

TESTIMONY OF

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ON THE ROLE OF FAITH-BASED ORGANIZATIONS IN PROVIDING EFFECTIVE
SOCIAL SERVICES

BEFORE THE HOUSE OF REPRESENTATIVES COMMITTEE ON GOVERNMENT
REFORM, SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND
HUMAN RESOURCES

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Chairman Souder, Ranking Member Waxman, thank you for this opportunity to present testimony on the role of faith-based organizations in the provision of social services. Given the persistent problems of mental illness, substance abuse, domestic violence, juvenile delinquency, and other social ills at a time when the supply is not adequate to meet the demand for services to address these problems, it is heartening for me to witness the concern by government officials about these important national challenges. As a career human services professional, I have worked in faith-based programs for the past twelve years. I am a licensed clinical social worker who worked for seven years at a regional medical center under the joint auspices of the Sisters of Charity and a Seventh-Day Adventist organization. I have been employed for the past four years as the director of Jewish Family Service of Austin, which is a small mental health and social service agency funded by the Jewish Community Association of Austin, private donations, and client fees. We provide professional mental health services on a sliding-fee scale to Jews and to non-Jews. JFS is staffed by social workers with professional degrees from accredited universities, who are all licensed by the Texas State Board of Social Work Examiners. Jewish Family Service is affiliated with the Association of Jewish Family and Children's Agencies, an international organization which provides consultation and professional support services and programs to JFS affiliates in the United States and Canada.

Our clients struggle with a variety of problems including depression, bipolar disorder, family conflict, school problems, problems with the criminal justice system, caring for aged family members, and many others. We provide services directly to clients, and provide information, referral, and case management services for those who require specialized services that we do not provide, such as substance abuse treatment and psychiatric care. We provide specialized services to the elderly, recently started a Parenting Center, and fund a social worker who provides mental health services to homeless individuals at a program affiliated with the Catholic Church. We are also an affiliate of the Hebrew Immigrant Aid Society, and we helped to resettle Jews from the former Soviet Union who came to Austin. Over the course of the past four years, the number of programs we provide, and the number of people we serve has increased dramatically. In my opinion, Jewish Family Service of Austin is an effective faith-based agency for the following reasons:

1. We hire only professionally trained, state-licensed social workers to provide services to our clients. Social workers are trained in assessment and diagnosis of mental illness, are familiar with the literature on the social problems which we are charged to address, and learn about the cultural variability of our clientele and how to work with people from cultures other than our own.
2. We use science-based interventions to address the problems that our clients bring to us. The distinction between health care services provided by professionals and those services provided by non-professionals in any health-related field, whether that field is social work, medicine, or nursing lies in the fact that professionals are required to demonstrate their mastery of the scientific literature and research and their ability to apply interventions which have been demonstrated by scientific research to be effective.

3. We provide professional supervision and oversight of service providers to make every effort to assure the quality of our services and programs. The activities of all practitioners is reviewed by a state-certified supervisor (at Jewish Family Service, I fulfill this role) through chart reviews and case presentations, to assure the quality of our programs and services. The Jewish Family Service Cabinet, an advisory board comprised of individuals from our community representing different professional disciplines, also provides a quality-assurance function in its oversight of the program director.
4. Jewish Family Service is involved in the larger Austin community, not only with our own community of faith. JFS staff attend meetings of area professionals for the purposes of professional training, networking, and interagency collaboration. JFS is involved in several interreligious enterprises, including work with the Austin Area Interreligious Ministries (an agency which has coordinated social action activities by a coalition of Austin churches, synagogues, and mosques), and Faith Partners (an organization based in Austin and Minneapolis that provides training to congregants in the area of church/synagogue/mosque outreach and education in the area of substance abuse.) The Board of Directors of the Jewish Community Association of Austin has provided funding for Jewish Family Service to send a social worker to the Austin Resource Center for the Homeless, (an agency under the auspices of Caritas of Austin, a program affiliated with the Catholic Church) to provide mental health services to this severely underserved population. In addition, two JFS social workers are on the faculty of the University of Texas at Austin School of Social Work. This broad community involvement enables us to know the resources available in our city, and educates others about our services.
5. We are accountable not only to our clients, our Cabinet, and the JCAA Board, but we are also accountable to the state professional licensing board and to the social work profession. Social workers are held strictly to a Code of Ethics; breaches of this Code are subject to censure by the Texas State Board of Social Work Examiners, and by the National Association of Social Workers. An important provision of the NASW Code of Ethics is that social workers must not practice outside of their area of expertise. For example, recommendations about the use of medication must be referred to physicians or other qualified medical professionals; discussions about religious practice must be referred to clergy. Failure to do so risks harm to our clients, and the existence of the Code and the professional governing bodies named above provides assurances to our clients that professional will be held to ethical standards of care.
6. Jewish Family Service owes its existence to centuries-old traditions, not to the changing currents of government or foundation interest, or of fashion. The oldest Jewish Family Service agencies in the U.S. were established in the 1800s. In Texas, JFS of Houston, for example, was founded in 1913. The Jewish principles of *Tikkun Olam* (repair of the world), *Tzedakah* (charity), and *Gemilut chesed* (acts of kindness) impelled Jewish communities around the world to raise funds to create, maintain, and nurture agencies that put these principles into action. Our funding is stable, because the commitment of our community has been unwavering for a long, long time.

