NASW Proposal to California Department of Corrections and Rehabilitation
To Recruit and Retain Clinical Social Work (CSW) Candidates

Summary
NASW-CA proposes that the “Clinical Social Worker” classification remain as it is. However, NASW recognizes the immediate need to fill current vacancies and to expand a competent and well-prepared mental health workforce over the next year. Consequently, NASW-CA is proposing several strategies for filling clinical social work vacancies and creating a larger candidate pool.

Background
The State of California is obligated to provide relevant and quality mental health care to inmates in its correctional system. For decades, the California Department of Corrections and Rehabilitation (CDCR) has used psychiatrists, psychologists, and clinical social workers to provide these services.

Social workers have a specialized background and training in human behavior and the social environment and social work practice (including case management, interviewing, screening, performing psychosocial evaluations, mediation, advocacy, making referrals, coordinating resources, etc.) that thoroughly prepares them for working with diverse and challenging populations in the public mental health arena. Consequently, LCSWs are prepared to perform psychotherapy and all other functions required within the CDCR system. Additionally, there is a long-standing forensic social work specialty just as there is within the medical profession. No other master’s degree level trained professional has this same specialization.

Recruitment

Facilitate Recruitment of New MSW Graduates
It is recommended that clinical social workers currently employed by the state and working within the CDCR system be assigned to coordinate and facilitate the recruitment of newly graduated MSWs with all of state’s MSW programs. This would require developing productive relationships with schools and attending the schools’ job fairs and other recruitment events throughout the year. With the recent salary increase and the concerted efforts of these coordinators, it is estimated that during a six-month period (January-June 2008), the majority of vacancies could be filled.

Increase MSW Internships and ACSW Placements
NASW also proposes that CDCR coordinate with the MSW graduate social work programs to increase the number of supervised fieldwork settings for MSW interns. By developing programs that recruit, place, supervise, and train MSW interns, CDCR would be in a unique position to train and prepare them for employment after graduation.

Associate Clinical Social Workers (ACSWs), are MSW graduates who are in the process of obtaining the 3,200 post-degree clinical hours required to become a licensed clinical social worker (LCSW) in California. NASW proposes CDCR focus on developing more settings that would provide supervision hours to ACSWs. While there are ACSWs who are obtaining their supervised hours in correctional
settings, by utilizing an organized and coordinated approach, the number of social workers in the system could increase dramatically. Models for this approach already exist in county departments of social services.

Increased Outreach and Marketing

While CDCR has done some marketing and outreach through the NASW-CA events and publications, this effort could be increased by identifying other venues including but not limited to career fairs for social workers, licensing board outreach efforts (CA Board of Behavioral Sciences), NASW-CA monthly continuing education fairs, local NASW-CA unit events and activities, and the California Society of Clinical Social Work events and publications.

Stipend and Loan Repayment Programs

Under direction from the California State Legislature, professional social work has developed a “Master Plan for Social Work Education in California.” Several of these elements apply to increasing the number of social workers in corrections including:

1. Stipend Programs

   Stipend programs provide financial aid in the form of a grant to students pursuing social work careers at both the bachelors and masters degree level. Students then are required to work for the sponsoring agency for a specific number of years. California leads the nation with model stipend programs including the Title IVE Child Welfare stipend program, the Mental Health Services Act (MHSA) stipend program, and the emerging Aging stipend program.

   All of these stipend programs are operated under the California Social Work Education Center (CALSWEC), which is a unique collaboration of universities, county welfare and mental health departments and associations, the State of California, and the private sector. For more information on California Social Work Education Center (CALSWEC) Model Stipend Program see Appendix I.

   NASW proposes that the California Department of Corrections and Rehabilitation (CDCR) develop a corrections stipend program under the California Social Work Education Center (CALSWEC). CALSWEC has trained thousands of specialized social workers and has a ready to implement delivery system that can be adapted to provide specialized training for social workers in corrections.

2. Loan Repayment

   Loan repayment programs provide financial assistance to professionals to pay off their school loans on the condition that the professional agree to work in a specialized setting or designated area for a specified number of years. Currently, the State of California operates a loan repayment program for clinical social workers that agree to serve in federally designated underserved areas (see Appendix 2). The federal government operates a clinical social worker loan repayment program under the National Health Services Corps (NHSC) but the program has some restrictions that limit the eligibility of many California social workers (see Appendix 3).

