



October 22, 2010

Pamela S. Hyde, J.D.  
Administrator  
Substance Abuse & Mental Health Services Administration  
Attn: Strategic Plan Comments  
U.S. Department of Health and Human Services  
1 Chokey Road  
Rockville, MD 20857

Dear Administrator Hyde:

On behalf of the Council on Social Work Education (CSWE) and the National Association of Deans and Directors of Schools of Social Work (NADD) Task Force on Behavioral Health, it is our pleasure to submit the following comments on and recommendation for the draft Substance Abuse & Mental Health Services Administration (SAMHSA) report, *Leading Change: A Plan for SAMHSA's Roles and Actions, 2011-2014*. Thank you for the opportunity to express these views. We commend SAMHSA on its excellent draft plan and the eight strategic initiatives included in it. Social work has a role to play in each of these important areas. However, instead of addressing the eight strategic initiatives individually, CSWE's comments are focused on the role of social workers in meeting the Nation's needs in terms of adequately treating and preventing mental illness and substance abuse and in achieving SAMHSA's goal of ensuring "a high-quality, self-directed, satisfying life in the community for everyone in America."

**Our overarching recommendation for the draft plan is to provide greater emphasis and specificity on partnerships, specifically the ways in which SAMHSA will look to groups, such as the social work community, in meeting its goals.** The following pages include examples of the contributions social work is already making to meet the mental health and substance abuse needs of the population and ways in which social work education programs are equipping the workforce to be responsive to the needs of the population. After reading this, our hope is that SAMHSA will look to the social work education community as a key partner when implementing the goals set forth in the plan.

Noted in the SAMHSA report is the idea of developing partnerships as a necessary step to successfully leverage SAMHSA resources; these partnerships must be diverse and representative of all the groups who have roles to play in behavioral and mental health, including but not limited to social work. We urge SAMHSA to include more specificity in the draft plan with respect to the types of groups that will partner with SAMHSA in meeting its many goals. By identifying key players, SAMHSA will empower members of the community to get organized and develop new and exciting ideas and initiatives, while also illustrating for public and government partners the complexity of the challenge at hand and the need for an interdisciplinary and multifaceted solution.

An effort of this scale – that is, a holistic, top-down/bottom-up approach to preventing and eliminating mental illness and substance abuse – will require that the communities involved take stock of their own assets, contributions, and areas for growth. Social work is no different. Allow us to describe some of the

**For more information, please contact:**

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activities in which the social work education community has been engaging that illustrate how education can adequately prepare the profession for addressing these difficult challenges.

As organizations representing undergraduate and graduate programs of professional social work education, we are particularly pleased that among the action steps included in the plan is the development of curricula and materials, including for schools of social work, for enhanced understanding and support of resilience, recovery, and social inclusion (Objective 8.5.3). We look forward to working with SAMHSA on this activity. Through support from SAMHSA and other entities, the social work education community is already working in this space by developing a number of guides to help ensure that the mental health and substance abuse needs of the population are addressed in accordance with best practices and cultural competency. These include the following tools:

- CSWE’s guide on ***Advanced Social Work Practice in the Prevention of Substance Use Disorders*** (<http://www.cswe.org/File.aspx?id=22249>), supported in part by SAMHSA, is meant to provide a model for programs of professional social work education to develop concentrations in substance abuse prevention and to serve as a model for the development of knowledge and practice behaviors.
- CSWE’s ***Advanced Gero Social Work Practice*** guide (<http://www.cswe.org/File.aspx?id=25501>), led by CSWE’s Gero-Ed Center (<http://www.cswe.org/CentersInitiatives/GeroEdCenter.aspx>), identifies advanced gero-specific competencies for social work. CSWE urges SAMHSA to include greater emphasis on the mental health and substance abuse needs of the older population in the final plan.
- CSWE’s newest guide, ***Advanced Social Work Practice in Military Social Work*** (<http://www.cswe.org/File.aspx?id=42466>), defines the specialized knowledge and skills that social work practitioners need to effectively serve military personnel, veterans, and their families, as well as noncombatant uniformed service members.

