

# CONNECTIONS

April—June 2019



*There may be times when we are powerless to prevent injustice,  
but there must never be a time when we fail to protest.*  
- Elie Wiesel

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**Michelle Kenefick, LCSW, SEP**  
*President, Connecticut Chapter*

Spring is just around the corner and there is much to celebrate, look forward to and there is lots of work ahead of us. That feels like my list of chores to do around the house – celebrating Spring and looking forward to warmer days and knowing that Spring house cleaning and yard work is going to be worth it come Summertime! That is a good parallel to how we're doing here in Connecticut and as your NASW Chapter.

The good news! Our Title Protection bill has passed through two committees! This was not an easy pass, but instead, took a lot of concentrated efforts on the parts of many, skillfully led by Steve Wanczyk-Karp, LMSW. There were some hiccups along the way including needing to adjust the language from what we originally submitted to what was presented and to what will ultimately be voted upon as we work to make sure the bill's protection extends to ALL Social Workers in Connecticut. We appreciate all the support we've received from you and look forward to your continued support and advocacy in the coming weeks and 2 months ahead during this legislative session. Additionally, NASW CT has been advocating for various legislative agenda items ranging from criminal justice reform, establishing a Health and Human Services network for LGBTQ patients, early voting, accessibility of birth certificates for adoptees, paid family leave and so, so much more. The Chapter has been busy advocating for and lobbying for changes that will ELEVATE our profession and we will continue to advocate for those we serve.

That leads me to the theme of this year's conference and the National office's 2019 theme for Social Work Month and the year ahead! ELEVATE!!! This year's theme aims to focus on 3 main areas: increasing compensation for Social Workers, honoring the contributions Social Workers make every day, and focusing "on the social relationships between people's essential relationships with each other, their environments, and their futures" (NASW website). I can't think of three areas worthy of more attention. As

we move toward an uncertain future regarding climate change and the diminishing capacity for some communities to continue to thrive under changing policies and enforcement of damaging and traumatizing practices, it is critical that our voices are heard. We must stand together, step up and ELEVATE our profession. The obvious focus for us right now in CT is Title Protection which is a critical need in improving access to our services, ensuring that consumers are protected, and advocating for our own pay increases that are commensurate with our extensive education and training.

The not-so-good news... Our Chapter continues to face declining membership dollars and subsequently is facing financial challenges. We need your continuing support. Your membership dollars and those of your colleagues are vital in sustaining an organization that is healthy and capable of continuing the critical work we do. To this end, we are continuing to be creative in finding different ways to reach out to Social Workers across the State. We recently held two restaurant evenings at Buffalo Wild Wings in Rocky Hill and North Haven and we are planning for similar events. So, stay tuned and if you have a favorite restaurant or another idea of a creative meet up – let us know!!!

Lastly, the NASW CT Annual Conference is coming up soon. The brochure has already been released and the workshops being offered are presented by our finest colleagues so be sure to sign up early and avoid missing this soon to be sold out again event!

We ask a lot of you by participating in the Chapter, encouraging your colleagues to join, and asking that you spread the word as to why it's important to maintain your membership or join the Chapter. Without you, we cannot continue to do the work we do. Together, we can ELEVATE!!!!

Happy Spring, be well and take good and gentle care.

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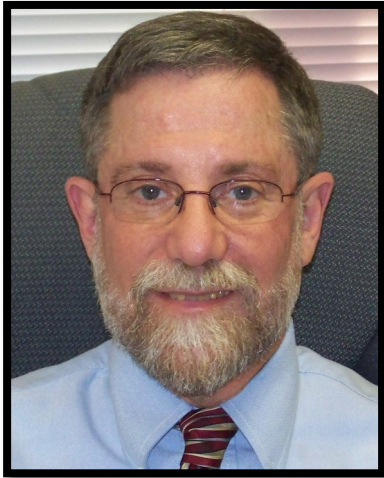
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**Steve Wanczyk-Karp, LMSW**  
*Executive Director*  
*Connecticut Chapter*

## Budget Struggles Happen Here Too

It's no secret that the State of Connecticut is facing another difficult budget year with an estimated 2-billion-dollar deficit. There seems to be little appetite in the State Legislature to approve Governor's Lamont's proposed broadening of sales taxes, and Governor Lamont seems resistant to increasing income taxes on the wealthiest residents. This is becoming of increasing concern to those of us who advocate for the poor, underserved populations and at-risk populations. To make things worse, CT has a structural problem with expenditures increasingly going toward pension commitments that were underfunded for decades. There are not a lot of good solutions and all of them have sizable opponents.

CT NASW is also facing our own budget woes. Membership in the Association has been on the decline for several years, both nationally and in our state. This is not unique to NASW. All professional associations are experiencing the same phenomena. Unlike the State though, ours is not a structural problem, and unlike the State, we know what would move us forward. Increased membership!

I would like for a moment to take you back to social work practice in Connecticut at the start of 1990. If you are a clinical social worker you may have your CISW (Certified Independent Social Worker). It's voluntary and is the weakest legal regulation of any state in the country. Insurance companies do not

have to cover your services and most do not. Your records are not confidential under state law. Medicaid surely is not going to enroll you as a provider if you have a private practice, and if you have your own practice or are in a group practice you cannot attain the protections or benefits of an LLC or PC. The State of Connecticut is hiring anyone with a bachelor degree to be social workers and psychiatric social workers (have you ever wondered where those English and History majors who did not want to teach got employed?). The CISW was never renewed, so both retired and deceased social workers were still listed on the DPH rolls. Does this sound like a profession you want to enter and feel proud of?

Alright, your back-in-time trip is over. Shall we see what advances have been made? We have two levels of licensure that mirrors practice in almost every state. Practically all major insurers have clinical social workers as approved providers. Social work records are held confidential by state statute, not just because the Code of Ethics says so. Medicaid covers clinical social work services in private practice, both for children and adults. Private practitioners can have a PC or LLC, and this is true, too, for inter-professional behavioral health group practices. The state only hires MSWs as clinical social workers and gives preference to BSWs and MSWs for the social worker job classifications. If English is not your first language you can get language accommodations when taking the licensure exams.



