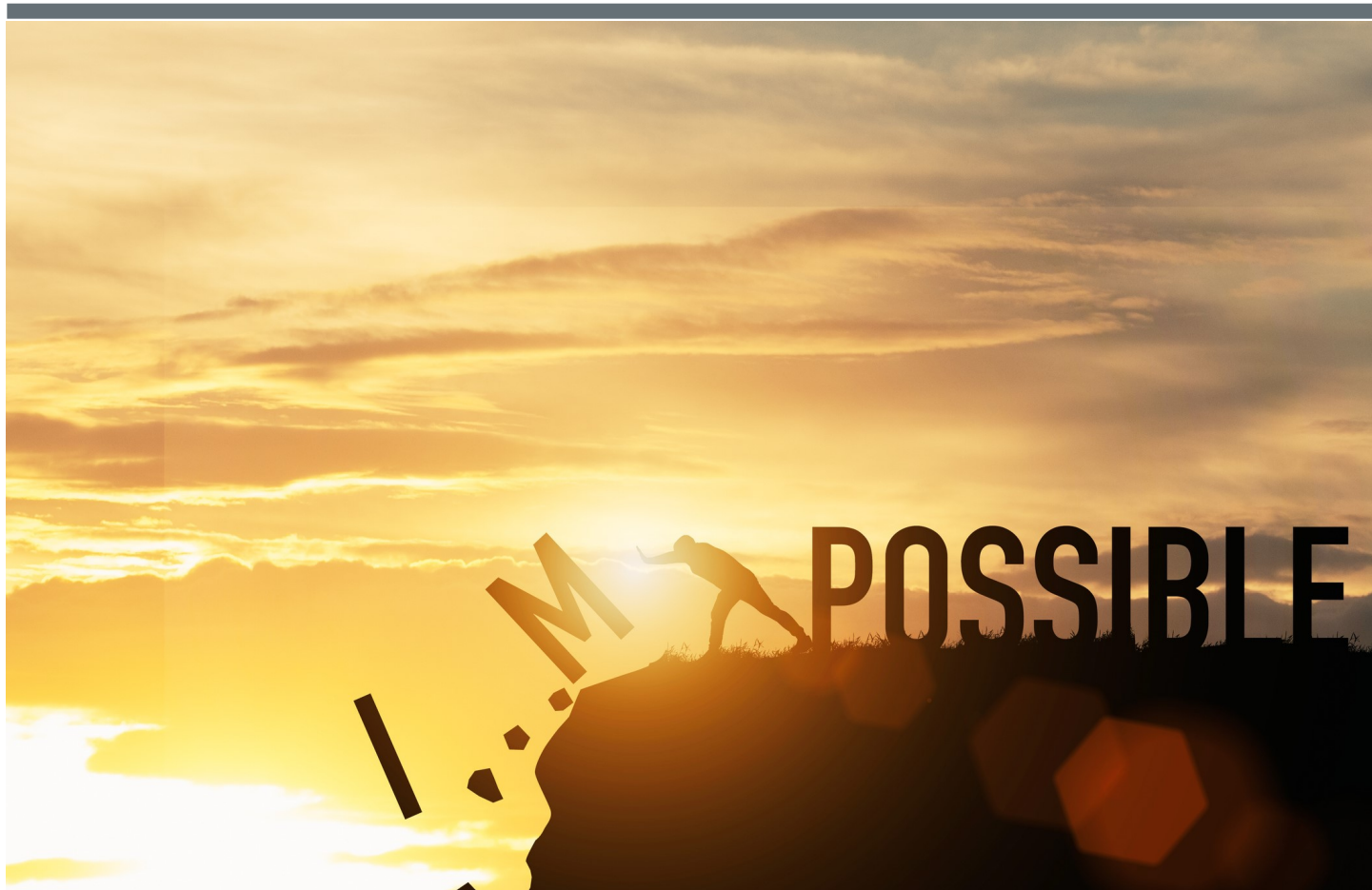


CONNECTIONS

July—September 2023



Change will not come if we wait for some other person, or if we wait for some other time. We are the ones we've been waiting for. We are the change that we seek.

-Barack Obama

President's Column	2-3	Structural Racism Blindsides Social Workers	11-13
Executive Director's Column	4-5	Conference Wrap Up	14-15
Chapter Opposes Insurance Carrier Rate Hikes	6	Members in the News	15
Chapter Board Election Results Announced	7	Let's REACH for Active Volunteer Membership!	16
PACE Endorsed Lamond Daniels, MSW	8	Chapter Opposes Hospital Closing of Maternity Ward	18-19
Office of Behavioral Health Advocate Coming	9	CRT Opens The Center for Healthy Families	19
Changes to Social Work Licensing Statutes	10	Resources, Survey, SWES	20-23



Cheryl Wilson, LCSW, MBA
President, Connecticut Chapter

Racial Injustice

Racial injustice is a pervasive and ongoing issue in many societies around the world. It is the unfair treatment of individuals based on their race or ethnicity, and it manifests in various forms, such as discrimination, prejudice, and bias. Racial injustice can be seen in different aspects of life, including education, employment, housing, and criminal justice.

One of the most significant factors contributing to racial injustice is implicit bias. Implicit bias refers to the unconscious attitudes and beliefs that individuals hold towards members of certain racial or ethnic groups. These biases can lead to discriminatory behavior towards individuals from those groups, even when the person is not aware of their own bias. For example, studies have shown that job applicants with “ethnic-sounding” names are less likely to be called back for an interview, despite having identical qualifications to those with “white-sounding” names.

Another factor contributing to racial injustice is systematic racism. Systematic racism refers to the ways in which white social, economic, and political systems perpetuate racial inequality and disadvantage certain groups. For example, racial disparities in the criminal justice system, such as higher rates of arrest and incarceration for people of color, can be attributed to systematic racism.

