



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 2017

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 9, 2016

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. CSWE is a nonprofit national association representing more than 2,500 individual members and more than 750 baccalaureate and master's programs of professional social work education. 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 requests:

Agency	Account	Program	Funding Requested
HHS	HRSA	Title VII Health Professions Programs	\$280 Million
HHS	HRSA	Title VII Mental and Behavioral Health Education and Training Program	\$1 million for the Leadership in Public Health Social Work Education (LPHSWE) Program
HHS	HRSA	HRSA Behavioral Health Workforce Education and Training Grant Program	\$56 Million
HHS	SAMHSA	Minority Fellowship Program	\$11.7 million including at least \$6.4 million for MFP core activities
ED	N/A	Pell Grant	\$5,935 for the maximum Pell Grant
ED	N/A	GAANN	\$31 million
ED	N/A	Loan Repayment Programs	Support without a cap on forgiveness
HHS	NIH	Overall Funding for National Institutes of Health	\$34.5 billion

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

2022.¹ While CSWE understands the difficult funding decisions facing Congress, it is my hope that the Committee will prioritize funding for health professions training in fiscal year (FY) 2017 to help ensure that the nation continues to foster a sustainable, skilled, and culturally competent workforce that will be able to accommodate the increasing demand for social work services and meet the unique health-care needs of diverse communities.

HEALTH RESOURCES AND SERVICES ADMINISTRATION TITLE VII AND TITLE VIII HEALTH PROFESSIONS PROGRAMS

CSWE urges the Committee to provide \$280 million in FY 2017 for the health professions education programs authorized under Titles VII of the Public Health Service Act and administered through the Health Resources and Services Administration (HRSA). HRSA's Title VII 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, and expand minority representation in the health-care workforce. The Title VII programs, for which social workers and social work students are eligible, provide loans, loan guarantees, and scholarships to students, as well as grants to institutions of higher education and non-profit organizations to help build and maintain a robust health-care workforce.

CSWE urges the Committee to provide \$1 million for the Leadership in Public Health Social Work Education (LPHSWE). This funding supports the next generation for public health and social workers and ensures critical leadership, resources, and training.²

HEALTH RESOURCES AND SERVICES ADMINISTRATION BEHAVIORAL HEALTH WORKFORCE EDUCATION AND TRAINING PROGRAM (BHWET)

CSWE urges the Committee to provide \$56 million for the Behavioral Health Workforce Education and Training (BHWET) Program at HRSA. Previously, this program was a partnership between HRSA and the Substance Abuse and Mental Health Services Administration (SAMHSA); however, the President's budget request would move this funding to HRSA to administer the program. The BHWET program has provided critical support to increase the number of behavioral health professionals. This program builds on HRSA's mental and behavioral health training efforts by providing important grant funding for mental health and substance abuse workforce serving children, adolescents, and transitional-age youth at risk for developing, or who have developed, a recognized behavioral health disorder.³ This program is significant to CSWE and social work. In 2015, for the first year of this program, social work programs were awarded about \$19,087,780 and we estimate about 4,196 students will be served through this program. This makes important progress in meeting the workforce needs for mental and behavioral health providers.

The President's FY 2017 budget request would continue to support this program by providing \$56 million. This funding is an increase of \$6 million above the FY 2016 enacted level and would expand behavioral health workforce activities and award additional grants. **CSWE urges the Committee to support \$56 million for the BHWET Grant Program. CSWE also encourages the Committee to include language specifying that accredited master's-level schools and programs of social work must be CSWE**

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.

² HRSA Congressional Budget Justification for FY 2017 <http://www.hrsa.gov/about/budget/budgetjustification2017.pdf>. Retrieved February 26, 2016

³ http://www.integration.samhsa.gov/integrated-care-models/safety_net_providers

accredited to receive funding. Similar criteria has been placed on mental and behavioral health grants at HRSA.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION MINORITY FELLOWSHIP PROGRAM

CSWE urges the Committee to appropriate the highest level possible for the Minority Fellowship Program (MFP) in FY 2017. 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.⁴ 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.

In addition, CSWE also administers funds for the Minority Fellowship Program-Youth (MFP-Y). The purpose of the program is to reduce health disparities and improve behavioral health-care outcomes for racially and ethnically diverse populations by increasing the number of culturally competent master's-level behavioral health professionals serving children, adolescents, and populations in transition to adulthood (aged 16–25).

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 struggles to keep pace 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. Also, a direct positive relationship exists between the numbers of ethnic minority mental health professionals and the utilization of needed services by ethnic minorities.⁵ **The President's FY 2017 budget request includes \$11,669,000 to support six MFPs, two MFP-Y, two MFP-AC grants, and three technical assistance and evaluation support contracts. CSWE urges the Committee to support this request, including at least \$6.4 million for MFP core activities, the same as the FY 2016 enacted level.**

DEPARTMENT OF EDUCATION: STUDENT AID PROGRAMS

CSWE supports full funding to bring the maximum individual Pell Grant to \$5,935 in FY 2017. Pell Grants are one of the most important programs in increasing access and improving affordability to ensure that all students, regardless of their economic circumstances, can access higher education.

⁴ 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/>.

⁵ 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>.

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 like Pell Grants, many low-income individuals would not be able to access higher education, and in turn, would not acquire the 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 include social work in the GAANN program in future years.** Inclusion of social work would enhance graduate education opportunities in social work, which is critically needed to foster a sustainable health professions workforce. **CSWE urges the Subcommittee to provide the FY 2012 pre-sequester funding level of \$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-driven repayment programs and the Public Service Loan Forgiveness program, in particular, provide financial stability and support to 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 loan forgiveness.**

NATIONAL INSTITUTES OF HEALTH: SUPPORT FOR RESEARCH

CSWE supports the community's recommendation for at least \$34.5 billion for the National Institutes of Health (NIH) in FY 2017 and advocates for continued investments in biomedical and health-related research that incorporates the social and behavioral science research necessary to better understand, and appropriately address, the needs of high-risk populations including children, racial and ethnic minority populations, and geriatric populations.

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.