could code someone as "social worker" when they work in adjacent fields (e.g., child welfare). This is particularly relevant in the many states that do not have social work title protection. Another limitation is that social work is a discipline that may be called other titles in practice. As such, someone who is trained as a social worker may call themselves a "therapist" or "community advocate/organizer" or "case manager".

Past research about the social work workforce has used two indicators within the ACS to identify the population of social workers: an SOC designation of 'social work' and an educational degree of a Master's degree or higher. Unfortunately, the ACS does not include information on the type of Master's degree (although does include information on the degree type of Bachelor's degree). Because of this there are limitations in distilling the social work workforce from the ACS.

Future research and enumeration activities could consider analyzing the number of individuals classified as a social worker in the ACS by different North American Industry Classification System (NAICS) codes. This analysis could assist in understanding the proportion of ACS identified social workers working at child welfare agencies (NAICS 2022 code 624110) compared to ACS identified social workers working crisis intervention

centers (NAICS 2022 code 624190). This information could lead to a better understanding of the proportion of ACS identified social workers working in direct behavioral health service settings.

Strengths: Nationally-representative; includes social workers regardless of licensure status; includes social workers at the Bachelor's level (which is an understudied group); includes demographic data; as of 2018 the SOC matches other national data sources for social work descriptions and may be able to delineate MH/SUD social work workforce.

Limitations: No indication of licensure to practice; individuals who do not have a degree in social work included in counts; likely overestimates the direct clinical social work workforce.

Licensure Data

Health and behavioral health professions are licensed by state entities to ensure the workforce meets a minimum set of requirements and is monitored for misconduct. Social work is unique among health professional groups in that individuals are not required to be licensed to be employed as a social worker. For example, if a social worker works within a psychiatric hospital and is supervised by a psychiatrist or licensed psychologist they may not be required to be licensed because they do not bill independently and are directly supervised by a licensed provider. To practice independently (without supervision) and to bill insurance directly for services clinical social work licensure is required.

An additional complication of licensure is that there is not a uniform licensure system state by state. Licenses at the same level and scope of practice rules may be called different titles. For example, in some states master's level independent social workers are called Licensed Clinical Social Workers (LCSWs) while in other states the same individual would be called a Licensed Independent Social Worker (LISW). The Association of Social Work Boards (ASWB) keeps an updated registry of social work licensures and requirements by degree level on their website: aswb.org. Drawing on correspondence with the ASWB, estimates of current social worker licenses across license types is presented in Table 1. Information on state social worker licenses is also available directly from the ASWB website: https://www.aswb.org/regulation/laws-and-regulations-database/licensed-social-workers-in-the-u-s-and-canada/.

Licensed and Independent Clinical Social Workers are likely working in direct patient care with individuals and families with behavioral health needs. However, there is no national research that has evaluated the estimated proportion of licensed independent clinical social workers who work within behavioral health organizations. As many health systems have moved to integrate health services, licensed and independent clinical social workers may be working within hospital or health systems in a medical social work role—providing screening and assessment, brief treatment that includes behavior change, and care management, as compared to a 100% behavioral health role.

Another concern of using licensure data to enumerate the social work workforce is that it is unclear what percent of all social workers who are able to be licensed seek licensure. In one recent study of Master's level social work graduates, 82% planned to pursue licensure (Salsberg et al., 2020). This is a helpful estimate to

understand the proportion of future graduates who may become licensed. However, it is likely that there are many social workers working in settings under the supervision of a licensed provider who are providing social work services but are not included in licensure data.

ASWB maintains the number of licensed social worker by state for all types of social work licenses. However it is unclear if there is uniformity of data elements collected by ASWB between states. For example, in some states the practice address may be recorded while in other states the address listed is the home address. A further complication of using state-level data to enumerate the availability of social work services is that tele-behavioral health provisions enable social workers to provide care—either on their own or through an agency—in another state where they are licensed but may not reside. This factor also relates to limitation that licensure data may overestimate the number of licensed providers as some social workers may be licensed to practice in more than one state. There is no available research that has examined the proportion of social workers licensed in more than one state.

