

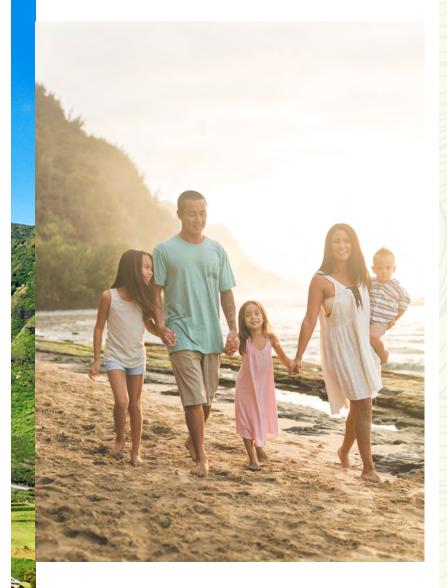
Social Work in Hawai'i: A Workforce Profile

AUTHORS

Robin G. Arndt, MSW, LSW Clifford Bersamira, PhD, AM Theresa Kreif, MSW, LSW Rebecca L. Stotzer, PhD, MS, MSW



Executive Summary



Nationally, the need for social workers is projected to grow 12% (faster than the national average) in the next 10 years (U.S. Bureau of Labor Statistics [BLS], 2021). This projection, coupled with historical and contemporary employer complaints of shortages, suggests we have a responsibility to work collectively to build the future generation of social workers. In order to do so,

we need a clear picture of today's landscape of the social work profession in Hawai'i. We need data to develop new innovative strategies to develop a responsive robust social work workforce which can serve the specific needs of the state of Hawai'i. Through this report we aim to identify the next steps in workforce development, which includes highlighting the limitations in current data, with the goal of gathering additional data that will assist with workforce planning.

Educating Social Workers

- There are three primary providers of social work education in the state, Brigham Young University Hawai'i, Hawai'i Pacific University, and the University of Hawai'i at Mānoa.
- There are three accredited bachelor's programs, two accredited master's programs, and one PhD in Social Welfare provided by these institutions.
- In addition, various community colleges in the University of Hawai'i system offer social work courses, human services courses, human services associate degree programs, or related degrees or certificates.

Social Work Professional Organizations

 The National Association of Social Workers (NASW) - Hawai'i Chapter represents the interests of members in the state, coordinates legislative advocacy as well as



professional development events, and prioritizes its efforts on workforce issues.

Social Work Employment

- The Bureau of Labor Statistics reports around 3,000 social workers employed in "Child, Family, and School Social Work," "Healthcare Social Workers," "Mental Health and Substance Abuse Social Workers," and "Other Social Workers."
- The Health Resources and Services Administration reports there are over 2,000 social workers employed in medical or health settings.
- Surveys done by the Healthcare Association of Hawai'i found 499 filled healthcare social work positions and 60 open positions.
- The Hawai'i Department of Commerce and Consumer Affairs reports over 1,700 people who are licensed by the State of Hawai'i.
- Exemptions with the current law pertaining to social workers should be examined and revisited.



SOCIAL WORK SPOTLIGHT

Kalena Serraon MSW. LCSW. KAUAI



"One of the main challenges that I often deal with in my work as a social worker is generational trauma. In my private practice I've been able to provide trauma informed care and education on generational trauma and ways to break unhealthy patterns and cycles."



Social Work Income

With social workers falling into different occupational categories, salaries vary, with average incomes estimated to be around \$30,000 for entry-level Bachelor's educated practitioners, and ranging an average of \$57,000-\$100,000/year for master's level practitioners.

- Social workers in medical/healthcare settings tend to have higher estimates of average salaries than in other areas of practice.
- Salaries for social work professionals are often not keeping up with the cost of living.

Social Work Job Market

- There is a social work workforce shortage in the State of Hawai'i.
- Surveys done by the Healthcare Association of Hawai'i found 60 open positions for social workers in healthcare settings.
- Open positions often go unfilled, and many are closed due to no applicants, particularly on Hawai'i, Maui, and Kaua'i Counties

Need for Social Workers

- Social work is a growing profession with an increased need for more trained professionals.
- National estimates indicate the social work positions are projected to grow 12% by 2030 (above the national average)

Better Data is Needed

- There is inconsistent tracking of the social work workforce and it is difficult to outline how many social workers are working in Hawai'i.
- Social workers are present in more areas than are captured in the current data.

The report utilized the following limited data sources to examine the extant evidence about the social work workforce in Hawai'i: U.S. Bureau of Labor Statistics, U.S. Health Resources and Services Administration, U.S. Department of Labor, Employment & Training Administration, Honolulu Civil Beat Database of Public Employee Salaries, State of Hawai'i Department of Commerce and Consumer Affairs Professional and Vocational Licensing Division's Geographic Report of Current Licenses, State of Hawai'i Department of Health Alcohol and Drug Abuse Division, Healthcare Association of Hawai'i, and National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) from the Centers for Medicare and Medicaid Services.

Although these data are limited, and any one source cannot capture the social work workforce adequately, taken together they provide a compelling picture of the social work workforce in the State of Hawai'i. Data suggests that there are over 3,000 social workers in the state, these 3,000 social workers are too few to meet the current demand in the state, that compensation that does not meet self-sufficiency standards (particularly for the newest social workers), that the projected need for social workers will increase over the next ten years, and that the state needs to invest in better workforce tracking to better understand, predict, and manage the social work workforce in the state.



History of Social Work in Hawaiii

Social work, as a profession in the United States, is characterized by its progression from an informal helping network of people trained in an apprentice-model towards the creation of formal training, education, and more specific scopes of practice.



PHOTO: ALEXANDER HOUSE SETTLEMENT, WAILUKU, MAUI, COURTESY OF HARVARD MUSEUM

his social service work began in earnest in the 1880s as the United States saw great changes in industry, international relations, and demographic shifts. It is important to acknowledge that even before the formalized creation of the profession and the development of social work's specific approach to social policies and interventions, the roots of social work originate from a legacy of community mutual aid and peer support which encompassed the social care for the most marginalized communities including those impacted by poverty, immigrants, indigenous communities, Black migrants from the rural South, and other groups.

