

CONNECTIONS

April—June 2017

Chapter Supports Conversion Therapy Ban



CT NASW has taken a leadership role in the legislative campaign to pass House Bill 6695: An Act Concerning the Protection of Youth From Conversion Therapy. This bill will prohibit licensed professionals from practicing conversion therapy with minors. The bill was introduced by Representative Jeff Currey who represents East Hartford, Manchester and South Windsor and Senator Beth Bye representing Bloomfield, Burlington, Farmington and West Hartford.

The nation's leading medical and mental health organizations, including the American Psychiatric Association, the American Medical Association, the American Psychological Association and NASW all agree that conversion therapy is a harmful practice. Being gay, lesbian, bisexual or transgender is not an illness or mental condition to be treated in order to "correct ones identity", which is exactly what conversion therapy is used for. Rather than using therapy to find one's self, conversion therapy is aimed at denying one's self.

NASW/CT as part of the CT Equity Coalition has actively lobbied in favor of passage of bill 6695. The chapter has recruited other mental health organizations to sign on as supporters, we've gained the co-sponsorship of two

House Republican members (the bill has bipartisan support), and staff submitted testimony to the Public Health Committee. The committee passed the bill in March. NASW/CT mobilized our members who have legislators on the Public Health Committee, sending out legislative alerts and calling members to remind them to contact their legislators. NASW executive director Stephen Karp, LMSW represented the chapter at a press conference and was interviewed on FOX TV News 61 and quoted in the New Haven Register speaking on the importance of passing the bill.

Currently five states have banned conversion therapy and legislation is being introduced in other states to do the same. The prospects for the bill seem fairly good given that it has a large number of co-sponsors from both parties and support amongst key legislative leaders. Still one can never predict the outcome of bills, so NASW/CT will continue to focus significant attention and action on the bill as it makes its way through the legislative process.

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Social Workers Stand Up



Kurt Fuchs, LCSW
President
Connecticut Chapter

As we move forward through this year and beyond, I would like to ask everyone to think about what this means to them. For what do you as a social worker, “stand up?” The easy answer in my mind is that we stand up for our clients, no matter who they are –the economically disadvantaged, marginalized, severely physically or mentally ill, children, the aged, etc. We can all describe our clients in any number of terms and make the case that these are the people for whom we stand up and for whom we advocate.

Obviously our profession is grounded in the concept of “doing for others,” whether it is at the macro, mezzo or micro levels. The agencies for which we work all have mission statements full of goals regarding providing for others, being change agents for others, advocating for others, and on and on. But, who stands up for us? Years ago, a social worker said to me that we don’t “do marketing” of ourselves because it is somehow self-serving and doesn’t fit with the ideals of social work. I have heard this sentiment expressed by others in our field as well. I really don’t know how prevalent this point of view is amongst social workers, but it seems to me that as a profession we do struggle with the concept of marketing ourselves and our profession and advocating for each other.

The following is taken directly from NASW’s webpage:

“NASW’s primary functions include promoting the professional development of its members, establishing and maintaining professional standards of practice, advancing sound social policies, and providing services that protect its members and enhance their professional status. The Association developed and adopted the *NASW Code of Ethics* and other generalized and specialized practice standards.”

As I have done in columns past I am going to take this opportunity to encourage everyone who is a member to stay a member. I am also going to re-invite all members to encourage non-members to join. We (read as all social workers) absolutely have to **STAND UP FOR EACH OTHER**. And, we already have a membership organization that is designed to do just that. Every time testimony is provided at the legislature, a coalition is joined, or a comment is made to the press about NASW’s position on something, **NASW is STANDING UP FOR SOCIAL WORKERS**. Lawmakers, policy makers, and the public are reminded what Social Workers do, why we should be the ones to do it, and why what we do is so important. Social Work jobs and careers are saved every time a budget is not cut or a bad law is not passed. Every time a social worker passes a licensing exam, our professional standards are reinforced and we solidify the foundation of our practice just a little bit more.

So here is my challenge to every social worker in the State of Connecticut:

Join the Association and continue

to be a member throughout your career.

We (again read as all social workers – members or not) do wonderful things every day for our clients, communities and society as a whole. There is a very good chance that your ability to do these amazing and fulfilling things was in some way, at some point in time, influenced by NASW at either the local or national level. It’s time we all adopt the belief that **Social Workers Stand Up** for not only our clients, but ourselves as well.