## Struggles, continued

If you want to become a certified school social worker you no longer have to take the Praxis exam for math and English. Mental health parity means that insurers can no longer make your clients pay higher co-pays and deductibles than they do for seeing a physical health care provider. Social work practice has not been infringed on by related professions. NASW/CT has your back at the State Legislature and with the State's Executive Branch, protecting the practice needs of social workers.

So, the Chapter is facing a tough budget year coming up in 2019-2020. Our title protection bill has passed in two committees and we have a real chance to be successful. This campaign, however, is costing the Chapter over \$24,000 in lobbyist fees and if we do not pass the bill in this session, we likely will not be able to afford another try for several years, or longer. Planned initiatives to open up job paths by employment in libraries and police departments may need to be put on hold if we do not have the resources to undertake them starting this fall. Our efforts to make social work the profession of choice under integrated health care systems may stall if our budget cannot sustain adequate staffing. **Protecting and advancing the profession may not be as successful anymore if we lack the funds to continue our pro-active stance.**

It is up to the social workers in Connecticut as to what kind of professional environment they want. If the desire is to have positive practice opportunities

then joining and maintaining one's NASW membership is a MUST.

You can play a crucial role in keeping a strong practice environment and helping us to fight for social justice in CT. Join NASW, remain a member, and recruit your colleagues to do the same. It is a simple solution.

The number one reason I hear for why someone is not a member is "it costs too much". To this I ask, how much have you spent to get your social work degree and keep it current? As social workers we all have invested a goodly sum of money to become a BSW and/or MSW. We have chosen a career that speaks to us. We have invested much, both financially and personally, in our careers. Is the once a year cost of NASW membership really too much to spend? Is an annual investment in the one's organization that protects your career too costly to be a part of? Think about 1990 and now 2019. Should the profession go back or forward? It is your choice and your colleague's choice. Approximately two-thirds of the licensed social workers in CT are not members, so there is an ample number of potential members to be recruited. I am hoping you will choose to help us grow back our membership, have your colleagues share in the investment you are making as a member, and by doing so keep your professional association strong.

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## Social Work Bills on Protective Services and Home Care

The Legislature introduced two social work bills that we were pleased to see and are supporting. One bill is on heightening the penalty for threatening a protective services worker that was raised in the Children's Committee. The other bill is to require behavioral health services of a LCSW by home care agencies to be covered under Medicaid. This bill was raised in the Human Services Committee.

**Bill 883: An Act Concerning the Threatening of Child Protective Services Workers** increases the penalty for threatening a protective services worker, be they employed by DCF or on contract through DCF. West Virginia, Louisiana and Illinois have laws that are meant to protect social services workers (Louisiana's law is specific to protective services workers). Data shows that nearly 70% of all injuries on the job occur in health care and social services. NASW/CT in supporting this bill recommended that it cover all social workers, regardless of employer. The bill passed the Children's Committee unanimously and is now in the Senate. We do not know if the bill will be referred to another committee. The language was not extended to all social workers.

**Bill 895: An Act Concerning Medicaid Coverage of In-Home Counseling Provided by a Home Health Agency**, requires Medicaid to cover counseling services by a LCSW in home care agencies. NASW/CT submitted testimony as to the importance of psycho-social treatment for homebound individuals, the cost savings by having clinical social work services to help an

individual recover at home, and the difficulty in finding clinical social work services in a person's home outside of services by home care agencies. NASW/CT also called for all of the medical social work services provided by the home care agency be covered, not just that of clinical services by a LCSW. The bill had a public hearing and remains in the Human Services Committee that has not taken a vote as of this writing. The bill is being opposed by DSS because the federal rules for home care do not have a behavioral health component, it would increase Medicaid costs and DSS feels it is unnecessary as clinicians can be paid for clinical services delivered in a person's home (this last point ignores the difficulty in finding a clinician to provide in-home services).

A third proposed bill of interest to all licensed individuals is **Senate Bill 9: An Act Adjusting Fees for Occupational Licenses, Certifications and Registrations**. This bill would reduce license application fees by 75% and pay for the loss revenue by increasing the renew fees. NASW testified in-person against this bill because in the long run the licensee will pay more, those already licensed will get no benefit from a lower application fee but will pay more each year to renew the license, and CT is already near the top of all the states for licensing costs. Following the public hearing in the General Law Committee the bill was drafted as a study bill of licensing costs for licenses issued by the Department of Consumer Protection, thus it eliminates from consideration social work licensing as well as all other health care licenses issued through the Department of Public Health.

### National Association of Social Workers Connecticut Chapter

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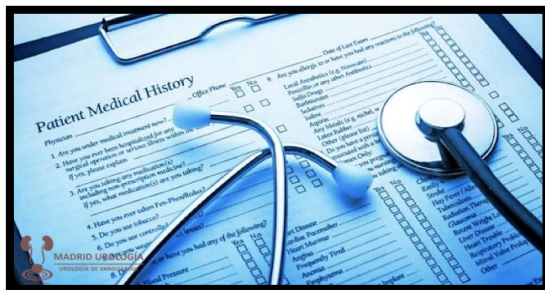
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## State Regulations on Medical Records



The Chapter get periodic calls regarding what needs to be in a medical record, how long must a record be retained and what to do with records when discontinuing practice. Below are those sections of the state regulations that apply to social workers.

### **Sec. 19a-14-40. Medical records, definition, purpose**

The purpose of a medical record is to provide a vehicle for: documenting action taken in patient management; documenting patient progress; providing meaningful medical information to other practitioners should the patient transfer to a new provider or should the provider be unavailable for some reason. A medical record shall include, but not be limited to, information sufficient to justify any diagnosis and treatment rendered, dates or treatment, actions taken by non-licensed persons when ordered or authorized by the provider; doctors orders, nurses notes and charts, birth certificate worksheets, and any other diagnostic data or documents specified in the rules and regulations. All entries must be signed by the person responsible for them.

