National Association of Social Workers
2012 Document to the Obama Administration

BUILDING ON PROGRESSIVE PRIORITIES:

SUSTAINING OUR NATION'S SAFETY NET

NASW
National Association of Social Workers

TABLE OF CONTENTS

INTRODUCTION

Every day over 650,000 social workers assist over 10,000,000 individuals in the United States[i]. The primary mission of the social work profession is to enhance human well-being and help meet the basic needs of all people, with particular attention to those who are vulnerable, oppressed, and living in poverty. For more than a century, social work has achieved a reputation as *the* helping profession and has made significant contributions to the strength and vitality of our nation's people and communities.

Social workers perform services that help people face significant life challenges. Social workers have long been the professionals who guide people to critical resources, counsel them on important life decisions, and help them reach their full potential. Social workers find solutions to, and assist those dealing with, poverty, addiction, emotional distress, and other psychological, economic, and social issues. They work in child welfare agencies, health clinics and outpatient healthcare settings, hospitals, mental health clinics, schools, government agencies, legislatures, social service agencies, private practices, and many more settings in the public and private sectors. In short, social workers form society's social safety net.

That social safety net has become essential as the U.S. is at a critical juncture with a slow economic recovery and an ever-widening inequality gap. At the same time, the needs of America's middle class, and the most vulnerable among us, are growing.

The Obama Administration, along with Congress, has a responsibility to care for all individuals in our country, providing opportunities for them to fulfill their potential and to lead healthy, productive lives. This can only be done through a bipartisan approach that seeks sustainable and meaningful solutions to benefit Americans in need. Below are some of these challenges, and how the National Association of Social Workers (NASW) proposes that we continue to work with the Obama Administration and Congress to address them.

INVESTING IN THE SOCIAL WORK PROFESSION

Social workers are key resources for the nation's most vulnerable populations—providing a safety net of services for older adults, neglected and abused children, and people at high risk for disparate health and behavioral health service access, treatment and outcomes. Our current fragile economy has caused more people to rely on the services provided by social workers.

Social work is one of the professions expected to grow at a faster than average rate through 2020 according to the Bureau of Labor Statistics (BLS),

however at the same time many social workers who served our country are preparing for retirement, and the social work workforce is shrinking[ii].

BLS estimated the employment of social workers in 2010 at 650,500, yet predicts that the need for social workers will increase to 811,700 by 2020. According to the NASW Center for Workforce Studies, however, there is a looming shortage of social workers. In addition, the profession faces real challenges to its ability to recruit new social workers, retain the current workforce, and replace retiring social workers[iii]. A shrinking professional workforce coupled with a significantly increasing demand for social work services will negatively affect the 10,000,000 clients social workers serve every day.

During the "War on Poverty," the United States government demonstrated its commitment to strengthening the safety net and to growing the social work profession. However, the last few decades have not kept pace. In light of the current workforce challenges, NASW launched the Social Work Reinvestment Initiative to focus on once again securing federal and state investments in professional social work to enhance societal well-being. The Social Work Reinvestment Initiative addresses state and federal level issues related to recruiting, retaining, recognizing, and reimbursing the social work profession.

One key focus of this is NASW's support of the *Dorothy I. Height and Whitney M. Young, Jr. Social Work Reinvestment Act* which would establish a Social Work Reinvestment Commission to provide a comprehensive analysis of current trends including workforce trends, high educational debt, comparably low salaries, diversity, and research within the academic and professional social work communities.

To ensure the vitality of the social work profession we provide the following recommendations:

Recommendations

- Advocate for passage of the *Dorothy I. Height and Whitney M. Young, Jr. Social Work Reinvestment Act.*
- Reduce educational debt for social workers through loan forgiveness. As many as 37 percent of public four-year graduates have too much debt to manage on a starting social work salary[iv].
- Assure safety for social workers. According to the American Federation of State, County, and Municipal Employees, 70 percent of case workers (many of whom are social workers) report that front line staff in their agencies had been victims of violence or had received threats of violence[v].

- Enhance social work salaries. Due to high loan debt and low income, too many social workers who are providing services to clients in need are themselves struggling financially.
- Fund social work research. Currently, the National Institutes of Health (NIH) devotes less than one percent of its research budget to social work research, despite the fact that such research identifies solutions to some of society's most critical problems.
- Appoint professional social workers to senior Administration and agency positions within the federal government and on federal advisory boards.

EXPANDING SOCIAL WORK RESEARCH

Social workers provide or administer the bulk of mental health and many other health and human services across this nation, especially serving those with complex needs, and individuals living in rural and underserved communities. Despite the huge resources invested in the delivery of services, there is a lack of funding to study and test the range of social work interventions and to translate research findings into real world settings.

With the increased focus on implementation of evidence-based services and on outcomes and accountability, the beneficiaries of social work research are the children, youth, adults, families, and communities who receive social and health care services and the legislators and agencies that develop the parameters and funding for such services. By using knowledge from social work research to inform public policy and social work practice, we can improve both prevention and treatment interventions. Better outcomes and more cost-effective service delivery will result.

Social work research explores the complex interventions that are needed to respond to society's most underserved populations, those experiencing health disparities, and those at greatest risk for abuse and neglect. Social work researchers are on the forefront in identifying care coordination interventions to keep older persons safely in their homes, in identifying strategies to address the well-being of youth aging out of foster care, and preventing neglect through neighborhood-based family-focused interventions. Research by social workers is also making major contributions to our understanding of how to recruit and retain the most qualified and committed staff in our child welfare and mental health systems.

Consumers, practitioners, policy-makers, educators, and the general public would benefit from an expanded social work research agenda that more fully examined:

- Societal issues such as health care, substance abuse and community violence; family issues including those of military and Veteran families, child welfare and aging.
- Strategies and solutions that enhance individual, family, and community well-being.
- Resiliency, strengths, and needs of underserved populations.
- Effectiveness of organizations and service systems to deliver health and human services and to retain competent, qualified, culturally competent staff.
- Inter-relationships among individuals, families, neighborhoods and social institutions to provide empirical support to improve service delivery and public policies.
- Psychosocial problems, preventive interventions, treatment of acute and chronic conditions, and community, organizational, policy and administrative issues.
- Community economic development.
- Health disparities and exploring the needs of special populations.

Despite these important areas that can be studied through social work research, there is insufficient funding for social work research across government agencies and foundations. The National Institute of Mental Health (NIMH) has historically been the major funder of social work research. Since 2000, other institutes of the National Institutes of Health (NIH) have increased funding of social work research however it continues to be a very minor part of the NIH budget[vi]. NIH developed a *Plan for Social Work Research*[vii] but several of its recommendations have not yet been fulfilled[viii]. Furthermore, there is no specific research infrastructure developed for child welfare research, an important area of social work's purview[ix] and insufficient sources of support for doctoral students, post-doctoral fellows, and mentorship opportunities.[x]

Recommendations

- Increase the availability of research funding to support research agendas across social work fields of practice, addressing both clinical and system level interventions.
- Expand opportunities to establish research careers for social work researchers through fellowships and traineeships for faculty, doctoral students, post-doctoral fellows, and agency-based researchers, with a special focus on researchers from underrepresented population.

