



**Testimony for Fiscal Year 2014
Programs funded within the Department of Health and Human Services**

Submitted to the Subcommittee on Labor,
Health and Human Services, Education, and Related Agencies
Committee on Appropriations
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Submitted by
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On behalf of the Council on Social Work Education (CSWE), I am pleased to offer this written testimony to the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies for inclusion in the official Committee record. I will focus my testimony on the importance of fostering a skilled, sustainable, and diverse social work workforce to meet the health care needs of the nation through professional education, training and financial support programs for social workers at the Department of Health and Human Services (HHS).

CSWE is a nonprofit national association representing more than 2,500 individual members and more than 700 master's and baccalaureate programs of professional social work education. Founded in 1952, this partnership of educational and professional institutions, social welfare agencies, and private citizens is the sole accrediting body for social work education in the United States. Social work education focuses students on leadership and direct practice roles helping individuals, families, groups, and communities by creating new opportunities that empower people to be productive, contributing members of their communities.

Recruitment and retention in social work continues to be a serious challenge that threatens the workforce's ability to meet societal needs. The U.S. Bureau of Labor Statistics estimates that employment for social workers is expected to grow faster than the average for all occupations through 2018, particularly for social workers specializing in the aging population and working in rural areas. In addition, the need for social workers specializing in mental health and substance use is expected to grow by almost 20 percent over the 2008-2018 decade.¹

CSWE understands the difficult funding decisions Congress is faced with this year given the challenging budget climate. In these challenging times, it is my hope that the Committee will prioritize funding for health professions training in fiscal year (FY) 2014 to help to ensure that the nation continues to foster a sustainable, skilled, and culturally competent workforce that will be able to keep up with the increasing demand for social work services and meet the unique health care needs of diverse communities.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) TITLE VII AND TITLE VIII HEALTH PROFESSIONS PROGRAMS

CSWE urges the Committee to provide \$520 million in FY 2014 for the health professions education programs authorized under Titles VII and VIII of the Public Health Service Act and administered through HRSA, which is equal to the FY 2012 enacted level. HRSA's Title VII and Title VIII health professions programs represent the only federal programs designed to train health care providers in an interdisciplinary way to meet the health care needs of all Americans, including the underserved and those with special needs. These programs also serve to increase minority representation in the health care workforce through targeted programs that improve the quality, diversity, and geographic distribution of the health professions workforce. The Title VII and Title VIII programs provide loans, loan

¹ U.S. Bureau of Labor Statistics. 2009. *Occupational Outlook Handbook, 2010-11 Edition: Social Workers*, <http://data.bls.gov/cgi-bin/print.pl/oco/ocos060.htm>. Retrieved March 28, 2012.

guarantees and scholarships to students, and grants to institutions of higher education and non-profit organizations to help build and maintain a robust health care workforce. Social workers and social work students are eligible for funding from the suite of Title VII health professions programs.

The Title VII and Title VIII programs were reauthorized in 2010, which helped to improve the efficiency of the programs as well as enhance efforts to recruit and retain health professionals in underserved communities. Recognizing the severe shortages of mental and behavioral health providers within the health care workforce, a new Title VII program was authorized in the *Patient Protection and Affordable Care Act* (P.L. 111-148). The **Mental and Behavioral Health Education and Training Grants** program would provide grants to institutions of higher education (schools of social work and other mental health professions) for faculty and student recruitment and professional education and training. The program received first-time funding of \$10 million in the final FY 2012 appropriations bill. **CSWE urges the Committee to maintain funding for this critically important program at \$10 million in FY 2014.** This is the only program in the federal government that is explicitly focused on recruitment and retention of social workers and other mental and behavioral health professionals.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) MINORITY FELLOWSHIP PROGRAM

CSWE urges the Committee to appropriate \$5.7 million for the MFP in FY 2014, which is equal to the FY 2012 enacted level. The goal of the SAMHSA Minority Fellowship Program (MFP) is to achieve greater numbers of minority doctoral students preparing for leadership roles in the mental health and substance use fields. According to SAMHSA, minorities make up approximately one-fourth of the population, but only 10 percent of mental health providers come from ethnic minority communities. CSWE is one of six grantees of this critical program and administers funds to exceptional minority doctoral social work students. Other grantees include national organizations representing nursing, psychology, psychiatry, marriage and family therapy, and professional counselors. SAMHSA makes

grants to these six organizations, who in turn recruit minority doctoral students into the program from the six distinct professions.

Since its inception, the MFP has helped support doctoral-level professional education for over 1,000 ethnic minority social workers, psychiatrists, psychologists, psychiatric nurses, and family and marriage therapists. Still, the program continues to struggle to keep up with the demands that are plaguing these health professions. Severe shortages of mental health professionals often arise in underserved areas due to the difficulty of recruitment and retention in the public sector. Nowhere are these shortages more prevalent than within Tribal communities, where mental illness and substance use go largely untreated and incidences of suicide continue to increase. Studies have shown that ethnic minority mental health professionals practice in underserved areas at a higher rate than non-minorities. Furthermore, a direct positive relationship exists between the numbers of ethnic minority mental health professionals and the utilization of needed services by ethnic minorities.²

Thank you for the opportunity to express these views. Please do not hesitate to call on the Council on Social Work Education should you have any questions or require additional information.

² U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (2001). *Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General*. Retrieved from <http://www.surgeongeneral.gov/library/mentalhealth/cre/sma-01-3613.pdf>.