The social work profession's history in the United States is rooted in the creation of non-governmental and charitable organizations addressing the needs of immigrants, those impacted by poverty, and addressing other social injustices--particularly of those who had arrived in cities impacted by industrialization and the proliferation of factory work and changes in social structures due to the urbanization, capitalism, and other shifts in how life was organized. Two main ways of thinking about, and intervening in, social problems have been cited as the practice roots of the profession. First, Mary Richmond contributed to the development of professional casework as an understanding of scientific social casework through charitable organization societies which had an influence on the professionalization and education and training in the profession. Second, Jane Addams contributed to the development of settlement houses, such as the Hull House, which provided community spaces for addressing community needs, mutual learning among community members and early social workers, and opportunity to identify and address macro-level community issues. These two women and the movements they were a part of reflected the current diversity of social work as a



Social work shifted from a network of informal helping systems in the late 1800s to an occupation in the early 1900s to a profession with the development and standardization of training, education, and scope of practice by the 1930s

profession, which serves people on a one-on-one basis in individual case management all the way up to work in communities and policies to create more structural and social change.

Social work shifted from a network of informal helping systems in the late 1800s to an occupation in the early 1900s to a profession with the development and standardization of training, education, and scope of practice by the 1930s (Stuart, 2013). Professionalization occurred around the time that similar advancements were taking place in other occupations, such as in the medical professions. This move towards professionalization similar to the other health professions resulted in a strong emphasis in social work on psychotherapeutic approaches and the move towards private practice for middle class clients (Specht & Courtney, 1995). This shift in professional practice reflected another way that social work has diversified as a profession, widening social work's focus from urban poverty and its effect to a larger idea of community need.

Social workers have historically worked in a variety of settings addressing a range of needs among communities, ranging from early child development and welfare, criminal justice activities, health and behavioral health, gerontology, international development, among numerous other sectors. The social work profession has continued to evolve in recent decades. Since the 1970s, the demographics of the profession in the United States have evolved. The profession is increasingly female and, although the profession has diversified nationally in more recent years, certain racial and ethnic groups continue to be underrepresented in social work training (Schilling, Morrish, & Liu, 2008).

Similarly, social services and early social work began in Hawai'i and emerged in a time of great change to the Kingdom and was a reflection of the varying ideas of aid brought by the various cultural groups in the islands. In the 1870s and 1880s with the foresight of ali'i, a uniquely Hawaiian approach to social service emerged in the form of Lunalilo Home, the Queen's

Hospital (which is now the Queen's Medical Center), Kamehameha Schools in 1887, and the Kapiolani Maternity Home in 1891 (now Kapiolani Medical Center). The last was the creation of the Liliuokalani Trust in the early 1900s, creating the five legacy foundations that have served as an enduring safety net for Hawai'i based on the strong Hawaiian values of caring and community for the lāhui. In the 1890s social work ideas were imported into the islands from the continental United States and Europe, creating social service organizations such as the Associated Charities (predecessor organization to the current Child and Family Service [CFS]) and the Palama Settlement which still serve our communities today. Immigrant community members also contributed their own ideas about social service delivery in this time period, such as through the creation of Palolo Chinese Home (in 1896) to care for aging Chinese imcation has expanded in the islands to try to address ongoing workforce shortages in multiple areas of social work practice (such as in health, child welfare, etc.).

The various unique approaches to social service delivery and social work practice continued into the Territorial Period and into Statehood. These changes brought money in the form of federal tax dollars to develop child welfare services, disability-related services, unemployment and worker's compensations programs, and social security insurance programs. In the 1970s social workers were again at the forefront of change in our social service and health systems, with social workers like Myron B. Thompson taking the lead in changing policies and programs to address the needs of Hawai'i's most vulnerable community members - resulting in the creation of ALU LIKE, Inc., Papa Ola Lokahi, and renewed efforts to address disparities

"In the 1870s and 1880s with the foresight of ali'i, a uniquely Hawaiian approach to social service emerged."

migrant laborers who had no families in Hawaiʻi, and the Japanese Charity Hospital in 1900 (now Kuakini Health System) to care for the health needs of a large portion of Oʻahu's Japanese population. Many immigrant communities also started their own mutual aid societies or charities, such as the Portuguese Charity Society of Hawaiʻi, Japanese Church Benevolent Society, or the Catholic Women's Aid Society (which later developed into the Catholic Charities of Hawaiʻi that we see today). Hawaiʻi's social service system and social work training has always reflected the diversity of its community.

In the earliest days many social workers and those we consider social work's predecessors were recruited from the continent, and staffing was always a struggle, with high turnover and frequent discussion of the need for more social workers. Initially, those seeking social work training had to go to the continent, but in response to the need for additional social service expertise, the University of Hawai'i began holding social work classes in 1936. Since then, social work edu-

in child welfare and the criminal justice systems. Hawai'i's social work workforce continues to assist those most in need while incorporating the values and approaches of those who have been here for hundreds of years, as well as our newest community members. For example, social workers are leading the creation of new programs and initiatives through We Are Oceania, a one stop organization that helps new migrants from the Micronesian region to ease their transition to living in Hawai'i.



Documenting The Social Work Workforce

awai'i's social work workforce has changed significantly over the last 120 years. As suggested by the discussion of social work's history, there are significant challenges in writing about social workers' occupations and workforce given the various domains upon which social workers are having an impact, the inconsistencies in scope of practice for social worker roles, and the diversit of employment opportunities. For example, some jobs titled "social worker" are protected legislatively by the State of Hawai'i and maintain a requirement that only someone with a social work degree can occupy. These positions are the easiest to enumerate. There are also situations when the position is titled "social worker" but there are Hawai'i state level exemptions allowing for a person with an educational degree other than social work to occupy the position. Without legislated title protection, people with social work degrees in non-state positions, such as hospitals, mental health settings, community development, hospice, policy writers, leaders of social service organizations, etc. may not have the formal title "social worker." These positions often recruit from those trained in social

SOCIAL WORK SPOTLIGHT

Janelle Funtanilla MSW. LSW. 0'AHU

work under other job titles such as "manager," "lead clinician," "executive director," and other titles. Thus, there are a) people trained in social work who are in positions with "social worker" in the title, b) people not trained in social work with "social worker" in the title, and c) people trained in social work with job titles that do not include "social worker" in the title. As a result, different sources of data vary, in some cases significantly, based on the way that the source counts "social workers."