- Promote the dissemination and implementation of research into real world settings and to encourage communication between researchers and practitioners.
- Develop a database of evidence-informed psychosocial interventions.
- Fund social work research and the development of social work researchers at the National Institutes of Health, the Administration for Children and Families, the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, the Department of Defense, Department of Justice, Department of Veteran's Affairs, and the Department of Education.

REBUILDING THE ECONOMY

NASW is concerned about growing inequality, stagnant wages, and high unemployment in the U.S. Income inequality has soared to the highest levels since the Great Depression, with the top one percent of earners taking 93 percent of the income gains in the first full year of the recovery. The International Monetary Fund (IMF) notes that such inequality can be destructive to economic growth and over the long run, sustained growth is necessary for poverty reduction[xi]. Further, the likelihood that a child born into poverty will rise into the middle class has declined significantly in recent decades[xii].

There also continues to be a gender gap in earnings, with women making just 77 cents for every dollar made by a man. Women earned 59 cents on the dollar in 1963, meaning that the wage gap has closed at less than half a percent per year[xiii].

Joblessness and economic insecurity contribute to the incidence of mental illness, family violence, suicide, substance abuse, crime, and diminished capacity for health, family, and community functioning. Social workers understand the devastating costs and consequences of poverty and unemployment, and provide direct services in order to prevent and abate economic inequality[xv].

Recommendations

- Comprehensively fund Temporary Assistance to Needy Families (TANF) including an analysis of the structural causes of poverty, creation of stable jobs with living wages, acceptance of education (including college) and training as alternatives to work requirements and the subsidization of child care and health insurance coverage while on TANF.
- Fully fund and support the Supplemental Nutrition Assistance Program (SNAP).

- Fully implement the *Lilly Ledbetter Fair Pay Act* and enact the *Paycheck Fairness Act*. Support legislative and administrative strategies that address pay equity and comparable worth initiatives in both the public and private sectors.
- Support initiatives that conceptualize caregiving as work, and value it socially, legally, and economically, including integrating working as an unpaid caregiver into the nation's gross domestic product.

STRENGTHENING HEALTH CARE

According to the Kaiser Family Foundation, there were 48 million people in the US. under the age of 65, including nearly eight million children, who did not have health insurance in 2011[xvi]. Over the past decade, the number of uninsured has increased as employer-based coverage has diminished. Approximately 90 percent of the uninsured are in low or moderate income families, defined as those with incomes below 400 percent of the federal poverty line. More than three-quarters of the uninsured in the U.S. are in working families and almost 80 percent are citizens[xvii].

NASW strongly supported the *Patient Protection and Affordable Care Act* of 2010 (ACA), and applauded the Supreme Court's upholding of the law in June 2012. With the promise of expanding coverage to 30 to 40 million people, the ACA represents the most significant expansion of health insurance since the enactment of Medicaid and Medicare. The law also includes major health delivery system reforms, such as the elimination of pre-existing condition exclusions, and funding for cost control innovations and workforce development programs. However, the law does not extend health insurance coverage to the estimated 12 million undocumented individuals living in the U.S. which will continue to result in high healthcare costs.

Under the ACA, millions of low-income adults are projected to gain coverage through the expansion of Medicaid which, in January 2014, will have a national minimum eligibility level of 133 percent of the federal poverty line. Many individuals in the expansion population are adults without dependent children who have historically been excluded from public coverage, and who have substantial health and behavioral health needs. The Medicaid expansion is critical to reducing healthcare disparities experienced by people of color; women; lesbian, gay, bisexual, and transgender (LGBT) individuals; those who are limited English proficient; and individuals with disabilities. The Supreme Court rendered the Medicaid expansion optional for states, when it declared unconstitutional the proposed federal penalty for non-expansion—the withholding of all federal Medicaid funds.

The ACA also expands coverage through the development of competitive health insurance marketplaces, known as health insurance exchanges, in each state. Individuals with incomes between 133 percent and 400 percent of the federal poverty line will receive federal subsidies for purchasing coverage on the exchanges. Each state will select an "essential health benefits (EHB) plan" to serve as a benchmark for plans participating on the exchange. To be effective, EHB plans must include mental health and substance abuse services. State exchange governance boards will include consumers, as well as representatives of provider and insurer communities. The law requires that health exchanges be operational by January 2014. However, there is much resistance among the nation's Governors to implementing the Medicaid expansion and the insurance exchanges, with fewer than half expressing willingness to implement the law.

Social workers are integral to the implementation of the ACA, as health and behavioral health care providers, as advocates for state approval of the Medicaid expansion, as proponents of state EHB plans that include behavioral health coverage, and as members of governance and advisory boards for state health exchanges. As front line practitioners, social workers are essential members of the patient centered medical home—an effective means of providing high quality primary care to vulnerable populations—and a delivery system innovation strongly supported by the ACA.

Recommendations

- Fully implement the *Patient Protection and Affordable Care Act* in all 50 states and the District of Columbia, and in particular:
    - Encourage reluctant states to implement the Medicaid expansion and accept all available federal funding, in order to provide health services to their most vulnerable citizens.
    - Permit no state adjustments in Medicaid eligibility or gradual phase-in of the expansion.
    - Approve only those EHB plans that include mental health and substance abuse services.
- Increase the number of willing providers for Medicaid beneficiaries by developing the workforce pipeline through expansion of education debt relief for primary care providers - including physicians, nurses and social workers - practicing in health centers, safety-net hospitals, and medically underserved areas.
- Issue final rules for the *Wellstone/Domenici Parity Act*, which mandates that insurers providing behavioral health benefits, including those

operating on the new state based health insurance exchanges, offer those benefits on par with covered medical and surgical benefits.

- Ensure that the expansion of electronic health record use and other health information technology maintain the confidentiality and privacy of personal medical information.
- Ensure that professional social workers are included on public and private health care policy and planning bodies and that essential health care social work services are provided by qualified social workers in all health care settings.
- Promote active and organized consumer participation in the planning, implementation, evaluation, and governance of all health and mental health services.
- Fully fund health professions training programs such as those authorized by the ACA and ensure that there are specific efforts to educate social workers for health and behavioral health careers.
- Ensure professional care coordination is included in programs authorized by the ACA.
- Specify social workers among the professionals eligible to provide care coordination in ACA-authorized programs.
- Ensure inclusion of payment mechanisms for care coordination performed by social workers and other professionals in programs authorized by the Patient Protection and Affordable Care Act, Medicare, and Medicaid.
- Implement, and continue to develop, pilot and demonstration projects for care coordination in which social workers play a central role; rapidly replicate and scale projects with demonstrated success, particularly projects serving under resourced communities, individuals dually eligible for Medicare and Medicaid, older adults, and individuals with disabilities or multiple chronic conditions.