### **Sec. 19a-14-42. Retention schedule**

Unless specified otherwise herein, all parts of a medical record shall be retained for a period of seven (7) years from the last date of treatment, or, upon the death of the patient, for three (3) years.

### **Sec. 19a-14-43. Exceptions**

Nothing in these regulations shall prevent a practitioner from retaining records longer than the prescribed minimum. When medical records for a patient are retained by a health care facility or organization, the individual practitioner shall not be required to maintain duplicate records and the retention schedules of the facility or organizations shall apply to the records. If a claim of malpractice, unprofessional conduct, or negligence with respect to a particular patient has been made, or if litigation has been commenced, then all records for that patient must be retained until the matter is resolved. A consulting health care provider need not retain records if they are sent to the referring provider, who must retain them. If a patient requests his records to be transferred to another provider who then becomes the primary provider to the patient, then the first provider is no longer required to retain that patient's records.

### **Sec. 19a-14-44. Discontinuance of practice**

Upon the death or retirement of a practitioner, it shall be the responsibility of the practitioner or surviving responsible relative or executor to inform patients. This must be done by placing a notice in a daily local newspaper published in the community which is the prime locus of the practice. This notice shall be no less than two columns wide and no less than two inches in height. The notice shall appear twice, seven days apart. In addition, an individual letter is to be sent to each patient seen within the three years preceding the date of discontinuance of the practice. Medical records of all patients must be retained for at least sixty days following both the public and private notice to patients.

## Social Work Title Protection Bill Moves Forward

We are pleased to announce that the **Social Work Title Protection Bills** have passed in Committee and sent to the House floor. It is unclear as of this writing whether the bills will be sent to another committee. If not, we anticipate one will be selected for a floor vote in the House.

Right now, there are two bills in the Legislature, each with its own language. One bill is HB 7198: An Act Concerning Social Workers that passed the Public Health Committee unanimously. The other bill is HB 7292: An Act Concerning Social Worker Title Protection that passed the Labor Committee by a vote of 10-3. Both bills have problems with the language though the Labor Bill is closer to what we seek. Thus, either bill will need to be amended before a final House vote.

The Public Health Bill (7198) protects the title of social worker so that only BSWs and MSWs who hold a degree from a CSWE accredited program, or a doctorate in Social Work, may call themselves, or use the title social worker. The bill is missing language that we submitted that would allow for grandfathering all those who work for state agencies as of the effective date of the bill, and would allow state agencies to hire non-social work degree individuals for the social worker series as long as the new employee attains an MSW degree within five years of hire. The grandfathering clause is essential language for us to address the state workers collective bargaining agreements and the new hire provision is necessary to give the state flexibility in hiring when there is not a sufficient pool of candidates with social work degrees (this particularly true for gender where male candidates are hard to find).

The Labor Committee Bill 7292 has the grandfathering and five years to get an MSW language that we sought. This bill, however, has a provision on restriction in advertising of clinical social work services to those with a BSW, MSW or Doctoral degree in Social Work, language that we did not submit. This is problematic, as BSWs cannot practice clinical social work.

At this time, we are working on getting co-sponsors for the bills, particularly looking to add Republican co-sponsors. The bill has gotten bipartisan votes and is not a partisan issue. We currently have 8 co-sponsors on the

Public Health bill: Representatives Michel, Elliott, Gilchrest, McCarthy Vahey, Comey, Tercyak, and Curry. Plus, Senator Cassano. The Labor Bill has 10 sponsors, Representatives Elliott, Gilchrest, McCarthy-Vahey, Comey, Reyes, Currey, Phipps and Candelaria. Plus, senators Cassano and Moore. If you know your state representative or senator please ask them to co-sponsor both bills.

We thank everyone who submitted testimony on the bills or testified in-person. We had over 40 pieces of testimony submitted to the Public Health Committee and over 20 for the Labor Committee. Approximately 12 people testified at the Public Health hearing and 3 at the Labor hearing. In addition, we had favorable testimony submitted by the associations representing Art Therapists, Psychologists, Marital & Family Therapists and Professional Counselors. Opposition was raised by the American Federation of State, County & Municipal Employees, the AFL-CIO, and the State Public Defenders Office, all who seek an exemption from the bill. Leading Age also expressed concern as to how it would impact hiring in nursing homes. DCF submitted testimony expressing concerns on how it would impact hiring, however, we are working with DCF on language that would be acceptable to them.

As the bill moves forward, we will be requesting members to contact their House members in favor of the bill. This will begin as soon as we know if the bill is going to be put on the House calendar for action or sent to another committee. **The key to success will be the outpouring of supporters lobbying their legislators. We will likely be asking for your action several times so be forewarned and be ready to respond quickly.**

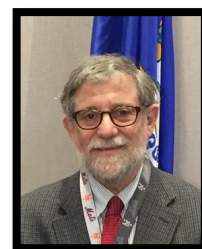
NASW/CT has invested significant time and funds into the title protection bill. The cost of the Chapter's lobbyists alone is over \$24,000 and on top of that is staff time. While NASW/CT has been setting money aside for this campaign we need the financial support of members. Please make a donation at whatever amount is comfortable to you. Donations can be made online at <http://naswct.org/donate-to-advocacy-fund/> or by check made out to NASW/CT, with title protection in the memo line. Mailed donations are to be addressed to NASW/CT, 2139 Silas Deane Hwy., Ste. 205, Rocky Hill, CT 06067. No amount is too small!



## Members in the News



**Stephen Wanczyk-Karp, LMSW**, NASW/CT executive director, has been reappointed by the Speaker of the House, Joe Aresimowicz, to the Advisory Committee to the Office of Healthcare Advocate. This will be Steve's third term on the Advisory Committee, making him the longest serving member. The appointment is from July 1, 2019 to June 30, 2024.



## International Exchange



On Wednesday, March 27th, NASW/CT hosted an afternoon with international Master of Social Work students from Armenia. The gathering was made possible through UCONN's MSW professor of policy and international social work, Dr. Rebecca Thomas.

