

November 5, 2021

The Honorable Bill Cassidy, M.D.
520 Hart Senate Office Building
Washington, DC 20510

The Honorable Christopher S. Murphy
136 Hart Senate Office Building
Washington, DC 20510

RE: NASW's Response to Request for Stakeholder Input Regarding Federal Mental Health and Substance Use Disorder Programs

Dear Senators Cassidy and Murphy,

The National Association of Social Workers (NASW) applauds your leadership in working to reform our behavioral healthcare system and to enhance the quality and delivery of these vital services. NASW is pleased to submit this response to your request for stakeholder input on proposals and recommendations that will improve access to services for Americans with mental health and substance use disorders.

Founded in 1955, NASW is the largest membership organization of professional social workers in the world. NASW has 110,000 members and works to enhance the professional growth and development of social workers, to create and maintain professional standards, and to advance sound social policies. The nation's 700,000+ social workers are an essential workforce that provide critically needed services to millions of Americans every day, in a broad range of settings including health and behavioral health care facilities, schools, child welfare, community agencies, correctional institutions, and private practice. Social workers are licensed and credentialed at the bachelor's, master's, and doctoral levels. Approximately 250,000 social workers are licensed clinical social workers (CSWs), who are required to have a master's degree in order to practice independently.

As the largest provider of mental health services in the U.S., the value of social work has been especially visible during the COVID-19 pandemic. As an essential workforce, social workers continue to serve on the frontlines helping communities directly affected by the pandemic, delivering behavioral health services to individuals and families in crisis, and in many cases risking their own lives to ensure that care remains accessible for those in need of assistance.

According to the Bureau of Labor Statistics, the need for the social work workforce is projected to grow by 12% by 2030.¹ The majority of the social work workforce serves high-need populations

¹ Bureau of Lab. Stat., U.S. Dep't of Lab., Occupational Outlook Handbook - Social Workers,



regardless of their setting of practice.² This projection will be further fueled by the exponential rise in mental health concerns resultant from the COVID-19 pandemic, with 4 in 10 adults in the U.S. reporting symptoms of anxiety or depression.³ Additionally, 6 in 10 parents report that their child has experienced mental health challenges within the past month within the context of the pandemic.⁴ Recent overdose rate data reveals that overdose deaths increased in almost every state during the first eight months of 2020.⁵ Added to this, rates of substance use, intimate partner violence, housing instability, economic distress, and exacerbation of chronic diseases continue to increase. In short, the combination of these individual and contextual stressors in conjunction with chronic exposure to the health threats posed by COVID-19 are collectively compromising mental health and well-being.

The disparate mental health and health impact of the pandemic is especially felt by racial and ethnic minorities who historically experience higher rates of chronic medical conditions, which, in turn, further exacerbate their baseline risk factors for severe illness from COVID-19.⁶ Furthermore, the pandemic has disrupted key social programs that provide much-needed forms of complementary support to vulnerable populations and communities (i.e. home visitation services, chronic disease management programs, social support programs etc.).⁷ Thus, the retraction of supportive services has doubly harmed populations that were already experiencing the harmful effects of social isolation, marginalization, and economic vulnerability. Given the growing need for comprehensive behavioral health services, communities of color are at

<https://www.bls.gov/ooh/community-and-social-service/social-workers.htm> (last visited Sept. 21, 2021) (“BLS”).

² Fitzhugh Mullan Institute for Health Workforce Equity, *The Social Work Profession: Findings from Three Years of Surveys of New Social Workers (2020)* at 12, <https://www.cswe.org/CSWE/media/Workforce-Study/The-Social-Work-Profession-Findings-from-Three-Years-of-Surveys-of-New-Social-Workers-Dec-2020.pdf>

³ Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2021). *The Implications of COVID-19 for Mental Health and Substance Use*. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

⁴ Panchal, N., Kamal, R., Cox, C., & Garfield, R., Chidambaram, P. (2021). *Mental Health and Substance Use Considerations Among Children During the COVID-19 Pandemic*. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/mental-health-and-substance-use-considerations-among-children-during-the-covid-19-pandemic/>

