

110TH CONGRESS  
2D SESSION

# H. R. 5447

To establish the Social Work Reinvestment Commission to provide independent counsel to Congress on policy issues associated with the recruitment, retention, research, and reinvestment in the profession of social work.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 14, 2008

Mr. TOWNS (for himself, Mr. SHAYS, Mrs. DAVIS of California, Mr. RODRIGUEZ, Ms. LEE, Mr. GUTIERREZ, and Mrs. JONES of Ohio) introduced the following bill; which was referred to the Committee on Education and Labor

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## A BILL

To establish the Social Work Reinvestment Commission to provide independent counsel to Congress on policy issues associated with the recruitment, retention, research, and reinvestment in the profession of social work.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Dorothy I. Height and  
5 Whitney M. Young, Jr. Social Work Reinvestment Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1           (1) The Bureau of Labor Statistics states that  
2           employment of social workers is expected to increase  
3           faster than the average (18 to 26 percent) for all oc-  
4           cupations through 2014. The need is even greater  
5           for social workers in the area of aging. The National  
6           Association of Social Workers Center for Workforce  
7           Studies estimates that 9 percent or 30,000 licensed  
8           social workers specialize in gerontology. By 2010, as  
9           more Baby Boomers reach the age of 65, the Na-  
10          tional Institute on Aging projects that 60,000 to  
11          70,000 social workers will be needed.

12          (2) Social work salaries are among the lowest  
13          for professionals in general and for those with Mas-  
14          ter's level educations in particular. A survey con-  
15          ducted by the John A. Hartford Foundation Inc.  
16          found that between 1992 and 1999 the annual rate  
17          of wage growth for degree-holding social workers  
18          was 0.8 percent. According to the National Associa-  
19          tion of Social Workers, Center for Workforce Stud-  
20          ies, 60 percent of full-time social workers earn be-  
21          tween \$35,000 and \$59,999 per year with 25 per-  
22          cent earning between \$40,000 and \$49,999 per year.  
23          Social workers who earn lower salaries are more  
24          likely to work in challenging agency environments

1 and to serve more vulnerable clients. They are also  
2 more likely to leave the profession.

3 (3) According to one study by the Council on  
4 Social Work Education, 68 percent of individuals  
5 surveyed who held a Master's Degree in Social Work  
6 (MSW) graduated with an average debt of \$26,777.  
7 Additionally, the U.S. Public Interest Research  
8 Group states that 37 percent of public 4-year grad-  
9 uates have too much debt to manage as a starting  
10 social worker. While social workers may be in posi-  
11 tions that are personally fulfilling, due to their high  
12 loan debt and low income, many struggle financially.

13 (4) Social work is unquestionably a dangerous  
14 profession for many. According to the American  
15 Federation of State, County and Municipal Employ-  
16 ees, 70 percent of case workers report that front line  
17 staff in their agency had been victims of violence or  
18 had received threats of violence. Social workers are  
19 considerably safer when measures such as global po-  
20 sitioning systems, self-defense training, and conflict  
21 prevention are implemented.

22 (5) According to a study by the University of  
23 Michigan, approximately 1 in 7 adults over the age  
24 of 70 have some form of dementia and 9.7 percent  
25 (or 2,400,000 Americans) of those found with de-

1        mentia, were also found to have Alzheimer’s disease.  
2        Social workers in gerontology settings work with  
3        older adults, including those with dementia to sup-  
4        port their physiological, psychological and social  
5        needs through mental health therapy, caregiver and  
6        family counseling, health education, program coordi-  
7        nation, and case management. These professionals  
8        also assist the hundreds of thousands of older per-  
9        sons who are abused, neglected, frail, and vulner-  
10       able. Between 2000 and 2004 there was a 19.7 per-  
11       cent increase in the total number of reports of elder  
12       and vulnerable adult abuse and neglect.

13                (6) The Children’s Defense Fund states that  
14        every 35 seconds a child is confirmed as abused or  
15        neglected. The U.S. Administration for Children and  
16        Families states that 513,000 children were in the  
17        U.S. foster care system in 2005. Most children in  
18        foster care are placed due to parental abuse or ne-  
19        glect. Research shows that professional social work-  
20        ers in child welfare agencies are more likely to find  
21        permanent homes for children who were in foster  
22        care for 2 or more years. Unfortunately, fewer than  
23        40 percent of child welfare workers are professional  
24        social workers.