Addressing Health Disparities

Many population groups have not benefitted equally from advances in health care. There is a substantial divide in the U.S. between vulnerable populations—including those who are uninsured, low-income, and members of racial and ethnic minority groups—and the rest of society. For vulnerable populations, health disparities, or differences in health outcomes that are closely linked with social, economic, and environmental disadvantage[xviii] frequently begin at birth and often last throughout life.

Lack of health insurance is highly correlated with health disparities. More than 80 percent of uninsured people are in working families. Low-wage workers, those in small businesses, residents of rural areas, service workers, and part-time workers all run a greater risk of being uninsured. African Americans and Hispanics are disproportionately likely to be uninsured compared with Asian and non-Hispanic white Americans.[xix] Health disparities also affect sub-populations. Research suggests that lesbian, gay, bisexual, and transgender (LGBT) individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights[xx]. Health disparities are greatly influenced by powerful social factors such as education, income, nutrition, housing, and neighborhoods. Addressing these social determinants of health is an essential component of eradicating health disparities.

The lack of insurance coverage for minority and poor populations exacerbates other access barriers within the health care system that prevent vulnerable individuals from receiving appropriate health care. Stigmatizing practices in health care delivery, a lack of racial and ethnic diversity and cultural competence among health care providers, differences in health literacy between groups, and the failure to include minority populations in medical research produce a lower quality of care for racial and ethnic minority groups, even after adjustment for socioeconomic characteristics and other access-related factors[xxi].

This lower quality of care may be manifested through a failure to provide recommended services or the substitution of less desirable procedures. These disparities exist across a variety of conditions, including cancer, cardiovascular disease, HIV/AIDS, maternal and child health care, diabetes, and mental illness. They are found in treatment for serious disease and also in routine treatments for common health problems. Preventive measures such as breast, cervical, and prostate cancer screenings are not always provided as recommended to the most vulnerable individuals.

Extending health insurance coverage to all Americans and legal residents is the most important step in improving access to quality health care and reducing disparities. More so than any piece of legislation in the last 45 years, the ACA holds the promise of addressing the health divide in this country and mitigating disparities for vulnerable populations.

Interdisciplinary, team-based primary care has been shown to improve health outcomes for vulnerable populations. For these patients, access to primary care is associated with better preventive care, better management of chronic conditions, and reduced mortality[xxii]. In particular, health care settings that provide patients with a patient-centered medical home—timely, well-organized care and enhanced access to provider teams—have demonstrated that racial and ethnic disparities in access and quality can be reduced or even eliminated[xxiii].

Insurance coverage and changes in care delivery are not sufficient to eliminate inequities in health and health care for vulnerable populations. More research is needed to fully understand how patient race or ethnicity, disease status, sexual orientation, and other characteristics may influence physician decision making and the experience of minority groups during health care encounters.

Social workers in communities across the country are actively participating in the day to day effort to ensure that vulnerable populations have access to, and receive, quality health care. Included as integral parts of interdisciplinary health care teams, social workers strive to overcome barriers to quality health care in hospitals, community health clinics, and public health and social service agencies. Social workers' expertise and experience are essential in finding solutions to health disparities.

Recommendations

- Fully implement the ACA, and in particular, encourage reluctant states to implement the Medicaid expansion and accept the federal funding available to provide health services to vulnerable populations.
- Work towards passage of the *Health Equity and Accountability Act* to ensure a culturally competent workforce.
- Strengthen care delivery systems serving vulnerable populations, and in particular, encourage the development of interdisciplinary patient centered medical homes.
- Ensure equitable delivery of services for all people regardless of financial status, race, ethnicity, disability, religion, age, gender, sexual orientation, or geographic location.
- Increase efforts to eliminate racial, ethnic, and economic disparities in health service access, provision, utilization delivery, and outcomes.
- Support workforce development of the social work profession to meet the health needs of vulnerable populations.

Focusing on HIV & AIDS

HIV and AIDS are serious global public health concerns with biological, social, and economic ramifications that affect individuals, their families, and communities. Annually, almost 50,000 persons living in the U.S. become infected with HIV, with an estimated 20 percent being aware of their HIV health status. Of the estimated 1.2 million individuals in the U.S. living with HIV/AIDS, it is estimated that only 28 percent are getting the full benefits of the treatment they need to manage their disease and keep the virus under contro[lxxiv, xxv].

The epidemic continues to have a disproportionate impact on certain populations, particularly racial and ethnic minorities, and gay and bisexual men. While HIV and AIDS is generally concentrated in urban areas, it has had a growing impact on the U.S. south, historically one of the poorest regions in the country. A quarter of new HIV infections are women, with African American and Latina women disproportionately affected at all stages of HIV infection. Overall, heterosexual transmission accounts for 27 percent of new HIV infections[xxvi].

Studies show that a large percentage of Americans still voice discomfort with working with a person with HIV or AIDS[xxvii]. Discrimination and stigma universally experienced by those living with and affected by HIV or AIDS are manifested in laws and policies. People living with HIV or AIDS, and sometimes even those that have been tested for the virus, continue to face discrimination in employment, housing, access to health services, social and community programs, and basic civil and human rights which all critical obstacles to getting tested, seeking treatment, or adhering to life-saving medications[xxviii]. Discrimination based on sexual orientation, gender, and gender identity results in lack of access to health care, protections for children when eligible for a parent's disability benefits, and limited access to government-based economic protections[xxix].

Federal policies and laws in many states and localities prevent access to sterile syringe exchange programs for persons who inject drugs, contrary to research demonstrating that needle exchange programs work to reduce transmission of HIV[xxx].

Economic issues continue to affect access to care. Few people can afford HIV medication unless they are enrolled in a private health insurance plan with prescription drug benefits or state-administered Medicaid or AIDS Drug Assistance program (ADAPs) for those who are underinsured and uninsured. Persons living with HIV/AIDS may experience mental health concerns that affect their day-to-day functioning and, as a result, their ability to adhere to medications. Mental and behavioral health disorders, including substance use disorders, are documented to affect both risk-taking behaviors and help seeking behaviors or uptake of services for HIV/AIDS.

Research demonstrates that comprehensive case management services improves client adherence to both HIV/AIDS medications and other recommended mental health and wellness treatments and have demonstrated significant improvement to adherence, reduced symptoms of depression, and improved care and treatment outcomes[xxxi] [xxxii]. Engagement in mental health treatment can encourage client adherence to HIV treatments.