⁵ Jesse C. Baumgartner and David C. Radley. (2021). *The Spike in Drug Overdose Deaths During the COVID-19 Pandemic and Policy Options to Move Forward*. *To the Point* (blog), Commonwealth Fund, Mar. 25, <https://doi.org/10.26099/gyf5-3z49>

⁶ “Addressing Racial Health Disparities In The COVID-19 Pandemic: Immediate And Long-Term Policy Solutions,” *Health Affairs Blog*, July 20, 2020. DOI: 10.1377/hblog20200716.620294

⁷ “Addressing Racial Health Disparities In The COVID-19 Pandemic: Immediate And Long-Term Policy Solutions,” *Health Affairs Blog*, July 20, 2020. DOI: 10.1377/hblog20200716.620294

increased risk for receiving disparate and biased care due paucity of providers trained to provide culturally competent care.⁸

While the professional and academic training of social workers positions this workforce to meet these complex social and mental health needs of affected populations, challenges exist. These include current reimbursement models which impede the ability of CSWs to operate at the top of their license and utilize the full extent of their education, training, and expertise. In addition, the need to grow the behavioral health workforce will require meaningful policy reforms that dually support current social work providers and incentivizes future entry into and retention in the social work workforce.

NASW appreciates the opportunity to provide input in response to the October 5th request for feedback on the cited programs, together with policy proposals to address mental health and substance use disorder in the U.S., and has prepared comments on the following sections of the aforementioned request:

- Priority Mental Health Needs of Regional and National Significance (42 U.S.C. §290bb-32)
- Increasing Access to Pediatric Mental Health (42 U.S.C. §254c-19)
- Grants for Jail Diversion Programs (42 U.S.C. §290bb-38)
- Promoting Integration of Primary Care and Behavioral Health (42 U.S.C. §290bb-42)
- Projects for Assistance in Transition from Homelessness (42 U.S.C. §290cc-35)
- Programs for Children with a Serious Emotional Disturbance (42 U.S.C. §290ff-4)
- Minority Fellowship Program (42 U.S.C. §290ll)
- Mental and Behavioral Health Education and Training Grants (42 U.S.C. §294e-1)

Priority Mental Health Needs of Regional and National Significance (42 U.S.C. §290bb-32)
Reimbursement Modernization and Parity

Despite the broad scope of services provided by social workers, and significant volume of direct clinical services provided to Medicare and Medicaid beneficiaries, annual salaries and insurance-based reimbursement remain consistently lower than professional peer groups including clinical psychologists. Despite providing equivalent services, billing the exact same codes as clinical psychologists, and possessing extensive education, training, CSWs are reimbursed at only 75 percent of the Physician Fee Schedule (PFS) – a rate that has not been updated since CSWs were first added as Medicare providers in 1989.⁹ Furthermore, lack of enforcement of mental health parity for the rendering of behavioral health services further compounds disparate

⁸ American Society of Addiction Medicine (2021). Public Policy Statement on Advancing Racial Justice in Addiction Medicine. Retrieved from: [asam-policy-statement-on-racial-justice](https://www.asam-polymer.com/policy-statement-on-racial-justice)

⁹ NASW submits comments to CMS on the Calendar Year 2022 Physician Fee Schedule: <https://www.socialworkers.org/LinkClick.aspx?fileticket=iU-x6-Bcthl%3D&portalid=0>



reimbursement. Finally, the scope of practice for CSWs in the Social Security Act is limited to the “diagnosis and treatment of mental illness”. This limited scope is narrower than the scope of practice in many states and is an impediment to our ability to provide a broader range of services to millions of beneficiaries. We are not currently able to bill for services provided in skilled nursing facilities, where there are high rates of depression, anxiety, substance use disorder and suicidality among residents. We also cannot bill for Health Behavior Assessment and Intervention (HBAI) services, despite state scopes of practice, which include helping clients with health impairments.

Effectively responding to the nation’s growing and complex mental health and behavioral health needs will require meaningful and strategic investment in the social work profession, given that our workforce is the primary provider of these essential behavioral health services.

