



# NASW

National Association of Social Workers / Connecticut Chapter

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## ***Recommendations on Addressing the Children's Mental Health Crisis***

We are well aware of the interest among elected officials in addressing the crisis in mental health care for children and applaud legislative leaders for expressing the importance of taking action in the 2022 session. NASW/CT represents over 2,300 members and offers the following input and recommendations. This document is meant as a starting point, with general statements that can be elaborated on as legislation moves forward. First though some contextual comments.

Covid-19 has brought on the increased level of crisis in behavioral health, a crisis in the brewing even before the pandemic. What Connecticut is now facing is a tsunami of mental health needs that will not curtail when the pandemic is over. The effects on children's health and mental health will be long-term. Children who have had Covid may become long haulers with both physical and behavioral health problems lasting years, or a lifetime. The scientific community is in its infancy of understanding changes in the brain of some individuals who contracted Covid. The solutions being sought must address both the immediacy of the crisis and the long-term needs.

Social workers are the largest group of licensed behavioral health providers and the most diverse profession in the behavioral health field. As such social workers from the field, who are doing the direct work, must be brought into the discussions on remedies as well as being supported by policy changes that strengthens the workforce. According to the Department of Public Health there were as of 2020, 7,486 Licensed Clinical Social Workers and 3,441 Licensed Master Social Workers that totals 10,927. Compare this to all licensed Marital & Family Therapists, Licensed Professional Counselors and Licensed Psychologists that total 7,878. Successful outcomes must include the social work community, expansion of social work services and addressing workforce issues for all of the professions.

What follows are our initial comments and a list of recommendations:

### **School Based Services**

*School social workers:* School social workers provide prevention, early identification, intervention, counseling and support, and working to connect students with needed services. School social workers address issues of bullying, crisis intervention, drug use, conflict resolution, self-esteem, child neglect and abuse, losses, and the list goes on.

These are services that benefit the student, the student's family, teachers, and administrators.

Focusing on students is a key aspect of school social work practice however it is just one of several important parts played by school social workers. Social workers are pro-actively involved in working with parents to enhance parent involvement, assuring families have information and access to community services, and collaborating with outside agencies such as the Department of Children and Families and community based programs are all part of a school social workers typical day. Teachers and school administrators also benefit, in multiple ways, from school social workers being available as a resource, including helping to explain how family issues are affecting academic performance, coordinating services, and assisting in developing individual educational goals and the means to help the student attain those goals.

The NASW Standards for School Social Work Services call for a ratio of 1 school social worker for every 250 students. Regretfully, schools are not required to have school social workers and, in many schools, the social worker splits their time between two or more schools, while other schools have no school social workers. Expansion of school social work services, along with school psychologists and school counselors is very much needed. An emphasis on young children may prevent problems in later years.

**School Based Health Centers:** Children today have more stress than ever before that place increasing numbers of children at risk. For many of these children mental health services are not available due to cost, lack of insurance coverage, myths and stigma of mental health services that keep these children's parents from seeking mental health services, lack of accessible care in the community, lack of transportation, long waiting periods for appropriate services, lack of culturally appropriate services, and due to parents that are struggling with multiple jobs and work schedules that make it too difficult to bring their children to a mental health program. School based mental health clinics addresses all of these obstacles to care.

Children who utilize school-based health centers (SBHC) can access needed mental health care without embarrassment or stigma, as it becomes part of their normal school day. The fact that children are already in school addresses the issues of accessibility and care can be made affordable to all of the school's children. SBHCs must be expanded throughout the state, from distressed communities to affluent municipalities.

Not all schools have the space necessary for a full school-based health center, or the funding, however the vast majority of schools should be able to accommodate a mental health school-based clinic as the necessary space consists of a private office and costs are much reduced. There are schools that have very successful mental health school-based clinics. NASW/CT supported *HB 6509: AAC School-Based Mental Health Clinics* and we recommend including the concept of this bill in the legislative package(s) that are raised in 2022.

## Workforce Issues

***Student Loan Forgiveness and Cost of Education:*** At one time Connecticut had a student loan forgiveness program through DPH. Back when the program was funded, clinical social workers were not eligible. Loan forgiveness is an excellent way to recruit and retain behavioral health providers to serve in practice fields that have shortages of qualified professionals. Such a program must include clinical social workers given that social workers are the largest group of mental health providers.

Loan forgiveness is a near term solution. Thinking in the longer term, Connecticut must make it more affordable to attain the degree in the first place. A MSW degree can cost upwards of \$70,000 in tuition, leaving many qualified individuals unable to enter a program, especially individuals from communities of color. Something must be done to lower the tuition costs for attaining a social work or related behavioral health degree.