Steve Wanczyk-Karp, Executive Director, Elizabeth Roberts, Membership Services Coordinator and James Hexter, MSW Intern, welcomed the students and engaged in meaningful conversation regarding social work, education, policy and international relations.

It was a pleasure for NASW/CT to meet these exceptional students, share experiences, information, ideas and cultures.

## 34 Pieces of Testimony and Counting

The 2019 legislative session has been a very productive one for NASW/CT in terms of bills that we have provided testimony on. As of April 10th, the Chapter has submitted 34 pieces of testimony that includes testifying several times in-person. For comparison purposes in the 2017 legislative session that was the last “long session” we submitted testimony on 13 bills and in the “short session” of 2018 we submitted testimony on 9 bills. Odd number years the legislature is in session for five months, known as “long session” and far more bills are introduced, whereas on even number years, called “short session” the number of bills that can be introduced are limited.

This year we have seen many more progressive bills introduced that reflect the new Legislature that has a goodly number of new legislators, a solid majority of Democrats in both chambers and a new administration that is open to new ideas. For NASW/CT it has offered us opportunities to provide a social work perspective to a range of issues.



Amongst the bills that we have testified on are: Paid Family & Medical Leave that will add CT to the handful of states that have a paid leave program. The Governor supports paid leave and we testified in favor of this pro-family legislation. Mental Health Parity is another bill that we support and it is getting traction despite opposition from insurers. It will add transparency to how coverage is determined and require reporting by insurers as to denials. A public option for insurance has been brought up that will create insurance options, first for small businesses, and later for individuals, utilizing the purchasing power of the state workers insurance coverage. NASW spoke as how this will help private practitioners and those who work for small non-profits to afford health care coverage. The chapter weighed in on the state budget by supporting new revenue streams as proposed by the Governor and in separate testimony opposing the Governor’s budget

plan to cut funding for school-based health clinics. We also testified on Compassion in Dying allowing individuals to make end of life decisions, a bill allowing those on parole to vote, legislation calling for Election Day to be a state holiday, supporting a referendum for early voting, supporting licensure for Art Therapists, supporting a bill for a new licensing level for new graduates of Marital & Family Therapy and Professional Counselors, and again NASW/CT supported the rights for all adoptees to have access to an original birth certificate. We opposed a bill that would decrease the initial licensing fee by 75% to be paid for by increasing the renew rates, which we figured would cost newly licensed social workers more in the long run and increase fees on current licensees who would have no benefit from the reduction in the application fee.

There were several bills related to diversity issues that our Diversity Committee submitted testimony on. One bill is aimed at recruitment of more persons of color to become public school teachers. Another will

require exams for insurance agents to be offered in Spanish, not just English. The third bill will create a GLBTQ Social Services Network of individuals who will advocate for qualified services and service providers.

There are four bills specific to social workers in this session. See the articles in this newsletter on Title Protection, Protective Services Workers and Home Care Social Work.

To read the testimony submitted by the Chapter go to <http://naswct.org/category/leg-testimonies/>. The testimony page is updated as soon as new testimony is submitted.

JOIN US TO CELEBRATE  
THE LIFE & LEGACY OF

*Dr. Nancy A. Humphreys*

WEDNESDAY, MAY 22, 2019  
6 - 9:00 PM

UNITARIAN SOCIETY OF HARTFORD  
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There will be a reception  
following the memorial.

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[SSWEvents@uconn.edu](mailto:SSWEvents@uconn.edu)

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# Climate Change Lawsuit: A Social Work Issue

By: Merritt Juliano JD LMSW, Climate Psychology Alliance North America, Board of Directors

I write this article to make social workers aware that 21 young Americans filed a constitutional climate lawsuit against the U.S. government, called *Juliana v. U.S.*, in 2015. The youth plaintiffs allege that affirmative actions taken by the executive branch of the U.S. government have caused, and continue to perpetuate, climate chaos in violation of the youngest generation's constitutional rights to life, liberty, and property. The plaintiffs also allege that the government has failed in its duty to protect essential public trust resources. Climate change is expected to cause a catastrophic public health crisis. A public health amicus brief filed by Wendy Jacobs, Director of the Emmett Environmental Law & Policy Clinic at Harvard Law School, on behalf of 78 individual doctors and dozens of organizations states:

*"Children are especially vulnerable to climate-related health effects because of their developing bodies; higher exposure to air, food, and water per unit body weight; unique behavior patterns; and dependence on caregivers. GHG emissions cause harmful physical and psychological impacts via extreme weather events, increased heat stress, decreased air quality, altered disease*

*patterns and increased climate-sensitive infections, and food, water and nutrient insecurity in vulnerable regions of the United States...health impacts will cost the United States trillions of*

*dollars per year by the end of the century. These current and future adverse public health impacts and costs can be significantly mitigated if the federal government acts promptly to reduce GHG*

*emissions. For these reasons, amici request that the Court grant Plaintiffs' request for a remand to the district court for trial."*

In addition to health impacts, a myriad of social and mental health concerns has been identified. Climate change will affect vulnerable populations the most, on global, national and local levels. Efforts for mitigation

and adaptation will be costly, often prohibiting populations of low socioeconomic status from protecting themselves, their families, and their communities. Furthermore, climate change is already causing and will continue to cause the largest refugee crisis ever faced by humanity. Additionally, rising temperatures have been linked to an increase in suicide rates, as well as infertility and birth defects.

The Yale Program on Climate Change Communication recently released the results of a December 2018 survey which found that 29% of Americans identify as "alarmed" or "the most worried about" the unfolding climate crisis,

while 30% are "concerned." Children and young adults are being exposed to a vast number of potential climate change-related threats, whether through news outlets, on social media, among friends, or by simply sitting in science classes learning about massive insect decline threatening a collapse of nature. Such pressures are likely already causing, and have the potential to

cause, a myriad of mental health conditions among our youth. An unprecedented level of chaos and instability surrounds our children and younger generations as a fallout of the climate crisis.

