

TRANSITION DOCUMENT TO THE TRUMP ADMINISTRATION

ADVANCING THE AMERICAN AGENDA:

.....

HOW THE SOCIAL WORK PROFESSION WILL HELP



The National Association of Social Workers (NASW) is the world's largest membership organization of professional social workers, with chapters in each state and U.S. territory and members in every congressional district. NASW promotes federal legislation and policies that support effective social work practice; enhance the lives of the individuals, groups, and communities we serve; and uphold fairness and well-being. We remain concerned about a broad range of issues that affect the quality of life for people in the United States and recognize that professional social workers have the necessary education, training, and experience to help solve many of the current national and global social challenges.

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SOCIAL WORK LEADERSHIP IN TIMES OF HISTORIC CHANGE

“The good we secure for ourselves is precarious and uncertain until it is secured for all of us and incorporated into our common life.”

—Jane Addams
Founder of Social Work

NASW has a 60-year history of seeing the dignity, worth, and potential in all people, regardless of their circumstances, beliefs, ethnicity, or who they love. By acknowledging, recognizing, and respecting the worth of everyone, we believe America can improve the human dignity, welfare, and rights of all citizens.

In the previous administration, the American economy turned around and the U.S. labor market experienced the creation of 14 million jobs, resulting in the unemployment rate dropping below 5 percent for the first time in almost eight years. In addition to improvements in the economy, nearly 20 million people have gained health coverage since the enactment of the Patient Protection and Affordable Care Act of 2010 (ACA). Despite these gains, there is much to do and we must look to advance the American agenda and make sure our economy and society works for everybody—not just the top one percent.

Advancing the American Agenda is about choosing investments that not only make us stronger today, but also reflect the kind of country we aspire to be and the kind of country we want to build for future generations. America’s collective commitment calls for making critical investments in our domestic and national security priorities; driving down deficits; maintaining our fiscal progress through smart savings from health care, immigration, and reasonable tax reforms; and reaching a bipartisan budget agreement that lifts sequestration.

The incoming Trump administration must focus on meeting our greatest challenges—including accelerating the pace of innovation to find new treatments

for devastating diseases and solving global environmental challenges; giving everyone a fair shot at opportunity and economic security; and advancing our national security and global leadership—for the year ahead and for decades to come.

The 2016 election exposed and exacerbated class, race, sex, gender, and ideological divisions in the United States. We hope that the Trump administration reflects mutual respect, civility, and compassion that can transcend these differences. We are willing to work with the incoming administration on shared values to protect vital resources that advance the American Agenda and, when necessary, to challenge actions that are counter to social work values and principles.

This historical transition presents an extraordinary opportunity for the incoming administration, as well as the 115th Congress, to advance the American Agenda. This will be possible with the assistance of the more than 640,000 professional social workers in the United States. Social workers have consistently been the frontline workers in times of crisis and have always provided a social safety net to ensure that every person, particularly the vulnerable in our society, have access to needed services and resources.

During times of great distress and of momentous change, social workers have helped to change the face of the nation. During the Great Depression, social workers played an integral role in the relief and security of individuals, families, and communities in the United States. In the winter of 1933, Leo Wolman wrote an article titled “Unemployment Relief” for the *Yale Review*, in which he noted,

Bad as these conditions are, and far-reaching as their social implications have become, they would have been incomparably worse but for the skill and unselfishness with which the social workers of this country have performed the task of organizing the machinery of unemployment relief....They have gone about their business quietly and effectively and, to a greater extent than any other group, have contributed to the preservation of standards and decency in the administration of relief. (Cited in “Social Workers and Relief” *The Compass*, newsletter of the American Association of Social Workers, February 1933).

Harry Hopkins, a prominent social worker and president of the American Association of Social Workers in 1923, played a critical role in policy development during the Great Depression and served as a close advisor to Franklin D. Roosevelt. President Roosevelt also appointed social worker Frances Perkins to the position of Secretary of Labor, making her the first woman ever appointed to a U.S. Cabinet.

Many of the architects of the Civil Rights Movement and the War on Poverty were social workers. Social worker Whitney M. Young, Jr., promoted the so-called domestic Marshall Plan and is widely recognized as the coauthor of President Lyndon B. Johnson's War on Poverty Initiative. Social worker Dorothy I. Height worked closely with Martin Luther King, Jr., and Young on landmark reforms for children and families. These social workers embodied the primary mission of the profession 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.

Today, social workers have the right education, experience, and understanding of complex human needs to help solve the social concerns and challenges outlined in this document. Social workers employ their unique expertise to not only provide direct social services, but also to lead health and human services agencies, work on policymaking at the state and federal level, and participate in cutting-edge social work research that informs practice and policy. The issues discussed in this transition document highlight some important areas where social workers can help the new administration and 115th Congress advance the American Agenda.

ENSURING CHILD & FAMILY WELL-BEING

Safeguard Healthy Development of All Youths

Meet children's health and mental health needs. Each year, more than six million young people receive treatment for severe mental, emotional, or behavioral problems (Perou et al., 2013). Strong evidence shows how to prevent many behavioral health problems before they emerge. By unleashing the power of prevention through widespread use of proven approaches, we can help all youths grow up to become healthy and productive adults.

Health services play a crucial role in the lives of children, allowing children to grow and develop to their fullest potential. The Children's Health Insurance Program (CHIP) has allowed states to provide insurance coverage to 8.4 million children (U.S. Department of Health & Human Services [HHS], Centers for Medicare and Medicaid Services, 2015), including the Maternal, Infant, and Early Childhood Home Visiting Program. NASW supports expansion of the CHIP program and similar reforms.

Provide services to address students' psychosocial needs. Increasingly, school personnel find that social, emotional, and behavioral needs of children interfere with academic attainment. Providing additional services to address these needs lessens the barriers to educational achievement and should be an important segment of the plan to strengthen our educational system. Social workers practice in school settings and help schools and communities address systemic issues such as school dropout, adolescent pregnancy, child abuse, homelessness, and juvenile crime, as well as emotional and behavioral problems like substance use and suicide. When these issues are appropriately addressed, schools can expect increases in academic achievement, graduation rates, and number of students continuing on to postsecondary education.