Our Sources

To better understand the current social work workforce in Hawai'i in this historical context, we collected national, state, and county-specific data related to the social work profession in the state. Sources include:

- U.S. Bureau of Labor Statistics
- U.S. Health Resources and Services Administration
- U.S. Department of Labor, Employment & Training Administration
- Honolulu Civil Beat Database of Public Employee Salaries
- State of Hawai'i Department of Commerce and Consumer Affairs Professional and Vocational Licensing Division's Geographic Report of Current Licenses
- State of Hawai'i Department of Health Alcohol and Drug Abuse Division
- ${\bf \cdot} \ Health care \ Association \ of \ Hawai'i$
- National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) Registry



"In addition to working directly with clients, Hawai'i social workers are able to utilize their skills for community and coalition building in order to address issues of equal opportunity in justice."





Educating Social Workers

In the State of Hawai'i, there are three Hawai'i-based institutions of higher education that offer social work degree options:

Brigham Young University Hawai'i (BYU-Hawai'i)

Social Work Program Campus-based Bachelor of Social Work degree

Hawai'i Pacific University (HPU)

School of Social Work Campus-based Bachelor of Social Work degree Campus-based Master of Social Work degree

University of Hawai'i at Mānoa (UH Mānoa)

Thompson School of Social Work & Public Health Campus-based & Distance-Education Bachelor of Social Work degree Campus-based & Distance-Education Master of Social Work degree Campus-based PhD in Social Welfare

BYU-Hawai'i has had a Council on Social Work Education (CSWE) accredited Bachelor of Social Work (BSW) program since 1978. The program prepares students to practice as generalist social work practitioners and currently graduates around 40 students per year. The beginning generalist practitioner conducts assessments; makes referrals for consumer populations to community resources; guides consumer populations through the planned change process; intervenes with individuals, families, groups, and the community in a range of situations; conducts on-going evaluations; and makes appropriate closure.

The UH Mānoa program at the Thompson School of Social Work & Public Health is the oldest in the state, with their MSW program graduating students since 1948.

HPU has both a CSWE-accredited MSW (Master of Social Work) and BSW program. At the MSW level HPU offers a variety of ways to focus on an area of study, including child or adult protective services, health care, mental health, individual and family counseling, criminal justice, or social agency administration, as well as in military and veterans affairs. They have recently begun a West O'ahu outreach program for their MSW program that holds classes on the west side of O'ahu to meet community need for more trained social workers.

The UH Mānoa program at the Thompson School of Social Work and Public Health is the oldest in the state, with their MSW program graduating students since 1948. The masters curriculum has both a standard degree program (2 years) and an advanced standing option for people with BSWs from CSWE accredited programs.

SOCIAL WORK SPOTLIGHT

Laruen Wilson
MSW, LCSW, MAUI

The MSW has four areas of specialization: Behavioral Mental Health, Child and Family, Gerontology, and Health. An online/distance education option of the MSW program is also available to students who reside on the neighbor islands of Hawai'i (both the standard program and the advanced standing option) and people living on Guam (advanced standing option only). The distance education program was started in the late 1980s as a traveling program and was converted to a fully distance, online program available to all neighbor islands in 2007 to help address workforce shortages. Preliminary results suggest that the distance education program is succeeding in its mission to develop home-grown social workers who stay in their rural communities (Stotzer, 2012).

The UH Mānoa BSW program started in 1977 and the PhD in Social Welfare program is the newest degree program at UH Mānoa, starting in 1991. The BSW program also has a new (as of 2018) asynchronous online degree option that serves residents of Hawai'i in a collaboration with Outreach College of UH Mānoa. This program is the first opportunity for residents of Maui, Lanai, Hawai'i Island, Kauai, and Molokai to pursue undergraduate education in social work in their home communities.

Additionally, several other University of Hawaiʻi campuses provide an associates degree in human services including Hawaiʻi Community College, Honolulu Community College, Leeward Community College, and University of Hawaiʻi Maui College. These programs assist with creating a pathway for students to move from an associate degree in human services to a bachelor's degree in social work.

And, while few schools outside of Hawai'i report consistently about their student population in Hawai'i, anecdotal evidence suggests that several online schools also provide social work education



"We work in the communities we live in and are invested in the health and wellbeing of our communities."



Social Workers in State positions





to residents in Hawaiʻi, including University of Southern California, Arizona State University, and a handful of others. However, the number of students served by those schools seem to be few in number, suggesting that online social work education offered from schools outside of Hawaiʻi is not a significant factor in social work education in Hawaiʻi.

Current Training Programs/ Opportunities

People with social work degrees who attain a license have to meet continuing education requirements to maintain that license, 45 hours of continuing education each triennium, to keep their skills and knowledge up-to-date. While little data is available about current post degree training opportunities, many Hawai'i-based social work degree providers offer diverse continuing education options. In addition, many local employers provide additional training and certification to their employees, such as in Motivational Interviewing, Cognitive Behavioral Therapy, and other treatments or therapies. Certifications from the state, such as the Certified Substance Abuse Counselor (CSAC) offered by the Alcohol and Drug Abuse Division of the Hawai'i State of Department of Health, offer opportunities for social workers to work gain certification to work with specific populations. These training opportunities reflect the diversity of the fields where social workers practice, and the various social problems they are engaged in helping to address.

Social workers can obtain other professional accreditations to strengthen their competence with certain problem areas and populations, such as the state's Certified **Substance Abuse** Counselor (CSAC) accreditation to provide addiction treatment services.