NASW recommends:

- **Advancing the [Improving Access to Mental Health Act \(S. 870\)](#)**, led by Senators Debbie Stabenow (D-MI) and John Barrasso (R-WY), which will increase access to CSW services in Medicare and increase the reimbursement rate of CSWs from 75% to 85% of the MedicarePFS.
 - *Please see attached [Issue Brief](#) and [FAQ](#).*

Expansion of Telehealth and Related Flexibilities

The expansion of telehealth and related flexibilities (i.e. audio-only behavioral health services) during the COVID-19 pandemic has been critical in increasing access to mental health care. The ability to render audio-only services has been especially helpful to individuals and households that lack Wi-Fi and broadband access. The removal of geographic restrictions has enabled more individuals and families to receive care and treatment in their homes without the undue burdens that come from addressing transportation barriers, coordination of children and eldercare services etc. These flexibilities have created viable solutions that expand access to mental health care while removing barriers to care that are resultant from poverty, disability, geography etc.

During the COVID-19 pandemic, thousands of social workers and other mental health providers quickly transitioned to deliver vital mental health and behavioral health services using technology, including video conferencing, smartphones and audio-only telehealth. Telehealth has been a lifeline for many clients, allowing access to services, while ensuring safety from COVID-19.

Moving forward, we advocate that service modality be predicated on the needs and preference of the client and the judgement of their provider.

NASW recommends:

- **Supporting and advancing** the [Telemental Health Care Access Act](#) (S. 2061) led by Senators Smith (D-MN), Cassidy (R-LA), Cardin (D-MD), and Thune (R-SD). The Telemental Health Care Access Act would provide continuity in behavioral health care access by removing the statutory requirement that Medicare beneficiaries be seen in person within six months of being treated for a mental health service via telehealth.
- **Continued expansion of and telehealth services:**
 - Remove the in-person requirement for mental and behavioral health services provided via telehealth in Medicare. Access to care for older adults, individuals with disabilities and others with transportation, mobility and geographic challenges will be significantly compromised if this in-person requirement is retained.
 - Reimbursement of behavioral health services, including audio-only telehealth services, at the same rate as in-person services, the non-facility rate.
 - Ensuring the telehealth modality for mental and behavioral health services is predicated on the needs of the client (i.e., in-person, audio-only, and/or virtual) and the judgement of their provider.

Invest in Suicide Prevention Programs

Suicide prevention and risk mitigation requires a comprehensive approach that enables individuals in crisis to access timely mental health services and that deploys evidence-based prevention strategies. Research has consistently demonstrated that the pandemic has worsened mental health and elevated the risk for suicide. This rise in mental health risk in conjunction with inadequate access to crisis stabilization and preventive programs results in a greater number of individuals having to seek care in emergency departments. This dynamic results in a costly cycle that both overwhelms medical systems and renders fragmented care to individuals in need of services. A more robust crisis response system is imperative in order to increase access points to mental health services.

NASW recommends:

- **Expanding and sustaining** Suicide Prevention Programs as well as Crisis Services. Authorize funding to expand access to crisis services across community settings, as these models of care enable access to timely and evidence-based services, reduce the risk of suicide, violence, and self-harm. Specifically, we urge you to incorporate proposals like the [Behavioral Health Crisis Services Expansion Act \(S. 1902\)](#), which aims to expand crisis response centers, mobile crisis response teams, crisis stabilization centers, short-term crisis residential services, behavioral health urgent care centers etc.

Increasing Access to Pediatric Mental Health (42 U.S.C. §254c-19)

Access to behavioral health care for children and young people has been complicated by provider shortages. Addressing these shortages, which have only been further worsened by the pandemic, will require meaningful investment in the behavioral health workforce as well as investment in mental health care for adolescents in complementary settings such as schools, child welfare and juvenile justice. Social workers in school settings provide counseling to students and help communities address systemic issues such as school dropout, adolescent pregnancy, child abuse, homelessness, and juvenile crime, as well as emotional and behavioral problems such as substance use and suicide.¹⁰

NASW recommends:

- **Advancing the [Child Suicide Prevention and Lethal Means Safety Act \(S. 2982\)](#)**, led by Senator Brian Schatz (D-HI). This bill would allow the Secretary of Health and Human Services to award grants to establish or expand programs to implement evidence-aligned practices in health care settings for the purpose of reducing the suicide rates of children.
- **Advancing the [Counseling Not Criminalization in Schools Act \(S. 2125\)](#)**, led by Senator Christopher Murphy (D-CT), which would prohibit the use of federal funds for law enforcement officers in schools and would instead establish a grant program to replace law enforcement officers in schools with personnel and services that support mental health and trauma-informed services.
- **Advancing the [Child Welfare Workforce Support Act \(S.1496\)](#)**, led by Senator Tim Kaine (D-VA), which would establish a demonstration grant program for state or local agencies, tribes, tribal organizations, and other entities that administer certain child welfare programs to support workforce recruitment, retention, and advancement.
- **Increasing Social Work Workforce Investments** such as, but not limited to:
 - Strengthening the workforce investments by the Children’s Bureau through Title IV-E and Title IV-B and other funding sources to enhance partnerships between schools of social work and child welfare agencies to increase the number of professional social workers in child welfare, strengthen the ability of child welfare staff to assess and treat behavioral health needs, and promote the use of evidence-based prevention and treatment interventions.
 - Authorize funding to support social workers and other health care providers in schools and promote the expansion of mental health programs in K-12 and higher educational settings.¹¹

¹⁰ NASW 2021 Blueprint of Federal Social Policy Priorities:
<https://www.socialworkers.org/LinkClick.aspx?fileticket=KPdZqqY60t4%3d&portalid=0>

¹¹ NASW 2021 Blueprint of Federal Social Policy Priorities:
<https://www.socialworkers.org/LinkClick.aspx?fileticket=KPdZqqY60t4%3d&portalid=0>



Grants for Jail Diversion Programs (42 U.S.C. §290bb-38)

Lack of access to effective treatment for chronic and pervasive mental health and substance use concerns has been shown to increase an individual's risk for interaction with the criminal justice system, which in turn results in disparate rates of incarceration of individuals with serious mental illness and with an untreated substance use disorder.¹² Furthermore, carceral systems are not designed to provide therapeutic care for individuals with these concerns. Diversion programs emerge as a viable means for reducing the risk and costs associated with interaction with the criminal justice system. Deploying preventive strategies and risk reduction strategies (i.e. violence interruption, mediation, crisis management services etc.) allow for individuals to receive support as well as linkage to resources at the community level.

NASW recommends:

- **Advancing the [Community-Based Response Act of 2021 \(S. 2046\)](#)**, led by Senator Chris Van Hollen (D-MD), which would establish a program to assist communities with implementing alternative emergency response models in vulnerable populations to resolve crisis situations that may not require a law enforcement response or situations where a law enforcement response may increase the risk of harm.

Promoting Integration of Primary Care and Behavioral Health (42 U.S.C. §290bb-42)

The consequences of lack of access to essential social care and behavioral health care are evidenced in the increased rates of patients accessing emergency care due to untreated/undertreated behavioral health conditions. These consequences are most profoundly evidenced in the increased rates of patient suicides despite their linkage to an established primary care provider.¹³ Integration of interprofessional teams in healthcare settings to include primary care is critical in enhancing care coordination efforts as well as enabling access to care. Research has shown that lower rates of patient-provider discussion about social demographic circumstances were found to be associated with significant risk of adverse outcomes.¹⁴ Improved capture of

¹² Prince, J. D., & Wald, C. (2018). Risk of criminal justice system involvement among people with co-occurring severe mental illness and substance use disorder. *International Journal of Law and Psychiatry*, 58, 1–8. <https://doi-org.proxy-hs.researchport.umd.edu/10.1016/j.ijlp.2018.02.002>

¹³ "Understanding Suicide Risk And Prevention," Health Affairs Health Policy Brief, January 29, 2021. DOI: 10.1377/hpb20201228.198475

¹⁴ National Academies of Sciences, E. and M., Health and Medicine Division, Board on Health Care Services, & Committee on Integrating Social Needs Care into the Delivery of Health Care to Improve the Nation's Health. (2019). *Integrating Social Care Into the Delivery of Health Care : Moving Upstream to Improve the Nation's Health*. National Academies Press.



patient-level contextual data can enable proactive identification of barriers to care and opportunities for enhanced care coordination efforts.¹⁵

Social workers have and continue to serve in a variety of healthcare roles (i.e. hospital-based social medical social work, behavioral health, care coordination etc.) and are highly skilled in conducting outreach to socially vulnerable patient populations, conducting preventive social needs screenings, coordinating linkages to services, and addressing co-occurring behavioral health and social care needs.¹⁶