For a copy of the recent amicus brief filed in March 2018 on behalf of public health experts, public health organizations, and doctors, in support of plaintiffs case can be obtained by contacting me at [merrittjuliano@gmail.com](mailto:merrittjuliano@gmail.com). A number of very prominent public health experts and organizations have signed on in support of the case. Social workers can support the case by signing a Declaration of Support and either emailing the signed document to me, or emailing to [organizing@ourchildrenstrust.org](mailto:organizing@ourchildrenstrust.org)

For more information on climate change and what you can do as a behavioral health professional go to [climatepsychology.org](http://climatepsychology.org)





## Welcome New Members

Mark Adams	Regina Gibbons	Jane Marchand	Laura Schoonmaker Barbieri
Jessica Aliotta	Lora Giguere	Danielle Marinucci	Johanna Schubert
Robertina Anola	Julianne Green	Elizabeth Mason	Kathleen Service
Brianna Austin	Margret Greene	Rose McManus	Paige Silengo
Tess Baldino	Joshua Hager	Darlyne Milord	Tara Skiparis
Molly Bannister	Rachel Hence	Erika Mott	Jane Skolnick
Mimi Beaulieu	Jenna Hickey	Demesis Negron	LaRue Smith
Eleanor Bradley	Michelle Humbert	Amanda Panniello	Madison Smith
Jodi Brazal	Stephen Jacobsen	Gabriela Parada-Bravo	Alexander South
Clara Chasse	Anne James	Jennifer Paradis	Bryan Troiano
Nicole Cordani	Tracy Johns	Jacqueline Perron	Kim Tzovarras
Kat yana Crespo	Melissa Keilty	Eileen Pescetelli	Erica Vaz
Sarah Dececco	Brandy Kennerson	Shinea Pieters	Lindsey Warner
Aissa Deloatch-Williams	Christine Landino	Dana Pollack	Marcy Winkel
Meghan Desir	Stephanie Langan	Chad Reddick	Mason Wood
Megan Doyle	Sarah Lewis-Stowe	Sherice Reid	Elena Woodard
Justin Eykelhoff	Ashley Litke	Morgan Reiss	Larisa Zaleta
Lauren Faeth	Megan Lykkehoy	Loida Reyes	
Tanisha Fougry	Sandy Mancini	Crystal Ross	
Brianna Gavigan	Alison Marcell	Rebecca Rotondo	

## Seeking a School Social Worker Job?

If you are interested in learning about openings for school social worker positions throughout the state now is the time to start checking out the website for CTREAP - <https://www.ctreap.net/>

CTREAP primarily lists teacher positions however school social work positions are also listed. Note that some social work positions are for closed classrooms programs, not regular school social work positions.

Certification as a school social worker is through the State Department of Education. Requirements can be found at <https://portal.ct.gov/SDE/School-Social-Work/School-Social-Work/How-To>

## The Diversity Committee is Making Positive Waves!

The Diversity Committee is one of the most dynamic and newly formed committees of NASW/CT. In response to the need for social justice action, the Board of Directors commissioned the committee and it was officially formed in July 2018. The committee includes eight experienced social work leaders from a variety of practice areas and backgrounds that contribute an assortment of competencies to make this committee thrive! Although still within the first year, the Diversity Committee has fully put their charge into motion!

The Committee is dedicated to supporting diversity: (a) through social work and development, (b) advancing professional standards and improving services related to awareness of diversity, equity and oppression, (c) promoting social justice through public policy and action as specified by the NASW Mission Statement. The Diversity Committee has an all-inclusive mindset and they advocate without borders. The committee is steadfast in their mission to promote education, cultural awareness and social diversity “with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability... and socioeconomic differences” (NASW Code of Ethics. Section 1.05, 2017).

The Diversity Committee is creating positive change on issues that our clients face, but also those that all social workers encounter. Similar to the structure of NASW, the Diversity Committee is operated by social workers, for social workers! Therefore, the needs of all social workers are being taken into account by the Committee. A member questionnaire is being developed because the Committee hopes to hone in on the most pressing social justice issues according to the well-informed perspective of the social workers in our state.

The Committee is actively submitting testimonies on several proposed bills at the Connecticut General Assembly this legislative session. Recommendations were made in favor of Title Protection for Social Workers, Minority Teacher Recruitment and Retention, an LGBTQ Health and Human Services Network, an Advisory Committee to study discrimination on the basis of gender, identity or expression that happens in

places of employment and schools, and for the state’s Insurance Commissioner to offer English and Spanish language versions of the examinations administered.

The Diversity Committee acknowledges that education is an important component to creating change on a large scale. The Committee has a few DSW and Ph.D. members and educators on the team who have taken lead roles in developing a comprehensive workshop, “The Journey to Cultural Awareness through Micro, Mezzo, and Macro Practices,” to be presented at the NASW/CT 34<sup>th</sup> Annual Conference on May 3<sup>rd</sup>. The workshop takes a unique perspective on cultural competency and the steps toward developing an ongoing state of cultural humility within micro, macro and mezzo systems. This workshop is approved for Continuing Education Credits to provide a rare point of view for practitioners to further broaden their scope of practice.

In the autumn of 2019, the Diversity Committee plans to kick off an exclusive workshop series entitled *Freedom Trail*. *Members will have the option to receive Continuing Education Credits at a nominal cost, or attend simply for enjoyment and discovery! The Freedom Trail series will consist of convenient travel to five distinctive historical places throughout CT that have positively influenced social justice issues for a variety of underserved and diverse populations. Attendees will be able to partake in food, tours, informative presentations and networking. The Freedom Trail series is valuable because it recognizes our differences while acknowledging that our struggles have intertwined and led to a stronger nation, state and people.*

Since forming the Diversity Committee there have been many open discussions around diversity issues such as voting rights, cultural humanity, discrimination, and social justice.

Committee members are in the process of finalizing their robust strategic plan. In the near future they anticipate working on voting rights and opportunities including some grass-roots initiatives. The Committee also foresees collaborating with other NASW chapters on racial justice issues. In addition, more educational workshops and outreach are in store!