Social Work Professional Organizations

The National Association of Social Workers (NASW) is the largest professional organization of social workers both in the United States and in the world (National Association of Social Workers [NASW], 2022). NASW is one association with 55 chapters. The NASW Hawai'i Chapter represents the interests of members in the state and coordinates legislative advocacy as well as professional development events. NASW Hawai'i is instrumental in advocating for the legislation associated with social work in Hawai'i, including changes made to the law regarding continuing education and remote clinical supervision. They continue to focus on workforce issues for the social work profession in the state.

In the Field - Social Work Employment

Determining where people with a social work education are working is a consistent challenge for the profession. The social work degree is highly versatile and social work graduates are highly sought after in a significant number of professional areas. Starting with the narrowest category of people who specifically fill state positions with the title "social worker." These positions require a degree in social work from a CSWE accredited institution of higher education except for positions in the judiciary or the Hawai'i Health Services Corporation, which were not included in the plan established by the Department of Human Resources Development in response to Act 238, SLH 2005. Utilizing the Public Employee Salaries Database maintained by Honolulu Civil Beat, there are roughly 619 social workers at a variety of experience levels employed by the state with formal "social worker" titles as of FY 2022, which began in July of 2021 (Wiens, 2021).

TABLE 1: Social Workers in State Positions, FY 2022

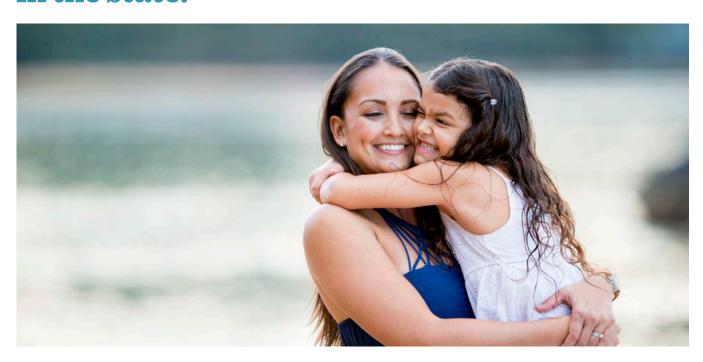
FY 2022	Total	Hawaiʻi State Judiciary	Depart- ment of Health	Depart- ment of Human Services	Depart- ment of Public Safety	Depart- ment of Educa- tion	Hawaiʻi Health Systems Corporation
Social Worker VII	1	1	-	-			•
Social Worker VI	33	27	4	2		-	
Social Worker V	93	60	20	10	2	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Social Worker IV	379	208	84	19	15	47	6
Social Worker III	86	29	19	21	3	3	11
Social Worker II	23	14	2	6			
Social Worker I	4	3	-	-	-		1
Total	619	342	129	58	20	51	19

Source: Honolulu Civil Beat Public Employee Salaries Database (Wiens, 2021).

Utilizing the four categories of job positions specifically named "social work" positions within the U.S. Bureau of Labor Statistics (BLS), the federal government says that 1,580 people are estimated to be working in "Child, Family, and School Social Work", 630 as "Healthcare Social Workers", 550 as "Mental Health and Substance Abuse Social Workers", and 190 for all "Social Workers, All Other" as of May 2020. Compared to other areas of the United States, the BLS data suggests that healthcare and other social workers in Hawai'i have a lower share of the workforce than average, meaning we may have fewer social workers in those fields than in other areas of the United States (BLS, 2020).



HRSA estimates that in Hawai'i there are 2,115 social workers who are in the medical/health field, which represents roughly 144 medical/health social workers per person in the state.



Using the American Community Survey PUMS data from 2014-2018, the Health Resources and Services Administration (HRSA) reports statistics about the availability of various healthcare workers across the United States. They report on social workers per state based on the U.S. government's 2010 Standard Occupational Classification system, looking at social workers who work only in medical settings and individual and family services. From this data, HRSA estimates that in Hawai'i there are 2,115 social workers who are in the medical/health field, which represents roughly 144 medical/health social workers per person in the state. This ratio puts Hawai'i on the low end of the national range, ranking 32 out of 50 states and the District of Columbia.

Data that was collected specifically in Hawai'i by the Healthcare Association of Hawai'i using a survey of medical and health-related providers reported 499 filled healthcare social work positions and 60 open positions. These numbers suggest a workforce of almost 600 that is experiencing an 11% vacancy rate, with the largest percentage of open positions in home health social work. Similarly, they found that turnover was over 20% for these positions (Healthcare Association of Hawaiʻi, 2019). No other data about the social work workforce in Hawaiʻi has examined turnover, a critically under-documented workforce issue of concern that warrants more attention.

The BLS and HRSA data also highlight the challenge of identifying and counting social workers. BLS reports 630 healthcare social workers (which is more similar to the Healthcare Association of Hawai'i data), while HRSA reports 2,115 - not a small difference. However, the implications of both sets of counts stays

SOCIAL WORK SPOTLIGHT

David Nabea
MSW, LCSW, WEST SIDE OF O'AHU

the same: there is a need for more healthcare social workers, and presumably the other categories described as in short supply in the BLS data.

Licensure Attainment

Attempts to establish a licensing system for social workers in Hawai'i began in the 1970s (Mardfin, 2000), and various systems of registration, certification, etc., were attempted. In 1994 the first state licensure process and criteria was established into law (HRS §467E), creating the "Licensed Social Worker" (LSW) level of licensure for MSW level practitioners. This law created title protection of the term "social worker". In 2001, the law was amended to add "clinical diagnosis and psychotherapy by a clinical social worker who is both a licensed social worker and certified in clinical social work by the National Association of Social Workers or the American Board of Examiners in Clinical Social Work" (House Bill HB 945, 2001) to address interest related to licensing clinical expertise. It was again amended in 2002 to create the three levels of licensure used today (LBSW, LSW, and LCSW) which became effective as of July 1, 2004 (House Bill HB 2056, 2002). In 2013 the statute governing social work licensure was again amended, this time with the adoption of continuing education requirements for individuals to maintain their licensure, then again in 2016 when remote supervision was included as acceptable supervision for clinical licensure (State of Hawai'i Department of Human Resources Development [DHRD], 2015).