1           (7) The United States Department of Health  
2           and Human Services (HHS) estimates that 26.2  
3           percent of Americans aged 18 and older (1 in 4  
4           adults) experiences a diagnosable mental disorder.  
5           Additionally, 1 in 5 children and adolescents experi-  
6           ence a mental health disorder. At least 1 in 10, or  
7           about 6,000,000 young people, have a serious emo-  
8           tional disturbance. Social workers provide the major-  
9           ity of mental health counseling services in the  
10          United States, and are often the only providers in  
11          rural areas.

12          (8) The U.S. Department of Veterans Affairs  
13          (VA) estimates that there are 23,977,000 veterans  
14          in the United States. Approximately 1,100,000 ac-  
15          tive duty soldiers have been deployed to Iraq since  
16          2001. A once declining veteran population is now  
17          surging and is in dire need of mental health treat-  
18          ment to address issues such as post traumatic stress  
19          disorder, depression, drug and alcohol addiction, and  
20          suicide. Veterans make up 25 percent of homeless  
21          people in the United States, even though they com-  
22          prise only 11 percent of the general population. So-  
23          cial workers working with veterans and their families  
24          provide case management, crisis intervention, mental  
25          health interventions, housing and financial coun-

1       seling, high risk screening, and advocacy among  
2       other services. The VA employs over 5,000 profes-  
3       sional social workers and is the single largest em-  
4       ployer of social workers in the country. VA social  
5       workers also coordinate the Community Residential  
6       Care Program, the oldest and most cost-effective of  
7       VA's extended care programs.

8               (9) The American Cancer Society estimates  
9       that there were 1,399,790 new cases of cancer and  
10       564,830 cancer deaths in 2006 alone. The incidence  
11       of cancer will increase dramatically as the population  
12       grows older. The Center for Disease Control and  
13       Prevention reports that at the end of 2003 there  
14       were 1,039,000 to 1,285,000 people living with HIV  
15       or AIDS in the United States. In 2006, 1.3 million  
16       people received care from one of the Nation's hos-  
17       pice providers. Health care and medical social work-  
18       ers practice in all of these areas and provide out-  
19       reach for prevention, help individuals and their fami-  
20       lies adapt to their circumstances, provide grief coun-  
21       seling and act as a liaison between individuals and  
22       their medical team, helping patients make informed  
23       decisions about their care.

24               (10) The National Center for Education Statis-  
25       tics states that in 2005 the national dropout rate for

1 high school students totaled 9.4 percent. White stu-  
2 dents dropped out at a rate of 6 percent. African  
3 American students dropped out at a rate of 10.4  
4 percent. Hispanic students dropped out at a rate of  
5 22.4 percent. Some vulnerable communities have  
6 drop out rates of 50 percent or higher. Social work-  
7 ers in school settings help these students through  
8 early identification, prevention, intervention, coun-  
9 seling and support.

10 (11) According to the United States Depart-  
11 ment of Justice, every year more than 650,000 ex-  
12 offenders are released from Federal and State pris-  
13 ons. Social workers employed in the corrections sys-  
14 tem address disproportionate minority incarceration  
15 rates, provide treatment for mental health problems  
16 and drug and alcohol addiction, and work within as  
17 well as outside of the prison to reduce recidivism  
18 and increase positive community reentry.

19 **SEC. 3. SOCIAL WORK REINVESTMENT COMMISSION.**

20 (a) ESTABLISHMENT.—Not later than 3 months after  
21 the date of enactment of this Act, the Secretary shall es-  
22 tablish the Social Work Reinvestment Commission (in this  
23 Act referred to as the “Commission”) to provide inde-  
24 pendent counsel to Congress on policy issues associated

1 with the recruitment, retention, research, and reinvest-  
2 ment in the profession of social work.

3 (b) APPOINTMENT.—The Commission, including a  
4 chair and vice-chair shall be appointed by the Secretary,  
5 and shall reflect representation by educated social work-  
6 ers, as follows:

7 (1) 2 deans of schools of social work.

8 (2) 1 social work researcher.

9 (3) 1 related professional researcher.

10 (4) 1 governor.

11 (5) 2 leaders of national social work organiza-  
12 tions.

13 (6) 1 senior social work State official.