Reduce high school dropout rates. Social workers counsel high school students who are at risk of dropping out. Between 1990 and 2014, the dropout rate has decreased from 12.1 to 6.5 percent (U.S. Department of Education, 2016b), with most of the decline occurring after 2000 (when it was 10.9 percent). The decrease can be credited, in part, to an increased focus on attendance and dropout prevention. Despite these gains, vast disparities in America's schools still persist, with dropout rates reaching over 50 percent in communities of color and low-income communities. It is essential that the Trump administration enact policies to ensure that our public school systems do not continue to deny these students an equal educational opportunity. School social workers have the skills necessary to identify, prevent, and intervene with at-risk students. Research findings reinforce the need for more school social workers; more preschool and science, technology, engineering, and mathematics education; and less suspension and expulsion. Widespread implementation of these innovations can put the United States on track to achieve a 90 percent graduation rate by 2020, a huge increase from the previous highest level of 81 percent in 2012–2013 (U.S. Department of Education, 2015).

Provide High-Quality Health Care to All

Provide health coverage to all people. Social workers provide a significant number of services to clients in health care settings. According to a NASW and NASW Center for Workforce Studies (2010) survey report, 13 percent of licensed social workers identified health as their primary focus, making it the third most common practice area in the profession. NASW supports and has advocated for a national health care policy that ensures the rights of universal access to a continuum of physical and behavioral health services to promote wellness, maintain optimal health, prevent illness and disability, treat health conditions, ameliorate the effects of unavoidable incapacities, and provide supportive long-term and end-of-life care. The services must be available to all people in the United States, regardless of financial status, race, ethnicity, disability, religion, immigration status, age, gender, sexual orientation, or geographic location.

Preserve the best of the ACA. It is imperative that the best parts of the ACA be preserved—such as allowing young adults to stay on their family policies to age 26; prohibiting the denial of coverage due to pre-existing conditions; and availability of subsidies for the population ages 45 to 65, who have chronic conditions and can't afford insurance coverage outside the exchanges. The option for states to expand Medicaid should be preserved as well. As the Trump administration and 115th Congress consider repealing or restricting the ACA, we urge them to preserve these vital and popular provisions and continue to provide coverage for people with chronic conditions.

Reduce health disparities. Despite ongoing efforts to reduce health disparities in the United States, racial and ethnic disparities in both health and health care persist. Even when income, health insurance, and access to care are accounted for, disparities remain. Low performances on a range of health indicators—such as infant mortality, life expectancy, prevalence of chronic disease, and insurance coverage—reveal differences between racial and ethnic minority populations and their white counterparts. The following are examples:

- » Infants born to black women are approximately two times more likely to die than those born to white women, and American Indian and Alaska Native infants die from sudden infant death syndrome at nearly two times the rate of white infants (CDC, 2015).
- » Cancer is a leading cause of death for most racial and ethnic minorities. African American men are more than twice as likely to die from prostate

cancer than their white counterparts, and Hispanic women are nearly 1.5 times as likely to be diagnosed with cervical cancer compared with white women (CDC, 2015).

- » African American, American Indian and Alaska Native individuals are approximately twice as likely to have diabetes as white individuals; diabetes rates among the Hispanic population are more than 1.5 times higher than those for white populations (CDC, 2015).

It is imperative that Congress and the new administration address these persistent disparities as both an ethical and an economic imperative. Eliminating racial disparities in health care is vital to pushing the entire health care system toward higher quality and better cost containment. Research demonstrates that achieving health equity requires approaches that address the social determinants of health—the social, economic, and environmental factors that influence health. Racial disparities in health can be reduced through strategies that help bridge health care and community health, increase focus on prevention and primary care, and support testing and spreading of new delivery and payment arrangements. In addition, initiatives to foster increased workforce diversity; maintain accurate, complete race and ethnicity data to monitor disparities in care; and setting measurable goals for improving quality of care are needed for achieving better health for all racial and ethnic groups.

Address the needs of people with chronic illness. Health care and medical social workers treat clients with chronic and long-term illness including cancer and HIV/AIDS. In 2016 alone, there were 1,685,210 new cases of cancer, a 20 percent increase compared with the 2006 total of 1,399,790 (National Institutes of Health, n.d.). At the end of 2013, an estimated 1.2 million people in the United States were living with HIV/AIDS, and about 13 percent, or one in eight people, did not know they were infected (CDC, n.d.). Social workers provide outreach for prevention, help individuals and families adapt to their circumstances, provide grief counseling, and act as a liaison between individuals and their medical team, helping patients make informed decisions about their care.

Addressing the Needs of Older Adults

Invest in infrastructure critical to supporting the needs of older adults.

The social work profession is a significant, experienced provider of frontline services to older adults and their families. By 2030, the U.S. population age

65 and older will double to about 71 million older adults, or one in every five Americans (CDC, 2013). The far reaching implications of the increasing number of older Americans and their growing diversity will include unprecedented demands on public health, aging services, and the nation's health care system. The nation's health care spending alone is projected to increase by 25 percent due to these demographic shifts (CDC, National Center for Chronic Disease Prevention and Health Promotion, 2009). By investing now in infrastructure critical to supporting the most common needs of older adults, we will be able to meet their educational, economic, and health related needs.

Older adults are diverse in their demographic makeup and in their health care and "activities of daily living" needs. By approaching the issue of the aging population proactively, policymakers can start addressing these needs today. Many of the issues older adults tend to face can be mitigated or prevented in earlier stages of life. Specific NASW recommendations include:

- » Support the dissemination and sustainability of evidence based health promotion programming that can help prevent chronic diseases, mental health, and injuries from taking a larger toll on health care and social resources.
- » Advocate for long term care insurance policies among the younger cohort of older adults, which will significantly reduce Medicaid expenditures.
- » Provide support to informal caregivers (such as family and friends) to help reduce the daily stress these individuals face. Given the huge volume of volunteer labor supplied by these individuals, supporting informal caregivers and giving them the resources they need to continue (that is, respite care, financial support) will in the long term save health care dollars.
- » Examine how health systems can better facilitate care transitions for improving quality of care and patient safety among older adults.