The three levels of licensure, Licensed Bachelor Social Worker (LBSW), Licensed Social Worker (LSW), and Licensed Clinical Social Worker (LCSW), are distinguished by educational requirements as well as post-graduate supervised clinical hours.

• **LBSW**: Requires a Bachelor's Degree in Social Work from a Council on Social Work Education (CSWE) accredited school/department of social



"The mainland US has some services that we do not have in Hawai'i. As a result, Hawai'i often has gaps that require bridging.

Therefore, one of the things I appreciate about being a social worker in Hawai'i is having the opportunity to find those gaps."



\$68,035

Average yearly salary for Social Workers in Hawai'i

work, a passing grade on the Association of Social Work Boards (ASWB) licensure examination

- **LSW:** Requires a Master's Degree in Social Work from a Council on Social Work Education (CSWE) accredited school/department of social work, a passing grade on the Association of Social Work Boards (ASWB) licensure examination
- LCSW: Requires a Master Degree in Social Work. Requires 3,000 hours of post-graduate supervised clinical hours within a timeframe of no less than two years and no more than five years. Only after accruing hours, requires a passing grade on the Association of Social Work Boards (ASWB) clinical licensure examination.

The distinguishing marker between the LCSW and the LSW is the scope of practice for an LCSW includes "Clinical diagnosis or psychotherapy, or both" (HRS §467E). The ability to perform clinical diagnosis and psychotherapy puts LCSW in a position to bill insurance providers directly, which also allows them to engage in private practice. Having an LCSW is also a requirement to be able to perform certain tasks, including being a child custody evaluator (§571-46.4) and provide counseling services to determine if a patient is competent to make a decision to end their life according to the Hawai'i's Our Care Our Choice Act (Session Laws of Hawai'i, Act 2, 2018).

While the intent of the licensure laws were to clarify who may be called a social worker in the state, the numerous exemptions made within the text of the law actually does not create the ideal level of title protection (for example, in some cases one can be employed in a state social work position without social work

education or licensure). There are also concerns about the utility of the licensed BSW level given the low number of social workers being licensed at that level of practice. Last, the limited practice protections and overly broad scope of practice definitions for LCSWs that do not have parity to similar professions in the allied health professions (such as Licensed Marriage and Family Therapists, Mental Health Counselors) limit the utility of these licensure statutes. Future work is needed to strengthen these laws.

Numbers of Social Workers Licensed by the State of Hawai'i

When examining the number of social workers licensed by the state of Hawai'i from publically available data between July 2004 and July 2020, we can see an increase from 1,517 in 2004 to 2,422 in 2021 (Hawai'i Department of Commerce and Consumer Affairs, 2020). In that 17 year period, there has been a 60% increase in social workers who are licensed by the state. This number includes individuals who are licensed and who currently reside in Hawai'i, but also those who live in other locations who maintain their Hawai'i state licensure. 659 licensed individuals list themselves as residing on the "mainland" or with a "foreign" (international) address, therefore there are 1,763 social workers licensed by the state with a Hawai'i address. This data suggests that there are 128 social workers for every 100,000 persons on O'ahu. The state of Hawai'i overall has a lower count of social workers per capita compared to other states, however disparities truly emerge when comparing the counties within the state. As can be seen in Table 2, the City & County of Honolulu has the highest ratio of social workers per

SOCIAL WORK SPOTLIGHT

Christy MacPherson MSW, LSW, O'AHU

"I'm proud that I have
the opportunity to
mentor future social
workers and work
alongside fellow social
workers in addressing
the root causes of
systemic racism,
economic injustice and
other inequities through
policy change."



capita, while all other counties show significantly lower rates. The need for licensed social workers in Hawai'i and Kaua'i County is particularly acute.

TABLE 2: Social Workers with Licenses in Hawai'i per 100,000 persons

Counties	2021 Counts	Estimated County Population	2020 License-holding Social Worker per 100,000 persons
Statewide (in state)	1,763	1,375,000	128
Honolulu	1,337	980,100	136
Hawai'i	187	201,000	93
Maui	173	161,000	107
Kaua'i	66	72,113	92

Similar to other professions such as law, nursing, teaching, and others that have licensure as a criteria to engage in certain types of practice, a Hawai'i social work license may or may not be honored in other states. Licensure portability, also referred to as practice mobility, is the ability to transfer a professional license from one state or





jurisdiction to another (Association of Social Work Boards, 2022; U.S. Department of the Airforce, 2022). With the increase in telehealth services there is a growing need for professionals to be licensed in multiple states and jurisdictions, however variation in laws create barriers making it difficult to transfer a license from one jurisdiction to another.

An intention of licensing portability is to reduce statutory and regulatory barriers between states with the federal government taking an active role in helping to move this forward as evidenced by past funding opportunities through the Health Resources and Services Administration and the U.S. Department of Defense (Health Resources and Services Administration [HRSA], 2019; NASW, 2021).

Federal Social Work positions, like those in the Veterans Administration, stipulate that a Social Worker "must be licensed or certified by a state to independently practice social work at the master's degree level" (U.S. Department of Veterans Affairs, 2019). The requirement allows a federal social work employee

to hold a license in a state different from where they reside. This exemption means that some license-holding social workers in federal positions practicing in Hawai'i may not be captured in these numbers of social workers licensed by the state because they hold licenses from other states. License portability would allow those workers with licenses from other states to more easily become licensed in the state of Hawai'i, increasing the ability to track and document social workers practicing with a license in the state.

The National Provider Identifier (NPI) is a unique identifier number that originates from the Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. A NPI assigns healthcare providers a unique health identifier number which they are required to use "in their administrative and financial transactions" (Centers for Medicare & Medicaid Services [CMS], 2021). In short, a NPI is a unique identifier associated with a person in order for them to bill for services, make administrative claims, and for the government to track service provision, among others. When applying for a NPI, a

SOCIAL WORK SPOTLIGHT

Daphne Hoʻokano MSW, D'AHU

healthcare provider selects a taxonomy code which originates from the Health Care Provider Taxonomy Code Set, indicating their profession and/or training level (National Uniform Claim Committee, 2021). Within the code set, there are three taxonomy numbers associated with Social Workers: Social Worker; Clinical Social Worker; and School Social Worker. Utilizing these three taxonomy codes and filtering business addresses for Hawai'i, in the December 2021 NPI downloadable file 1,229 individuals were identified as social workers with a primary business address in Hawai'i in the NPI database (CMS, 2022).