   NASW proposes CDCR develop a specialized loan repayment program for clinical social workers who would agree to work in corrections for a specific number of years. NASW also proposes CDCR work with NASW and the California Congressional delegation to lift the restrictions on the National Health Services Corps (NHSC) program to permit more California social workers to participate and to serve their obligation in correctional settings.
Retention
Recruitment and retention are influenced by several factors including salaries, working conditions and training. CDCR took a major step in recruitment and retention by recently increasing salaries for the “Clinical Social Worker” classification. Once this increase is well publicized, the expectation is that the number of candidates will increase significantly.

Specialized Training
NASW recommends that the CDCR focus on working conditions, which impact candidate recruitment and employee retention rates. In reviewing the working conditions, it is recommended that special attention be given to current and future training programs for new and seasoned employees.

CDCR could work directly with California MSW graduate schools, the National Association of Social Workers, the California Social Work Education Center, the Council on Social Work Education, and the National Organization of Forensic Social Work to develop, implement, and evaluate a series of entry and advanced level courses focused on forensic social work within the CDCR.

The primary mission of the California Social Work Education Center (CALSWEC) Mental Health Initiative is the development of a professionally trained, culturally competent social work workforce that will meet the needs of the public mental health system in California. The Initiative produced a set of Mental Health Competencies inform and guide the training of social workers in the public mental health sector. The competencies have been provided to educational and agency settings to prepare the future MSW-level workforce. CALSWEC could develop specialized mental health competencies for the correctional system including the existing social work specialty in forensic mental health and rehabilitation.

NASW-CA has an Online Educational Program that could potentially be utilized to offer a series of courses and, potentially, even a certificate related to working within the correctional system. There are many possibilities for additional and specialized training with focused partnering and collaboration between organizations.

Reciprocity
The number of California social workers could be increased if the California Board of Behavioral Sciences (BBS) streamlined the process for out-of-state licensees to obtain a California license. One major change would be for the BBS to switch to the so-called “national” licensing exam which every state uses except California. Since out-of-state licensees have already taken this exam for their LCSW, this would be one less step towards licensure in California and could help increase the number of licensees.

Reinvestment
Social work and corrections have a long history together in California, and it is time to reinvest in social work to meet the demanding needs of California’s correctional system. In addition to the proposals outlined above, NASW recommends that a major effort be made to bring the need for more clinical social workers within the CDCR system to the attention of the public, policy makers, and the administration. NASW has a created a Public Education Campaign that is specifically positioned to deliver a media campaign to accomplish this goal.

To view an article by Dr. Katherine van Wormer, a respected social worker and author, who has published on women and the criminal justice system, visit www.helpstartshere.com. To read a NASW News story related to corrections and social work See Appendix 4 for a NASW News story on corrections and social work including statements by the American Corrections Association President, Charles Kehoe.
Appendix 1

California Social Work Education Center’s Model Stipend Program

Program Development

In 1990, the deans and directors of California’s then-ten graduate schools of social work and the County Welfare Directors Association, with the help of the California Chapter of the National Association of Social Workers and funding from the Ford Foundation, collaborated to create the California Social Work Education Center (CalSWEC). CalSWEC’s goal was to improve the education and training of social workers for the publicly supported social services. In 1992, CalSWEC entered into a contract with the California Department of Social Services to develop the Title IV-E [of the Social Security Act] MSW program to prepare and provide financial aid for students and graduates for careers in public child welfare.

Funding Source

Financial support for these MSW students is provided through federal Title IV-E training funds managed by the Administration for Children and Families of the U.S. Department of Health and Human Services and administered through the California Department of Social Services. Title IV-E of the Social Security Act authorized the Foster Care and Adoption Assistance programs to provide federal matching funds to states for directly administering the programs.

Financial Aid

The Title IV-E stipends provide two years of support for full-time students who complete the MSW program with appropriate specialization in preparation for careers in public child welfare. Effective fall 2000, the stipend amount is $18,500 per year (an increase from $15,000) for both new and continuing students. Part-time students, limited to current employees of a county or the state Department of Social Services, receive full tuition and fees, costs for required books, and a travel allowance for each day of class or fieldwork.

Student’s Work Commitment

Upon graduation, the student will work in a county child welfare service agency for a period of time equal to the period for which he or she received support. A student who is employed in a county or the state Department of Social Services must return to that agency and render one year of continuous and satisfactory full-time employment for each year of stipend award at a level appropriate to a new MSW in public child welfare.