Support the needs of older adults living with dementia. Approximately one in seven adults over the age of 70 has some form of dementia (Swanbrow, 2007). Social workers in gerontology settings work with older adults, including those with dementia, to support their physiological, psychological, and social needs through mental health therapy, caregiver and family counseling, health education, program coordination, and case management. People with dementia and their families and caregivers need access to effective

services and supports that are holistic and integrated and that take into account age, ethnicity, diagnosis, and comorbidities.

Reduce poverty for people who are aging. Over 25 million Americans over age 60 are economically insecure—living at or below 250 percent (\$29,425 per year for a single person) of the federal poverty level (National Council on Aging, n.d.). These older adults struggle with rising housing and health care bills, inadequate nutrition, lack of access to transportation, diminished savings, and job loss. For older adults who are above the poverty level, one major adverse life event can have ruinous effect. Economic well-being measures, such as the Institute on Assets and Social Policy’s Senior Financial Stability Index and the Elder Economic Security Standard Index, show millions of older adults struggling to meet their monthly expenses, even though they’re not considered “poor” because they live above the federal poverty level.

According to the Social Security Administration, in 2016, 21 percent of married Social Security recipients and 43 percent of single recipients over age 65 depended on Social Security for 90 percent or more of their income. The integrity and preservation of the Social Security system is essential. Social Security income acts as a leveler for those under 100 percent of the poverty line, with combined Social Security and SSI income accounting for 86 percent to 87 percent of the income of non-Hispanic white, African American, and Latino older adults and 83 percent of the income of Asian older adults (Koenig & Rupp, 2003–2004). When there is so much dependence on Social Security by low-income elders, often from racial and ethnic minorities, it remains of paramount importance that the Social Security system be bolstered to prevent extreme financial hardship.

Caring for Our Foster Children

Promote a trauma-informed Child Welfare System. An estimated 702,000 children were found to have experienced maltreatment, with children under the age of one most at risk (HHS, Administration for Children and Families, 2016b). Of the children and youths who were abused or neglected, an estimated 147,462 received foster care services. There were a total of 427,910 children and youths in foster care and 17,188 young people who aged out of foster care in fiscal year 2015 (HHS, Administration for Children and Families, 2016a). Furthermore, it is estimated that 1,580 children die each year due to child abuse and neglect; however, most experts report that this number may

be much higher (HHS, Administration for Children and Families, 2016a). The effects of child abuse and neglect are as varied as the children affected: Some children who have experienced trauma are resilient and show few, if any, lasting effects; others experience intense trauma, which may affect many aspects of their lives and last well into adulthood. It is essential that children who experience trauma as a result of child abuse, neglect, and other acts of violence receive proper support and services.

Traumatic experiences overwhelm children's natural ability to cope. They cause a "fight, flight, or freeze" response that affects children's bodies and brains. Chronic or repeated trauma may result in toxic stress that interferes with normal child development and causes long-term harm to children's physical, social, emotional, or spiritual well-being. These adverse effects can include changes in a child's emotional responses; ability to think, learn, and concentrate; impulse control; self-image; attachments to caregivers; and relationships with others. Across the life span, traumatic experiences have been linked to a wide range of problems, including addiction, depression and anxiety, and risk taking behavior—these in turn can lead to a greater likelihood of chronic ill health: diabetes, heart disease, cancer, and even early death.

Increase resources to support community-based services. Child welfare systems nationwide are stretched beyond capacity. To better serve vulnerable children, youths, and their families, the incoming administration and the 115th Congress must allocate federal investments to evidence-based community services. Funding and programs should be designed to support families and to protect children from harm through an array of community-based prevention and intervention services. Funding and programs should build on programs such as Temporary Assistance for Needy Families (TANF); Maternal and Child Health Services; Maternal, Infant and Early Childhood Program; Head Start; and the ACA. It is imperative that the Trump administration support child abuse prevention activities through fully funding the Child Abuse Prevention and Treatment Act (CAPTA) and through a child welfare finance reform strategy, which allows flexibility of Title VI-E funding toward prevention and intervention services.

Develop and maintain a stable, well-qualified, diverse child welfare workforce. Social workers play a critical role in child welfare systems by protecting children and youths at risk and supporting families in need. A qualified and stable child welfare workforce is critical to effective child

welfare service delivery. Child welfare workers make important decisions about the lives of vulnerable children and youths while working in stressful environments that include high caseloads and workloads, inadequate supervision, safety concerns, 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. The incoming administration and 115th Congress must consider ways to recruit and retain the child welfare workforce through measures such as loan forgiveness, the use of Title IV-E for BSW/MSW education, and longevity programs.

FORTIFYING THE SOCIAL FABRIC

Serve America's Veterans and Their Families

Provide essential behavioral health services to active duty military and veterans. Social workers provide mental health treatment, case management, and crisis intervention to the nation's military and veterans. According to the U.S. Department of Veterans Affairs (VA) (2015) there are about 22 million veterans in the United States as of 2014; approximately 1.6 million active duty, reserve, and guard soldiers have been deployed since 2001. A once declining veteran population is now increasing again and is in additional need of mental health treatment to address issues such as posttraumatic stress disorder, traumatic brain injury, depression, drug and alcohol addiction, domestic violence, and suicide.

Expand suicide prevention services for active duty military and veterans. Over 1 million service members have been deployed in the latest military actions, including 350,000 women. According to the VA, in 2014 suicides among veterans occurred at a rate of 20 each day; moreover, death by suicide is beginning to outpace death during combat (VA, 2015). In 2014, 7,403 American veterans died due to suicide out of 41,425 suicides among U.S. adults that year—approximately 18 percent of the total, down from 22 percent in 2010. From 2001 to 2014, suicides among U.S. adult civilians increased 23 percent whereas veteran suicides increased by 32 percent—making the risk of suicide 21 percent greater for veterans than civilians (after controlling for age and gender). Older veterans face an even greater risk of suicide. In 2014, approximately 65 percent of veterans who died from suicide were 50 years or older (VA, 2015).