Table 1. *Association of Social Work Boards Number of Licensed Social Workers Across all United States and US Territories (2021)*

Number of licensed social workers by category of license	
Clinical-Independent	325,442
Master's	143,051
Bachelors	68,445
Associates	4,697
Total	541,635

As states are responsible for monitoring and coordinating the renewal of social work licenses, they often also collect additional information. Some of this information could be helpful in understanding the roles that licensed social workers are fulfilling in the state, along with the settings where they work and the populations they serve. However, there is not a unified or agreed upon minimum data set that all states collect which makes it difficult to collate data across the United States. The following states collect additional information as part of surveys administered when practitioners renew their licensure.

- Virginia:https://www.dhp.virginia.gov/media/dhpweb/docs/hwdc/behsci/0904LCSW2020.pdf
- Minnesota: https://www.health.state.mn.us/data/workforce/hcwdash/index.html?url_var=worksettingcaredelivery#anchor
- Vermont: https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_Stats_CSW18_report.pdf

Strengths: Likely the best source to estimate the clinical social workforce who may be providing direct behavioral health services and is able to bill to CMS; Demographic and practice information of licensed social workers available in some state collected survey data.

Limitations: Unclear on the accuracy of data to enumerate sub-state supply of social workers (e.g., by county); some states delayed in reporting yearly data; may double count individuals licensed in two or more states.

Graduation Data

Social work is a quickly growing workforce due to the significant increase in accredited social work degree programs at both the undergraduate and graduate level. In 2020 alone, there were approximately, 21,204 BSW degrees and 33,455 MSW degrees conferred in the United States (CSWE, 2021). Graduation data allows workforce researchers to enumerate new entrants into the workforce and to evaluate which programs and states are producing the most graduates. However, not all graduates pursue employment in direct clinical practice or in a position that requires a social work degree. From a study of new MSW graduates, 23% currently worked in a position that did not require a social work degree or did not work in the field of social work (Salsberg et al., 2020). Further, the percent of social work graduates going into social work positions likely varies by region and specialty of the graduate social work program they attend.

Two sources of data on social work graduates include the Integrated Post Secondary Education System (IPEDS) and CSWE. IPEDs is a publicly available data source that collects information directly reported by the College or University. Colleges and Universities that receive Title IV funding are required to submit graduation information, while those who do not receive federal funding may voluntarily submit. Race and ethnicity data is required to be reported in this data which could help inform the understanding of the future diversity of the social work workforce.

CSWE collects a count of graduates of accredited social work programs through the CSWE Annual Survey of Social Work Programs. In 2020, CSWE reported they received data on 90.7% of all Master's-level accredited social work programs. This survey has been conducted since 1952. Beyond the count of social work degrees conferred, the survey includes information on the number of social work students graduating in specialty training programs or receiving certificates (i.e., child welfare; addiction and substance misuse), data on graduating student demographics (e.g., race/ethnicity; gender; age), and information on the amount of student loans students graduate with.

Strengths: Helpful for understanding numbers of new entrants to the workforce; contains demographic data of new entrants.

Limitations: Not all social work degree graduates go into the clinical field; cannot observe where (e.g., which state) graduates ultimately practice.

Bureau of Labor Statistics Data

The Bureau of Labor Statistics (BLS) produces state and national estimates of the social work workforce through the Occupation Employment and Wage Survey (OEWS). OEWS is a semi-annual survey of employers from nonfarm industries. OEWS uses the SOC to identify social workers working in four domains: (1) Child, Family, and School Social Workers; (2) Healthcare Social Workers; (3) MH/SUD; (4) All Other Social Workers. See Table 2 and 3 for a breakdown of the estimates of social workers by type in the BLS data. BLS estimates are not at the person-level. No sociodemographic information or practice address level data is available. However, details on the industry (NAICS code) the social workers work in is available. For example, the 2021 BLS reports there are approximately 124,000 Mental Health and Substance Abuse Social Workers and 25% of this group works within Outpatient Mental Health and Substance Abuse Centers (NAICS code 621400) and 10% work within Psychiatric and Substance Abuse Hospitals (NAICS code 622200).

