



**Testimony for Fiscal Year 2012 regarding the  
Health Resources and Services Administration,  
Substance Abuse and Mental Health Services Administration, and  
U.S. Department of Education**

Submitted to the Subcommittee on Labor,  
Health and Human Services, Education, and Related Agencies;  
Committee on Appropriations; United States Senate  
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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 Senate 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 at the Department of Health and Human Services (HHS) and the Department of Education (ED).

CSWE is a nonprofit national association representing more than 3,000 individual members as well as 650 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 recognized by the Council for Higher Education Accreditation (CHEA) as the single accrediting agency 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.

Social work is rooted in a tradition of social justice, with a central mission of eliminating inequities by helping vulnerable populations navigate societal and personal challenges. Social workers are embedded in a variety of settings, such as schools, hospitals, Veteran health facilities, rehabilitation centers, social service agencies, child welfare organizations, assisted living centers, nursing homes, and faith-based organizations, which allows us to reach diverse segments of the population and play a significant role in the lives of Americans from all walks of life. For example, we provide psychosocial support for individuals and families to help them cope with disease, such as Alzheimer's disease and cancer; we assist families who struggle with homelessness and un- or underemployment; we work with families dealing with domestic violence, including child and spousal abuse; and we work with children in school or afterschool settings to ensure that they meet their full academic potential and to help them cope with issues they may be experiencing in their home lives. As you can see, social workers have an important role to play in all aspects of daily life.

Unfortunately, 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 mental health and substance abuse social workers is expected to grow by almost 20 percent over the 2008-2018 decade.<sup>1</sup>

Recruitment into the social work profession faces many obstacles, the most prevalent being low wages coupled with high educational debt. For example, the median annual wage for child, family, and school social workers in May 2008 was \$39,530, while the wage for mental health and substance abuse social workers was \$37,210. While a bachelor's degree (BSW) is necessary for most entry-level positions, a master's degree (MSW) is the terminal degree for social work practice, which significantly contributes to the debt load of social work graduates entering careers with low starting wages. According to the 2007-2008 National Postsecondary Student Aid Study conducted by the National Center for Education Statistics at ED, 72 percent of students graduating from MSW programs incurred debt to earn their graduate degree. The average debt was approximately \$35,500. The percentage of MSW students borrowing money is 17 percent higher than the average for all master's degrees and the amount borrowed is approximately \$5,000 higher than the average for all master's degrees. These difficult realities have made recruitment and retention of social workers an ongoing challenge.

CSWE understands and appreciates the tough funding decisions Congress is faced with this year. However, we urge you to consider the needs of our frontline workforce if we are to see real progress in meeting the health care and societal demands of the nation. The below recommendations for Fiscal Year (FY) 2012 would help to ensure that we are fostering a sustainable, skilled, and diverse workforce that will be able to keep up with the increasing demand for social work services.

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

**CSWE urges the Subcommittee to provide \$762.5 million for the Title VII and Title VIII health professions programs at HRSA in FY 2012.** 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 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 Title VII funding.

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. Allow me to highlight a few of the programs that are of critical importance to the training of social workers.

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<sup>1</sup> 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 April 13, 2011.

- **Mental and Behavioral Health Education and Training** – 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). This program—Mental and Behavioral Health Education and Training Grants—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 President’s Budget Request includes \$17.9 million for these grants in FY 2012. This funding would allow for approximately 10 grants in graduate social work education, 17 grants in graduate psychology education, 12 grants for professional child and adolescent mental health education, and 6 grants for paraprofessional child and adolescent mental health. 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. **CSWE strongly urges the Subcommittee to provide \$17.9 million for the Title VII Mental and Behavioral Health Education and Training Grants in FY 2012.**
- **Geriatrics Health Professions Training** – Within the overall request for HRSA’s Title VII and Title VIII programs, **CSWE urges the Subcommittee to appropriate \$46.5 million for Geriatrics Health Professions Programs.** This includes the Geriatric Academic Career Incentive Awards (GACA), Geriatric Education Centers (GEC), and Geriatric Career Incentive Awards. As mentioned earlier, the reauthorization that occurred last year made enhancement to the Title VII and Title VIII programs. Specifically, the reauthorization enhanced the geriatrics programs to allow additional health professions—such as social workers and other mental health care providers—to participate. Rapid job growth is anticipated for gerontological social workers. In fact, the demand for geriatric social workers is expected to increase by 45 percent by 2015, faster than the average of all other occupations<sup>2</sup>. Additional funding for these programs is needed to ensure that the geriatric workforce is adequately equipped to deal with the aging population, which is only expected to grow to breaking-point levels within the next several years.