Social Work Shines: A Positive Agenda

It is easy to focus on the negatives of our current political environment and to become awash in negativity. Republicans tried dismantle the Affordable Care Act, immigrants are facing possible travel bans and increased deportations, and our President's budget calls for deep cuts in housing, social services, education, environmental protections, health care and foreign aid while significantly increasing the military budget. The wealthy get tax cuts while the rest of us just get cuts to needed programs. Who can blame you if you're feeling down? Well it need not be that way!

I want to suggest to you a positive agenda that offers social work a way to shine and grow. We have opportunities as a profession if we position ourselves effectively. What follows is a short list of some of those growth areas, for which I ask my readers to expand on based upon what you are seeing in your work. First, though, let's discuss who we are, because who we are is what gives us the edge over other sister professions.

Social work is the one profession that works from a person-in-environment perspective that utilizes a biopsychosocial framework. No other profession has this holistic and encompassing understanding of individuals and their environment. We understand the mind-body connection and its relationship to a range of systems that interact with the person. Add to this our advocacy approach for individual, organizational and community change and you have one dynamite combination that makes social work the best prepared of the social service professions. This is our **signature** that serves to distinguish and identify our professional practice, and we must not give it away to others.

One of the growing service delivery areas that social work must claim and, by so doing, become the profession of choice is integrated health care. We have long known that it makes no sense to separate physical health care from mental health care. So often problems that exhibit themselves as physical ailments have a mental health component and/or origin. Integrated health care combines physical and mental health services within one practice, typically in a primary care office. Physicians upon determining that a mental health consultation and possibly services are called for give a warm hand-off to the mental health provider who is embedded in the practice. Social work must promote itself as the best suited profession to be hired for those mental health provider positions. These settings are at essence the biopsychosocial approach at work. It is our signature and we need to advance the social work profession amongst physicians and health care systems to assure that we are the provider of choice.

Elsewhere in the medical field we have hospitals that are being penalized by Medicare for too frequent patient readmissions. Some hospitals have started programs that identify at risk discharge patients and follow up on discharge with case managers. Social work gave up discharge planning in hospitals to nurses and others. We

Steve Karp, LMSW
Executive Director
Connecticut Chapter



cannot again give up our role to "related professions". Saving hospitals from financial penalties makes the case manager a valued position and social workers are best trained in managing at risk patients in the community. Again, we need to promote ourselves to become the profession of choice.

School mental health services have received far more attention in the past few years, sadly due to the Newtown shooting, but needed attention nonetheless. Schools are in need of more school social workers and school based health clinics need qualified clinicians. Both local school board budgets and state budget deficits will put pressure on school systems to reduce mental health positions. We cannot let that occur. As advocates, and most importantly tax payers, in our local communities we need to call upon our school boards to support school based mental health services provided by social workers. School social workers offer the widest range of skill sets to deliver services for students and families (no one else in schools is doing family work) and social work clinicians in school based health clinics bring the biopsychosocial approach that is most beneficial to students. We need to put our signature on this area of practice.

CT is one of perhaps six states where the child welfare agency requires or gives preference in hiring to candidates that have a MSW or BSW degree. In our state, NASW/CT achieved this remarkable accomplishment in 2012. Now social work schools have the responsibility to train social workers for this challenging work so that we can fill the DCF jobs; positions that are good paying jobs doing important work. Six years ago 28% of the DCF social workers had a social work degree. I do not have the 2017 statistics but I know it is much higher and one day we look forward to all the "social workers" being social workers. And that is how we put our signature on the work of child welfare. The next challenge is to replicate our success in other states, a job for national NASW to take the lead on.

Chapter Pro-Active at Legislature

It has been a busy start to the 2017 legislative session and NASW/CT in the mix representing the profession's views and interests. The chapter is tracking over 150 bills on a wide range of topics, including mental health, health care, education, welfare, taxes, professional issues and of course the state budget.

NASW/CT has submitted testimony either in person or written testimony at 11 public hearings as of March 17th and hearings are still happening. Bills that we testified on include: banning conversion therapy, paid family leave, supporting funding for school based health clinics, protecting current funding for Medicaid, assuring reasonable provider rates under Medicaid, supporting adequate funding for community based mental health programs under DMHAS, supporting enhanced qualifications for licensure as a professional counselor, and opposing a disclosure form for mental health visits.

The chapter has been actively involved in coalition work around many of our legislative issues. We are a significant partner in the CT Equity Coalition that is supporting the conversion therapy bill and we are an active member of the Campaign for Paid Family and Medical Leave. NASW/CT is an active participant in the Medicaid Strategy Group that is working to protect Medicaid from reductions in service and with the Keep The Promise Coalition that supports community based mental health programs. Through the CT Coalition for Choice we are supporters of bills that affect women's health care and we are a supporter of the Alliance For Children's Mental Health. All of these groups, and others that we are member of allows us to extend out influence beyond what NASW/CT could accomplish on our own.