The impact of racial injustice can be significant and long-lasting. It can lead to feelings of anger, frustration, and hopelessness among those who experience it and could cause trauma and psychological harm. It can also have a negative impact on physical health, as studies have shown that experiences of discrimination are associated with increased stress levels and poorer health outcomes.

Addressing racial injustice is a multifaceted approach. It involves addressing implicit biases and systematic racism, as well as promoting diversity, equity, and inclusion. Education and

Injustice, continued

awareness and raising efforts can help individuals become more aware of their own biases and work to overcome them. Policy changes and reforms can help to address systematic racism and promote equality in areas such as criminal justice, housing, and employment.

In conclusion, racial injustice is a complex and ongoing issue that requires a concerted effort

to address. It involves understanding the ways in which implicit biases and systematic racism contribute to inequality and disadvantage and taking steps to promote diversity, equity, and inclusion. By working together to address racial injustice, we can create a more just and equitable society for all.



Mental Health Days Eligible for Paid Sick Time

Amongst the legislative successes this year was NASW/CT's introduction of preventative mental health day(s) as an eligible reason for using a paid sick day. When an employer offers paid sick days to service workers, (**which includes social workers**) they may use that time for their mental health. The statute reads: "Mental health wellness day" means a day during which a service worker attends to such service worker's emotional and psychological well-being in lieu of attending a regularly scheduled shift." This provision takes effect on October 1, 2023.

The idea of a mental health day was introduced by Representative Jaime Foster on the request of NASW/CT. That bill was not raised for a hearing, however, the Senate Democrats included mental health days in

Senate Bill 2 that has been signed into law. NASW/CT also negotiated to have mental health days in a bill that would have expanded the state's paid sick days statute to all employers. That bill passed the Senate but not the House.

Mental health days exist in statute for school children who may take up to two non-consecutive excused absences from school for preventative mental health. Based on this statute, NASW/CT recommended the same in last year's legislative session and again this year, we were successful. Because of this Chapter's advocacy for mental health days, the national office of NASW now allows up to two mental health days per year for employees with accrued sick time.

Thank You, Thank You, Thank You

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



Stop what you are doing. Take several deep breaths. Listen to your surroundings. Enjoy a moment to yourself.

OK, now come back to reading this column. Did it feel good? I hope so because you deserve a moment of peace, relaxation and ONE BIG THANK YOU! Thank you for what you do for your clients. Thank you for what you do within your employment setting. Thank you for what you do within your community. Thank you for being a member of NASW.

Social work has been a profession for 125 years as of this summer. The first social work class was offered by Columbia University in the summer of 1898. Throughout our history we have been a profession rooted in service, ethics, and social justice. Our training is expansive, eclectic, and effective. Be proud of what you do and how you do it.

Social workers are the backbone of our social services and behavioral health systems in Connecticut. We provide approximately two-thirds of all mental health services. If you add

up all the other licensed mental health providers in our state, it still does not equal the total the number of licensed social workers. Our state's mental health and social services systems would collapse without us. You deserve a huge thank you for keeping the systems going.

As a social worker you are an advocate for those you work with, helping clients to make changes and moving to change systems and the environment that inhibit the client's path to change. That is the social work difference. That is the power of social work. That is why social workers are the primary providers of social services and behavioral health care. That is why employers seek out social workers.

Alright, by now you may be thinking I am a bit biased to make such clear comments about social workers as a preferred profession. So here are some examples: the State Department of Education (SDE) issued a grant request for school boards to apply for funding to hire school mental health professionals. SDE had 92 applications and the vast majority were seeking

Thank You, continued

funds to hire social workers. The CT Department of Public Health is putting together a grant program to pay half of the salary of a social worker for pediatric offices. This year legislation passed that included development of guidelines for police department to utilize social workers. There is a bill in Congress, [H.R. 3006](#) to fund libraries to employ social workers. We are seeing in job postings an increase in municipalities seeking professional social workers. All of this is due to the successful work we have embarked on together, you as a member and NASWCT as your association.

In my policy work at the State Capitol, I have seen many legislators of both parties go from minimal concern for the profession to wanting more social workers practicing in the state. Many legislators still are not sure what it is we do, but they sure know we are needed, now more than ever. My biggest challenge now is helping policy makers to see the breadth of the profession. We still tend to get pigeon holed as strictly a behavioral health profession. The vast fields of practice and concentrations of practice are still not understood. I do believe this too will come to change. In time, policy makers will understand the range of settings in which social workers practice. The more you contact your legislators and share your knowledge and expertise, the faster a fuller understanding of the profession will occur. Then they too will say thank you for all you do!

I received my BSW in 1977, my MSW in 1983 and have been a practicing social worker for 47 years. I have performed case work, community organization, administration, and policy, most of the time in positions that

combined at least three of these practices. I have been employed by NASW since 1988 (I will let you do the math on this one) and cannot think of any other career that would be more rewarding.

I know that the practice of social work can be hard and challenging, made so much more so since the start of Covid. I know that you may not be thanked often enough or at all. We give our hearts and minds to the work. We have seen the ravages of a pandemic affecting our clients only to go home to face the ravages of a pandemic on ourselves and our families. We carried on and we continue to carry on. Thank you for doing the work.

At the end of last year NASW/CT issued recommendations on the social work workforce. We spoke of salaries, reimbursement rates, license fees, needed support from employers and from policy makers. We shared our recommendations with the Governor, the state's Office of Workforce Strategy, the CT Legislature, schools of social work and of course you, our members. We made some progress. We will continue to make progress. I am sure that there are many more "thank you" to come. It may not always be verbalized but rest assured, it is there!



