



COUNCIL ON SOCIAL WORK EDUCATION

STRENGTHENING THE PROFESSION OF SOCIAL WORK

Leadership in Research, Career Advancement, and Education

1701 Duke Street, Suite 200, Alexandria, VA 22314

TEL 703.683.8080

FAX 703.683.8099

www.cswe.org

**Testimony for Fiscal Year 2015
Programs funded within the Department of Health and Human Services and the Department
of Education**

Submitted to the Subcommittee on Labor,
Health and Human Services, Education, and Related Agencies
Committee on Appropriations
United States Senate
March 27, 2014

Submitted by
Dr. Darla Spence Coffey, President
Council on Social Work Education
Phone: (703) 683-8080
E-mail: DCoffey@cswe.org

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 for social workers at the Department of Health and Human Services (HHS) and the Department of Education (ED).

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 houses the sole accrediting body for social work education in the United States. Social work education prepares students for leadership and professional interdisciplinary practice with individuals, families, groups, and communities in a wide array of service sectors, including health, mental health, adult and juvenile justice, PK-12 education, child welfare, aging, and others. Social work practice is facilitated by a longstanding tradition of collaborative relationships working with health professions colleagues including direct care workers, families, doctors, nurses, pharmacists and others yielding a result that empowers individuals to be healthy, productive, contributing members of their communities. Social workers recognize that social determinants of health are a critical component in meeting the health needs of certain populations, and social work education and practice follow this framework. As federal agencies look to reduce cost and improve quality, social workers can help lead in this area.

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 2022, 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 23 percent over the 2012-2022 decade.¹

CSWE understands the difficult funding decisions Congress is faced with. In these challenging times, it is my hope that the Committee will prioritize funding for health professions training in fiscal year (FY) 2015 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 2015 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 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 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 provides 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. The President's FY 2015 budget request would continue to support the program at HRSA and also through a partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand the mental health workforce by almost 3,500 professionals focused on transition-age youth (16-25). **CSWE urges the Committee to maintain funding at HRSA for this critically important program at the highest level possible in FY 2015 and include schools of social work as eligible entities.** CSWE supports the proposed expansion of the program but encourages the committee to be inclusive of non-youth populations needing mental and behavioral health services and not to reduce the scope of the original intent of the program through the expansion.

¹ U.S. Bureau of Labor Statistics. 2012. *Occupational Outlook Handbook: Social Workers*, <http://data.bls.gov/cgi-bin/print.pl/oco/ocos060.htm>. Retrieved March 21, 2014.

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

CSWE urges the Committee to appropriate the highest level possible for the Minority Fellowship Program (MFP) in FY 2015. 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.² 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. CSWE administers the funds to qualified doctoral students and helps facilitate mentoring and networking throughout the duration of the fellowship as well as facilitates an alumni group to help continue to engage former fellows long after their formal fellowship has ended.

Since its inception in 1974, 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 facing 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.³ **The President's FY 2015 budget request includes \$10 million for MFP activities. CSWE urges the committee to support this request, including at least \$5.4 million for MFP core activities.**

DEPARTMENT OF EDUCATION STUDENT AID PROGRAMS

CSWE supports full funding to keep the maximum Pell Grant at \$5,830 in FY 2015. 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

² According to SAMHSA, minorities make up over one-fourth of the population, but less than 20 percent of behavioral health providers come from ethnic minority communities. Retrieved from SAMHSA Minority Fellowship Program, <http://www.samhsa.gov/minorityfellowship/>.

³ 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>.

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 encourage ED to 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 and include social work as an area of national need.**

CSWE supports efforts at ED to help students with high debt loads serve in low paying positions. The Income-Based Repayment (IBR) program and the Public Service Loan Forgiveness programs in particular help students graduating from social work programs who wish to serve in high-needs communities, often at a low salary level. **CSWE urges the Subcommittee to support loan repayment programs without a cap on repayment support at ED.**

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.