Through the coordination of our Legislative Committee we have mobilized our membership to lobby legislators on our priority issues, especially conversion therapy, paid family leave Medicaid and increasing revenues. Literally hundreds of calls have been made to our members who have legislators on key committees and we are pleased to say that our members in turn have made hundreds of contacts with legislators.

Our legislative co-chair, Maggie Goodwin has been at the Legislature frequently, meeting with legislators and promoting social work. The chapter's interns and executive director have also been at the Legislature for press conferences and meetings to assure that we have a strong presence at the Capitol.

Our efforts have generated press attention to a greater degree this year than in the past. Articles mentioning NASW and quoting social workers have appeared in the Hartford Courant, New Haven Register, New London Day, Middletown Press, Torrington Citizen Register and the CT Mirror. The chapter's executive director was interviewed by FOX TV 61 following a press conference on conversion therapy.

The chapter's focus will continue on public hearings through March and then we will shift attention to those priority bills that are reported out of committees (next stop typically is additional committee votes or House & Senate floor votes) so we will be mobilizing our members again as the session proceeds. The chapter will also be placing special attention on the state budget and this year will be asking members to speak to legislators about raising new revenue sources to avoid drastic cuts to human services, education and health care.

If you would like to support the chapter's efforts here are ways to be an activist volunteer:

- Contact your legislator when you receive a NASW/CT alert.
- Meet with your legislator in the district to share your experiences and concerns.
- Open your home for a NASW/CT house gathering with local members and legislators.
- Help us to call our members by volunteering for a phone bank.
- Tell us what your concerns are and what issues you are seeing so that we can share your expertise and stories with legislators.
- Make a contribution to the NASW/CT Advocacy Fund that pays for our contracted lobbyists (our "eyes & ears at the Capitol"). Donations can be made at <http://naswct.org/donate-to-advocacy-fund/>

The legislative session goes on until early June and if there is not a budget agreement there will be a special session called. With members' support NASW/CT will continue to be a pro-active voice for social work and populations we work with. Watch your email inbox for updates and calls for action.

Chapter Stops Licensure Bill Threat

It happens every few years that a bill is introduced into the Legislature that if passed would weaken or otherwise threaten social work licensure. This year is one of those years.

A bill was introduced that would have allowed individuals who have a bachelor and master degree in human services or related degree to become eligible for the LCSW without examination. The bill would have directed DPH to issue the LCSW for such individual's if they were in a health care setting of home care, long term care facility, or hospital.

The bill was introduced at a constituent's request. It is our understanding that an employee at a skilled nursing facility sought to become the Social Work Director when the position became open. Nursing homes, by state regulation are supposed to only hire BSWs and MSWs as social workers and this individual did not have a social work degree. Now bills cannot be introduced for the benefit of one person so it was written in a way that would have opened the LCSW to a large number of non-social workers.

As crazy as a bill may be, and this one was quite nuts, we take every such threat seriously. As soon as the bill came out NASW/CT went to work to stop it. Putting aside other work of the chapter, staff contacted the leadership of the Public Health Committee that would have to agree to consider the bill. Staff spoke to key legislators requesting the bill not be considered and then we mobilized our membership who resided in those districts of the key committee leaders. The legislators received lots of loud protests from their social worker constituents. After three weeks of continual effort by the chapter we were able to confirm that the Public Health Committee would not raise the bill for consideration, effectively killing it for this year.

NASW/CT will continue to monitor throughout the legislative session for other similar attempts to weaken social work licensing or the practice of social work, and will address any threats that may arise in relation to the profession.

<p>NASW/CT MACRO SOCIAL WORKERS NETWORK</p> <p>MACRO SOCIAL WORK CAREER PANEL</p> <p>APRIL 12TH @5-8PM UCONN SSW ZACHS COMMUNITY ROOM</p> <p>1798 Asylum Ave, West Hartford, CT</p> <p>DINNER WILL BE PROVIDED</p> <p>PARKING IS FREE AFTER 5PM</p> <p>RSVP TO MACROSWCT15@GMAIL.COM BY APRIL 5TH</p>	<p>Arvia Walker LMSW, Community Outreach and Engagement Coordinator at Planned Parenthood of Southern New England</p> <p>Patrick Johnson LCSW, Past President of Oak Hill</p> <p>Daniela Giordano MSW, Public Policy Director for the National Alliance on Mental Illness of Connecticut (NAMI-CT)</p>
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Call For Nominations

NASW/CT ANNUAL AWARDS 2017

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 2017 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 a 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 and 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

ALL NOMINATIONS MUST BE RECEIVED by 9/18/17

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.