The social work profession is committed to culturally competent practice, bringing an understanding of the implications and role of racism, homophobia and heterosexism, class conflict and poverty, and ageism on clients, programs, and policies. The social work profession responds to the individual and systemic challenges resulting from living with and/or being affected by HIV/AIDS through advocacy within communities, agencies, and in state and federal government. Because of its ecological perspective and commitment to social justice, social work is particularly well suited for addressing the complex problems associated with HIV and AIDS.

Recommendations

- Build strong provider capability through an expanded health and behavioral health workforce to ensure a skills-based and knowledgeable workforce.
- Provide evidence-based mental health and substance abuse services through partnerships with health departments, community-based organizations, and health and social service providers.
- Ensure full funding for HIV/AIDS comprehensive services through Ryan White Care Funds, including AIDS Drug Assistance Programs (ADAP), and for the President's Emergency Fund for AIDS Response (PEPFAR).
- Support and fund public health approaches to prevent, test, and treat HIV by eliminating HIV criminalization laws, establish publicly and privately funded needle exchange programs, and ensure that all people have access to mental health and behavioral health treatment and services regardless of ability to pay.
- Sustain comprehensive service delivery systems based on a quality case management model that includes access to suitable and affordable housing, violence and trauma services, adult and child foster care, home health care, nursing home care, legal services, and transportation.
- Create culturally appropriate treatment and prevention programs that take into account the language, culture, ethnicity, sexual orientation, gender and gender identity, religion, and age of the target population that are adapted to reach all people affected by HIV/AIDS, particularly those whose language, culture, or immigrant status might limit their access to services or subject them to oppressive and discriminatory situations.

ENHANCING CIVIL AND HUMAN RIGHTS

The social work profession has consistently fought for social justice, equality, and constitutional protections for America's most vulnerable individuals and groups. Along with other social justice and civil rights advocates, social workers have played an indispensable role in preserving freedom and ensuring opportunity for all. Historically, social workers (such as icons like Dr. Dorothy I. Height and Dr. Whitney M. Young, Jr.) played a major role during the country's civil rights movement, and contributed to the passage of landmark legislation such as the *Voting Rights Act of 1965* and the *Civil Rights Act of 1964*.

Despite equal protections that are enforceable under the U.S. Constitution, equitable treatment has not been achieved in this country. The political, economic, and social history of this nation is replete with examples of individual, organizational, institutional, and societal discrimination. In addition, disparate treatment adversely affects whole groups of people on the basis of their race, ethnicity, culture, language, age, class, gender, disability, sexual orientation, religion, and other factors. Examples of social work efforts to ensure equitable treatment include protections for immigrants, ensuring rights of lesbian, gay, bisexual, and transgender (LGBT) individuals, and defending reproductive rights of women.

Similarly, the current fight to protect voting rights from state governments that appear to be attempting to suppress the votes of vulnerable groups through strict voter identification laws, shows that even so-called "settled law" cannot be taken for granted.

NASW also considers immigration to be a civil rights issue. Social workers see the impact of immigration and refugee policies every day and have a special interest in the effect of immigration policies on families and children. NASW supports policies that ensure children do not grow up permanently disadvantaged by the immigration status of their parents. In keeping with this principle, immigrant families should not suffer the penalties of deportation for family-related stresses and violence except in the most extreme cases. Additionally, NASW advocates for commitment on the part of the U.S. government to end human rights violations worldwide and for reform in immigration and refugee policies to reaffirm their contributions to this country.

NASW will continue to work with federal and state governments, as well as other social justice and civil rights organizations, in advocating for new and strengthened efforts to end all forms of injustice in the U.S.

Recommendations

- End the practice of racial profiling through the promotion of initiatives that fairly target the perpetrators of crimes, rather than those who represent a particular racial or ethnic minority, and pass the *Racial Profiling Act*.
- Broaden protection in the *Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act* to include protections for hate crimes based on religious faith.
- Safeguard the civil rights of all through the selection of Supreme Court Justices and other federal judges who will resist overturning settled civil rights and social justice laws.
- Strengthen and enforce voting rights and challenge efforts to suppress voters rights.
- Provide equal opportunity and accessibility in education through equitable and proportionate resource allocation for those most in need.
- Continue to support America's diversity through legal, humane, and dignified pathways for immigrants who seek citizenship.
- Preserve America's commitment to affirmative action by protecting those programs that provide equal employment opportunity and fair access for all.

ADVANCING WOMEN'S RIGHTS

The majority of the U.S. population, the social work profession, and the clients that social workers serve are women. Attention to women's issues is essential because of the discrimination women continue to face in many aspects of their lives. In much of the world, economic, political, social, and cultural forces operate unfavorably for women and girls. As a result, women are adversely affected in the areas of education, health care (including reproductive and mental health), crime (especially as victims of violence), employment, and social welfare (especially income maintenance programs). The well-being of women and their families is negatively impacted by discrimination at all stages of the life cycle, from girlhood through old age.

Women perform the majority of the world's work, but control a disproportionately small share of its resources. Women are more likely to graduate from college, and are more likely to hold a graduate school degree, yet still earn less than men[xxxiii]. Women make just 77 cents for every dollar made by a man. Women earned 59 cents on the dollar in 1963,

meaning that the wage gap has closed at less than half a percent per year[xxxiv]. Women-headed households are also more likely to live in poverty[xxxv].

Although women are more likely to use the health care system than men, many still do not receive recommended preventative care[xxxvi]. Women are more likely to report having a chronic health condition and females age 12 and older are more likely to report experiencing depression[xxxvii].

Women's reproductive rights and access to family planning are under attack with conscience clauses, challenges to insurance coverage for birth control, and attempts at legislating intrusive ultrasound procedures for women seeking abortions. More than 38 million American women currently use birth control, and nearly all (98 percent) sexually active American women have used birth control at some time in their lives[xxxviii]. Every dollar in family planning saves four dollars in Medicaid expenses[xxxix]. Approximately one in three U.S. women will have an abortion by age 45. Abortions are increasingly concentrated among poor women and women of color, which reflects barriers to access and economic challenges[xl]. Social work is built on the tenant of self-determination, which includes the rights of women to make their own health decisions.

Women are also at a heightened risk for domestic violence and rape. One in every four women will experience domestic violence in her lifetime[xli] and 85 percent of domestic violence victims are women[xlii]. Further, there were 188,380 reported rapes or sexual assaults in 2010 and 91.9 percent of rape or sexual assault victims were women. Approximately, 49.6 percent of all rapes and sexual assaults were reported to law enforcement[xliii].

The social work profession has a long-standing commitment to the elimination of all forms of discrimination and violence against women. It is vital for policymakers to develop a critical consciousness about gender that enables its ramifications to be made visible and addressed in a meaningful way. NASW applauds President Obama's creation of the Council on Women and Girls.