As we have seen with other data sources, there are challenges with this dataset to accurately determine how many social workers are in the state. An applicant can choose any professional taxonomy code because the NPI system does not cross check an applicant's selected code with each state's requirements related to title or practice protections. Significant issues in the data include when applicants choose a taxonomy code claiming their profession is social work when they are not licensed, did not indicate a license (information is missing), or may have a license in another state. Additionally, there is no process for verifying if a license is valid. For Hawai'i specifically, the NPI database shows individuals who choose "social work" as their classification but do not appear to be licensed. While these could be administrative errors in the data, these discrepancies again highlight the challenges of getting an accurate estimate of the number of licensed social workers in the state. These challenges to generating an accurate count of the social work workforce could be addressed by the development of a robust state tracking mechanism that collects the various data pieces into a centralized database.



"I am proud to be a social worker in Hawai'i because I know that I am making a difference in peoples' lives. I love listening to people's stories of their life and helping them to elicit positive changes."



"There are many barriers to licensure in the state, including limited testing sites, limited supervisors who can sign off on accrued hours, and numerous fees."

Individual Barriers to Attaining Licensure

There are multiple barriers to obtaining social work licensure in the state of Hawaiʻi. Access to licensure has previously been constrained by the limited number of testing sites in the state, especially as social workers outside of Oʻahu were required to fly to Honolulu to take the licensure exam. Only recently, as a result of policy changes related to the COVID-19 pandemic has testing been made more flexible, as NASW Hawaiʻi has been able to open up additional testing sites on neighboring islands.

For those acquiring LCSW status, there can be barriers to fulfilling the required supervision hours due to the limited number of paid clinical positions with the required supervision by an LCSW. While there are many LCSWs in the state, and many clinical positions, there are relatively few positions that have both. This scarcity means that those who are pursuing LCSWs often have to find a supervisor to validate their 3,000 required hours who is outside of their employment context. While some LCSWs will supervise others as part of their professional service, others charge a fee, meaning increased financial burden for those seeking to become LCSWs.

Social Work Income

Because social workers can fall into vastly different occupational categories, it can be particularly difficult to determine the salaries social workers command. According to the U.S. Bureau of Labor Statistics (BLS) Occupational Outlook Handbook (2021) categorization, the national average salary for social workers is estimated to be \$62,000 (\$30/hour). A closer examina-

tion of the BLS May 2020 data suggests, however, that there is a great degree of variation in salaries based on one's particular social work field and where one lives. As can be seen in table 3, "Child, Family, and School Social Workers" and "Mental Health and Substance Abuse Social Workers" have mean salaries that are lower than those in health fields or "other" fields of social worker. These differences may reflect some job scarcity - that due to shortages in healthcare social workers and others, employers may be willing to pay more than in other occupational areas where social workers are more plentiful. However, more research is needed to determine why some areas reflect cost of living differences while others do not.

It is also important to note that prior studies of the economic conditions in Hawai'i, such as by Living Wage Hawai'i and the Aloha United Way have found that salaries in Hawai'i do not keep up with the cost of living. So while on their face these salaries sound comparable to the national average for social workers. the Aloha United Way (2017) estimates that a family of four (two adults and two children) would need to be making at least \$72,000 just to survive without additional government supports (such as rental assistance, food stamps, etc.). In addition, Living Wage Hawai'i estimates that residents need to make at least \$150,000 a year to consider home ownership in Hawai'i (Living Wage Hawai'i, 2018). These cost of living indicators suggest that many of Hawai'i's social workers are earning wages that are below survival/self-sufficiency level for them and their families, and that important wealth building such as home ownership may be beyond their reach on the current salaries offered.

TABLE 3: Average Yearly Salary for Social Workers in Hawai'i, by Job Category

Field of Social Work	Average Yearly Hawaiʻi Salary
Child, Family, and School Social Workers	\$57,070
Healthcare Social Workers	\$73,410
Mental Health and Substance Abuse So- cial Workers	\$55,920
Social Workers, All Other	\$85,740

Source: U.S. Bureau of Labor Statistics, 2020.

As previously mentioned, social workers can fall into many position types that are not named "social worker." Many people with social work degrees are employed in other occupational categories within the BLS reports, such as social and human services assistants, counselors, among others. Thus, capturing the breadth of salaries that social workers may command is a challenging endeavor, but these numbers at least give consistent estimates of the range of salaries for social work professionals.

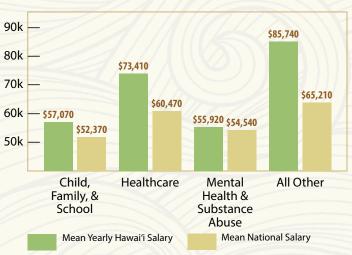
While none of these available data have separated out social workers' positions or income based on their degree type, the U.S. Department of Education (DOE) provides information in a College Scorecard that outlines various statistics about institutions of higher education, including graduation rates, tuition, average debt per person, and more. One such searchable variable is the average salaries of recent graduates per field of study, which indicates people who are two years post college degree graduation. These numbers must be interpreted with caution because the DOE is clear that these numbers are "school-reported" (though it does not say how they are reported) and that the DOE does not validate the self-reported information (U.S.

Department of Education, 2022). However, data about the BSW programs in the state are available from the DOE College Scorecard, and suggest that these graduates are making salaries in the low \$30,000s as new BSW-level social workers. This reported starting salary is consistent with national trends in BSW-level employment, however this median salary for new BSW graduates does not reflect a self-sufficient/survival wage considering Hawai'i's cost of living

Salaries of State of Hawai'i Social Workers

A closer examination of social workers employed in state agencies helps to demonstrate the variation in social worker salaries. As described below, the State of Hawaiʻi divides social workers into seven classifications (DHRD, 2012; DHRD, 2018) and pay ranges are assigned to each level. Those designated at entry-level (Social Worker I) hold a salary range from \$41,856 to \$62,004 while those at the highest level (Social Worker VII) hold a salary range from \$62,832 to \$100,704.