As the occupation is classified by the employer in the OEWS, it is unknown if employer respondents report social workers at the master's or bachelor's degree level and whether social workers enumerated through OEWS are licensed or not. Because of this, it is unclear if BLS data over or underestimate the number of clinical social workers working in direct behavioral health services and the educational degree level of this group is not known. Further, as the data is employer reported it is unclear how social workers who work under a different title in their position (e.g., behavioral health care manager) are classified. When examining Table 2 BLS data reports significantly higher number of social workers overall, yet when narrowing to MH/SUD social workers this number is significantly lower than the NPPES and licensure data. This finding suggests that the category of MH/SUD may undercount the number of social workers practicing in this area.

The OEWS does not collect information on self-employed individuals. It is unknown what percent of licensed clinical social workers are self-employed. In a recent survey of social workers drawn from the National Association of Social Workers, approximately 65% of the sample worked in private practice (Lombardi et al., 2022). Whether the survey represents the true percentage of social workers working in private practice nationally is unclear but the data suggest that BLS underestimates the number of social workers who are providing clinical behavioral health services because it does not include private practices that self-employ the social worker.

Strengths: Uses the SOC and the NAICs which enables users to differentiate the number of social workers in various types of practice and settings; includes social workers employed in direct practice positions.

Limitations: Unclear the proportion that has a Master's-level degree or clinical license**;** self-employed private practice social workers are not included in estimates; may not include social workers with a social work degree yet are working in a position with a different title (e.g., Behavioral Health Clinician).

National Plan and Provider Enumeration System

The Centers for Medicare and Medicaid (CMS) National Plan and Provider Enumeration System (NPPES) collects information on providers eligible to bill CMS for services through a unique identifier system called the

National Provider Identifier (NPI). Having an NPI is a requirement for all providers who are eligible to bill CMS for services. NPPES is updated bimonthly. Each provider within NPPES is categorized by provider specialty "type" called a taxonomy code. Each provider is required to self-select a taxonomy when registering for a NPI number. Providers can select more than one taxonomy. There are three taxonomies for social workers within NPPES: Social Worker – 104100000X, Clinical – 1041C0700X, School – 1041S0200X. The NPPES includes the provider's practice address. Respondents can report gender, license number, and free text additional credentials. Analyses of the NPPES file suggest that these variables are non-required elements. The NPPES relies on providers voluntarily updating practice address if they move positions or clinical locations. NPPES also includes a facility file with practice address of various facilities. Unfortunately, the provider file and facility taxonomies are not connected—in that the data does not present the facility identifier where a provider works.

Social workers in the NPPES who have an NPI are likely individuals in clinical settings where they or their agency/organization receives payment from CMS. It is unknown what proportion of these social workers are actively licensed, at the master's level, and working directly in behavioral health. Of the approximately 285,000 social workers in the NPPES, 69% reported a primary taxonomy of "Clinical social work", 30% reported a primary taxonomy of "Social Worker", and 1% reported a primary taxonomy of "School social work".

Strengths: The sample of social workers in this data source is likely practicing in clinical settings and billing to or working a setting reimbursed by CMS; Practice address/location is available.

Limitations: Unclear of the degree level and licensure status of social workers in NPPES; Unclear how often practice address is updated; Excludes social workers who practice clinically but in settings that do not bill to CMS (e.g., domestic violence shelter); Does not include demographic data.

Other Data Sources

There are other data sources that were not examined in-depth for this rapid response that could potentially be utilized to enumerate and conduct research on the social work workforce. Claims data could be one way to understand the function of social workers, as well as evaluate the types and proportion of services performed by social workers (e.g., what % of all psychotherapy codes are performed by social workers for a population). Further, claims data could be merged with NPI data to estimate the proportion of NPI social workers with a behavioral health claim. The limitation of claims data is that social workers who are unlicensed and cannot bill directly will be missed. For example, as social workers work to meet the requirements of independent licensure, they are supervised by other licensed social workers, psychologists, and psychiatrists and fall under "incident to billing".

Other data sources:

- Health system data is another potential source to understand the role and function of social workers but would be of limited value in fully enumerating the workforce.