Chapter Opposes Insurance Carrier Rate Hikes

Each year health insurance carriers submit rate hike requests to the Connecticut Insurance Department for individual and small group policies. For the third year in a row, NASW/CT has submitted testimony in opposition to the requests. The 2024 rate requests range from 8.2% to 23.04%, just slightly less than the 2023 requests. Here is the testimony submitted by NASW/CT:

On behalf of the National Association of Social Workers, CT Chapter representing over 2,400 members, NASW/CT opposes proposed premium rate increases for health insurance plans before the Department of Insurance for individual and small group plans.

Health care is a right, not a privilege, yet due to the continuing high costs for coverage far too many residents of Connecticut still cannot afford quality coverage at an affordable cost. This is particularly a problem for employees in small businesses where having an employer who offers comprehensive insurance coverage is unlikely, or for those who are solo private practitioners running their own business.

As an Association that represents social workers many of our members work in small non-profits or have their own private practice. I hear from these social workers who contact us seeking to find out if NASW has health insurance coverage for members. Unfortunately, NASW cannot offer a national plan, so I can only suggest they see if they are eligible under the Municipal Employees Health Insurance Plan (MEHIP) or they can contact an independent insurance broker. Neither MEHIP or a broker is a satisfactory answer as the options through these avenues are limited and still unaffordable for comprehensive coverage. It is ironic that we have

members, who are health care providers, yet cannot afford comprehensive health coverage.

Rate increases in the small group market has increased annually, often by double digits. This cost increase has led to an increase in the already troubling trend of employers shifting costs to employees by increasing co-pays and deductibles, plus switching to plans with more restrictive coverage. The 2024 rate filings range from 8.2% to 23.04%, barely below the outrageously high 2023 requests and still far too high. The result of such increases will be having many more small businesses, including non-profits, priced out of the insurance marketplace.

Typically, those in the individual insurance market are employed in lower wage positions where employer-based health insurance coverage is not offered or are unemployed, thus unlikely to afford any increase in health coverage costs. Rate increases for this group of enrollees is unaffordable and will lead to additional uninsured lives.

Social workers work with individuals and families who struggle to make ends meet. Having a lack of affordable health coverage adds to the financial stress of such clients. It is not only a financial stress; it is a psychosocial stress of fearing what will happen if a serious health care need occurs. How will one pay for necessary care? What other costs will have to go unpaid? For parents the pressure of having an ill child when you do not have the means to pay for doctors, prescriptions and other care, can lead to anxiety, difficulty with family relations, and even depression. These are the hidden social costs that rarely are discussed in this debate. They are real costs with ramifications that go beyond simply health insurance coverage, with negative impacts that ripple into many non-medical

Hikes, continued

aspects of life. As social workers we know that “life can change in a second” and when that change is a health crisis and comprehensive health insurance is unavailable, the results of that change can be devastating. This was the case BEFORE the pandemic and has been greatly exasperated since the start of the pandemic, which is not over.

The Department of Insurance must factor in affordability when determining the 2024 rates. Clearly, the requested rates are unaffordable. In addition, senior management salaries and mergers to aimed at increased profit over improved coverage needs to be factored in too.

The medical community has come to recognize what the profession of social work has known for

over 100 years, social determinants affect health care outcomes. One of those social determinants of health is the cost of health insurance. Rising health care rates leads to increases in the number of CT residents who are either underinsured or uninsured. This in turn means preventative health care measures not being taken and when these individual’s seek health care for a medical condition it is far more likely at the point where the condition is more acute and costly to treat. Rising health care premiums are a direct cause of higher health treatment costs caused by lack of sufficient health insurance coverage.

In the midst of a continuing pandemic is not the time to increase health insurance premiums! NASW/CT urges the Department of Insurance to deny the 2024 requests.

Chapter Board Election Results Announced

We thank our members who voted in the Chapter’s Board elections. We also thank all of the candidates that gave us the honor of running them for a Board position. Please welcome the following newly elected Board members:

Amy DiMauro – President Elect
Isabel Logan – Second Vice President
Joy Hollister – Member At Large
Darryl Hugley – Member At Large
Claudia Pina – Member At Large
Fernando Valenzuela – MSW Student Representative
Angelica Sampson – BSW Student Representative

All Board terms except students are for three years. Student representative serves a one year term. A full list of Board members can be found at www.naswct.org under About Us.

CT PACE Endorsed Democrat Lamond Daniels MSW

CT PACE, the political action committee of NASW/CT is proud to announce our endorsement of NASW member Lamond Daniels for Mayor of Bridgeport. Lamond Daniels, who previously served as Director of Neighborhood Initiatives for the City of Bridgeport says, 'I believe in Bridgeport'. Lamond Daniels, a 30-year Bridgeport resident, and former Director of Neighborhood Initiatives for the City of Bridgeport, has announced that he is officially a candidate for Mayor of Bridgeport. Daniels, a husband and father of two young children, said he is running because he believes Bridgeport's best days are still ahead, and new leadership can improve Bridgeport for residents today and for future generations. "For the past month, I have been reaching out, talking to residents and community leaders, and hearing time and again that Bridgeport's residents want and deserve more for this city we love.

Bridgeporters know that we've missed too many opportunities and we've been passed over too many times. We have a city of limitless potential that we are not reaching. In conversation after conversation, I hear the voices of people around Bridgeport calling for a new path. And so many people have been supportive and encouraging, and are telling me that they are ready to work hard to elect the new leadership Bridgeport needs."

Daniels said that one of his main priorities as Mayor will be restoring people's faith in city government. "I believe in Bridgeport. I see its beauty, I see its diversity, and I see the challenges facing our city,

and I see the opportunities we have to grow. I know there are those who don't believe in our government, because too many times promises are broken, and the voices of the people are ignored," said Daniels. "We will have a choice to make this year - do we keep doing what we've been doing, or are we ready for change? I believe we can do better - much, much better. But we need new leadership, new ideas, and a new commitment to make our city the best it can be."