NASW recommends:

- **Expanding and sustaining** Integrated Behavioral Health Care Models. NASW supports authorization of funding for integrated care models, such as the Collaborative Care Model, and Primary Care Behavioral Health Model, in primary care settings¹⁷ as these models expand and improve access to evidence-based mental health and substance use care. These models reduce stigma and allow for early intervention and prevention in the treatment of behavioral and mental health and health issues. Specifically, we urge you to incorporate legislations such as the [Collaborate in an Orderly and Cohesive Manner Act \(H.R. 5218\)](https://www.congress.gov/bills/117/congress/house-bill/5218), which aims to expand and improve access to evidence-based mental health and substance use care by supporting and investing in the implementation of integrated care in primary care offices.

Projects for Assistance in Transition from Homelessness (42 U.S.C. §290cc-35)

Prior to the pandemic, more than a half million people in the U.S. were experiencing homelessness – and of that number, more than 50,000 were family households.¹⁸ The COVID-19 pandemic instigated substantial economic distress, thus triggering housing instability and homelessness for countless Americans. The sheer volume of need prompted by this medical crisis overwhelmed social welfare and community-based programs. Periods of homelessness often have serious and lasting effects on personal development, health, and well-being. These serious and lasting effects especially manifest in compromised mental health resultant from being unhoused. Furthermore, in the context of the pandemic, homelessness results in increased

¹⁵ NASW submits comments to CMS on the Calendar Year 2022 Physician Fee Schedule:
<https://www.socialworkers.org/LinkClick.aspx?fileticket=iU-x6-Bcth1%3D&portalid=0>

¹⁶ NASW submits comments to CMS on the Calendar Year 2022 Physician Fee Schedule:
<https://www.socialworkers.org/LinkClick.aspx?fileticket=iU-x6-Bcth1%3D&portalid=0>

¹⁷ H.R.5218 - Collaborate in an Orderly and Cohesive Manner Act: <https://www.congress.gov/bill/117th-congress/house-bill/5218>

¹⁸ NASW 2021 Blueprint of Federal Social Policy Priorities:
<https://www.socialworkers.org/LinkClick.aspx?fileticket=KPdZqqY60t4%3d&portalid=0>



exposure to severe illness. Consequently, there is a need to resource projects and initiatives to expand homeless-related supports and services.

NASW recommends:

- **Supporting** programs like the PATH programs, administered by SAMHSA through the Center for Mental Health Services, for people with serious mental illness experiencing homelessness. PATH providers are local public or nonprofit organizations that have received PATH funding to provide services to people who are not currently connected to mainstream services. PATH grants are distributed annually to all 50 states and territories and allow for a broad array of critically important services, such as: outreach, screening and diagnostic treatment, habilitation and rehabilitation, community mental health, substance use disorders treatment, referrals for primary health care, job training, educational services, and housing services specified in Section 522(b)(10) of the Public Health Service Act.

Programs for Children with a Serious Emotional Disturbance (42 U.S.C. §290ff-4)

Provider shortages, insurance barriers, and geographic barriers to care have historically complicated access to behavioral health care for children and young people. This dynamic has been further magnified by the pandemic and its adverse impact on the mental health and well-being of children with pre-existing Serious Emotional Disturbance (SED) resultant from disconnection from supportive services, increased social isolation, and separation from peers. Children with SEDs routinely receive care and/ or interact with a multitude of systems of care to include child welfare, juvenile justice systems, healthcare systems, schools etc. Furthermore, the care received by children with SEDs is fragmented due to low/ absent levels of integration between providers. Children with SEDs and their families and caregivers require comprehensive support and continuity of care to improve their overall outcomes and trajectories.

NASW recommends:

- **Supporting** programs like SAMHSA's [Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances](#) which aims to improve the mental health outcomes for children and youth, birth through age 21, with SED, and their families. This program supports the implementation, expansion, and integration of the Systems of Care (SOC) approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program, and through the provision of evidence-based technical assistance to providers and families.