1 The California Social Work Education Center is the nation's largest state coalition of social work educators and practitioners. It is a consortium of the state's accredited social work graduate schools, the 58 county departments of social services and mental health, the California Department of Social Services, and the California Chapter of the National Association of Social Workers

2 CalSWEC Website: http://calswec.berkeley.edu/CalSWEC/IV-E_FAQs.html

3 CalSWEC Website: http://calswec.berkeley.edu/CalSWEC/IV-E_FAQs.html

4 CalSWEC Website: http://calswec.berkeley.edu/CalSWEC/IV-E_FAQs.html

5 CalSWEC Website: http://calswec.berkeley.edu/CalSWEC/IV-E_FAQs.html

6 CalSWEC Website: http://calswec.berkeley.edu/CalSWEC/IV-E_FAQs.html
Office of Statewide Health Planning and Development Services

Healthcare Professions

The Office strives to increase the supply of culturally competent healthcare providers practicing in medically underserved areas of California. The Office administers and partners with several programs designed to improve the number and diversity of students seeking careers in the health professions, thereby increasing access to healthcare for all Californians.

State Loan Repayment Program (SLRP) Program Description

The Office administers SLRP under a grant from the Federal Government. Under SLRP, the Office is authorized to repay outstanding government and commercial loans (only) for expenses incurred during undergraduate or graduate education of health professionals holding current California licenses. Educational expenses are defined as, and limited to, principal, interest, and related expenses for tuition, educational expenses, and reasonable living costs.

Award recipients are responsible for paying any interest that accrues on their loan(s) during the application process and subsequent service obligation period.

SLRP Award Amounts

Health Professionals may be granted up to the following amounts, and payments are made directly to the lender(s):

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<th>Service Year</th>
<th>State Award</th>
<th>Practice Site Match</th>
<th>Yearly Totals</th>
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<tr>
<td>1</td>
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Award Total $120,000

Please Note: Retroactive to January 1, 2004 loan repayment awards from both the State and the Practice Site are not considered personal income and therefore are not considered taxable income.
APPENDIX 3

National Health Service Corps (NHSC) Model Loan Repayment Program

National Health Service Corps (NHSC)

The National Health Service Corps (NHSC) is committed to improving the health of the Nation's underserved and is a unique group of dedicated and caring clinicians providing primary health care to adults and children in the communities of greatest need across the Nation. NHSC unites communities in need with caring health professionals and support their efforts to build better systems of care. NHSC focuses on recruiting and retaining the right health professionals to deliver health care in underserved communities often involves developing and preparing sites and communities, and looking for innovative solutions.  

The National Health Service Corps Loan Repayment Program (NHSC LRP)

The Loan Repayment Program is highly competitive. Applicants who are selected to participate agree to provide full-time primary care services in an approved practice site, located in a federally designated health professional shortage area. For the 2-year minimum service commitment, the NHSC will pay up to $50,000, based on the participant's qualifying educational loans.

1. Determination of Recipients
   In fiscal year (FY) 2008, NHSC LRP contracts will be awarded to eligible applicants practicing in communities identified as having the most need nationwide. Applicants practicing in sites with the greatest need have the best chances for receiving a NHSC LRP award.

2. Determination of Community Need
   Need is determined by using the health professional shortage area (HPSA) designation score. The higher the HPSA score, the greater the need. Therefore, individuals can maximize their chances for receiving an award by choosing sites with the highest HPSA scores.

3. Determination of Awards
   NHSC LRP awards will be made on an ongoing basis for eligible applicants whose applications are complete and who are working at an approved NHSC LRP site with a HPSA score of 17 and above, subject to NHSC LRP funding and site vacancy limitations.

4. Site Vacancy Limitations
   In order to distribute the number of NHSC LRP clinicians across a larger array of NHSC community sites, a maximum of two, new NHSC LRP 2-year contract awards will be allowed per

7 National Health Service Corp (NHSC) Website: http://nhsc.bhpr.hrsa.gov/about/mission.asp
8 National Health Service Corp (NHSC) Loan Repayment Program: http://nhsc.bhpr.hrsa.gov/publications/factsheets.asp
9 National Health Service Corp (NHSC) Loan Repayment Program Fact Sheet: http://nhsc.bhpr.hrsa.gov
10 National Health Service Corp (NHSC) Loan Repayment Program Fact Sheet: http://nhsc.bhpr.hrsa.gov
11 National Health Services Corps State Loan Repayment Loan Program—Fact Sheet for Students and Clinicians: http://nhsc.bhpr.hrsa.gov
discipline category (i.e., primary health care, dental health care, mental health care) for each community site.  