## Waves, continued

What makes the Diversity Committee so unique is that it is not only comprised of a diverse group of people but it includes people of diverse social work backgrounds including forensic social work, clinical social work, private practitioners, hospital social work, research and community organizing, and policy practice.

The voices of the Diversity Committee are very strong and they are planning on creating more waves of change into 2020!

For more information on the Diversity Committee please feel free to reach out to the co-chairs

LaQueshia Clemons ([lclemmons.msw@gmail.com](mailto:lclemmons.msw@gmail.com)) and Marlanda Hamilton ([marlandahamilton@gmail.com](mailto:marlandahamilton@gmail.com)).  
NASW/CT Diversity Committee

Sherryl Chin, MSW  
Alberto Cifuentes, Jr., LMSW  
Antonia Cordero, LMS, DSW  
Cheryl Green, LCSW, Ph.D.  
Irwin Krieger, LCSW  
Karen McLean, LMSW, Ph.D.  
Rick Tsukada, LCSW  
LaQueshia Clemmons, LMSW (co-chair)  
Marlanda Hamilton, LMSW (co-chair)



## Trauma, Students and Schools: A New Resource

Research indicates that trauma can have a direct, immediate impact on students' academic performance. CT has opportunities for schools and districts interested in assistance with the delivery of evidence-based treatment for students exposed to trauma. Gleaned from a large body of research pointing to the positive impact of trauma-informed educational settings, schools can embark on a whole-school paradigm shift to recognize, understand, and address the needs of students that have been exposed to trauma and chronic stress. Schools and school-based health centers can learn how to deliver evidence-based treatment for children exposed to trauma. Moreover, these opportunities will positively impact school culture and have the potential to change the trajectory of vulnerable students.

Through funding from the Department of Children and Families, the Child Health and Development Institute (CHDI) and Dr. Sharon Hoover (CBITS Developer) are offering opportunities to implement Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back (a version of CBITS for elementary aged children in grades K through 5). New teams will join an existing statewide network of 23 CBITS/BB provider teams, which

together have served over 1,250 children with excellent outcomes. All training, ongoing consultation, and quality assurance is provided at **no cost**, and participating providers/schools are eligible to receive **performance-based sustainability funding**.

If you are interested, please reach out to Dr. Diana Perry, Project Coordinator for the CBITS Initiative ([dperry@uchc.edu](mailto:dperry@uchc.edu); 860.679.3327). Dr. Perry can answer any questions or furnish a CBITS/Bounce Back Welcome Packet and Application. All prospective teams are offered pre-application consultation, as we believe that implementation support needs to be available every step of the way, and not just once a partnership is formed.

Additionally, you can use the following links to learn more about the Cognitive Behavioral Intervention for Trauma in Schools and Bounce Back interventions:

<https://www.chdi.org/our-work/mental-health/evidence-based-practices/c-bits/>  
<http://bouncebackprogram.org>

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## Call for Nominations

National Association of Social Workers  
Connecticut Chapter

### 2019 Clinical Social Worker of the Year Award

The *Clinical Social Worker Network* of the National Association of Social Workers, Connecticut Chapter is pleased to announce the **2019 Call for Nominations for the Clinical Social Worker of the Year Award**. This award will be given by the *NASW/CT Clinical Social Worker Network* to a licensed clinical social worker (LCSW) in recognition of outstanding service in the field of clinical social work.

#### CRITERIA FOR AWARD

1. The awardee must be a Connecticut licensed clinical social worker in good standing and NASW/CT member in good standing.
2. The awardee's primary focus and employment is in direct clinical social work practice in an agency or private practice. The nominee must be engaged in direct practice with clients for at least 20-30 hours a week.
3. The LCSW must be nominated by at least two letters of support by two clinical social work practitioners, or one clinical social work practitioner and one professional person who works directly with the nominee in the capacity of supervisor, co-worker, or any other person to whom the nominee's work is known. Because of the nature of clinical social work practice, no comments submitted by clients, past and present, will be accepted.
4. In conjunction with what others consider good, effective, direct clinical practice the awardee will be engaged in other activities related to clinical practice. The activities deemed for consideration might include the following:
  - activity that enhances the area of clinical social work practice
  - activity that inspires other clinical social workers to broaden and deepen their clinical skills
  - activity that contributes to clinical social work practice knowledge
  - activity that promotes knowledge and visibility of clinical social work practice to the general public and in the profession of social work as a whole
  - a commitment to improving clinical social work practice
  - a willingness to share her/his work with others, with the purpose of mentoring, teaching, supporting colleagues toward enhancing the practice of others
  - a commitment to regularly examining her/his own practice toward the goal of improving her/his own effectiveness with clients.

**TO SUBMIT A NOMINATION SEND THE LETTERS OF NOMINATION DESCRIBING HOW THE NOMINEE MEETS THE CRITERIA OF THIS AWARD**

**Send to:** *Clinical Social Workers Network*, NASW/CT, 2139 Silas Deane Hwy., Suite 205, Rocky Hill, Connecticut 06067. Include contact information of the nominee and nominators. Or email letters of nominations to [skarp.naswct@socialworkers.org](mailto:skarp.naswct@socialworkers.org)

**Submission Deadline: April 30, 2019**



## Chapter Leadership

Courageous leaders have  
double vision. They see the  
world as it is and as it could be.

**Have you thought about taking on a  
leadership role in your chapter?**

**Or perhaps you know someone who would make a  
terrific chapter leader?**

***If so, now is the time to let us know!***

Being an elected leader of the NASW/CT Chapter provides you with the opportunity to have a direct say in the chapter's programs, policies, use of resources, and future directions. It's also a terrific way to meet colleagues from throughout the state and to gain a feel for the pulse of social work practice in Connecticut. You will be providing the Association with your expertise and in turn making networking connections that will help in your own career advancement. Truly it is a win, win situation that's enjoyable too!

In developing the ballot, the Nominating Committee seeks to successfully meet the chapter's diversity plan, geographic representation, and representation from diverse fields of practice. All nominees are given full consideration and while we may not be able to offer all nominees a place on the ballot these individuals are often considered for other leadership appointments within the Chapter.