Continued from page 3

In CT the older population is growing and with it the need for professional social workers. Be it community based services for well older adults, frail elderly seeking to remain in their home, or facility based care, this is a population that calls out for more social workers. Can we fill them? I hope so.

Mid-March a report came out from a team of researchers from Harvard T.H. Chan School of Public Health and Massachusetts General Hospital indicating that the Deferred Action for Childhood Arrivals program reduces depression among undocumented immigrants, often referred to as "Dreamers". "It is well known that economic circumstances affect mental health" said lead researcher Atheendar Venkataramani, M.D, Ph.D. For social workers this should come as a "duh" moment. We know that social impacts affect stress levels that can lead to anxiety and in some cases depression. We know that social support programs can ease stress. We know there is a brain/body connection at work and we know that brain health is possible by positively changing the brain. We also know that children's brains are more readily changed, that early prevention works, and that such intervention can have life time benefits that include a reduction in the need for mental health care later in life. On the one hand the Harvard study is a validation of over 100 years of social work practice. On the other hand, why has the media waited until a Harvard study to report on the benefits of mental health? Because social work has not presented our knowledge effectively? We need to champion our work, write about our successes and attract media atten-

tion. We are the experts on biopsychosocial impacts. It is our signature and we must not let others, coming late to the game, take away our deserved credit.

So go out there and protest Trumps policies. Call and write your elected officials, attend town hall gatherings, march and rally loudly. It will make a difference. Just remember, though, that there are positives happening, opportunities for a pro-active agenda and we as social workers need to jump in and claim our historical and current roles.

MACRO SOCIAL WORKERS NETWORK SOCIAL

Friday, May 5, 6-8pm, J. Timothy's Taverne, 143 New Britain Ave, Plainville, CT 06062. Great opportunity to network over drinks and delicious cuisine! All social workers welcome, including non-NASW members. Please RSVP to macroswct15@gmail.com by April 28.

LATINO/A SOCIAL WORKERS NETWORK SOCIAL

Friday, May 19, 6-8pm, Tata's Restaurant, 104 Quinnipiac St., Wallingford, CT 06492. All social workers welcome, including non-NASW members. Please RSVP to lswctnetwork@gmail.com by May 12.



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NEW MEMBERS

Christine Bartley	Kathleen Hauburger
Julia Marie Braisted	Alexandra Ann Lopes
Lucie-Ann Chen	Jaymie Elisabeth Oppenheim
Kimberly Danielson	Pamela F. Parussolo Orr
Timothy Demers	Elaine Rodriguez
Sarah G. Doyle	Janiel Micalisha Samuels
Elizabeth L. Eakins	Leah Chapin Sivick
Shawnee R. Estes	Hillary Stern
Annika Foster	Erik Anthony Toce
Cashel Gaffey	Ann von Stade
Jessica A. Haeseler	

Stephen Karp, LMSW, Christine Limone, LCSW, and Raymie Wayne, MSW, J.D., Ph.D. have been published in the Journal Reflections Narratives of Professional Helping, Vol. 22 No. 1.. The article is titled *Campaigning for Social Justice: Increasing Public Access to Professional Social Workers.* The article describes the process used to successfully persuade the State of Connecticut to give preference in hiring to BSWs and MSWs for the position of Social Worker. Community organizing skills, messaging, strategies and personal reflections are described. Reflections is an open source, free journal and the article can be viewed and a pdf copy downloaded at <http://www.reflectionsnarrativesofprofessionalhelping.org/index.php/Reflections/article/view/1431>.



Amy DiMauro, LCSW and **Patricia Schneider, LCSW** are candidates for the Region II Representative to the National NASW Board of Directors. The position represents the CT and NYC chapters. To view the ballot, including the bios and statements of Amy and Pat go to <http://www.socialworkers.org/governance/cmtes/CandidatesNASW2017Election.asp> We encourage all of our members to vote in the national election.

Colette Anderson, LCSW will be honored with an EMDR Humanitarian Hero Award on May 4, 2017. The EMDR Humanitarian Hero Award is designed to recognize the efforts of those essential people who dedicate themselves to helping those traumatized by natural or man-made disasters. The award is hosted by the Trauma Recovery, EMDR Humanitarian Assistance Programs.

Join Us
for
NASW/CT's 32nd Annual Conference
May 12, 2017
Radisson Hotel, Cromwell, CT



Join your colleagues for a day of varied workshops, exhibitors with resources, networking, a student poster session, a wine and cheese reception, and camaraderie with other social workers and those in allied mental health professions. This is the only conference of its kind in Connecticut—eclectic in its topics but focused on the mission of social work and social work education*.