Veterans returning home after multiple deployments are also facing different challenges than those of previous generations. The VA is aggressively undertaking new measures to combat suicide, including same-day access for veterans with urgent mental health needs and predictive modeling to help determine which veterans may be at the highest risk of suicide so health care providers can get involved earlier. The VA treated more than 1.6 million veterans for mental health in 2015 (VA, 2016).

Since 1926, social workers have been providing services to people in the military, veterans, and their families. The VA is the largest employer of social workers in the nation, with over 12,000 social workers. In addition, social workers provide services in the home communities of veterans. Social workers understand that each person has a different reaction to military life and combat, coupled with the societal stigma of seeking behavioral health treatment. Behavioral health services are critical to ensuring that these veterans can continue living a full life.

Improve Access to Mental Health Treatment

Expand mental health parity. Nearly one in four Americans (61 million Americans) suffer from mental illness in any year, and one in 17 has a seriously disabling mental illness (Honberg, Kimball, Diehl, Usher, & Fitzpatrick, 2011). Yet, they don't get the same degree of attention, funding, or care as individuals with physical ailments. Instead, they suffer, often in silence and often not seeking help until it's too late. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all disease burdens. Moreover, suicide is the 10th leading cause of death in the United States, accounting for the deaths of approximately 42,000 Americans in 2014 (CDC, 2016).

Unfortunately, it's tough to find care that is accessible, affordable, and covered by insurance. For instance, according to the National Association of State Mental Health Program Directors, 21 states cut their mental health budgets by \$4.35 billion between 2009 and 2011 (Miller, 2012), impeding progress that had been made, and leading some mental health patients to seek help in emergency rooms because they had nowhere else to go. The ACA expanded on the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), requiring all plans in the Health Insurance Marketplace to cover mental health and substance abuse disorders, but coverage for mental

health care also varies depending on the state where the patient lives. As the incoming administration and the 115th Congress consider ACA repeal and replacement options, they must prioritize and include policies for maintaining and expanding mental health parity.

Acknowledge the inextricable link between mental and physical health and the importance of integrated care models. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have serious impact on mental health and decrease a person's ability to participate in treatment and recovery. Between 11 and 36 percent of primary care patients have a psychiatric disorder (Eisenberg, 1992). Studies have shown strong relationships between asthma and anxiety, and diabetes and depression. Transforming our mental health system involves integrating physical and behavioral health care. According to a study by Milliman, an estimated \$10 billion to \$15 billion could be saved each year for Medicare and Medicaid and \$16 billion to \$32 billion for the commercially insured through effective integration of mental health care with other types of medical care (Melek, 2012).

Integrated care, which involves the services of a primary care provider; a care management staff of nurses, psychologists, and social workers; and a psychiatric consultant, makes it easier and more efficient for the care team to coordinate responsibilities, arrange referrals, and provide more effective care. For example, the Massachusetts Health Policy Commission, in collaboration with the National Committee for Quality Assurance, has developed a program that highlights the importance of behavioral health integration in primary care, known as PCMH PRIME Certification Program. Primary care providers can only receive this certification after going through an application process and demonstrating that they are helping their patients receive the behavioral health care services they need.

Enact the Improving Access to Mental Health Act of 2015. The Improving Access to Mental Health Act of 2015 recognizes the critical shortage in resources for clinical social work services and the limitations it places on beneficiary access. This bill will help alleviate those shortages by increasing clinical social workers' (CSWs') Medicare reimbursement rate from 75 percent to 85 percent of the physician fee schedule. By raising this rate, payment parity

would be established between CSWs and other non-physician professionals, including physician assistants, nurse practitioners, and clinical nurse specialists. Social workers are the largest group of mental health providers in the country and are clinically trained to work with patients presenting emotional disturbances or serious mental illness (Manderscheid & Henderson, 2004). In fact, there are more clinically trained social workers than clinically trained members of psychology, psychiatry, and psychiatric nursing combined. Moreover, social workers are often the only providers of mental health services in rural areas. In addition to the importance of raising the Medicare reimbursement rate for CSWs, improving access to mental health services through Medicaid expansion cannot be overstated, especially for indigent uninsured individuals.

End Homelessness

Increase emphasis on homelessness prevention. On any given night, there are 564,708 people in the United States who experience homelessness (National Alliance to End Homelessness, n.d.). Of that number 206,286 were people in families and 358,422 were individuals. About 15 percent (83,170) of the homeless population are considered chronically homeless individuals. About 2 percent (13,105) are considered chronically homeless people in families. About 8 percent (47,725) of homeless people are veterans. Periods of homelessness often have serious and lasting effects on personal development, health, and well-being.

The McKinney–Vento Homeless Assistance Grant program represents the largest federal investment in homeless assistance and is responsible for funding many local shelters and housing programs. The McKinney–Vento program is just one of the numerous programs within the U.S. Department of Housing and Urban Development (HUD) that help people experiencing or at risk of homelessness, including the Housing Choice Voucher program (Section 8), Housing Opportunities for Persons with AIDS, public housing, and others. The incoming administration must continue implementing the changes in the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH) while funding existing homeless assistance programs.

Develop more affordable housing units. Specific reasons for homelessness vary, but research shows that people are homeless because they can't find housing. According to HUD (n.d.) the generally accepted definition of housing affordability is no more than 30 percent of monthly income going toward

housing costs. Families or individuals who pay more than 30 percent of their income for housing are considered “cost burdened” and can have difficulty affording necessities such as food, clothing, transportation, medical care, and saving for the future. According to HUD (n.d.), an estimated 12 million renter and homeowner households now spend more than 50 percent of their annual incomes on housing, and a family with one full-time worker earning the minimum wage cannot afford the local fair-market rent for a two-bedroom apartment anywhere in the United States.