The Nominating Committee is seeking NASW/CT members to serve on the Board of Directors as **president-elect, secretary BSW & MSW student representative, Region 1 Representative** (Greater Hartford/Northern CT), **and Region 2** (Greater New Haven/Eastern CT). The Committee is also seeking NASW/CT members to serve as **Chairperson and regional representatives to the Nominating Committee**. Terms of office for the Board are for three years, except for students who serve one year. Nominating Committee members serve 2-year terms. All terms begin July 1, 2019.

**If you are interested in being nominated for a chapter leadership position, would like to know more about available elected opportunities or would like to recommend a colleague please contact Steve Wanczyk-Karp at the Chapter Office – 860-257-8066**

# Impact of Loneliness in the US and Globally

Virginia Lee, MSW, MS

## Impact of Loneliness in the US and Globally

Loneliness is a global issue and one of the major causes of health issues in seniors. Half of all people aged 75 and older live a long life, and while this may be all the good, 10% of those over 65 years admit that they are often lonely.

Loneliness is unpleasant, but even worse; it affects longevity far more than being obese or not physically active enough. Research from the Alzheimer's Society suggests that a lack of social connections can damage a person's health as much as if that person smoked cigarettes a day. It increases the risk of depression and other mental disorders.

Over 500,000 people in Japan are suffering from social isolation. Baby boomers are aging alone more than any generation in US history. About one in 11 Americans age 50 and older lack a spouse, partner or living child. About eight million people in the US are living without a close relative, which is an astounding figure.

In the US, the average number of close family fell from 3 to 2 between 1985 and 2004. Urbanization may be one factor, weak family bonds, another. China, as the rural population halved between 1980 and 2014 with one child policy.

It's not clear how much technology is to blame for loneliness. People spend 24 hours per week online, on average but People who feel lonely are no more likely than other to use social media. There's a heavy economic cost to loneliness. The last year for which there are the statistics of \$2.5 trillion.

The lack of social contacts among older adults cost Medicare \$6.7 billion a year, mostly spent on nursing homes and frequent hospitalizations for those who lacks network to assist according to a study last year by Harvard University, Stanford University and American Association of Retired Persons.

In a review of 148 independent studies on loneliness, covering more than 300,000 participants, Julianne Holt-Lunst of Brigham Young University and colleagues found that greater social connection was associated with a 50% lower risk of early death.

Isolation has a causal relationship of risk of depression, cognitive decline and dementia. Social relationships can even influence one's blood pressure and immune system, and compliance with medications.

Basically, loneliness and isolation are bad health for our elderly. And it gets even worse later in life. Retirement shrivels social networks, creates hearing deficits and worsens functional level of many older adults, which can hamper connection to outside activities and social interacts, thus increasing loneliness and depression.

"The effect of isolation is extraordinarily powerful," says Donald Berwick, former administrator of the Center for Medicare and

Medicaid Services. "If we want to achieve health for our population, especially vulnerable people, we have to address loneliness."

## How is CareMore Health addressing Loneliness in US?

In 2017, CareMore Health appointed a chief togetherness officer to oversee our efforts to address loneliness and isolation among the senior population that we treat. An initiative we launched, the Togetherness Program, assessed our patient base of more than 80,000 patients and identified 2,000 lonely seniors—more than 700 of whom elected to participate in the program and are enrolled in an intensive intervention that includes weekly phone calls, home visits, encouragement, and connection to community-based programs.

For example, twice a week Roe gets a call from a volunteer with the program. Those calls, says Roe, are the high point of her days. "It just brings joy. It makes me feel that I have a friend."

## What are Solutions to Loneliness in Canada?

### Social Prescriptions

At the Belleville and Quinte West Community Health Centre taking part innovative, a pilot project allows in practitioners to write out a social prescription for patients experiencing depression, anxiety and loneliness. The 18 month pilot project, supported by a \$600,000 Ontario Health Ministry grant, is being spearheaded by the Alliance for Healthier Communities, which represents more than 100 primary healths –care organizations across the province. Patients start to recognize their own value and self-worth when they're participating and contributing to the community.

A recent study conducted by Montreal Museum of Fine Arts, McGill University and Jewish General Hospital Found that seniors who participated in drawing and painting workshops reported an improved sense of well-being health and quality of life.

## European Countries are getting innovativeness in Ways to Beat loneliness

In Italy, students are housed with the elderly keeping them company in exchange for affordable housing.

The UK recently appointed a minister for loneliness, the first in the world.

In Australia, Victorian state MP Fiona Pattern is calling for the same here.

## What can licensed social workers suggest?

Connect elderly to Meals on Wheels.

Have doctors write out social prescriptions such as taking a yoga class, visiting an art gallery, taking a 30 minute walk or joining a knitting circle.

Volunteer companionship

## Loneliness, continued

Virginia Lee, MSW, MS

Involving family activities, going to movies together or visiting the park for a picnic  
Check if premises have wheelchairs accessible facilities, or consider whether caseworker can accompany  
Suggest canine companion or pet therapy from local volunteer organization  
Encourage caregivers to reintroduce light physical activity, like walks or stretching  
Plan scheduled visits from friends and family  
Phone and text  
Use Facebook or email to stay in touch.  
Organize Weekly Activities  
Find Transportation in local Social Services and Senior Centers  
Find a reputable home care agency to hire a companion

Getting older is hard. But choosing to interact with the elderly in these ways can decrease their isolation and depression

Edited by Debra Hirsch

### References

Adamy, Janet and Overberg, Paul Dec. 11, 2018 "The Loneliest Generation: Americans, More Than Ever, Are Aging Alone" Wall Street Journal

Better healthcare UK 2019

Jain, Sachin MD '06 "A Treatment for Loneliness", is an adjunct professor of medicine at Stanford University School of Medicine and president and CEO of the CareMore Health System, a health care delivery organization

Shafique, Tanzil PhD Researcher in Urban Design University of Melbourne Nov. 26, 2018 "Loneliness is not inevitable. Here's how cities can fight back" World Economic Forum