- Professional organizations like the National Association of Social Workers (NASW) are an additional source of data on the numbers and types of practicing social workers. (Approximately 175,000 members.)
- Data from HRSA funded Federally Qualified Health Centers could estimate the types of services provided social workers in these settings.

III. Conclusion

The selection of a data source when enumerating and conducting research on the social worker workforce should be based on the type of social workers investigators are interested in studying and the unit of geography of interest. For example, licensure data may be the best source to understand social workers who provide direct clinical behavioral health services that are able to bill to CMS. Licensure data is also able to describe estimates of licensed clinical social workers at the state-level. In contrast, the NPPES may be the best data source to understand sub-state practice variation of social workers working in clinical settings across health, behavioral health, and schools. Due to these differences estimates of the social work workforce vary from 280,000 to more than 800,000. All available data sources have strengths and limitations that should be detailed when used in studies to allow stakeholders to understand the direction and magnitude to which the data may under or overestimate social worker supply.

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Table 2

Comparison of Estimates of Social Work by Data Source and State

	ASWB[A]	NPPES[B]	BLS[C]				
State			Child Family School	Healthcare	MH SUD	All other	Total BLS
Alabama	2,213	1,364	3,510	2,360	850	390	7,110
Alaska	696	781	1,430	250	250	490	2,420
Arizona	2,880	2,710	7,740	3,670	3,030	1,250	15,690
Arkansas	2,145	2,348	1,220	1,100	1,070	630	4,020
California	31,642	26,347	47,380	13,050	16,560	6,030	83,020
Colorado	7,121	5,153	6,820	3,380	1,980	1,690	13,870
Connecticut	7,486	6,512	5,420	1,800	1,400	470	9,090
Delaware	967	746	1,110	560	500	140	2,310
District of Columbia	3,820	1,694	2,220	370	520	350	3,460
Florida	17,929	12,756	13,130	9,010	4,030	3,860	30,030
Georgia	4,813	4,430	5,420	4,570	1,130	860	11,980
Hawaii	1,287	1,106	1,330	690	730	200	2,950
Idaho	1,704	1,965	960	660	990	0	2,610
Illinois	12,998	11,382	17,580	4,820	1,940	1,240	25,580
Indiana	4,776	5,101	7,660	5,070	1,150	390	14,270
Iowa	2,229	2,191	2,020	1,140	750	440	4,350
Kansas	2,187	3,529	3,030	1,500	1,290	260	6,080
Kentucky	3,096	3,534	6,700	1,640	1,660	760	10,760
Louisiana	3,134	3,570	390	1,680	1,290	590	3,950
Maine	2,955	3,359	1,750	540	1,000	550	3,840
Maryland	9,341	8,187	5,620	3,420	2,870	1,520	13,430
Massachusetts	15,342	17,976	9,380	10,830	5,790	410	26,410
Michigan	18,435	18,205	13,530	5,530	4,070	1,130	24,260
Minnesota	6,525	4,527	8,240	3,430	3,110	2,110	16,890
Mississippi	909	1,190	3,110	1,250	1,170	390	5,920
Missouri	8,300	4,824	7,200	5,010	1,710	1,170	15,090
Montana	1,581	1,029	1,010	550	310	620	2,490
Nebraska	5,079	731	2,940	850	1,040	230	5,060
Nevada	1,008	1,740	3,480	1,390	700	340	5,910
New Hampshire	1,158	1,363	850	530	370	100	1,850
New Jersey	10,008	8,749	4,180	2,640	1,780	540	9,140
New Mexico	2,372	2,721	2,170	870	490	470	4,000