***Compensation:*** Salaries are another obstacle to attracting and retaining social workers and other behavioral health professionals. This is a pre-pandemic problem that has been made far worse since the advent of Covid-19. Reimbursement rates for providers in independent practice is woefully inadequate and the non-profit sector has been so poorly funded that they cannot keep the workers they employ. If we expect to have qualified professionals that are being asked to take on some of the most difficult work in the health care field, in a pandemic and post pandemic, salaries and provider reimbursement rates must significantly increase. This includes increased state funding allocated to salaries of community based non-profit service providers and private health insurers (who get annual rate increases approved by the CT Department of Insurance), must be called to task for insufficient reimbursement.

***Health Insurance:*** A survey of 175 NASW members in clinical practice illustrates the deep problems providers have with health insurers. When asked about their experience in the past year, 32% said they had to wait over 30 minutes on the phone to reach a representative, 76% reported the problem they had was not resolved in one contact, 44% had payments retracted (clawbacks) and 71% reported at least one missing reimbursement payment. Time spent on administrative hassles is time lost for treatment. This level of problems is driving independent practitioners, especially the most experienced, to leave one or more insurance panels. Middle class families are having a hard time finding providers who will accept insurance. We recommend increased reimbursement rates and a decrease in problematic provider relations.

***Self-Care:*** Finally, we note that behavioral health providers are in need of self-care. The clients get to speak to the providers, but who does the providers get to speak to? Support services and programs are needed to assure behavioral health providers can continue their stressful work.

## Health Care

***Integrated Health Care:*** It is undisputable that physical health and mental health are intertwined. Just as cardiac care is part of health care, behavioral health care is part of health care. Furthermore, social determinants directly affect one's health and as such need to be included in a health assessment. Integrated health care delivery has begun to take hold in Connecticut, and now is the time to incentivize and expand it within pediatric services. Currently, pediatricians and primary care providers for children have the availability of the Access Mental Health CT, which provides consultation and training to physicians dealing with patients with behavioral health needs. The state is divided into three hubs and the services are free to providers. This is a valuable program however we can go further by employing clinical social workers in pediatric practices. Clinical social workers whom are trained in addressing social determinants, can provide assessment, consultation, case management, referral and follow-up services. Utilizing a warm hand-off from physician to social worker creates a fuller care model for children and parents. It also brings us closer to making full mental health parity a reality in Connecticut.

## Scope of Practice

***Medicaid Provider Status:*** Providers should be allowed to work at their highest level of Scope of Practice. For social work this means Medicaid giving provider status to Licensed Master Social Workers (LMSW) practicing within an established independent practice. The LMSW, which is the initial license level for social workers requiring a Master Degree in Social Work and passage of a nationally standardized exam, is recognized by Medicaid in certain clinics and in established independent practices by some of the major private insurers, so why not expand Medicaid to LMSWs in established private practices? LMSWs practice under the same Scope of Practice as Licensed Clinical Social Workers. The restriction on LMSWs is: they must be supervised by an independent practice level clinical level licensed behavioral health professional and shall only diagnose with consultation of an independent clinical licensed behavioral health professional. There are many independent practices that are employing LMSWs, however they are not currently Medicaid eligible providers in such settings. Independent practitioners who accept Medicaid would be far more likely to employ a LMSW if Medicaid allowed provider status. This would increase the availability of qualified clinical social workers to serve the Medicaid population.

## **Recommendations Recap:**

1. Involve direct service clinical social workers in discussions on and solutions to the mental health crisis.
2. Address both the immediate and long-term issues.

3. Have school social workers, school psychologists and school counselors employed in each school. Work toward the NASW recommended ratio of 1 school social worker per every 250 school children.
4. Expand SBHCs that includes behavioral health services in both distressed and non-distressed municipalities
5. Expand School Based Mental Health Clinics for those schools that cannot afford or lack sufficient space for a full-service SBHC.
6. Loan forgiveness for behavioral health professionals in practice fields experiencing shortages of personnel and/or serving communities of greatest need. Social workers must be included as an eligible profession.
7. Reduce tuition costs for behavioral health degrees.
8. Significantly improve salaries and provider reimbursement rates.
9. Hold private insurers accountable for provider relation problems.
10. Develop support services for behavioral health providers.
11. Expand integrated health care for pediatric services through the employ of clinical social workers.
12. Establish Medicaid provider status to LMSWs in established independent practices.

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