Lamond Daniels would bring a unique level of experience to any public office, helping Bridgeport achieve its fullest potential. Trained as a social worker and public administration professional, Daniels has served as a government executive in both Bridgeport and Norwalk, and has extensive experience in the philanthropic and nonprofit services sector. An effective collaborator among colleagues developing strategies to best serve its citizens, Lamond is a bridge-builder working across government systems to collectively solve problems

toward a common goal. In the coming months, Daniels will continue his conversations with community advocates, faith leaders, small business owners, and everyday Bridgeporters to listen and discuss new ideas for addressing the issues that have kept Bridgeport from becoming all it can be.

To become involved in and support the campaign email friendsoflamond2023@gmail.com and tell them you are a NASW/CT member. The Democratic primary is Tuesday, September 12, 2023.

Office of Behavioral Health Advocate Coming

One of the most significant ideas from NASW/CT that was adopted by the CT Legislature is the creation of the Office of Behavioral Health Advocate. Originally conceived by this Chapter as an office to advocate for providers facing administrative hassles and reimbursement issues with health insurers, the Office as passed by the Legislature does this plus much more!

The new Office will amongst other functions perform the following:

1. Assist mental and behavioral health care providers, who are licensed, certified or registered in the state, with receiving payments for claims submitted to health carriers for services provided to covered patients;
2. Assist state residents with accessing mental and behavioral health care and related resources;
3. Provide information to the public, agencies, legislators and others regarding the problems and concerns of mental and behavioral health care providers and patients and make recommendations for resolving such problems and concerns;
4. Analyze and monitor the development and implementation of federal, state and local laws, regulations and policies relating to mental and behavioral health care and recommend changes as necessary;
5. Facilitate public comment by mental and behavioral health care providers and patients on laws, regulations and policies, including, but not limited to, the policies and actions of health carriers;
6. Coordinate services with the Healthcare Advocate to assist individuals with obtaining access to and coverage for mental and behavioral health care services.

7. Pursue administrative remedies on behalf of and with the consent of any mental health care provider and patients.

8. Make a referral to the Insurance Commissioner if the Advocate finds that a health carrier may have engaged in a pattern or practice that is in violation of CT insurance statutes.

The Behavioral Health Advocate shall be appointed by the Governor no later than February 1, 2024 from a list of candidates recommended by an advisory board to the Office. The Office will have staffing that includes an attorney and a patient care navigator as well as the Advocate.

NASW/CT will be submitting names to legislative leaders and the Governor who have the appointment authority for the Behavioral Health Advocate's Advisory Board. It is our intent to have at least one social worker appointed to the Board. The Advisory Board will consist of seven individuals appointed for a five- year term and the Board shall meet four times per year to provide input and guidance to the Advocate. NASW/CT members seeking to be considered for an appointment may send an email expressing such interest and stating qualifications along with a resume to skarp.naswct@socialworkers.org for consideration by NASW/CT for submission to the appointing state leadership.

Creating a new state agency is a big deal. We thank our members who took the time to share with their legislator's experiences on administrative hassles with insurers and who contacted their legislators in support of creating an Office of Behavioral Health Advocate. It is because of the recommendation from and work of NASW/CT that the Office of Behavioral Health Advocate was created.

Changes to Social Work Licensing Statutes

The 2023 state legislature made important changes to the social work license regarding both the LMSW and LCSW. Many, but not all changes were recommended by NASW/CT. Here is key information that you need to know.

LMSW: The LMSW exam has been suspended thru December 31, 2025. On January 1, 2026 the exam will be reinstated. DPH will issue the LMSW license during this suspension period without requiring passage of the master exam. This will be a fully recognized LMSW in Connecticut and will not require taking the master exam down the road when the exam is reinstated. Based on past-experience with grandfathering we believe that one's application will have to be complete and DPH issue the license without exam by December 31, 2025. The LMSW application requires proof of graduation with a MSW degree from a CSWE accredited program. For those social workers who may choose to take the master exam it will still be available to sit for. Being licensed without exam typically does not allow you to receive reciprocity with another state unless that state does not require the master exam. We also anticipate that if CT joins the future social work compact that passage of an exam will be required for a compact license.

The application fee for the LMSW has been reduced from \$220 to \$150 effective July 1,

2023. The annual renewal fee for the LMSW has been reduced from \$195 to \$125 as of July 1, 2023. If your renewal is due before July of 2023 you still must pay the \$195 even if you pay the renewal fee on or after July 1, 2023.

LCSW: The LCSW application fee has been reduced from \$320 to \$200 effective July 1, 2023. This fee reduction only applies to applications initiated on or after July 1, 2023. The LCSW annual renewal fee has increased on July 1, 2023 from \$195 to \$200 (this was the one change not advocated by NASW/CT. The Chapter was unsuccessful in our efforts to reduce the renewal fee).

Continuing Education Credits: As of October 1, 2023 all 15 hours of continuing education credits for license renewal may be taken as live, interactive online

courses and webinars. In-person continuing education will no longer be required for any of the hours but will still count toward your hours. This change makes official what has been the practice for many licensees since the start of the pandemic.

Unless stated above all current requirements for licensure and license renewal remain the same.



Structural Racism Blindsides Social Workers

As social workers, our overarching goal is to create equity for all. We strive to restore clients' self-confidence, help them discover (or rediscover) personal goals, and steer them toward establishing healthy life habits. Often, this is because they have had lifelong struggles. Most of all, we are creating a just society for all to enjoy and access equally. So, when the long-term results of structural racism were established yet again in a test created by and for social workers, we talked about it. The NASW / CT created the Racial Justice Forum, and we spent months talking about language, what racism means to each of us, and the problems associated with racism—conversations that have been had for decades. Discourse is good, but when it is not guided by the intention to create and implement change, it is fruitless.