Additionally, CSWE and its partners have developed reports and programs that elevate the work of social work education. For example, in 2009 the CSWE Task Force on Native Americans in Social Work Education issued its report, ***Status of Native Americans in Social Work Higher Education*** (<http://www.cswe.org/File.aspx?id=25694>), which identified critical shortages in the numbers of Native American professionals or professionals with competencies in Native American culture graduating from social work programs. We recognize that much more attention and investment is needed in working with Indian Country and we are organizing to make contributions to social work education similar to those discussed above by implementing the recommendations in this report.

More generally, cultural competency is critical to adequately addressing the needs of all populations as they struggle with substance abuse and mental illness. CSWE strives to turn out social workers who are culturally competent and able to meet the needs of diverse populations through its ***Minority Fellowship Program*** (<http://www.cswe.org/CentersInitiatives/ScholarshipsandFellowships/MFP.aspx>), which is supported by SAMHSA. This program has been working for decades to both increase cultural competency in the fields of mental health and substance abuse as well as encourage more underrepresented minorities to enter careers in social work, thereby fostering the next generation of social work leaders.



As illustrated by the examples above, CSWE has an important role to play in ensuring that social work education continues to address the needs of unique populations and all persons struggling with mental illness or substance abuse. As social workers, one of our main purposes is to make sure that people understand their options for care and receive the services they require.

Lastly, we would be remiss if we did not mention the issue of workforce more generally, which has posed significant challenges for social work for decades. As you may know, social workers are unique in that they represent the largest providers of mental health therapeutic and counseling services among all of the health professions. Unfortunately, recruitment into the social work profession faces many obstacles, the most prevalent being low wages coupled with high educational debt. For example, the median annual wage for child, family, and school social workers in May 2008 was \$39,530, while the wage for mental health and substance abuse social workers was \$37,210. In addition, while a bachelor's degree (BSW) is necessary for most entry-level positions, a master's degree (MSW) is the terminal degree for social work practice, which significantly contributes to the debt load of social work graduates entering careers with low starting wages. These difficult realities have made recruitment and retention of social workers an ongoing challenge, which will continue to have significant implications for the future of the health care system and our ability to provide adequate care, particularly in the nation's underserved communities. We must commit to new and innovative ways to attract and retain mental health professionals if we as a community are to achieve the goals laid out in the draft plan. We look forward to engaging with SAMHSA and the rest of HHS to address this issue.

Thank you for the opportunity to express these views. We commend SAMHSA on an excellent draft plan and hope you will give the points discussed in this letter due consideration. Our organizations believe that social work can play a central role in meeting SAMHSA's goals over the next several years and looks forward to working together in doing so. Please do not hesitate to contact us with any questions or if you would like additional information about CSWE, NADD, social work education, or the issues discussed in this letter.

The CSWE headquarters is located in Alexandria, VA, just a short distance from your office. We welcome the opportunity to meet with you to discuss these comments further and overall ways that social work education can work with SAMHSA to help reach our mutual goals.

Sincerely,

A handwritten signature in black ink that reads "Julia M. Watkins". The signature is written in a cursive style.

Julia M. Watkins  
Executive Director  
Council on Social Work Education (CSWE)  
[www.cswe.org](http://www.cswe.org)

A handwritten signature in black ink that reads "Wynne Sandra Korr". The signature is written in a cursive style.

Wynne Korr  
Co-Chair, Behavioral Health Task Force  
National Association of Deans and Directors of  
Schools of Social Work (NADD)  
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Cc:

Fran Harding, Director, Center for Mental Health Services  
Larke Huang, Director, Office of Behavioral Health Equity  
John O'Brien, Senior Advisor for Behavioral Health Financing



The **Council on Social Work Education (CSWE)** is a nonprofit national association representing more than 3,000 individual members as well as 650 graduate and undergraduate programs of professional social work education. Founded in 1952, this partnership of educational and professional institutions, social welfare agencies, and private citizens is recognized by the Council for Higher Education Accreditation as the sole accrediting agency for social work education in the United States. Social work education focuses students on leadership and direct practice roles helping individuals, families, groups, and communities by creating new opportunities that empower people to be productive, contributing members of their communities.

The **National Association of Deans and Directors of Schools of Social Work (NADD)** is a volunteer membership organization working to promote excellence in social work education. NADD achieves this goal by enhancing the leadership of social work education programs. Membership is comprised of Deans, Directors, and Chairs of graduate social work programs accredited or advanced to candidacy by the Council on Social Work Education. The Behavioral Health Task Force focuses primarily on workforce development, curriculum, and competencies relating to mental health and substance abuse.