7. While Jewish Family Service is a Jewish agency with a Jewish name and “is anchored in Jewish values” our professional services are strictly secular, and we honor the diversity of our clientele. Our staff does not provide religious services, does not extol Judaism above other faiths, does not invoke Jewish religious practice in the provision of mental health and social services, and does not proselytize non-Jewish clients. We are explicit in our respect for the diversity of our client population as to ethnicity, race, and religious affiliation. A principal reason for our success lies in the fact that clients from different backgrounds feel welcome at our agency, and both secular and non-secular agencies know of our respect for diversity. A parallel view was expressed in an editorial in the National Catholic Reporter (Feb. 9, 2001), in speaking of the philosophy of Catholic Charities, which stated, “We don’t do what we do because the people we serve are Catholic or because we want them to be Catholic, but because we are Catholic.” Similarly, the Jewish community charges Jewish Family Service to fulfill the obligation to serve others, an obligation which derives from Jewish faith and tradition, but we do not ask our clients to share these traditions or to participate in our faith.

I wish to take this opportunity to express my concern that the current faith-based initiative is, in my opinion, a potential threat to the provision of effective human services in this country. I am puzzled by the President’s assertion that “when people of faith provide social services, we will not discriminate against them.” When I worked for the medical center run by Catholic Health Initiatives and PorterCare Adventist Health System from 1991-1998, a statue of St. Mary Elizabeth Seton greeted me every day I came to work. The medical center’s mission statement included the goal of “extending the healing ministry of Christ.” This program received Federal and state funds, while providing science-based health care through the work of the licensed, university trained staff of doctors, nurses, social workers, physical therapists, and others. It is a well-known fact that Lutheran Social Services, Catholic Social Services, the Salvation Army, and many Jewish Family Service agencies have received government funds for years without concealing their religious affiliation. It has become apparent to me that the distinction between those faith-based programs that have received government funding in the past from those that have not lies in the degree to which religion is used as the means by which problems are addressed versus science, and the degree to which health care services (including mental health care) are delivered by professionals. Faith-affiliated programs like the ones named above have been able to meet the standards for scientific merit set by funding bodies, while pervasively religious groups (those which use religion as the means by which, for example, to persuade individuals to cease substance abuse or stop criminal behavior) have not met these standards. My concerns about the present faith-based initiative include:

1. Providing funding for social service programs which use interventions that are not based on research proving their effectiveness pose potential risks to the most vulnerable of our citizens. For example, alcoholism is a disorder with multiple physical and psychological comorbidities. An alcoholic who seeks care from a program that does not employ professionals who can diagnose the physical

abnormalities or psychiatric disorders which frequently accompany alcoholism and provide for the treatment of these serious problems risks neglecting them at the client's peril. The book, Clergy Malpractice in America: Nally v. Grace Community Church of the Valley (University of Kansas Press, 2001) describes the case of a mentally ill man whose suicide was attributed in part to inadequate care by clergy who believed that mental illness was a spiritual problem and not a psychiatric disorder.

2. Pervasively religious programs are not clinically appropriate for clients whose religion is different from that of the program. The literature from a prominent pervasively religious faith-based agency states "This program confronts prisoners with the choice of embracing new life in Christ and personal transformation, or remaining in the stranglehold of crime and despair." It is doubtful that any non-Christian would benefit from this program, and there is ample reason to believe that their involvement in a program which overtly denigrated non-Christian belief might pose harm to such a client. It should be emphatically noted, however, that such a program might be very helpful to Christians. It is my view, however, that the government should not fund such programs, as this would violate the separation of church and state. In addition, the current initiative risks awarding funds to religious groups with questionable agendas. The Waco Tribune (WacoTrib.com, April 1, 2003) writes that under proposed criteria to extend government funding to pervasively religious groups, "the Branch Davidian compound could have sought funding if it offered social services for the homeless."
3. The current faith-based initiative, aimed at programs which have not been able to meet the standards of government funding sources, has cost money which could otherwise have been spent on the vast needs of the poor and the mentally ill. Recently, I attended a seminar which provided "technical assistance" to faith based agencies on how to apply for federal grants. The agency which provided this training had received a multimillion dollar grant to provide this training, which amounted to presenting information that professionals learn in their professional schooling. Dr. Westley Clark, the director of the federal Center for Substance Abuse Treatment, has noted that substance abuse treatment programs have the capacity to serve only about 20% of those who need their services. Dr. Clark, a board-certified psychiatrist with subspecialty certification in addiction psychiatry, has written that "appropriately administered treatment has consistently proven effective, and is based on providing state of the art treatment relying on substance abuse treatment professionals." At a time when effective treatment exists and when millions of Americans suffering from the ravages of substance abuse and mental illness cannot avail themselves of this care because of the lack of facilities, it is a source of great concern to me that vast sums of money are instead spent to help programs which have not been able to prove that they can deliver the "appropriately administered treatment" of which Dr. Clark wrote. The amount of money used to fund the growing federal faith-based bureaucracy could

instead fund programs to help the homeless addicts and untreated mentally ill that we see in Austin, San Antonio, Washington, D.C., and throughout our country.