Recommendations

- Build on the progress made by the ACA to improve health care access, quality, and services for millions of Americans, many of whom are women, not currently served by the nation's health care system.
- Ensure access to the full range of reproductive services and protect reproductive rights.
- Promote adequate access, funding, and increased research on health and behavioral health services and issues that address the special needs of women.

- Reauthorize the *Violence Against Women Act* (VAWA) recognizing domestic violence, dating violence, sexual assault and stalking, and expand protection for students on campuses, and underserved communities including the lesbian, bisexual, bisexual, and transgender (LGBT) community, immigrant victims, and Native American women. In addition, funding should be available for prevention and efforts that address all forms of violence against women across the life span, including adult protective services, crime victim assistance, adequate health and behavioral health services and other social services.
- Ratify the Convention to Eliminate All Forms of Discrimination against Women (CEAFDW). In 2012, the U.S. government developed a global strategy and accompanying Executive Order to prevent and respond to gender based violence globally. NASW supports this new strategy that, for the first time, places significant influence of U.S. foreign policy and international assistance behind efforts to end violence against women and global human rights violations.
- Support international programs and policies that address women's rights as human rights, including having women in each country involved in defining their needs, identifying their oppressions, supporting measures to eliminate violence against women, slavery and human trafficking, and developing programs that meet their needs.

PROMOTING THE RIGHTS OF INDIVIDUALS WITH DISABILITIES

In 2010, the U.S. Census Bureau reported that there were approximately 56.7 million people (19 percent of Americans) living with disabilities in the country[xliv]. This segment of the population may encounter challenges, and social workers have a significant history of working with, and advocating for, those living with disabilities. While there has been tremendous progress over the past few decades to address issues of disability rights violations, due in large part to enactment of the *Americans with Disabilities Act*, this community still experiences barriers, discrimination, and a lack of access to the full benefits of society.

Essential to the well-being of persons with disabilities is inclusion and satisfaction with societal community living. According to the National Council on Disability successful community living occurs when people have independence, freedom of mobility, safety and security, affordable and accessible housing and transportation, and access to health care and long-term services and supports[xlv]. When communities are not accessible, and community leaders are not educated on how to integrate and meet the needs of these individuals, persons with disabilities often become isolated.

Many people living with disabilities also struggle to obtain and acquire affordable health care due to pre-existing conditions. NASW has been a staunch supporter of the *Patient Protection and Affordable Care Act* (ACA) and on January 1, 2014 when the provision goes into effect to prohibit eligibility or coverage decisions on the basis of preexisting medical conditions or health status, the disability community will benefit greatly. Yet, persons living with disabilities continue to encounter health care disparities. According to the Centers for Disease Control and Prevention, 27.2 percent of persons living with a disability self-reported that they are in excellent or very good health, compared to 60.2 percent of persons without a disability. Approximately 40.3 percent of persons living with a disability self-reported that they are in fair or poor health compared to 9.9 percent of persons without a disability[xlvi].

Further, there are 4.1 million parents with disabilities raising children under the age of 18 in their homes[xlvii]. These parents might face obstacles in creating or maintaining families, and their children are removed at disproportionately high rates. If a person with a disability wants to become a parent, but requires assisted reproductive technologies to achieve their goal, they might experience barriers to access. If a person with a disability does have a child, they may be met with discrimination within the child welfare system. Removal rates for parents with a psychiatric disability may be as high as 80 percent[xlviii], and 40 to 80 percent if the parent has an intellectual disability[xlix]. Parents with disabilities, and their families, need to be supported and protected in their fundamental right to have a family.

While the passage of the Individuals with *Disabilities Education Act* in 1975 provided protection to children living with disabilities, these students still face challenges in receiving a free, high-quality, safe, and integrated education. Safety being a leading concern, it has been reported that students with developmental disabilities are two to three times more likely to be bullied than students without developmental disabilities[l]. Another leading concern is the dropout rate among students with disabilities. The U.S. Department of Education reported that in 2009 students with disabilities ages 16 to 24 were twice as likely to drop out compared to their peers without disabilities[li].

Finally, individuals with disabilities may be discriminated against when searching for employment. While a disparity has always existed between persons with and without disabilities in the labor force, the recession is making obtaining and maintaining employment particularly difficult. The U.S. Bureau of Labor Statistics reported that in October 2012 the unemployment rate for person with a disability was 12.9 percent compared to under 8 percent for persons without a disability[lii].

A core social work value is that of self-determination, and individuals with disabilities may often be denied the right to exercise that freedom. Social workers provide direct services to, advocate with and on behalf of, and organize community resources so that individuals with disabilities have an opportunity to lead healthy, productive lives.

Recommendations

- Support and work to ensure that the principles and programs including in the *Americans with Disabilities Act* are fully realized.
- Ensure compliance with the *Olmstead* decision to prevent the unnecessary institutionalization of people with disabilities.
- Ratify the UN Convention on the Rights of Persons with Disabilities.
- Adequately fund (at state and federal levels) programs and policies that allow people with disabilities to participate fully and equitably in society with appropriate supports.
- Protect the parenting rights of people with disabilities, and support parents with disabilities.
- Promote access to appropriate, comprehensive, and affordable health care for people with disabilities.
- Ensure access to all of the goods and services available to the public, including transportation and ready access to public spaces.
- Provide equal employment opportunities, and access to vocational and occupational opportunities, in accessible environments for people with disabilities.
- Enhance educational services for people with disabilities, providing safe, appropriate, and comprehensive learning opportunities, and focus on the reduction of bullying of people with disabilities.
- Ensure successful community living by supporting personal choices and proper supports.
- Provide opportunities for people with disabilities to earn a livable wage.
- Reduce the stigma, discrimination, and restriction of rights of people with disabilities.

SECURING EQUALITY FOR ALL

Approximately eight million adults (or 3.5 percent of the U.S. population) identify as lesbian, gay, bisexual, and transgender (LGBT) individuals, and encompass the great diversity of this country[liii]. Therefore, discrimination and prejudice directed against any individuals on the basis of sexual orientation, gender or gender identity, whether real or perceived, are damaging to the social, emotional, psychological, physical, and economic well-being of the affected individuals, as well as society as a whole[liv].

Discrimination against LGBT individuals persists in employment, education, health insurance, marriage, adoption, housing, and retirement benefits. Laws and stigma negatively impact the physical and mental health and wellbeing of LGBT families, and create obstacles to economic security for children[lv]. LGBT couples face health coverage disparities and unequal access to health insurance, lack legal recognition under the *Family and Medical Leave Act* (FMLA), and are ineligible for government safety net programs due to the narrow definition of family tied to marital status. In the U.S., the majority of states have a constitutional amendment that bans same-sex marriage and/or civil unions or any marriage-like contract between unmarried persons. LGBT individuals can be capable parents, yet current laws specifically exclude them from adopting or providing foster care to children.