**NHSC Loan Repayment Program Available in 49 States**

The NHSC Loan repayment is only available to those who have passed the Association of Social Work Board’s Social Work (ASWB) Exams. There are 49 states that utilize the ASWB Exams for licensing purposes; however, California does not. While at one time, California utilized the clinical level ASWB exam; it currently utilizes two exams specific to California for both the LCSW and LMFT. Consequently, anyone who is only licensed in California (having taken only the California specific exams) is not eligible to apply to this loan program. However, NHSC does offer a state loan repayment program, which is described below.

**Please Note:** NASW-CA is advocating for the State of California to return to utilizing the clinical level ASWB exam once again instead of the current California LCSW Standard Written Examination.

**NHSC State Loan Repayment Program**

In addition, NHSC grants matching funds directly to states to operate their own loan repayment programs. This initiative is part of the overall strategy of the Health Resources and Services Administration (HRSA) to improve and expand access to health care for Americans nationwide. Eligibility requirements and benefits vary from State to State. A list of contacts for these State programs is available by visiting the NHSC website.

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Corrections: Public Safety, Public Health

NASW, Corrections Group Share Social Concerns

"I always saw the link between social work and corrections," says American Correctional Association (ACA) President, Charles Kehoe.

By Lyn Stoesen, News Staff

By the end of 2002, more than 2 million people were in United States prisons and jails. While some may imagine the corrections staff as consisting of uniformed guards and wardens, corrections facilities offer many services and treatment programs provided by corrections professionals, including counseling, drug and alcohol treatment, case management and other types of work often provided by social workers.

American Correctional Association Tradition

In April 2003, American Correctional Association President Charles Kehoe and Deputy Executive Director Jeffrey Washington met with NASW Executive Director Elizabeth J. Clark to discuss points of intersection between the organizations.

Kehoe, an NASW member since 1966, said he has long seen a connection between the fields. "I always saw the link between social work and corrections. . . . When I became president of ACA [in August 2002], one of the things I wanted to do was build some collaborations with other professional organizations."

"There are so many areas of intersection in the work of the ACA and NASW," Clark agreed. "From our push for social justice and sound mental health policy, to our concern about health care issues and human services funding — the list goes on."

"We also have much common ground on professional issues, including our concerns about workforce shortages, the importance of effectively using research and continuing education to bolster our fields and our strong belief in supporting ethical and responsible practice," Clark said.

The American Correctional Association was founded as the National Prison Association in 1870. Like NASW, the ACA issues standards for its field and issues accreditation for correctional workers. It offers opportunities for professional development and continuing education and works to support laws, procedures and funding on corrections issues. The association has more than 20,000 members.

Broad Field of Practice

The corrections field, like social work, is varied, with a wide range of areas in which to specialize. A social work degree can be a very useful tool for corrections work. Jeanna Gomez has a background working with probationers in residential treatment centers and heads Gomez Counseling and Consulting Services. She also chairs the ACA's Ethics Committee.

Gomez said she had originally planned to get a degree in criminal justice, but a social worker friend encouraged her to get a social work degree. "She convinced me that was the route to go, and once I got into it, I could see that. [A social work degree] is really broad, and I learned a lot of different things, such as how to deal with clients and agencies on a broader scale." Areas of specialization in corrections include juvenile justice, work in military prisons and work with people on probation or parole.

Major Concerns
"One of the most serious issues facing corrections today is the issue of mental health," Kehoe said. "One of the initiatives that the ACA and NASW can collaborate on and that we share in common is the very serious concern about people with mental illness who are in jail and prisons. . . . It won't do us any good if we push mentally ill people out of prison and into the street without any kind of meaningful services."

Lt. Col. Tom Schmitt works as director of treatment programs and as health care administrator for the U.S. Disciplinary Barracks at Fort Leavenworth, Kan., the maximum-security prison for the Department of Defense. Schmitt stressed the importance of considering communities as a major piece of working with people in the corrections system. "We have not only a focus on mental health, but also things such as risk assessment, which I think is absolutely critical for people returning to civilian life. I view everyone [as someone who] is going to be my neighbor someday. I'm going to work extremely hard to make sure they're good neighbors."

Anne Nelsen, who works for the Utah Division of Youth Corrections heading observation and assessment, agreed. Dealing with youth in the juvenile justice system is addressing more than one client, she said. "We have the client we're working with, but because it's a kid, the family becomes a client. That's fairly typical with youth, but in juvenile justice, we also have to remember that the community is our client."