Structural racism is grounded in segregation, and BIPOC (black, indigenous, and people of color) living in poor communities struggle with the social determinants limiting their options to extricate themselves. The very nature of these communities is oppressive. Society frequently engages in discussions about racism from press conferences and school committees to government officials and casual conversations between friends, but again, little has been done to elicit meaningful change in the lives of BIPOC.

Statistics show that BIPOC earn a passing score on standardized tests much less frequently than white individuals. Now, social workers, whose very purpose is to create a just society for all, have been hit with the result of generations of structural racism. Our profession, which strives to address, educate, and eliminate inequities, has suffered the consequences of a still segregated society. In August 2022, the Association of Social Work Boards

(ASWB), the organization that provides testing to all individuals aiming to become an LMSW (Licensed Master of Social Work) provided startling data: 55% of African American test takers fail the LMSW test compared to 15% of white test takers when taking the test for the first time (Association of Social Work Boards, 2022). This is the case even though the ASWB carefully selects a diverse group of social workers to serve as item writers and heavily promotes diversity in recruitment efforts. Each test item goes through a rigorous process before being placed on an exam. But again, the test scores are not the issue, they are a symptom which underscores the need for change; we need to move from discussion to action, and we need to do it now.

The LMSW test results illustrate a current example of structural racism and how it affects the lives of BIPOC even with safeguards in place. The Clinical Social Work Association (CSWA) has taken steps to begin addressing this disparity, but they are only focusing on the test and the questions (Clinical Social Work Association, 2023). The root causes of the CSWA's findings must be addressed.

Working so closely with marginalized groups, including families and children living in poor socioeconomic circumstances, poses specific challenges when it comes to achieving these goals. Social workers' treatment plans often involve accessing community resources, but many of the existing programs and "helpful" organizations are fraught with red tape and difficult to navigate. This is especially true in Connecticut, one of the most economically and residentially segregated states in the nation (Commission on Human Rights and Opportunities. 2021). But again, such programs only address causes, not symptoms.

Racism, continued

Most people know what racism looks like, and this is especially true for social workers. We know it negatively affects people of color from the moment they are born, so we strive to create a world where racism is eradicated. We proactively engage with colleagues, spend hours applying for grants, and work overtime to contribute to research in our field. Nonetheless, little has changed. This is evidenced by innumerable studies. It is time to stop trying to address consequences and to start addressing the factors that drive structural racism.

The NASW CT regularly collaborates with local government on several levels. We are dedicated to our profession and advocate for our clients despite working within a system plagued with structural racism. In fact, the Connecticut Commission on Human Rights and Opportunities issued an Executive Summary in 2021 highlighting how severe and pervasive structural racism is here in Connecticut.

Public schools are funded by property taxes and federal tax dollars. This translates into the reality that students living in high-income areas will continue having access to a good education while those in lower-income areas, primarily BIPOC, won't. Even though Connecticut has agreed to an Educational Cost Sharing formula to distribute funds equally over the state, it does not address residential segregation in our state (Commission on Human Rights, 2021).

Structural racism also exacerbates food insecurity, particularly among marginalized communities. More than 1 in 5 households that include children struggle to access the nutrition needed to sustain a healthy lifestyle (Denney, et al., 2018). Even worse, limited access to grocery stores and healthy food options in underserved areas creates food deserts

that disproportionately affect racial and ethnic minorities. Inadequate public policies and programs fail to address the unique needs of marginalized populations, further perpetuating food insecurity. Additionally, mental and medical health issues stemming from food insecurity negatively impact children's ability to focus during school.

Another area where structural racism impacts the livelihood of BIPOC is healthcare. In 2021, non-Hispanic black mothers saw the highest rate of maternal mortality rates at 70 per 100,000 compared to 27 white mothers per 100,000 (Hoyert, 2021). A few strokes on the calculator reveal the maternal death rate is 2.6 higher for non-Hispanic black women than white women. Prenatal care is a crucial factor in this statistic, yet it is not always possible for BIPOC women to navigate the healthcare system. It's easy to connect the dots and see that lack of transportation is a factor in the high rates of maternal mortality for non-white women.

Proactive Change for Connecticut

It is only when we can change the underlying causes that we will see changes in the symptoms of racism in areas like education and healthcare. Social workers' clients are, for the most part, left to fend for themselves when it comes to transportation; a common social determinant that hinders growth in the BIPOC community. Given that many of the individuals and families receiving support from social workers in Connecticut are BIPOC, the lack of free public transportation is a massive part of structural racism. As such, reinstating free public transportation will reduce a substantial barrier to success faced by BIPOC populations in our communities.

Continued, next page

Racism, continued

We realize every racial disparity cannot be addressed at once, but we have identified one common barrier that impacts each of the statistics noted: transportation. Without access to a dependable vehicle, getting to the grocery store, school, or work is difficult if not impossible. This limitation must change.

Our governments in the US are primarily made up of white males and individuals who have not lived the experiences BIPOC have. Perhaps this could be a reason why there are no real changes made to date to the structural racism that exists in our lives. But this does not excuse the fact that segregation continues to exist, and that structural racism continues to keep BIPOC from equitable and just access and inclusion.

We simply ask the state to continue supporting the communities that need it most. Connecticut offered free public transportation at the height of the pandemic but unconscionably ended it on April 1, 2023 (Pierce, 2023). Reinstating free transportation is a viable way to fight back against structural racism in Connecticut.