Minority Fellowship Program (42 U.S.C. §2901I)

Expanded access to Minority Fellowship Program fellowships and related funding would increase access to education and opportunity for a more diverse workforce. The cost of obtaining a Masters of Social Work (MSW), which is the terminal degree to practice independently, is especially financially burdensome to members of this racially and economically diverse workforce that is more likely to be populated by first-generation students of color. Removal of barriers to entry and completion of academic training is an important step in improving the overall quality of behavioral health care rendered. Research on quality-related efforts to reduce and eliminate mental health and health disparities underscores the relationship between a diverse workforce composition and increased quality of care and outcomes.¹⁹

NASW recommends:

- **Supporting the [SAMHSA Minority Fellowship Program \(MFP\)](#)**, which aims to improve behavioral health care outcomes for racial and ethnic populations by growing the number of racial and ethnic minorities in the nation’s behavioral health workforce. The program also seeks to train and better prepare behavioral health practitioners, including social workers, to more effectively treat and serve people of different cultural and ethnic backgrounds.
- **Increasing Social Work Workforce Investments** such as, but not limited to:
 - Strengthening the Public Service Loan Forgiveness (PSLF) program, including by expanding the definition of “public service” employment. Among the arbitrary exclusions of various public interest employers, our organization, NASW, is not a qualifying employer for PSLF, despite being a not-for-profit organization and pursuing public interest-oriented mission.

Mental and Behavioral Health Education and Training Grants (42 U.S.C. §294e-1)

As stated previously, effectively responding to the nation’s growing and complex mental health and behavioral health needs will require meaningful and strategic investment in the social work profession, given that our workforce is the primary provider of these essential behavioral health services. Furthermore, the training and development of this workforce will necessitate preparation to work across interprofessional and integrated settings in an effort to expand access points to behavioral health care.

NASW recommends:

¹⁹ National Academies of Sciences, E. and M., Health and Medicine Division, Board on Health Care Services, & Committee on Integrating Social Needs Care into the Delivery of Health Care to Improve the Nation’s Health. (2019). *Integrating Social Care Into the Delivery of Health Care : Moving Upstream to Improve the Nation’s Health*. National Academies Press.

- 
- **Supporting** programs like the Behavioral Health Workforce Education and Training ([BHWET Program](#)), administered by HRSA, which aims to increase the supply of behavioral health professionals while also improving distribution of a quality behavioral health workforce, and thereby increasing access to behavioral health services.
 - **Increasing Social Work Workforce Investments** such as, but not limited to:
 - Authorizing funding for scholarships, service opportunities, fellowships, Pell grants and other forms of financial support to social work students, practitioners and other mental health professionals who work in public child welfare, schools, healthcare, mental health, juvenile justice, substance use care and other settings that cater to children, adolescents, and young people.

Resources:

To further inform your important work on this issue, NASW offers the following resources for your review and benefit:

- [The Grand Challenges for Social Work](#)
 - Initiated by the American Academy of Social Work and Social Welfare, the 13 Grand Challenges for Social Work is a groundbreaking initiative to champion social progress powered by science.
- [Integrating Social Needs Care into the Delivery of Health Care to Improve the Nation's Health](#)
 - Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health was released in September 2019, before the World Health Organization declared COVID-19 a global pandemic in March 2020. Improving social conditions remains critical to improving health outcomes, and integrating social care into health care delivery is more relevant than ever in the context of the pandemic and increased strains placed on the U.S. health care system. The report and its related products ultimately aim to help improve health and health equity, during COVID-19 and beyond.
- [NASW Blueprint of Federal Social Policy Priorities](#)
 - NASW's 2021 Blueprint articulates meaningful actions the Biden-Harris Administration and Congress can take to address the COVID-19 crisis, promote mental and behavioral health, eliminate systemic racism and ensure civil and human rights for all.
- [Modernize Medicare to Treat Substance Use Disorders: A Roadmap for Reform](#)
 - A significant number of Medicare beneficiaries need SUD treatment, but Medicare does not cover essential SUD benefits or services. This roadmap provides a comprehensive summary of policy-related recommendations to modernize Medicare to more effectively treat substance use disorders.



Thank you again for the opportunity to provide comments. If you have any questions, please do not hesitate to contact NASW's Deputy Director of Programs, Anna Mangum, at amangum.nasw@socialworkers.org.

Sincerely,



Anna Mangum, MSW, MPH
Deputy Director, Programs