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

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 abuse fields. According to SAMHSA, minorities make up approximately one-fourth of the population, but only about 10 percent of mental health providers are ethnic minorities. CSWE is a grantee of this critical program and administers funds to exceptional minority social work students. **For FY 2012, CSWE urges the Subcommittee to appropriate \$7.5 million to the SAMHSA Minority Fellowship Program.** This would include \$6.882 million for the Center for Mental Health Services, where the majority of MFP funds are administered; \$71,000 for the Center for Substance Abuse Prevention; and \$547,000 for the Center for Substance Abuse Treatment.

The program has helped support doctoral-level professional education for over 1,000 ethnic minority social workers, psychiatrists, psychologists, psychiatric nurses, and family and marriage therapists since its inception. Still, the program continues to struggle to keep up with the demands that are plaguing our health professions. Severe shortages of mental health professionals often arise in underserved areas

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<sup>2</sup> Hooyman, N., and Unützer, J. 2011. “A Perilous Arc of Supply and Demand: How Can America Meet the Multiplying Mental Health Care Needs of an Aging Populations.” *Generations* 34 (4): 36-42.

due to the difficulty of recruitment and retention in the public sector. Nowhere are these shortages more prevalent than in Indian Country, where mental illness and substance abuse 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.

The \$7.5 million request would be used to substantially increase access to professional education and training for additional minority mental health and substance abuse professionals, in turn helping to ensure that underserved minority populations receive the mental health and substance abuse services they so desperately need. President Obama's FY 2012 budget request includes flat funding for the MFP at about \$4.9 million. Funding the MFP at \$7.5 million would directly encourage more social workers of minority backgrounds to pursue doctoral degrees in mental health and substance abuse and will turnout more minority mental health professionals equipped to provide culturally competent, accessible mental health and substance abuse services to diverse populations.

## **DEPARTMENT OF EDUCATION STUDENT AID PROGRAMS**

**CSWE supports full funding to keep the maximum Pell Grant at \$5,550 in FY 2012.** While Congress is understandably focused on identifying a solution that will place the Pell Grant program on solid ground in regards to its fiscal future, we urge you to remember that these grants help to ensure that all students, regardless of their economic situation, can achieve higher education. Moreover, as described above with regard to the SAMHSA Minority Fellowship Program, one goal of social work education is recruiting students from diverse backgrounds (which includes racial, economic, religious, and other forms of diversity) with the hope that they will return to serve diverse communities once they have completed their education. In many cases, this includes encouraging social workers to return to their own communities and apply the skills they have acquired through their social work education to individuals, groups, or families in need. Without support such as Pell Grants, many low-income individuals would not be able to access higher education, and in turn, would not acquire skills needed to best serve in the communities that would most benefit from their service.

The Graduate Assistance in Areas of National Need (GAANN) program provides graduate traineeships in critical fields of study. Currently, social work is not defined as an area of national need for this program; however it was recognized by Congress as an area of national need in the Higher Education Opportunity Act of 2008. We are hopeful that ED will recognize the importance of including social work in the GAANN program in future years. Inclusion of social work would help to significantly enhance graduate education in social work, which is critically needed in the country's efforts to foster a sustainable health professions workforce. **CSWE urges the Subcommittee to provide \$31 million for the GAANN Program.** However, if social work was to be added by the Department as a new area of national need, additional resources would need to be provided so as not to take funding away from the already determined areas of national need.

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.