TABLE 4: Negotiated Starting Salary Ranges for Social Workers Employed by the State of Hawai'i, 2020



Source: State of Hawai'i, Department of Human Resources Development, 2020.



+21.6%

Projected Growth of Social Work Jobs working in Mental Health and Substance Use

Similar to the U.S. BLS estimates, these salaries indicate that entry-level social workers employed by the state may struggle to meet self-sufficiency standards for themselves and their families.

Social Work Job Market

Evidence shows that throughout the 20th century and into the 21st century there have been significant social work workforce shortages, suggesting a consistent need for social workers in Hawai'i. A recent study rated U.S. states on their social work workforce shortage for 2012 and projected shortage for 2030 by examining the number of social workers being produced, projected changes in populations, and state healthcare expenditures, giving states grades from A to F (Lin, Lin, & Zhang, 2016). While a workforce shortage was projected to impact all states, Hawai'i rated a C+ in 2012 and is expected to rate a C by 2030, with a need for over 400 more positions to be opened and filled to care for our changing population than are projected to be developed by 2030. A Hawai'i study (Stotzer, 2010) found that counties outside of O'ahu (particularly Kaua'i County) also reported significant challenges in finding social workers, and were forced to either close positions, or looked for an average of seven months to find someone to fill the position. In addition, 23% of social service managers and supervisors also reported having to close social work positions due to a lack of applicants.

In regard to data projections for the future, the BLS Occupational Outlook Handbook (2021) suggests that social workers in Hawai'i are less prevalent than in other areas of the United States. The Projections Managing Partnership (PMP) of the U.S. Department of Labor, Employment & Training Administration, with support from the Bureau of Labor Statistics, creates long term employment projections for various occupations for each state (Projections Management Partnership, 2021). Every State Employment Security Agency works in collaboration with the BLS to utilize Occupational Employment Statistics to create estimates of job growth over a ten year period. Hawai'i's employment projections from today until 2028 are divided into the same four categories of social workers that are used in other BLS data.

TABLE 5: Projected Growth of Social Work Jobs in Hawai'i from PMP

Field of Social Work	Change in No. of Positions	Estimated % Change
Child, Family, and School Social Workers	+90	+4.7%
Healthcare Social Workers	+160	+18.4%
Mental Health and Substance Abuse Social Workers	+80	+21.6%

Source: Projections Management Partnership, 2021.



All of these sources, both local and national, concur that there is a projected workforce shortage. The one federal data source that tells a slightly different story is the Health Resources and Services Administration (HRSA) data that looks specifically at an estimated surplus by 2030 of licensed clinical social workers who are anticipated to be in the behavioral health/substance use field.

These three categories show a clear pattern of the projected growth of the social work profession in Hawai'i. In addition, there were projected increases in other occupational categories where social work-trained workers often find employment, such as a projected 12% increase in social and community service managers, and a 11% increase in community health workers.



Discussion and Key Takeaways

Need for social workers, statewide

ocial workers play important roles throughout Hawaiʻi in a variety of clinical and non-clinical sectors and settings. These include, but are not limited to, healthcare and behavioral health sectors, child welfare, child welfare, policy organizations, and community development organizations, gerontology, probation and parole, public health, intimate partner violence, and houselessness, among others.

There is also evidence of workforce shortages in certain social work sectors. And, comparable with national trends, social work is a growing profession with an increased need for more trained professionals throughout Hawai'i. In the majority of social work practice areas the profession is projected to grow. This makes the post secondary education and post-degree professional development, licensing, and training of social workers more important than ever. Innovations such as distance learning have made it possible for those on neighbor islands and rural areas of the state to continue to live and work in their communities while obtaining their social work degrees. More support is needed to continue developing social workers for our communities.

As the need for social work professionals increases, including needs associated with the COVID-19 pandemic, typical social worker salaries in Hawai'i do not provide a significant incentive for social workers to stay in the field. In order to increase workforce retention and to attract the next generation of social workers, salary disparities in the profession, and as compared with other helping professions, must be addressed.

Better data is needed

Tracking social workers is difficult and better data is needed. We are confident that we have under-counted and not accounted for many social workers in this report (i.e., particularly, people trained in social work with job titles that do not include "social worker" in the title) as this segment of the workforce does not categorically fall easily into categories tracked at the federal and state level. More comprehensive, consistent, and granular demographic data is needed, including, but not limited to, social workers' race/ethnicity and geographic area of work. In addition, mechanisms are needed to generate richer information related to social work specializations and areas of work to understand the diverse array of social worker positions, but also

While the existing laws defining the social work profession and its scope of a practice have been a strong start for social work in the state, revisions are needed to strengthen the original intent and the ways that the laws have been implemented.







other health and social service workers who might be educated and trained as social workers, but not be included in current counting efforts focused on job titles alone. Federal data approximates social work counts, but do not capture Hawai'i's unique title protection criteria. More accurate methods of state-specific data collection on the social work workforce in Hawai'i is required to better understand the demands for social workers, and if the current available workforce is able to meet those projected demands.

Revisiting the licensing law

While the existing laws defining the social work profession and its scope of a practice have been a strong start for social work in the state, revisions are needed to strengthen the original intent and the ways that the laws have been implemented. Additional efforts should be made to better clarify and differentiate between LSW and LCSW licensure, as well as specify the scope of practice for positions requiring LSW and LCSW licenses. Many of the exemptions to the current title protections also need to be revisited to further strengthen the title protections for the social work profession. More efforts are needed to differentiate amongst the duties and responsibilities of various licensed mental health professionals, including marriage and family counselors, clinical psychologists, and others.

Limitations

It is important to acknowledge that there are limitations to the findings in this report that relate to the challenges in tracking social workers. Limited and inconsistent scope of practice definitions for social work and lack of nationally standardized definitions for social work practice, make it difficult to discern educational requirements for some social work positions. For example, we included positions in this report regardless of whether the title "social worker" required social work degree credentials. In fact, in some instances, it was impossible to determine whether a social work degree was required for some of these positions, or if individuals without a social work degree and advanced social work licensing could fill these social work positions.