The lack of affordable housing is a significant hardship for low-income households. Federal leadership and support for communities to engage and more rapidly connect individuals experiencing chronic homelessness to available housing units is essential. Successful strategies include leveraging opportunities to increasing the role of Medicaid in covering housing-related services and behavioral health supports and lowering barriers to housing entry through community-wide adoption of the Housing First approach.

Provide incentives for developing permanent supportive housing. One solution to chronic homelessness is an intervention known as permanent supportive housing, which combines affordable housing and a tailored package of supportive services that help people achieve housing stability, get connected to health care and other social services, and improve their health and social outcomes. Research shows that permanent supportive housing not only ends homelessness for people with the most severe challenges, but also reduces the use of emergency services and lowers public costs. It is important that the new administration work with states and local communities to leverage existing targeted homeless programs and mainstream housing and health care resources to expand permanent supportive housing; ensure that communities are prioritizing their new and existing permanent supportive housing to people experiencing chronic homelessness with the most severe challenges; and seek additional resources from Congress to create at least 25,500 new units of permanent supportive housing.

Increase emphasis on homeless families with children. An estimated 550,000 unaccompanied, single youths and young adults under age 24 experience a homelessness episode of longer than one week in a year (National Alliance to End Homelessness, 2012). Approximately 380,000 of those youths are under the age of 18. Youths report being homeless for a variety of reasons, but the primary reason is family conflict. For this reason, the

Trump administration has the unique opportunity to encourage communities to focus their youth work on family intervention. Family intervention consists of several strategies, such as reunification, family finding, family connecting, and even aftercare services. For the small subset of youths who cannot return home, longer-term housing and service interventions will be needed.

Grant greater financial discretionary authority to rural communities.

Homelessness is common in rural areas; about 7 percent of the homeless population lives in rural areas (Henry & Sermons, 2010). Access to resources tends to be more limited in rural or mostly rural areas. There are approximately 14 homeless people on average for every 10,000 people in rural areas, compared with 29 homeless people out of every 10,000 in urban areas (National Alliance to End Homelessness, 2012).

The same structural factors that contribute to urban homelessness—lack of affordable housing and inadequate income—also lead to rural homelessness. Perhaps the most distinguishing factor of rural homelessness, however, is access to services. Unlike in urban areas, many rural homeless assistance systems lack the infrastructure to provide quick, comprehensive care to those experiencing homelessness. Reasons for this difference abound, including lack of available affordable housing, limited transportation methods, and the tendency for federal programs to focus on urban areas. In addition, rural areas tend to have higher rates of poverty, only compounding the risk of becoming and staying homeless. Because of these barriers, one of the most important strategies in ending rural homelessness is prevention.

Promote the Rights of Individuals with Disabilities

Ensure that the principles and programs included in the Americans with Disabilities Act of 1990 (ADA) are fully realized. In 2012 the U.S. Census Bureau reported that there were approximately 56.7 million people (19 percent of Americans) living with disabilities. This segment of the population may encounter particular challenges, and social workers have a significant history of working with and advocating for those living with disabilities, including physical, organic cognitive disorders, developmental delays, and mental illnesses. Although 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 ADA, this community still experiences barriers, discrimination, and a lack of access to the full benefits of society.

Ensure compliance with the Olmstead decision to prevent the unnecessary institutionalization of people with disabilities. Essential to the well-being of people with disabilities is inclusion and satisfaction with societal community living. 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 (National Council on Disability, 2011). When communities are not accessible, and community leaders are not educated on how to integrate and meet the needs of these individuals, people with disabilities often become socially isolated.

Promote access to appropriate, comprehensive, and affordable health care for people with disabilities. People living with a disability self-report less frequently that they “feel good” or that they are in excellent or very good health, compared with people without a disability. In a Harris Poll that asked Americans if they “feel good” about 16 aspects of their lives, their communities, and the nation, the average Feel Good Index was 63 percent for people with disabilities and 74 percent for people without disabilities, a gap of 11 percentage points (Nosek, 2008). In a study of health-related quality of life, measured by self-reported physical and mental health indicators, a higher percentage of people with a disability rated their health as fair or poor than did those without a disability both in 2006 and 2010 (Zack, 2013). Approximately 40 percent of people living with a disability self-reported that they are in fair or poor health compared with almost 10 percent of people without a disability. The incoming administration and Congress need to ensure people living with a disability have coverage and access to a full continuum of physical and mental health services.

Protect the parenting rights of people with disabilities and support parents with disabilities. There are 4.1 million parents with disabilities raising children under the age of 18 in their homes (National Council on Disability, 2011). These parents might face obstacles in creating or maintaining families. If a person with a disability wants to become a parent but requires assisted reproductive technologies to achieve this goal, he or she might experience barriers to access. If a person with a disability does have a child, he or she 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; the rate varies considerably between 40 percent to 80 percent if the parent has an intellectual disability (National Council on Disability, 2011). Parents with

disabilities, and their families, need to be supported and protected in their fundamental right to have a family.

Enhance educational services and employment opportunities. In 2013–14, the number of children and youths between the ages of 3 and 21 receiving special education services was 6.5 million, or about 13 percent of all public school students. Among students receiving special education services, 35 percent had specific learning disabilities (National Center for Education Statistics, 2016a). In 2006, students with disabilities between the ages of 16 and 24 were twice as likely to drop out compared with their peers without disabilities (U.S. Department of Education, 2006). We strongly encourage the new administration to fully embrace the collective commitment to provide safe, appropriate, and comprehensive learning opportunities that are free of bullying for people with disabilities.

Individuals with disabilities may be discriminated against when searching for employment. The Bureau of Labor Statistics reported that for 2015 the unemployment rate for people with a disability was 10.7 percent compared with 5.1 percent for people without a disability (U.S. Department of Labor, 2016). Providing equal employment opportunities and access to vocational and occupational supports in accessible environments for people with disabilities is a moral imperative that must be fulfilled.