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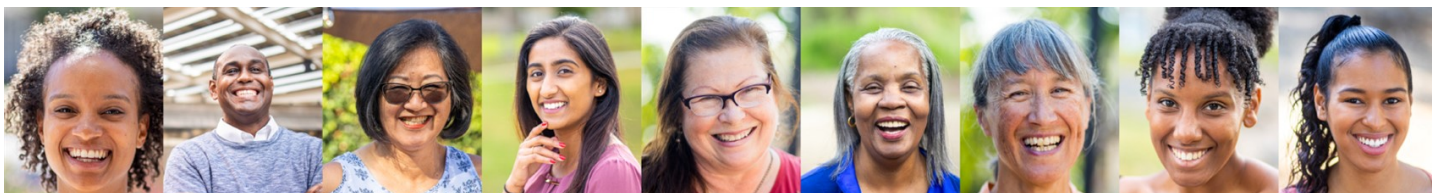
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NASW / CT Racial Justice Forum
Avery T. Price, MSW; Cheryl Wilson, MBA, LCSW, President - NASW CT; Yvette Tyndale LCSW; Jason Andrade, LCSW



36th Annual Conference Wrap Up

Many thanks to all who attended and supported the 2023 Annual Conference held on June 9th. It is a challenge to plan any event and living through a pandemic has created a fast-moving, dynamic and ever-changing environment for event planning in a post-Covid world. With many restrictions still in place at the initial planning of this event, we were excited to choose a new venue this year, the Wyndham Southbury. The Wyndham had plenty of event space for our needs and boasted an elegant yet comfortable atmosphere. We were lucky as the conference neared that restrictions were lifted, but hope that the over 300 registrants, presenters and exhibitors felt comfortable in the environment with the vaccine and testing guidelines set forth by the National Association of Social Workers.

The registrations this year certainly showed that many were ready to come back to in-person gatherings as we had to close registration down a few days early! A quick glance around the Southford Ballroom during opening remarks and there was not an empty seat to be found. The morning started with an excellent keynote "Identifying and Addressing Barriers to Equitable Care: Challenges and Opportunities" presented by Dr. Karen Bullock, Ahearn Endowed Professor in the Boston College School of Social Work. It was an honor to have Dr. Bullock as our keynote this year as many attendees remembered Dr. Bullock for her time spent in Connecticut. A member of the NASW for over 30 years, Dr. Bullock has served in major NASW/CT leadership positions including vice president and president of the NASW CT Chapter Board; chair of the Mental Health Specialty Practice Committee and the National Committee on Racial and Ethnic Diversity.

Following our keynote, attendees were given plenty of time to visit the 31 exhibitors who were ready with information and resources, representatives from agencies, and lots of brochures, pens, and giveaways. Many attendees were lucky enough to get in a quick massage as well. Many thanks to all of our exhibitors/ sponsors

for their loyal support and contribution to the conference. Truly, we could not have our conference every year without them. A big thank you to High Watch Recovery Center in Kent, CT, our Partnering Sponsor for the fourth year. We are grateful for their exceptional support.

This was followed by a two-hour morning session consisting of 11 possible workshops—including topics from Legal Decision Making, Trauma-Informed Mindfulness to Supporting the Entire Family when a Child Comes Out. Most of these workshops were filled to capacity and evaluations were overwhelmingly positive. Following lunch, registrants could attend either one of four 3-hour workshop choices or two 1½-hour workshops and again, the range of topics was wide and timely—from Transgender Healthcare Awareness, Veterans Services, Helping Clients Understand Emotional and Behavioral Habits with Money, Ethics of Equitable Care and Preparing Police Social Workers.

Many of you offered suggestions over the past few years and I hope that you noticed many were taken into account this year. I thank you for your ideas and critique. We were fortunate enough to be able to have fresh fruit with morning coffee as well as with our lunches this year. An additional coffee break was added late morning, lunch options included vegetarian, dairy free and gluten free options. Soda and bottled water were also added and water dispensers were available throughout the venue. Unfortunately, every presenter could not be supplied with a microphone as this is a huge added expense. There was some delay with AV needs and I was appreciative of the presenters and attendees' patience as our AV support did their best to accommodate. There were a few last-minute workshop cancellations that were out of our control and I thank those that it affected who were so quick to respond to my last-minute emails and phone calls to change workshops. We look forward to welcoming these presenters at a future conference. Temperature regulation always proves to be a challenge with tight workshop rooms and a

Conference, continued

large attendance. While we try our best to avoid this, we suggest that attendees wear layers in anticipation of temperature issues. I hope that you will continue to share your experience with me, NASW staff and leadership as well as the conference planning committee. We are always open to suggestions and each year is a new opportunity for improvement.

The Conference theme, “Now is the Time for Social Work” was carried on from last year’s National Social Work Month. The time is always right for social work. Social work has been identified as one of the fastest growing professions in the United States. Social workers are everywhere people need help navigating tough life challenges. They contribute to interdisciplinary care teams in schools, hospitals, mental health centers, nonprofits, corporations, the military, and in local, state and federal government. Many social work professionals’ own consultation practices. So, thank you for your contributions and the work you do.

We are pleased you attended our conference this year and we hope you found it to be enriching, educational, and fun as well.

A huge thank you to the Conference Planning Committee and Chapter Staff who were so patient in guiding me through the ropes of my first NASW CT Annual Conference. A shout out to the Moderators who were so willing to accept my invitation to moderate, the Presenters who shared their expertise and time with our attendees, the hotel staff and, most importantly, those of you who attended the conference. It was a pleasure to meet so many of you in person and I look forward to future events together. My door is always open and I welcome your ideas and thoughts anytime!

Enjoy your summer and I hope to see you before next year’s conference.