14 (7) 1 senior related State official.

15 (8) 2 directors of community-based organiza-  
16 tions or non-profits.

17 (c) CONSULTATION.—The Commission shall consult  
18 with the following agencies and organizations to the extent  
19 that it determines necessary or useful:

20 (1) agencies within the Department of Health  
21 and Human Services, including the Administration  
22 for Children and Families, the Administration on  
23 Aging, the Agency for Healthcare Research and  
24 Quality, the Centers for Disease Control and Pre-  
25 vention, the Centers for Medicaid and Medicare

1 Services, the Health Resources and Service Adminis-  
2 tration, the Indian Health Service, the National In-  
3 stitutes of Health, the Substance Abuse and Mental  
4 Health Services Administration;

5 (2) the Social Security Administration;

6 (3) the Departments of Agriculture, Defense,  
7 Education, Homeland Security, Labor, Justice,  
8 State, and Veterans Affairs; and

9 (4) any other agency as determined by the  
10 Commission.

11 Such agencies shall cooperate with and provide counsel to  
12 the Commission to the greatest extent practicable.

13 (d) STUDY.—The Commission shall study—

14 (1) social work practice in the areas of aging,  
15 child welfare, military and veterans affairs, mental  
16 and behavioral health and disability, criminal justice,  
17 and health;

18 (2) issues facing the social work profession, in-  
19 cluding fair market compensation, high social work  
20 educational debt, social work workforce trends,  
21 knowledge development, and social work safety, as  
22 well as any other area determined by the Secretary;  
23 and



1 (b) WORKPLACE IMPROVEMENT GRANTS.—

2 (1) IN GENERAL.—The Secretary is authorized  
3 to award grants to 2 public agencies and 2 private  
4 agencies to address workplace concerns for the social  
5 work profession including caseloads, compensation,  
6 social work safety, supervision, and working condi-  
7 tions.

8 (2) EQUAL AMOUNTS.—The Secretary shall  
9 award grants under this subsection in equal amounts  
10 of not less than \$250,000 and not to exceed  
11 \$1,000,000 to each of the 4 participating agencies  
12 annually over a 4-year period.

13 (3) PRIORITY.—In awarding grants under this  
14 subsection, the Secretary shall give priority to eligi-  
15 ble entities that—

16 (A) are equipped with the capacity to over-  
17 see and monitor the demonstration program in-  
18 cluding proven financial responsibility and ad-  
19 ministrative capability;

20 (B) exhibit a need in one of the defined  
21 workforce improvement areas described in para-  
22 graph (1); and

23 (C) are knowledgeable of relevant work-  
24 force trends and have demonstrated this with at  
25 least 2 years of experience.

## 1 (c) RESEARCH GRANTS.—

2 (1) IN GENERAL.—The Secretary is authorized  
3 to award grants to 25 social workers holding a doc-  
4 torate degree in social work for post-doctoral re-  
5 search activity to further the knowledge base of ef-  
6 fective social work interventions and to promote usa-  
7 ble strategies to translate research into practice  
8 across diverse community settings and service sys-  
9 tems.

10 (2) AMOUNTS.—The Secretary shall award  
11 grants under this section in the total amount of  
12 \$5,000,000 over the course of 4 years to be allocated  
13 among at least 25 social workers holding a doctorate  
14 degree in social work.

## 15 (d) EDUCATION AND TRAINING GRANTS.—

16 (1) IN GENERAL.—The Secretary is authorized  
17 to award 20 grants to institutions of higher edu-  
18 cation to support recruitment and education of social  
19 work students at the bachelors, masters, and doc-  
20 toral levels as well as the development of faculty.

21 (2) EQUAL AMOUNTS.—The Secretary shall  
22 award grants under this section in equal amounts of  
23 not less than \$75,000 and not to exceed \$100,000  
24 to each of the 20 participating institutions annually  
25 over a 4-year period.

1           (3) PRIORITY.—In awarding grants under this  
2 section, the Secretary shall give priority to eligible  
3 entities that—

4                   (A) are accredited by the Council on Social  
5 Work Education;

6                   (B) have a graduation rate of not less than  
7 80 percent; and

8                   (C) exhibit an ability to recruit social  
9 workers from and place them in high need, high  
10 demand areas.