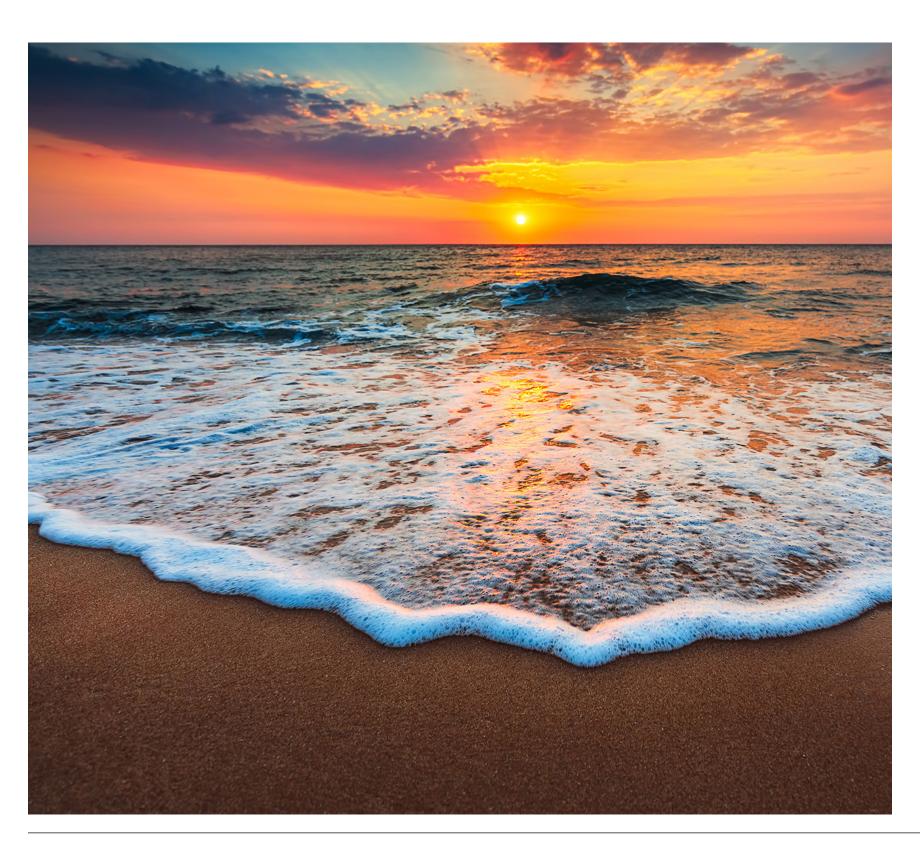
The data presented in this report spotlights the limited and inconsistent workforce data collection efforts at federal, state, and local level. One of the largest gaps is the current inability to identify and count individuals with social work education filling other kinds of positions including other direct service positions (e.g., counselor, outreach worker, behavioral health specialist, etc.) with our current data systems. We are also unable to identify social workers in administrative roles often filled by those with a social work degree and potentially advanced licensure but working under another job title (e.g., community organizer, program manager, clinical director, clinical supervisor, policy analyst, executive director, etc.). We utilized the classifications used by the Bureau of Labor Statistics (BLS) for social work, though there are other classifications that could also include degreed social workers and should be reviewed in more detail in the future. These limitations suggest that social workers are present in far more areas than are captured in existing data collection efforts.

Future Directions

There are several opportunities for continued efforts to understand the social work profession in Hawai'i. In the future, it will be critical to better understand trends in workforce shortages and growth over time in tandem with projected needs in the profession to make sure that Hawai'i has the social work workforce it needs in order to meet demand. Moreover, more data collection is required to identify workforce trends, including shortages and gaps, with regards to geographies across Hawai'i, including rural parts of the state, as well as the various sectors of social work.

Current data are not able to answer these questions and a more comprehensive workforce data collection strategy is needed. The establishment of a Legislative Task Force to assess, gather data, and build an infrastructure similar to social work peers in nursing and medicine would support addressing many of the challenges outlined earlier. One critical step would be to address current issues in the social work licensure law in Hawai'i. The current licensure laws attempting to create title protections for social workers and help define the profession of social work have significant challenges. Social work licensure in Hawai'i is defined







by statute (HRS §467E) as a mechanism to define the profession of social work. Currently, licenses are not required for state social work positions which disincentives licensing given the costs associated with the process and the relatively low return on the job market or in salaries. A review of the statute and an analysis into the ways that the numerous exemptions impact the intent of the law to grant title protections is needed, with accompanying recommendations to strengthen the social work licensure law.

In addition to eliminating the exceptions found for many state positions found in the current licensure law, the state can also commit to encouraging licensure by requiring that contracted service providers also must include licensed professionals in order to receive service contracts. This step could also potentially increase the quality of services if the highest trained, certified, and licensed workers are implementing state contracts.

If more social workers sought licensure, it may be possible to implement a workforce salary project similar to the Hawaii State Center for Nursing, that utilizes money from their licensing process to fund their workforce data collection. Because all nurses are required to be licensed in order to practice as nurses, they can more easily use the licensure system as a mechanism to collect data on their workforce. Given the social work profession's breadth, and the many places they can serve their communities, tying workforce data to licensure will not capture all the work that those with social work education do for our communities, but will be an important first step.

Including the social work profession in other data collection efforts in some of the largest fields where social workers are employed, such as health/medicine, substance use, mental health, and work with children at-risk, will also capture a larger cross section of the profession. This data collection strategy will also allow a greater workforce picture across multiple professions, such as understanding the roles that social workers fill compared to community public health nurses, marriage and family therapists, psychologists, etc.

In addition, research is also needed to better understand turnover and salary, and how they are impacting the profession. While the evidence is clear that the need for social workers is increasing, the salaries that are currently not keeping pace with increasing costs of living will continue to be a barrier to recruiting and retaining more social workers.

The time is right for investing in the development and advancement of the social work profession to address some of the greatest challenges in our community.

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