BUILDING A JUST SOCIETY

Achieve Equity for All

Build a culture of inclusiveness. NASW's broad-based commitment to social justice incorporates diverse groups who historically were or currently are oppressed, underserved, and underrepresented. As social workers, we believe that corrective action is essential to abate inequities associated with discriminatory practices. We assert, as a profession, that any intolerance is unacceptable and diminishes individual self-worth and exacerbates divisiveness. Building a more inclusive society and rooting out the inequities so deeply embedded in U.S. history and institutions will require sustained multifaceted commitment by individuals, organizations, communities, and our nation's leaders. Our leaders must listen attentively to the experience of those

who suffer most from discrimination and oppression to learn about and acknowledge how our policies and institutions contribute to and perpetuate oppression. Our leaders (with support of the general public) must be open to transforming their understanding of the system of oppression and the factors that keep it in place and be prepared to take actions that make our society more inclusive for all people.

Transform the institutions that perpetuate racism. A half-century after the civil rights movement's hard-earned victories in the face of widespread opposition, racial disparities continue. Racial and ethnic discrimination, as exemplified by police brutality, remain persistent and pervasive problems. The evidence of institutional racism is overwhelming:

- » Poverty rates among African American and Hispanic populations greatly exceed the national average. In 2014, 26.2 percent of African Americans and 23.6 percent of Hispanic Americans were poor, compared with 10.1 percent of non-Hispanic white Americans and 12 percent of Asian Americans (U.S. Census Bureau, 2015).
- » In 2010, the median adjusted household income for African Americans was 59.2 percent of white Americans; after adjusting for inflation, the median net worth for African American households in 2011 (\$6,446) was lower than it was in 1984 (\$7,150), whereas white households' net worth was almost 11 percent higher (Desilver, 2012).
- » African Americans live in poverty at rates almost three times those of white Americans, and white median household income is nearly double that of African Americans (Macartney, Bishaw, & Fontenot, 2013).
- » In our economic system, many African Americans and other people of color are denied desirable employment opportunities or even jobs that pay a livable wage. African Americans are unemployed at twice the rate of their white counterparts (Desilver, 2013).
- » Compared with their white counterparts, African Americans' life expectancy is approximately five years lower (Arias, 2016).
- » African American students account for 19 percent of preschool enrollment, but they represent 47 percent of students who have been suspended one or more times (U.S. Department of Education, 2016).

Racial inequalities persist at an institutional level and remain closely related to economic and educational disadvantages. Disadvantages that are disproportionately borne by African Americans and other people of color,

largely because of centuries-old institutions of racial oppression, have received insufficient structural redress. As a nation, we must commit to transforming the entrenched systems that obstruct progress toward racial equality. Building a more racially just society requires specific actions aimed at increasing diversity and promoting respect for our differences. Our nation's leaders must embrace an authentic dialogue about how contemporary racism operates, including how implicit bias works and how it might be intentionally overridden. In our efforts to build a culture of acceptance and mutual respect, instances of racism and discrimination must be recognized, taken seriously, and addressed directly. The incoming administration must condemn racially or religiously motivated hate crimes (which have increased in recent months) crimes against women, and resist placing restrictions on people's constitutional rights, including privacy or freedom of expression. Adopting initiatives that reduce hate crimes, provide stronger mechanisms to document hate crimes, and address racial profiling are key in efforts to curb, reduce, and eventually eliminate racism.

Improve Criminal Justice System

Provide offender re-entry programs. Social workers are integrally involved with providing reentry services for many of the 708,677 offenders who are released from prisons and jails nationwide each year (Guerino, Harrison, & Sabol, 2011). The total number of individuals currently incarcerated in federal, state prisons, and local county jails is 2.3 million; incarceration has increased more than 500 percent in the last 40 years (Wagner & Rabuy, 2016).

Deeply troubling race-based imbalances are present throughout our criminal justice system. Compared with white Americans, African Americans are much more likely to be the target of "stop and frisk" operations and related racial profiling tactics by law enforcement (The Leadership Conference, 2011) to be arrested for offenses such as selling illegal drugs, and to receive longer average prison sentences for identical offenses (U.S. Sentencing Commission, 2010). Altogether, African American men are incarcerated at rates more than six times greater than white men. Comprehensive reentry programming, including prerelease programs, drug rehabilitation, vocational training, and work programs are necessary, so those having served their sentences can succeed and contribute to their communities.

Enact comprehensive criminal justice and sentencing reform. Social workers working with justice-involved individuals address disproportionate minority

incarceration rates, provide treatment for mental health problems and drug and alcohol addiction, work within, as well as, outside of, the prison to reduce recidivism, and increase positive community reentry. The United States has the largest prison population of any developed country in the world; nearly 1 in 100 American adults are incarcerated (Guerino et al., 2011). Mass incarceration has impacted individuals and families across the nation, but has had a markedly disproportionate impact on those who are low-income, undereducated, nonviolent people of color with drug convictions. Our system of mass incarceration is due almost entirely to the War on Drugs and its disproportionate focus on low-income people of color. The federal Bureau of Prisons reports that 37 percent of its current prison population is African American and that 34 percent is Latino (Federal Bureau of Prisons, 2016). These intolerably high numbers are the result of excessive punitive sentencing policies that were instituted beginning in the 1980s and 1990s.

Comprehensive criminal justice and sentencing reform is needed to address these systemic inequities. The United States must make meaningful changes and move toward a system that truly ensures equal justice for all. Decades of evidence and experience tell us that harsh sentencing does more harm than good. Mandatory minimums have been used against minority defendants at a staggeringly disproportionate rate. Over the past several years, the U.S. Sentencing Commission has reported that about 70 percent of mandatory minimums are imposed on African American and Latino individuals (U.S. Sentencing Commission, 2011). The system must be reformed so that it is no longer racially and ethnically discriminatory and incorporates more alternatives.