11       (e) COMMUNITY-BASED PROGRAMS OF EXCELLENCE  
12 GRANTS.—

13           (1) IN GENERAL.—The Secretary is authorized  
14 to award grants to 6 not-for-profit or public commu-  
15 nity-based programs of excellence to further test and  
16 replicate effective social work interventions. The Sec-  
17 retary shall choose programs from the areas of  
18 aging, child welfare, military and veteran’s issues,  
19 mental and behavioral health and disability, criminal  
20 justice, and health.

21           (2) EQUAL AMOUNTS.—The Secretary shall  
22 award grants under this section in equal amounts of  
23 not less than \$250,000 not to exceed \$500,000 to  
24 each of the 6 participating not-for-profit entities an-  
25 nually over a 3-year period.

1           (3) PRIORITY.—In awarding grants under this  
2 section, the Secretary shall give priority to eligible  
3 entities that—

4           (A) have demonstrated successful and  
5 measurable outcomes that are worthy of replica-  
6 tion;

7           (B) have been in operation for at least 2  
8 years; and

9           (C) work with high need and high demand  
10 populations.

11       (f) GRANT AWARD REQUIREMENTS.—In awarding  
12 grants under subsections (b) through (e), the Secretary  
13 shall, to the extent practicable, award grants to eligible  
14 entities that—

15           (1) demonstrate knowledge, understanding, and  
16 participation of individuals and groups from dif-  
17 ferent racial, ethnic, cultural, gender, geographic, re-  
18 ligious, sexual orientation, linguistic, and class back-  
19 grounds;

20           (2) demonstrate a record of active participation  
21 of professionally trained social workers; and

22           (3) provide services and represent themselves as  
23 competent only within the boundaries of their edu-  
24 cation, training, license, certification consultation re-

1 received, supervised experience, or other relevant pro-  
2 fessional experience.

3 (g) NATIONAL COORDINATING CENTER.—

4 (1) ESTABLISHMENT.—The Secretary shall  
5 enter into a contract with a national social work re-  
6 search entity that has experience in coordinating  
7 linkages between research, practice, education, and  
8 policy and maintains relationships with Federal enti-  
9 ties, social work degree-granting educational institu-  
10 tions and programs, and organizations and agencies  
11 that employ social workers. The entity shall serve as  
12 a coordinating center and shall have the capacity to  
13 organize, collect and report data, serve as a clearing-  
14 house, and coordinate with such entities, institutions  
15 and organizations. The coordinating center shall  
16 work with universities, research entities, and social  
17 work practice settings to identify key research areas  
18 to be pursued, select research fellows and organize  
19 appropriate mentorship and professional develop-  
20 ment efforts.

21 (2) ACTIVITIES DESCRIBED.—The coordinating  
22 center shall—

23 (A) collect, coordinate, monitor, and dis-  
24 tribute data, best practices, and findings re-  
25 garding the activities funded under grants made

1 to eligible entities under the demonstration pro-  
2 gram; and

3 (B) prepare and submit to the Secretary a  
4 final report that includes recommendations re-  
5 garding the need to recruit new social workers,  
6 retain current social workers, conduct social  
7 work research and reinvest into the profession  
8 of social work.

9 (3) SELECTION.—Selection of research areas,  
10 candidates, finalists, and other activities shall be un-  
11 dertaken by the Secretary or a designee in collabora-  
12 tion with the coordinating center.

13 (4) AUTHORIZATION OF APPROPRIATIONS.—  
14 There is authorized to be appropriated \$1,000,000  
15 for the coordinating center for a each of fiscal years  
16 2009 through 2013.

17 (h) MULTI-MEDIA OUTREACH CAMPAIGN.—

18 (1) IN GENERAL.—The Secretary shall develop  
19 and issue public service announcements that adver-  
20 tise and promote the social work profession, high-  
21 light the advantages and rewards of social work, and  
22 encourage individuals to enter the social work pro-  
23 fession.

24 (2) METHOD.—The public service announce-  
25 ments described in paragraph (1) shall be broadcast

1 through appropriate media outlets, including tele-  
2 vision or radio, in a manner intended to reach as  
3 wide and diverse an audience as possible.

4 (3) AUTHORIZATION OF APPROPRIATIONS.—

5 There are authorized to be appropriated to carry out  
6 this subsection such sums as may be necessary for  
7 each of fiscal year 2009 through 2012.