New York	29,241	36,523	24,270	21,910	11,870	2,230	60,280
North Carolina	9,105	9,450	11,300	3,050	1,650	1,120	17,120
North Dakota	467	1,021	790	340	200	120	1,450
Ohio	9,566	13,557	10,780	6,960	5,640	3,010	26,390
Oklahoma	2,012	2,575	5,860	2,280	840	510	9,490
Oregon	5,299	4,772	5,000	1,830	1,950	2,600	11,380
Pennsylvania	7,680	8,305	20,980	6,380	5,830	1,270	34,460
Rhode Island	2,063	1,799	1,710	620	560	0	2,890
South Carolina	2,583	2,073	2,930	2,100	4,160	390	9,580
South Dakota	295	442	1,700	550	230	110	2,590
Tennessee	3,188	3,528	5,780	7,440	740	1,950	15,910
Texas	11,156	8,143	21,370	11,550	3,650	2,650	39,220
Utah	4,733	4,286	1,490	1,270	820	460	4,040
Vermont	1,417	963	1,120	530	810	160	2,620
Virginia	6,458	5,319	9,270	3,460	4,000	630	17,360
Washington	4,417	4,484	9,030	4,04	2,480	720	16,270
West Virginia	535	978	2,180	860	110	390	3,540
Wisconsin	3,576	4,032	5,310	4,290	2,450	1,450	13,500
Wyoming	718	723	640	260	270	0	1,170
Total	300,645	284,793	340,040	173,880	113,790	49,390	677,100

[A]: Only licensed clinical social workers.

[B]: Only included two taxonomies of social work[Social Worker – 104100000X, Clinical – 1041C0700X]; Excludes School Social Workers

[C]: 2021 BLS Data available here https://www.bls.gov/oes/tables.htm

Note. ASWB=Association of Social Work Board; NPPES= National Plan and Provider Enumeration System; BLS=Bureau of Labor Statistics; MH/SUD=Mental Health and Substance Abuse

Table 3.

Summary of Social Work Data Sources

	ACS	ASWB (State Licensure Data)	NPPES	OEWS/BLS	IPEDS
Level of Observation	Person	Person	Person	Count	Count
Most recent estimate date	2019 ACS 1 Year	November 2021	November 2021	2021 Employment	Degree Conferred in 2020
Most recent estimate	1,022,859	541,635	284,793	677,400	54,569
Available subcategories	*Highest Education* *Master degree or higher*: 409,532	*Clinical:* 325,442 *Master:* 143,051 *Bachelor:* 68,445 *Associate:* 4,697		*Child, family & school*: 340,040 *Health:* 173,880 *MH/SUD:* 113,790 *All other SW:* 49,390	*Master:* 33,455 *Bachelor:* 21,204
Description of Social Work sample included in data source	Individuals who report they work as a 'social worker'; Can limit sample by completion of graduate degree	All licensed social workers (bachelor, clinical-independent, provisional, supervisory) in the US	Individuals who obtained an NPI and indicate primary specialty taxonomy as 'social worker'	Individuals employed as a 'social worker' in the US workforce	All graduates of US post-secondary institutions with a bachelor's or master's degree in social work
Identifier	_	State licensure number	NPI & may include state licensure number	_	_
Demographics	Age; Race/Ethnicity; Gender	_	Gender (male/female)	_	Race/Ethnicity
Address/Location	ZIP code	State	Practice address	State	State
Other	All available ACS variables	_	Free text credential	Type of Setting; Mean wage	_
Strengths	• Includes SWs who do not have a clinical license but are practicing in the field • Includes demographic data of workforce • As of 2018 includes SOC to describe SW by specialty (matches BLS/OEWS)	• Licensed SWs are likely the clinical SW workforce • Licensed Independent SWs can be reimbursed by CMS	• Likely the sample is practicing and billing clinically • Practice address/location available	• Includes SWs employed in the field (likely those that are clinically practicing) • Can differentiate MH/SUD from other types of practice	• Can observe number of new entrants to the workforce

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Limitations	• Includes individuals without a SW degree • No information on specialty of master's degree (only information on Bachelors degree specialty) • Practice location may be different from where individual lives (possible lives/works across states)	• Some states do not promptly update ASWB • May double count individuals licensed in two or more states	• Only includes those who have NPI which may exclude SWs who practice clinically but not in a place where they bill for services (e.g., domestic violence shelter;) • Unclear how often NPI practice address is updated	• Unclear proportion of sample that has a MSW or clinical license • Unclear if/how self-employed private practice SWs are included • May not include individuals with a SW degree working in clinical field but called a different title (e.g., Mental health therapist)	• Not all those who graduate with SW degree go into the field • Many bachelors of SW go on to get MSW