Reform Immigration Policy

Advance comprehensive immigration reform. Social workers see the impact of immigrant and refugee policies in their everyday practice and have a special interest in the effect of immigration policies on families and children. We support policies that ensure children do not grow up permanently disadvantaged by the immigration status of their parents. In keeping with this principle, NASW opposes all efforts that would lead to the separation of mixed status immigrant families because of minor infractions; immigrant families should not suffer the penalties of deportation because of family-related immigrant status. Given this reality, the Trump administration should uphold the previous administration's executive action on Deferred Action for Parental Accountability (DAPA) or Deferred Action for Childhood Arrivals (DACA).

Advance the dignity and worth of all people. NASW advocates for commitment on the part of the U.S. government to recognize and fight for the dignity and worth of all people from every nation, to end racial profiling that attempts to capture suspected undocumented immigrants, for reform in immigration and refugee policy, and to reaffirm the extensive contributions of immigrants to this country. We encourage the new administration and 115th Congress to honor America's commitment to legal due process for detained undocumented immigrants and for unaccompanied migrant children.

Reduce Extreme Economic Inequality

Expand funding for safety net programs. The official poverty rate in 2015 was 13.5 percent, down 1.2 percentage points from 14.8 percent in 2014. In 2015, there were 43.1 million people in poverty, 3.5 million fewer than in 2014. The 2015 poverty rate was one percentage point higher than in 2007, the year before the most recent recession (Proctor, Semega, & Kollar, 2016). A persistent cycle of economic insecurity has entwined working Americans for decades as they encounter the unpredictable events of social life and the economic risk inherent in our economy. Household economic insecurity is related to income volatility and the risk of downward mobility into poverty. For instance, between 2009 and 2011, nearly one-third of the country (31.6 percent) fell below the official poverty line for at least two months. By contrast, only 3.5 percent of the U.S. population remained poor for that entire period. Altogether, 13.5 million people who weren't poor in 2009 became poor by 2011 (U.S. Census Bureau, 2012).

Economic trends indicate widening economic injustice across the board, but it affects African Americans and Hispanic Americans far worse than other racial and ethnic groups. Adverse events such as unemployment, family dissolution, or poor health commonly trigger income losses. The effects of adverse events are mitigated by state and federal programs, employer benefits, and the informal support of families. NASW recommends an increase in the minimum wage to a livable wage and that the U.S. budget maintains and expands funding for all safety-net programs. Moreover, fair housing and affordable health care policies are needed to provide relief for the most vulnerable Americans.

Enact pay equity for women. Although women constitute 51 percent of the population of the United States, they experience continuing disparate treatment and a widening gender gap in earnings compared to their male counterparts. Household income varies dramatically and women and women-headed households are more likely to live in poverty. Violence against women is an ongoing challenge that can trigger income and food insecurity for women and their children. Enacting pay equity legislation will not only revive the economy, it will also address discriminatory wage practices that create long-term effects for women and their families and systematic poverty. Wage discrimination means women earn less throughout their lifetimes and are more challenged during retirement. Children are affected when women cannot adequately provide financial resources for their families.

Reduce child poverty. The economy as it is currently structured makes it impossible to ensure material sufficiency for the total population, creating economic uncertainty and insecurity. Children especially suffer from the effects of poverty, which can impede cognitive ability and can contribute to poor physical and emotional health. The United States ranks near the bottom of the pack of wealthy nations on a measure of child poverty, according to UNICEF (Fanjul, 2014). In 2008 nearly one-third of U.S. children lived in households with an income below 60 percent of the national median income (about \$31,000 annually). With 32.2 percent of children living below this line, the United States ranks 36th out of the 41 wealthy countries included in the UNICEF report (Fanjul, 2014). By contrast, only 5.3 percent of Norwegian kids currently meet this definition of poverty. Social workers struggle every day to find resources to alleviate poverty for children. Enacting state and federal support systems for children, similar to those available for the elderly, can reduce child poverty just as they have reduced elderly poverty.

STRENGTHENING SOCIAL WORK

Foster a Skilled and Diverse Social Work Workforce

Ensure an adequate supply of social workers. The services provided by social workers have become more necessary, but there is evidence that the current and projected supply of professional social workers will not keep pace

with demand. The Bureau of Labor Statistics (2015) has stated that employment of social workers is expected to increase much faster than average for all occupations through 2024 (12 percent growth rate compared with an average growth rate of 6 percent). In particular, the areas of aging, child welfare, mental and behavioral health, military and veterans' issues, health, education, and corrections will see a rapid increase in the need for professional social work services in the near future. Recruitment and retention of social workers must be a focus of the state and federal governments, schools of social work, and employers of social workers, if the profession is to remain able to care for the millions of Americans who will require services.

Support federal funding that helps develop the social work workforce.

NASW calls on Congress and the Trump administration to support federal funding that provides resources for social work and social work education to foster a workforce that meets the holistic needs of the United States. Health Resources and Service Administration's Title VII Health Professions programs are crucial to support interprofessional education of social workers interested in careers in health social work. The Behavioral Health Workforce Education and Training for Professionals Program has been vital to social work by supporting efforts to expand the behavioral health workforce to serve children, adolescents, and transitional-age youths in integrated settings. Social workers must be included in future competitions to ensure the pipeline of qualified professionals serving this important population remain available.

Ease educational debt for new social workers. The profession should be attainable for the best and brightest, but because of extraordinary educational debt, barriers have developed for students hoping to become social workers. Whereas we have been pleased with the passage of loan forgiveness programs that include certain groups of social workers, more programs that focus on the social work profession are needed. According to a 2010 report released by NASW and the NASW Center for Workforce Studies, educational debt is one of the factors that influence recruitment and retention in social work. The survey found that debt burdens ranged from less than \$5,000 to \$100,000—with 52 percent owing between \$10,000 and \$39,999. More than a third of respondents (36 percent) with educational debt earned social work salaries of less than \$40,000 a year (NASW & NASW Center for Workforce Studies, 2010). Only 13 percent earned more than \$70,000. Twenty-five percent had debt more than twice their annual salaries. The U.S. Public Interest Research Group has stated that as many as 37 percent of public

and 55 percent of private college four-year graduates have too much debt to manage as a starting social worker (Swarthout, 2006). This makes a social work degree an impossible choice for many students. The debt tends to be more burdensome for social work graduates than others because their salaries tend to be lower.