Research suggests that LGBT individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights[lvi]. One in four LGBT adults reported being turned away from healthcare professionals after coming out, demonstrating the critical need for cultural competency in health and mental health care services[lvii].

An increasing number of LGBT individuals are making reproductive choices that require established legal, medical, and psychological support for them and their families. Researchers need more data about the demographics of these populations, improved methods for collecting and analyzing data, and an increased participation of sexual and gender minorities in research[lviii].

NASW is committed to advancing policies and practices that will improve the status and wellbeing of all LGBT individuals and their families.

Recommendations

- Repeal the *Defense of Marriage Act* (DOMA) and pass comprehensive laws that legalize, and federally recognize, marriage of same-sex couples.
- Provide pathways of immigration and citizenship to bi-national LGBT families.

- Expand the *Employment Non-Discrimination Act* (ENDA) to keep employers from discriminating against individuals on the basis of their perceived or actual gender identity or sexual orientation, providing equal protections for LGBT individuals from discrimination in employment, education, credit, housing, and other public institutions and services.
- Implement policies promoting LGBT human rights and support LGBT advocates and civil society groups in the U.S. and globally through programmatic and financial assistance.
- Repeal programs supporting or condoning the use of conversion or reparative therapies for LGBT individuals.
- Expand the resources to help federally funded community health centers provide improved care for LGBT clients, including culturally competent training for health and mental health providers and ensure culturally appropriate comprehensive health and mental health services for LGBT people across the life span, including HIV prevention and treatment, substance abuse treatment, psychological stress prevention and treatment, and suicide prevention.
- Fund research to build a more solid evidence base for LGBT health concerns
- Combat criminalization of LGBT status, including protecting vulnerable LGBT refugees and asylum seekers both in the U.S. and globally.

CARING FOR OUR CHILDREN

Across the United States, social workers play a critical role in child welfare systems by protecting children and youth at-risk, and supporting families in need[lix]. In fiscal year 2010, an estimated 695,000 children were found to be victims of maltreatment with children under the age of one at the highest rate of victimization[lx]. Poor and racial and ethnic minority children and their families are overrepresented in the child welfare system. It is estimated that more than 1,770 children die each year due to child abuse and neglect[lxi]. Of the children and youth who are abused or neglected, 36 percent are placed in foster care. In 2010, there were 408,425 children and youth in foster care and 24,131 young people aging out of foster care[lxii].

Each day, social workers face critical decisions about the lives of these vulnerable children and youth while working in stressful work environments which can include high caseloads, inadequate supervision, and limited training and resources. All of these conditions, coupled with low salaries and administrative burdens, can affect the recruitment and retention of qualified staff. A qualified and stable child welfare workforce is the foundation of child welfare service delivery[lxiii].

State budgets are tight and child welfare systems are stretched beyond capacity. Agencies offer limited services to prevent abuse and neglect, and simply cannot serve all abused and neglected children following a substantiated report. Therefore, more federal investments are needed to ensure that children, youth, and their families receive services to ensure the well-being of their families.

Social workers know that working with the child means working with the whole family and with other environmental factors in a culturally competent way. With unique knowledge and skills, social workers have battled child maltreatement for over 100 years. Social workers and other professionals help families by identifying and addressing the individual, familial, and community challenges they encounter and are taught that prevention should be at the front end of all interventions. Social workers are on the front lines protecting children and assisting them in finding safe living situations. Yet, many of these professionals are overburdened with high caseloads and mounting administrative details, while receiving low pay relative to other professions.

Recommendations

- Allocate increased resources to support community-based child abuse prevention activities through the full funding of the *Child Abuse Prevention and Treatment Act* (CAPTA). CAPTA aims to improve data collection, training, technical assistance and strengthening of coordination among service providers.
- Protect the Social Services Block Grant (SSBG) from budget cuts and elimination. SSBG funds critical services to prevent child maltreatment and improve outcomes for children who have been maltreated or are at risk of abuse or neglect.
- Provide greater family support resources by fully funding the *Promoting Safe and Stable Families* (PSSF) program at its authorized level. Investments in family support programs are an important strategy in reducing incidents of child abuse and neglect.
- Build on programs serving children and families such as Temporary Assistance for Needy Families (TANF), Maternal and Child Health Block Grant, Maternal, Infant and Early Childhood Home Visitation Program, and Head Start to offer a variety of child maltreatment prevention services.
- Integrate program services, data collection and funding streams to achieve the maximum collaboration among various systems including but not limited to, child welfare, juvenile justice, domestic violence, substance abuse, mental health, and public health.

- Support efforts to address the importance of culturally competent and linguistically appropriate services for children and families and support research efforts and the identification and implementation of evidence-based practices that are effective and well-suited across populations.
- Promote incentives for BSW and MSW students to pursue child welfare work through student stipends, loan forgiveness and educational leave for current child welfare workers and stipends and ensure that social workers and those who care for children and families receive adequate salaries, appropriate training, and manageable caseloads.

PROVIDING FOR OLDER ADULTS

The aging of the U.S. population presents social, economic, and political implications for both the social work profession and the nation. Social workers, other professionals, and the public increasingly understand that old age is a time of continued growth and that older adults contribute significantly to their families, communities, and society. At the same time, adults face multiple biopsychosocial challenges as they age: changes in health and physical abilities; difficulty in accessing comprehensive, affordable, and high-quality health and behavioral health care, including long-term services and supports; decreased economic security; increased vulnerability to abuse, neglect, and exploitation; and loss of meaningful social roles and opportunities to remain engaged in society. Social workers, who work across the health and behavioral health care continuum, and in diverse settings such as adult protective service agencies, employee assistance programs, veterans' service programs, and senior centers, are well positioned and trained to support and advocate for older adults and family caregivers[lxiv].

With the anticipated expansion in the demand for services for older adults, the social work profession is working to support social workers currently practicing in aging, while also recruiting more practitioners to this specialty area.[lxv] In its recent reports on the future of the health care[lxvi] and the mental health and substance use[lxvii] workforce for older adults, the Institute of Medicine affirmed both the increasing need for gerontological social work and the profession's multiple initiatives to enhance gerontological social work education, training, and research.

Recommendations

- Support policies and programs that promote lifelong learning, civic engagement, and equal employment opportunity for older adults.