Sincerely,

Pamela Nixon
Manager of Professional Development

Members in the News



Isabel Logan

The Executive Committee of the Windham\Willimantic Branch of the NAACP awarded **Dr. Isabel Logan, LCSW** with the Humanitarian Award at the Fourth Annual Freedom Fund luncheon held on Saturday, June 17, 2023. This award is given to an individual or individuals whose heart is in the community and whose love of community and family leads them to make a difference. Dr. Logan is the Second Vice-President of the NASW/CT Board of Directors.

Dr. Karen McLean has been elected as the Region 2 Representative to the National NASW Board of Directors. The position represents the Connecticut and New York City chapters of NASW to the national board. Dr. McLean served for the last six years as an At Large Member on the CT Chapter, NASW Board of Directors.



Karen McLean

NASW/CT Members, Let's REACH for Active Volunteer Membership Together!

As social workers, we are often inundated with clinical and administrative responsibilities. In addition to our employment responsibilities, we have individual responsibilities to our families, communities, and ourselves. The mere thought of taking on more responsibility in any capacity is quite daunting. NASW is the largest professional social work organization, and many members maintain membership by paying membership dues. Volunteering as a NASW member remains vital to the growth and enhancement of professional identity and career mobility and most importantly, the social work profession.

First, I will highlight the importance of volunteer work as stated in NASW Code of Ethics. Social workers have a responsibility to clients, colleagues, practice settings, and the overall profession. "Social workers should contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the social work profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations" (NASW Code of Ethics, 2023). This article provides guidelines to support active NASW membership using the acronym REACH.

Reach out to committee chairs or members to learn first-hand from members involved. Take the next step and ask to observe a meeting to experience the structure and work the committee focuses on. View committees on NASW/CT Homepage to learn about the different committees available.

Embrace change. Maybe you are a member who has served in the same capacity for years. What other interests do you have?

How can you transition to other areas where members are needed?

Assess your schedule and other commitments. What is flexible? What is mandatory? Where can you carve out time for other commitments?

Consider time limited opportunities. Time limited opportunities include serving as a moderator or presenter at a conference, reviewing proposals, submitting articles for the newsletter, board positions, contacting legislators, and many others.

Have fun! Members who volunteer in areas they have interest or passion are likely to find their roles fulfilling and sustainable. Be intentional about where you serve.

NASW/CT members, let's make a commitment to REACH together! As an active member of NASW who is also busy with professional and personal responsibilities, I find volunteering on committees at NASW/CT beneficial not only to my social work career, but to life overall. The gratitude and joy I experience working with dedicated colleagues and the friendships I've developed provide a greater sense of belonging and humility. My short-term REACH activity involves reaching out to members of the Planning Committee for the first time to assist with planning for the annual conference next year. I welcome the opportunity to hear more from members who are interested in "REACHing" with me! My email address is yvette.tyndale@outlook.com.

-Yvette Tyndale, LCSW, ACSW, ICAADC
NASW/CT Ethics Committee Chair

Monthly Peer Ethics Support Group



NASW/CT Ethics Committee is proud to announce the first Virtual Monthly Peer Ethics Support Group! This group is free and open to all NASW Members. The purpose of this group is to provide social workers professional, educational, and peer support related to ethical challenges and dilemmas. This group is taking a break for the summer and will resume in September so keep an eye out for the email announcement for registration! See below for details!

Who can join the Peer Support Group?

-NASW Members from any chapter can join the support group. Social workers who work in a variety of practice settings are welcome to attend!

When does group take place?

-Group will occur the 4th Thursday of each month from 6:30pm-7:30pm (EST); this group started January 26, 2023.

How do I sign up?

-An email can be sent to Yvette Tyndale, Ethics Committee Chair at

yvette.tyndale@outlook.com to register. 10 spaces will be available each month.

Is the group open or closed?

-This is an open group. New members are welcome each month!

For additional questions or information, contact Yvette Tyndale at yvette.tyndale@outlook.com.

The next two meetings will be on:
September 28, 2023
October 26, 2023

APPLY TODAY

Chapter Opposes Hospital Closing of Maternity Ward

The following is testimony submitted by NASW/CT to the Office of Health Strategy in opposition to Johnson Memorial Hospital's proposal to close its labor and delivery unit. The hospital has already closed its unit by using Covid emergency orders that allowed for closure without state approval. The hospital is now seeking formal approval of the closure. Johnson Memorial is in Tolland County and is the only hospital in the county. Windham Hospital in Willimantic and Sharon Hospital have also applied to end labor and delivery services. If all three of these hospitals receive state approval it will leave Day Kimball Hospital in Putnam as the only hospital serving pregnant women in rural CT.

On behalf of the National Association of Social Workers, CT Chapter (NASW/CT) representing over 2,300 members statewide, we submit this testimony in opposition to the proposal by Johnson Memorial Hospital to eliminate in-patient obstetrics care at the hospital. NASW/CT does not normally weigh in on proposals before the Office of Health Strategy (OHS) however we find this particular proposal to be of such a significant negative impact on the northcentral CT communities, lower income households, and women of child bearing age in the Stafford CT area as to warrant our public opposition.

Northcentral CT is an area of the state that has limited services compared to most regions of the State. It is also an area that has communities where there are sizable populations of lower income households. Johnson Memorial Hospital stands out in northcentral CT as a key healthcare resource that serves the community's full healthcare needs. And unlike communities such as Hartford, New Haven, Bridgeport, Meriden, Middletown, New Britain, Norwalk or Stamford that offer residents choices in hospitals within reasonably short distances, Johnson Memorial Hospital is the one community hospital for the geographic area. A service as critical as obstetrics must not be removed from Stafford area communities.

Transportation is another issue that affects the northcentral CT area. There is insufficient public transportation and limited options for individuals who do not have their own vehicle. Again, with particular concern for lower income persons, a taxi cab or other paid transportation to a hospital outside of the immediate area can be unaffordable. A long ambulance trip for a woman going into labor is even more expensive and psychologically can be incredibly stressful. To force such travel when a hospital exists in the community is unthinkable to us.