Meglio Mialho 2019

Office of National Statistics 2019

National Association of Social Workers

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### **Have a Story Idea?**

Send an email to [media@socialworkers.org](mailto:media@socialworkers.org)

# **Social Workers Rollin' on the River**



**SAVE THE DATE!**  
**Annual Awards Dinner**  
**November 14, 2019**

**Inn at Middletown**  
**70 Main Street**  
**Middletown, CT 06457**  
**Submit Your Nominations by 10/1/19**

It's not too early to consider your educators, your mentors, your colleagues, and those in the community who are making a difference in the lives of others and nominate them for an award this year. You'll find the Call for Nominations in this issue of the newsletter. We are seeking nominations for a BSW Student, a MSW Student, a Social Work Educator, and a Public Citizen, as well as a Social Worker of the Year and a person to receive the 2018 Lifetime Achievement Award. Students may include those who graduated in 2018. Nominees, with the exception of Public Citizen, must be NASW/CT members in good standing who have contributed to the social work profession and exemplify the commitment, spirit, advocacy, and integrity of a social worker. We ask that you submit your nominations by October 1, 2019 to NASW/CT, 2139 Silas Deane Highway, Suite 205, Rocky Hill, CT 06067.



# Call For Nominations

## NASW/CT ANNUAL AWARDS 2019

LIFETIME ACHIEVEMENT AWARD ∞ SOCIAL WORKER OF THE YEAR  
STUDENT OF THE YEAR, MSW & BSW ∞ EDUCATOR OF THE YEAR  
LEGISLATOR OF THE YEAR ∞ PUBLIC CITIZEN OF THE YEAR

*The Connecticut Chapter of NASW annually honors individuals who have made valuable contributions to the social work profession. Anyone who appreciates a Social Worker is eligible to make a nomination. NASW/CT's 2019 Annual Awards Dinner Committee considers all the nominations and the selected honorees are recognized at the Annual Dinner. The awards give the Chapter an opportunity to show appreciation to the members of the profession who exemplify the commitment, spirit, advocacy, and integrity of a social worker. Those wishing to resubmit past nominations are encouraged to do so.*

### Criteria for Awards

The **LIFETIME ACHIEVEMENT** award is given to a person having a career-long history of exemplary performance representing the mission of social work and notable participation in NASW. She/he should be a role model to other social workers.

The **SOCIAL WORKER OF THE YEAR** should have made a recent outstanding contribution to the profession. She/he should demonstrate exceptional qualities that make her/him exceed the expectations of her/his job.

The **STUDENT OF THE YEAR**, either a MSW or BSW student, should have an above average academic record in addition to having made noteworthy contributions to the professional community beyond the expectations of the field experience. May include students who graduated in 2017.

The **EDUCATOR OF THE YEAR** award is given to an educator who has excelled in the field of social work education.

The **LEGISLATOR OF THE YEAR** award is given when a legislator demonstrates outstanding leadership and commitment to social and economic justice.

The **PUBLIC CITIZEN OF THE YEAR** award is given to someone who is not a member of the social work profession but who has advanced the profession's aims or ideals.

#### All nominees must:

- Be a member of NASW/CT in good standing (with the exception of the Public Citizen of the Year and the Legislator of the Year); demonstrate notable ability to take a leading role in contributing to the growth and development of the social work profession; and stimulate the contributions of others. NASW/CT Board Members are not eligible for consideration.
- Contribute to the positive image of the social work profession.
- Effectively integrate experience and education to promote the development of social work practice to meet human needs.
- Represent the professional ethics of social workers as defined in the [NASW Code of Ethics](#).
- Demonstrate a willingness to take risks for improved social services.

#### To Submit Nominations

Send to: NASW/CT, 2139 Silas Deane Highway, Suite 205, Rocky Hill, CT 06067  
or email to [phartman.naswct@socialworkers.org](mailto:phartman.naswct@socialworkers.org)

**ALL NOMINATIONS MUST BE RECEIVED by 10/01/19 \*\*\*\*\* Dinner will be held on 11/14/19**

#### Nominations should include:

- A statement explaining why you are nominating the individual AND the award for which the candidate is being nominated. (Please include clear and specific description of the nominee's outstanding contributions)
- Supporting documentation (i.e. letters of support from colleagues, newspaper clippings, AND her/his resume or c.v.).
- The **CANDIDATE's** name, place of employment, address and phone.
- **YOUR** name, address, and phone number.



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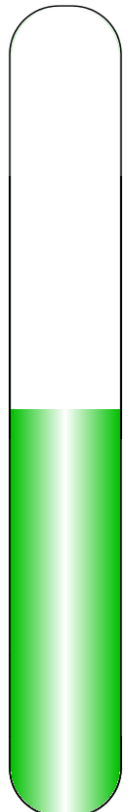
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**So far, we've raised \$4,648.00 and those funds have gotten us through two committees! Help us reach our goal of \$8,000.00 so we can finally make Social Work Title Protection a reality!**





## THE NASW/CT 2019 ADVOCACY FUND DRIVE

**Help Us Pass Title Protection!**

***Our Legislative Agenda Includes:***

**Passing Social Work Title Protection**

Protecting the Safety Net for Connecticut's most vulnerable citizens;  
Pursuing family economic security thru Paid Family & Medical Leave;  
Protecting Medicaid from funding cuts or reduced reimbursement rates.  
Strengthening Mental Health Parity;  
Raising the Minimum Wage

Supporting access to an original birth certificate for all adoptees;  
Supporting early voting;

**Defeating any bills that infringe on social work practice;**

Promoting progressive revenue sources to pay for human services;  
Supporting an increase in Medicare rates for LCSWs (federal);  
Supporting the Social Work Safety Act (federal).

100% of your donation goes to the cost of having contract lobbyists that are our "eyes and ears" at the Capitol.  
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## Contact Information

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(860) 257-8066  
Fax: (860) 257-8074

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Committee Participation  
NASW/CT Chapter Staff

860-257-8066

Licensing Questions  
NASW/CT Chapter Staff

860-257-8066

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