- Expand policies and programs that address the transportation, housing, and service access needs of older people residing in urban, suburban, rural and frontier areas.
- Reauthorize the *Older Americans Act* (OAA).
- Preserve the integrity of Social Security and expand public, private, and commercial systems of economic security for older adults.
- Advance policies and programs that promote equitable access to comprehensive, integrated, affordable, and patient and family-centered health care, behavioral health care, and long-term services and supports.
- Increase funding for health and behavioral health research involving older adults.
- Strengthen government oversight, requirements, and funding to prevent and address elder mistreatment in home, community-based, and nursing home settings.
- Preserve the Medicare hospice benefit and institute reimbursement for advance care planning.
- Enhance psychosocial and financial support programs for family caregivers of older adults.
- Expand recognition of, and reimbursement for, the social work role in meeting the biopsychosocial needs of older people and family caregivers, including care coordination and advance care planning.
- Implement the recommendations of the two recent Institute of Medicine reports on the workforce to serve older persons to ensure the education and training of social workers to meet the increasing demand.

PROTECTING EDUCATION

Equal educational opportunity for all students continues to be a top priority for NASW. Education equality remains an intangible goal as indicated by discrepancies in standardized measures of achievement, graduation rates, and the percentage of students attending college across population subgroups[lxviii]. An ecological perspective, the hallmark of social work practice, equips school social workers to identify resources for addressing these disparities and to promote adequate provision of services. School social workers can be leaders and effective change agents in meeting the needs of students, families, communities, and education systems.

NASW recognizes the urgency of addressing the growing needs of student populations, including vulnerable student groups, (such as children with disabilities, youths from poor or rural communities, children of migrant laborers, children from economically disadvantaged families, children of color, adolescents who are pregnant and their children, immigrants, children with histories of abuse and neglect, and children lacking stable housing.) A well-functioning education system must provide supportive services to its students. School social workers have consistently focused on coordinating the efforts of schools, families, and communities toward helping students improve their academic achievement and social, emotional, and behavioral competence. School social workers ensure equitable education opportunities; that students are mentally, physically, and emotionally present in the classroom; and promote respect and dignity for all students. Thousands of school social workers each year across America serve students in education systems in early intervention, preschool, elementary, and secondary settings.

Recommendations

- Include the social work profession in the reauthorization of the *Elementary and Secondary Education Act* (ESEA) which authorizes all federal programs within the Department of Education.
- Promote the assessment and intervention of appropriate school social work services to meet the social and emotional needs of students, to enhance academic achievement, and to ensure that students with special needs receive appropriate educational services, including support services.
- Strengthen the collaboration among families, schools, and communities to create the most beneficial learning environments for all students.
- Develop appropriate interventions using the multi-tier model of interventions to provide prevention programs, small group and short-term interventions, and individual and long-term interventions.
- Lead prevention and intervention efforts that support children through building the capacity of family members, other school staff, and community agencies to improve student outcomes.
- Ensure that families are provided services within the context of multicultural understanding and competence that enhance families' support of students' positive academic outcomes.
- Support and advocate for allocation of federal and local funds to be used in the expansion of the school social work workforce to adequately meet the growing need for school social work services.

- Support a multidisciplinary team model of school social workers, with other student support personnel, such as, school psychologists, nurses, teachers, administrators, and families in the identification, evaluation, and provision of services to students. Congress should be urged to support legislation that will expand the workforce of school social workers and other student support personnel.
- Provide school social work services at a ratio of one school social worker to each school building serving up to 250 general education students (1:250). When a school social worker is providing services to students with intensive needs, a lower ratio, 1:50, is recommended[lxix].

SUPPORTING SERVICE MEMBERS, VETERANS & THEIR FAMILIES

Many social workers, regardless of primary practice area, work with (or will work with) clients who have served in the military and/or with their family members including spouses, partners, children, and parents of the Service Member or Veteran. Using their expertise in assisting individuals and families across the lifespan from varying cultures, social workers assist Service Members, Veterans, and their families in a variety of ways to solve the challenges they may be facing.

The United States Department of Defense (DoD), where military social work was established over 50 years ago, includes civilian social workers assigned to military components and over 500 active military personnel who are practicing social workers[lxx]. Additionally, the United States Department of Veterans Affairs (VA) established the first social work program in the Veterans Bureau in 1926, and is now the largest employer of Master's level social workers in the nation. The VA is also affiliated with over 180 Graduate Schools of Social Work, and operates the largest and most comprehensive clinical training program for social work students, training 900 students per year[lxxi].

Social workers also work in different direct practice and advocacy organizations, whether their mission is to specifically assist Service Members, Veterans, and their families with direct services, or advocate with and on behalf of this population. Many social workers are TRICARE providers, the health care program for uniformed Service Members, their families, and survivors of deceased Service Members. The need for social workers educated, trained, and skilled in working with this population has increased, and client needs are often complex, making the demand even more critical.

Approximately 2.2 million Service Members make up America's all-volunteer force in the active, National Guard, and Reserve components, which is less than one percent of Americans[lxxii]. The White House *Joining Forces* initiative

noted that, "the U.S. military recruits and retains the highest-caliber volunteers to contribute to the Nation's defense and security"[lxxiii]. Service Members, Veterans, and their families sacrifice much, and have earned our respect and the resources necessary to help them live productive and healthy lives. They have great strengths including resilience, perseverance, courage, and critical problem solving skills, yet they may also face significant challenges.

In past conflicts, such as World War II, troops who experienced serious physical and mental trauma often did not survive long enough to deal with the repercussions of the event[lxxiv]. With advances in medical technology and body armor, more Service Members are surviving experiences that would have led to death in prior wars. Additionally, deployments have become longer, redeployment to combat is common, and breaks between deployments are infrequent[lxxv]. With increased exposure to combat stress, Service Members may return home with mental and behavioral health challenges.

The trademark injuries of the wars in Iraq and Afghanistan are Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) with 13.8 percent of Veterans screening positive for PTSD[lxxvi] and 32 percent screening positive for TB[lxxvii]. Suicide risk is a serious concern for members of the military with a U.S. Veteran committing suicide every 36 hours and 20 percent of all U.S. suicides being committed by Veterans[lxxviii]. Veterans are disproportionately unemployed when compared to comparably qualified civilians[lxxix] and 23 percent of the U.S. homeless population are veterans[lxxx] with women being four times more likely to become homeless than their male counterparts[lxxxi].

Further, women are serving in the military in unprecedented numbers (currently making up approximately eight percent of the military[lxxxii]) and they may experience discrimination, harassment, or assault and unique healthcare, privacy, caregiving, and psychosocial needs. An increased percentage of female Service Members are serving in combat (24 percent[lxxxiii]), and are equally likely to have had emotionally traumatic or distressing experiences while in service (47 percent vs. 42 percent of men)[lxxxiv]. Approximately one in five women responded "yes" that they experienced military sexual trauma (MST) when screened by their VA healthcare provider[lxxxv].

Military families may also be faced with challenges. Spouses with deployed Service Members are at increased risk for depressive symptoms, sleep disorders, anxiety, acute stress, and adjustment disorders[lxxxvi]. In a study of military spouses, 83 percent reported feelings of anxiety or depression during their spouse's deployment and 28 percent reported difficulties with readjusting when their spouse returned home from deployment[lxxxvii].