"Part of the art and science of juvenile justice is the safety factor," Nelsen said. "How comfortable do I feel that this kid can be returned to the community?"

Minority overrepresentation is a continuing concern. With the Latino population now the fastest-growing minority in the United States, "we are looking down the road to a minority-overrepresentation issue," Kehoe said.

U.S. Department of Justice statistics show that as of Dec. 31, 2002, there were 3,437 sentenced black male prisoners per 100,000 black males in the U.S., compared to 1,176 sentenced Latino male inmates per 100,000 Latino males and 450 white male inmates per 100,000 white males.

Social workers and corrections professionals need to explore "what we have learned in our experience with the African American community and what we can do to intervene with the next generation of minorities," Kehoe said.

Correctional health care is one of the top priorities of the ACA, Kehoe said. "We're not doing the public safety piece right if we're not doing the public health piece right. We need to bridge the gap between release and the quality of health care inmates get in prison."

Also among the areas NASW is actively involved in that intersect with the corrections field is end-of-life care in prison settings. NASW has worked in collaboration with Last Acts, a coalition that works to improve care at the end of life. Last Acts has identified and supported hospice programs for terminally ill inmates, including the Guiding Responsive Action for Corrections at End-of-Life (GRACE) Project through Volunteers of America. The National Prison Hospice Association also works to provide hospice care for terminally ill prisoners.

**Challenges and Rewards**

M. Kay Harris, who earned her MSW from the University of Chicago, is an associate professor in the Department of Criminal Justice at Temple University in Philadelphia. She said that work in the corrections field can be challenging for people with a social work background.

She said she was taught as a basic principal of social work that "people can change, and for it to be effective and ethical, people have to want to change, and they have to determine the nature and direction and their own goals for change."
But in a prison setting, she said, "you have to disregard volunteerism and self-direction. You can explore self-determination, but I think it does pose challenges when trying to engage in a helping process in a setting where people are court-ordered to go to a program or involuntarily confined to the setting."

Gomez noted the importance of boundaries in the corrections field. "[Clients] can challenge what you know or what you learned about helping everybody as a social worker. You have folks who are manipulative. . . . That's sometimes a hard thing to get across to people who come in as employees." But she said the corrections field is an excellent place to get a lot of experience with different diagnoses. "You see post-traumatic stress disorder, sexual abuse, physical abuse, personality disorder — and you see those in a captive audience. You get a lot of experience and a lot of exposure."

"It's really rewarding to help these folks," Gomez said. "A lot of them are illiterate or don't have a lot of education. Even sometimes teaching them how to go out and learn to get a job or get food stamps, or where to go for those kinds of things, they are so grateful."

**Professional Concerns**

The ACA is committed to addressing professional issues for people working in corrections, Kehoe said. Accreditation, he said, "has been a huge help to the overall improvement in the quality of correctional care and services. . . . We have also started a program of certification of corrections professionals." Kehoe said that an increased focus on research has been beneficial for the corrections field as well. "We have gotten better at identifying what works and what doesn't and why not than we ever have been before."

Another area of concern is the allocation of resources. In the early 1970s, Kehoe said, there were more opportunities and more funding for social workers in corrections. Toward the end of the 1970s, he said, "we began to see federal funds dry up and Congress taking away some of these monies." In the 1980s and 1990s, "there was a greater emphasis on a more punitive approach to corrections, and we went through a period when the theory was that nothing worked, so why spend money on social workers."

"I think now we're beginning to see a turn in the road. I'm beginning to see more social workers, more MSWs, in corrections," Kehoe said. Workforce issues constitute one point of similar concern for ACA and NASW, he said. "The greatest challenge I'm working on is the workforce issue. . . . We're working on a project [through the U.S. Department of Justice] to develop a strategic workforce plan for the corrections profession."

**The Future of Corrections**

Across the country, Temple University's Harris said, "you find all kinds of correctional agencies that are doing some very creative, exciting work in the field. . . . You will find agencies building on research knowledge developed in the field in recent years that have really changed their practice."

"Emerging models have gotten people more enthusiastic," she said. "You don't just focus on the individual, you take a more holistic approach, with wraparound services and case management, so you don't treat a person in a totally disjointed way."

"In 39 years," Kehoe said, "I have never been more hopeful and optimistic about our corrections profession than I am today. I think we are a much better profession than we were 30 years ago."

American Correctional Association Website: [www.aca.org/](http://www.aca.org/)