8 **SEC. 5. SOCIAL WORK AWARENESS MONTH.**

9 It is the sense of Congress that the President should  
10 designate a National Social Work Awareness month to—

11 (1) raise awareness about the importance of the  
12 profession of social work;

13 (2) encourage interest groups, stakeholders, and  
14 individuals to take an active role in the recruitment,  
15 retention, research and reinvestment into the profes-  
16 sion of social work.

17 **SEC. 6. DEFINITIONS.**

18 As used in this Act, the following definitions apply:

19 (1) COMMUNITY BASED PROGRAM.—The term  
20 “community based program” means an agency, or-  
21 ganization or program, usually not-for-profit, that  
22 provides direct social work services, or community  
23 development services at a neighborhood, locality or  
24 regional level to address human service, health care,  
25 or psychosocial needs.

1           (2) ELIGIBLE ENTITY.—The term “eligible enti-  
2           ty” means—

3                   (A) in reference to section 4(b), either a  
4                   public or private agency working in a social  
5                   work capacity that demonstrates a need in one  
6                   of the defined workplace improvement areas de-  
7                   scribed in section 4(b)(1);

8                   (B) in reference to section 4(c), an indi-  
9                   vidual who has graduated with a doctorate de-  
10                  gree in the field of social work and will commit  
11                  to using grant funds for postdoctoral social  
12                  work research;

13                  (C) in reference to section 4(d), a social  
14                  work education program offering the bachelors,  
15                  masters, or doctorate degree in social work; and

16                  (D) in reference to section 4(e), a not-for-  
17                  profit or public agency working in a social work  
18                  capacity in one of the defined areas in section  
19                  4(e)(1).

20           (3) HIGH NEED AND HIGH DEMAND.—The  
21           term “high need and high demand” means an area  
22           or population which lacks sufficient resources and as  
23           a result has a greater probability of being harmed  
24           by specific social, environmental, or health problems  
25           than the population as a whole. Such areas may be

1 defined by the Health Resources and Services Ad-  
2 ministration (HRSA) as “health professional short-  
3 age areas” which may have shortages of primary  
4 medical care, dental, or mental health providers and  
5 may be urban or rural areas, population groups, or  
6 medical or other public facilities.

7 (4) RELATED PROFESSIONAL RESEARCHER.—  
8 The term “related professional researcher” means a  
9 person who is professionally engaged in research in  
10 a social, political, economic, health or mental health  
11 field. Such research is primarily conducted by doc-  
12 toral level researchers under university, government,  
13 research institute, or community agency auspices.

14 (5) SECRETARY.—The term “Secretary” refers  
15 to the Secretary of Health and Human Services.

16 (6) SOCIAL WORK.—The term “social work”  
17 means the professional activity of helping individ-  
18 uals, groups, or communities enhance or restore ca-  
19 pacity for social and psychosocial functioning and  
20 creating societal conditions favorable to this goal.  
21 Social work practice consists of the professional ap-  
22 plication of social work values, principles, and tech-  
23 niques, including—

1 (A) diagnosis and treatment of mental and  
2 emotional disorders with individuals, families,  
3 and groups;

4 (B) helping communities or groups provide  
5 or improve social and health services; partici-  
6 pating in relevant legislative processes; and

7 (C) helping people obtain tangible services.

8 The practice of social work requires knowledge of  
9 human development and behavior of social, economic  
10 and cultural institutions, and of the interaction of all  
11 these factors.

12 (7) SOCIAL WORK RESEARCHER.—The term  
13 “social work researcher” means a person who stud-  
14 ies the individual, family, group, community, policy  
15 or organizational level, focusing across the life span  
16 on prevention, intervention, treatment, aftercare,  
17 and rehabilitation of acute and chronic social and  
18 psychosocial conditions, and includes examining poli-  
19 cies effect on social work practice. Social work re-  
20 search is primarily conducted by doctoral level social  
21 workers and faculty under university, government,  
22 research institute, or community agency auspices.

23 (8) SOCIAL WORKER.—The term “social work-  
24 er” means a graduate of a school of social work with  
25 either bachelor’s, master’s, or doctoral degrees who

1 use their knowledge and skills to provide social work  
2 services for clients who may be individuals, families,  
3 groups, communities, organizations, or society in  
4 general.

○