Stressors related to military experience, and biopsychosocial and spiritual needs may change over the lifespan as a Service Member, Veteran, and military

family[xxxviii] and social workers are well positioned with the expertise necessary to fully support them, as they have supported and protected our nation.

Recommendations

- Create communities ready and able to assist with the reintegration of returning Veterans.
- Address the unique challenges and needs of primary caregivers of Service Members and Veterans, and support and fund the principles and programs of the *Caregivers and Veterans Omnibus Health Services Act*.
- Determine how to best support female Service Members and Veterans, particularly in terms of their health care, mental and behavioral health, caregiving, and familial needs.
- Promote the prevention of, and education about, the risk of military sexual trauma.
- Address the needs of, and support, lesbian, gay, bisexual, and transgender (LGBT) Service Members and Veterans, including continued support of LGBT members of the military after the repeal of "Don't Ask, Don't Tell."
- Address the needs of, and support, military families during each military transition and phase, particularly military spouses (including those who have been widowed) and children of a deployed parent.
- Support the U.S. Department of Veterans Affairs homelessness among Veterans initiative with a goal of zero homeless Veterans.
- Understand the workplace challenges for Veterans, including high unemployment rates, financial struggles, and possible discrimination; and encourage public and private employers to hire and train Veterans.
- Promote the integration of physical, mental, and behavioral health care for Service Members and Veterans in an effort to comprehensively respond to their needs and reduce stigma.
- Support the *Caregivers and Veterans Omnibus Health Services Act* of 2010 which includes the Health Professionals Educational Assistance Scholarship Program to provide educational funding to social workers and other health professionals in return for a two year service obligation with the Veterans Health Administration.

IMPROVING THE CRIMINAL JUSTICE SYSTEM

For over a decade, the nation's criminal justice system has experienced significant challenges that have resulted in calls for a range of reforms throughout the federal and state systems. Changes in the nation's criminal justice system have resulted in a greatly increased prison population. These include such actions as declaring a "War on Drugs," which to a large extent was responsible for the introduction and implementation of laws such as mandatory minimum sentences, "Three Strikes You're Out," "truth in sentencing" policies that made it more difficult for inmates to gain early release through the use of earned early release credits for good behavior, and significant disparities in sentencing persons convicted for powder cocaine as opposed to "crack cocaine."

As a result of these new laws and policies, along with high re-arrests and subsequent recidivism of offenders within a few years of release from prison, there are approximately 1.4 million people in state and federal correctional institutions[lxxxix]. The U.S. houses one in four of the world's inmates[xc] and over 700,000 men and women are released from U.S. prisons each year. Perhaps, more importantly, approximately one in every 2.3 inmates released from prison in the U.S. are re-arrested within three years of their release[xci].

A closer look at the rates of arrest and subsequent incarceration reveals racial disparities in the criminal justice system. While people of color make up about 30 percent of the U.S. population, they account for 60 percent of those incarcerated[xcii]. Approximately one in three African American males can expect to go to prison in their lifetime and African American youth have higher rates of juvenile incarceration and are more likely to be sentenced to adult prison[xciii]. The number of women incarcerated has increased by 800 percent over the last three decades, but women of color are disproportionately represented in that figure[xciv]. People of color are no more likely to use or sell illegal drugs than whites, but they have higher rates of arrest[xcv].

Challenges associated with incarcerating seriously mentally ill individuals, especially in local jails, still persist. Many years ago, the country embraced a policy of deinstitutionalization of those who are mentally ill. This policy resulted in a major reduction in the patient capacity of psychiatric hospitals. However, the unintended consequence of deinstitutionalization was the use of local jails as de facto treatment facilities for the seriously mentally ill.

Last, it is important to mention that the decade long pattern of over incarceration has resulted in placing an enormous burden on the budgets of nearly every state in the union. Approximately one in 14 state general fund dollars is spent on corrections and one in nine is spent on community supervision. Further, one in eight state employees work in corrections and $52 billion is spent on state corrections[xcvi]. Such expenditures on corrections

are unsustainable, and states have a significant incentive to support criminal justice reforms that lead to lowered incarceration rates.

Social workers trained in criminal justice are qualified to provide services that address the challenges many individuals may face when arrested, incarcerated, or released from jail or prison. They can provide psychosocial services and counsel individuals on housing, employment, and education.

Recommendations

- Support fairness in sentencing that leads to the elimination of disproportionately high rates of incarceration for individuals of racial or ethnic minorities, juveniles, women, and undocumented immigrants.
- Adopt a public health approach to drug policy that recognizes that drug abuse is a behavioral health issue. Therefore, persons arrested for non-violent drug-related crimes such as possession of small amounts of illicit drugs are better served using substance abuse prevention and treatment intervention rather than incarceration.
- Utilize of prison/jail diversion programs, such as Veterans Courts, Mental Health Courts and Drug Courts whenever possible.
- Promote comprehensive mental health assessments and the availability of psychiatric medications and treatment for inmates in prisons and jails. Given the fact that the nation's jails have become mental health facilities of last resort, especially for the severely mentally ill, mental health assessments and clinical treatment plans should be developed as soon as the individual is held in jail for pre-trial or is sentenced to a jail term.
- Enforce the *Prison Rape Elimination Act* (PREA) to assure safe, humane, and equitable treatment for all incarcerated individuals.
- Reauthorize and increase funding of the *Second Chance Act* which provides services for justice-involved persons reentering society after a period of incarceration, and reauthorization and improvement of the *Mentally Ill Offender Treatment and Crime Reduction Act* (MIORTCA).
- Increase participation of professional forensic social workers to assure culturally competent treatment and intervention for incarcerated individuals.

CONCLUSION

Professional social workers are deeply involved in all of the societal challenges noted in this document, as their clients are individuals and families living in poverty, immigrants, those with mental, behavioral, developmental or physical health challenges, older adults, vulnerable children, and those disenfranchised and most at-risk when government policies do not sufficiently support their safety and well-being. With a unique blend of expertise, experience, and education, social workers not only provide direct practice services that strengthen the fabric of our nation and maintain the social safety net, but remain consistent advocates for legislation, policies, and regulations that affect those who may not be able to advocate for themselves. Social work provides answers to some of our most troubling societal questions and is the profession that has historically led efforts to promote the public welfare. NASW looks forward to continuing to work with the Obama Administration and Congress in an effort to care for all Americans and foster opportunity, innovation, and progress.

The National Association of Social Workers (NASW) is the largest professional association of social workers in the United States with chapters in each state and in Guam, Puerto Rico, the Virgin Islands, and internationally. NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies. As such, NASW strives to be the voice for the full spectrum of professional social workers practicing in a diverse range of settings and roles. For more information visit SocialWorkers.org/Advocacy or contact Elizabeth Hoffler at EHoffler@naswdc.org

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