We are concerned with continuity of care. It is best for a patient to have the same obstetrician or OB/GYN practice, who is familiar with the patient to be available, whenever possible, for child birth. This is not going to be the case if the woman must travel outside of her community to a hospital where she has not had local care or perhaps ever been seen before. Again, this adds another layer of stress on the mother to be. Plus, what does it mean for recruitment and retention of OB/GYNs? Will these providers want to practice in an area that lacks in-patient obstetrical care? We are concerned that the impact of this proposal affects women's healthcare. It raises questions of discriminatory action against women. This is not to say that men are not affected too, the whole family of a pregnant woman will be impacted by the elimination of in-patient obstetric care, but the brunt of this proposal falls hardest on women.

Health care in Connecticut is rapidly moving to be controlled by a few large health care systems. In the case of hospitals, affiliation with a large health care system comes with promises of enhanced care through the resources of the larger system, not diminished services. In truth however, the consolidation of health care increasingly means corporate decisions from afar that does not understand or sufficiently care for the specific needs of different localities. This proposal is a perfect example, where Trinity Health Care is putting profit over care

Maternity Ward, continued

and corporate decision making over the communities served best interests. Communities need safeguards that protect against loss of comprehensive health care services and OHS has the opportunity here to establish those safeguards by denying Trinity Health Care, Johnson Memorial Hospital's belated request for

elimination of in-patient obstetric care at the Hospital. NASW/CT urges OHS to protect the full range of health care for the greater northcentral CT communities by declining Johnson Memorial Hospital request on docket number 22: 32612-CON.

Community Renewal Team Opens The Center for Healthy Families

Community Renewal Team (CRT) recently opened The Center for Healthy Families (CHF). CHF is a licensed comprehensive behavior health clinic that provides high quality services to children and families with an emphasis on healing together.

CHF offers therapeutic services for youth ages 0-18, providing them with the tools to successfully handle life's stressors and address barriers to emotional well-being. Mental health support for children and their families is not a one-size-fits-all approach. CHF creates individualized treatment plans that meet the specific needs of each child and family. CHF provides evaluations, individual, family, and group psychosocial therapy sessions, in collaboration with psychiatric medication management, parent education, integrated primary care, and case management services addressing barriers to treatment.

The Center for Healthy Families is a welcome addition to the services of Community Renewal Team including two Joint Commission-accredited and DPH-licensed clinics for adults. CRT has been providing services to the community since 1963 and offering behavioral health services to adults for almost twenty years. In 2022 CRT provided services for 53,583 people including 25,712 families.

The need for mental health services has profoundly grown in the post pandemic era specifically with youth. Emergency departments in Connecticut hospitals have seen enormous growth in the number of youths coming to their facilities. The numbers have doubled and tripled since pre-pandemic days. According to an October 7, 2021, article in *The Connecticut Mirror*, the acuity of their symptoms has

increased. CHF provides an opportunity for youth and families in the Greater Hartford Community to access services within an established agency well regarded and valued by area residents and community partners and stakeholders.

Community Renewal Team, Inc. is the designated Community Action Agency for Middlesex and Hartford Counties and is the largest non-profit provider of human services in Connecticut. The agency's mission is Preparing Our Community to Meet Life's Challenges. The mission is achieved each day by helping people and families become self-sufficient while making sure basic needs are met. CRT's programs include Early Care and Education, Meals on Wheels, behavioral health services, energy assistance, supportive housing, and shelters, and many others, serving people in more than 60 cities and towns in both our core catchment area and throughout Connecticut.

The Center for Healthy Families is located at the main headquarters for CRT 555 Windsor Street in Hartford. Heidi Lubetkin, Vice President of Clinical Support Services runs the Center for Healthy Families along with Director, Daviana Contreras, Clinical Manager, Michele Wiggins-Watts, LCSW, and Clinician, Julia Murphy, LMSW. CHF is open Monday, Wednesday, and Friday from 8 am – 4 pm and on Tuesday and Thursday from 11 am – 7 pm. There is no wait time so call now to book an appointment 860-849-9207.

For more information on The Center for Healthy Families: <https://www.crtct.org/programs/health-wellness/the-center-for-healthy-families/>



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For questions, please contact:
Eleni Rodis (eleni.rodیس@ct.gov)
Wendy Ulaszek
(wendy.ulaszek@uconn.edu)



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Introducing LEO Clinic: Where Healing and Care Come Together!

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Our licensed clinic goes above and beyond to cater to the unique needs of children and families. From behavioral therapy to dental care, medical spa services to primary care, we're here to provide a one-stop solution for your entire family's well-being. We believe that healing happens best when we work together, and that's why we emphasize a family-centered approach.

At LEO Clinic, we're committed to equipping you and your loved ones with the necessary tools to navigate life's challenges and overcome barriers to your overall health and well-being. Our therapeutic services are designed to empower individuals and families, giving them the support they need to handle stressors and enhance their quality of life.

To learn more about LEO Clinic and the array of services we offer, visit our website at www.leoclinic.care. If you have any questions or would like to schedule an appointment, give us a call at 860-249-0975. We're here to make a positive impact on children's mental health, one family at a time.

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naswct.naswct@socialworkers.org
www.naswct.org

Change Membership Data
National Office, DC 800-742-4089*
*Members can make changes online www.socialworkers.org

NASW Assurance Services 855-385-2160

LCSW Exam Application—Department of Health 800-509-7603

Ethical Questions 860-257-8066 x202
Stephen Wanczyk-Karp, NASW/CT Executive Director skarp.naswct@socialworkers.org

Committee Participation
NASW/CT Chapter Staff 860-257-8066

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