Invest in the Social Work Profession

Ensure that the profession is able to meet the needs of vulnerable populations. This investment should include capacity building in the social work workforce that addresses recruitment and retention challenges. Despite being the go-to profession in the areas of mental health and substance use services, child welfare, maternal and child health, veteran health, and so many other areas of interest to government agencies and programs, the profession is often overlooked. Social work must be considered a priority profession.

Increase social work salaries. Professional social workers must earn livable salaries so that they may continue to provide needed services to clients. In addition to balancing significant educational debt, social workers can expect to earn salaries that are incomparable to other public health and mental health professionals. According to NASW and the NASW Center for Workforce Studies (2010), 60 percent of full-time social workers earn between \$35,000 and \$59,000 per year with 25 percent earning between \$40,000 and \$49,999 per year. The median salary for social workers (\$45,900) is \$11,200 less than the median salary for teachers (\$57,200) (Bureau of Labor Statistics, 2015). Social workers who earn lower salaries are more likely to work in challenging agency environments and to serve more vulnerable clients. They are also more likely to leave the profession. This profession is personally fulfilling to many, and this is often used as an excuse, but many social workers struggle financially, because of high loan debt and low income.

Invest in social work research. NASW advocates for the continued investment in the Patient-Centered Outcomes Research Institute and increased investment in Health Resources and Service Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA). These federal entities support evidence-based approaches to health care needs and social services. Furthermore, these vital agencies ensure that interventions, services, programs, and policies are developed, adopted, and revised.

Enact the Social Work Reinvestment Act. The Social Work Reinvestment Initiative is a groundbreaking effort to recruit and retain professional social workers to ensure that millions of citizens can continue to receive social work services for years to come. The reinvestment initiative is a comprehensive approach to solving the problems facing families and communities nationwide. The cornerstone of the initiative is the Dorothy I. Height and Whitney M. Young, Jr., Social Work Reinvestment Act, first introduced in the 110th Congress. If enacted, this critical legislation would establish a Social Work Reinvestment Commission to provide a comprehensive analysis of current trends within the academic and professional social work communities. Specifically, the commission would develop long-term recommendations and strategies to maximize the ability of the United States' social workers to serve their clients with expertise and care.

Assure Safety for Social Workers

Make social worker safety a priority. Every day social workers across this country provide a wide range of services in increasingly complex environments. Our clients may be court-ordered to receive our services, suffering from poverty, or angry about their situation. Social workers are employed in a variety of settings where safety is a major concern, including child welfare agencies, correctional facilities, community mental health centers, recovery clinics, psychiatric facilities, and even schools and hospitals. Social workers often find themselves in risky situations without proper safety training, a partner, or appropriate safety equipment. Unfortunately, too many social workers have been the targets of verbal and physical assaults and some have even tragically lost their lives while performing their job responsibilities. According to a study from NASW and the NASW Center for Workforce Studies (2010), 44 percent of respondents said that they face personal safety issues in their primary employment practice. The U.S. Department of Labor's Occupational Safety and Health Administration (2015) reported that more assaults (70 percent to 74 percent) occur in the health care and social services industry than any other.

Enact national social worker safety legislation. In the past few years, we have witnessed the fatal stabbing of a CSW in Boston, the murder of a child protective services social worker in Vermont, the deadly beating of a social services aide in Kentucky, the sexual assault and murder of a social worker in West Virginia, the shooting of a CSW and Navy commander at a mental

health clinic in Baghdad, and the brutal slaying of social worker Teri Zenner in Kansas. These are only a few examples of violence on our social work colleagues, which, along with numerous assaults and threats of violence, paint a troubling picture for the profession.

Numerous states, including California, New Jersey, Washington, and Kentucky, have adopted safety guidelines for social workers and caseworkers. In 2013, Massachusetts became the first state to pass social worker safety legislation, an act “Promote the Public Health Through Workplace Safety for Social Workers.” NASW has consistently supported the Teri Zenner Social Worker Safety Act in Congress, which would establish a grant program to provide for safety measures such as GPS equipment, self-defense training, conflict prevention, facility safety, and more. It also helps with educational resources and materials to train social workers on safety and awareness measures.

Social workers are leaving the profession due to serious safety concerns, which can be prevented. Retention of social workers should be a priority. According to the American Federation of State, County, and Municipal Employees, 70 percent of case workers report that frontline staff in their agency had been victims of violence or had received threats of violence (American Federation of State, County & Municipal Employees, 1998). The severity of injuries sustained by social workers and case workers can and must be reduced.

“We hold in our hands the power to shape not only our own but the nation’s future.”

—Dr. Dorothy I. Height

CONCLUSION

Social workers play a significant role in addressing these social challenges and advancing the American Agenda. With a unique blend of education, experience, and expertise, professional social workers can help our country through this historic transition in leadership. There is a moral imperative in our nation to take care of not only our at-risk and underserved populations, but to ensure that every person has the ability to live a healthy and productive life free of the encumbrances of oppression and discrimination. Social work provides the answers to many of our most troubling societal and social justice issues and is the profession that has historically led efforts to transform and advance the American Agenda.

With society's psychosocial needs increasing rapidly, social work's perspective and skills are needed now more than ever. Social work's person-in-environment perspective for understanding individuals and families with the context of their communities and circumstances is essential for finding effective sustainable solutions to our social issues. NASW is the premiere social work association in the country and has the capacity to lead and mobilize the social work profession in pursuit of advancing the American Agenda. Despite our differing of opinions during the election cycle, we are willing to work with the new administration and 115th Congress to develop and implement policies and initiatives that provide positive sustainable solutions to the challenges that we face as a nation.

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