Earn 6 CECs for the day!

With workshops that will satisfy requirements for Cultural Competency and Veterans Services. *Registration details and the brochure describing all the workshops at www.naswct.org.

Social Work Licensure Course Can Help You

NASW-CT partners with Social Work Examination Services to provide exam prep training for candidates for the LMSW and LCSW exams. Our chapter has been pleased with the results. Student evaluations of SWES' License Review Lectures have been uniformly positive and we have received excellent feedback from chapter members who've used SWES review books and taken the two-day review course.

SWES Review Lectures are exam prep courses that emphasize a review of major social work content and test preparation. The course focuses on the direct service questions that represent the core of the actual test. Students learn the content of the national licensing exam, and how to "decode" multiple-choice questions of the type that appear on the licensing exam.

"I'm pleased to partner with SWES and recommend it to license candidates" says Stephen Karp, LMSW, NASW/CT Executive Director. The course will be offered five times per year. The full schedule is located online at www.naswct.org/events/license-review-programs-2/ or at www.swes.net

The next program will be held on April 8th and 9th, 2017 at Southern Connecticut State University. We thank this year's university partners, the social work programs at Quinnipiac University and Southern CT State University for providing classroom space.



A Nutritional Approach to Mental Illness

June 21 · 9:30 to 1:30

Including morning coffee & a healthy, delicious, nutritious lunch!
Copper Beech Institute, West Hartford

A unique and fascinating look at the food we eat and how it impacts our brains and our mental health.

Presented by Dr. Georgia Ede, Staff Psychiatrist at Smith College, nutrition researcher, writer, and speaker, the workshop will address the value of healthy eating habits in relation to mental health and how complementary and alternative medicines can enhance or replace pharmaceutical approaches while increasing energy and mental clarity and allowing for deeper engagement in the therapeutic process. Clinicians will learn how to put to use immediately dozens of effective interventions for mental health disorders including simple assessment tools for nutritional deficiencies that contribute to anxiety, anger, and depression. The presentation will be in 3 parts with plenty of time for discussion & questions in between.

- Brain Food: How nutrients (proteins, fats, carbohydrates, cholesterol, and minerals) work in the brain
- Why is Sugar so Bad for the Brain (and Body?)
- Review of the Research: What We Know about Diet and Mental Health Disorders
- Leave the Workshop with Surprising and Powerful Information about Nutrition That Really Works for You and For Your Clients!

\$75 NASW Members (includes lunch)

\$99 Non Members (includes lunch) **

Approved for 3 CECs · Call 860 257-8066 for more information

Register [HERE](#)

**Become a member when you check in and have the difference in your admission returned to you!

Chapter Supports

Gender-Neutral Bathroom Access

The CT Gender-Neutral Bathroom Access Campaign is calling for a change in the Building Code and Plumbing Code for Connecticut that would encourage builders to include gender-neutral or unisex bathrooms. NASW/CT and the NASW/CT Alliance of School Social Workers submitted comments in favor of this proposed code change.

The CT Plumbing Code currently requires building owners to meet separate numerical requirements for male and female bathroom fixtures (toilets and urinals). The Plumbing Code does not count gender-neutral bathrooms toward the total number of fixtures required in a public building. This has proven to be an obstacle for builders as it is an added expense and requires added space if gender-neutral bathrooms are included. The proposed change being advocated by the Campaign would allow gender-neutral bathrooms to count toward the total number of fixtures required.

Our support is based on the benefits to transgender and gender-nonconforming individuals who currently face stigma, the potential of violence and anxiety around use of public bathrooms because their gender expression may not match the sign on the bathroom door. Furthermore, gender-neutral bathrooms makes it easier for a caregiver to assist the person they

are helping, allows parents to comfortably accompany young children into the bathroom, and will ease the gender inequity that now exists between typical wait times for men's rooms vs. woman's rooms.

NASW member Irwin Krieger, LCSW assisted the chapter in developing our comments and submitted his own comments in support of the proposed code revision. Comments were due by March 31, 2017 to the Department of Administrative Services.



Suicide Prevention, What Do Social Workers Really Know?

Across the spectrum of social work practice we do our best to help prevent suicide from direct service to infrastructure enhancements. In 2015, 381 people died by suicide in Connecticut, and the suicide rate was 9.7 people/100,000; one of the lowest in the nation, but even one death is too many.

This article is a brief educational piece about what supports there are in our state and in the country to address the problem of suicide. Many Social Workers are not aware that there is a Connecticut Suicide Advisory Board (CTSAB), which meets monthly. Since January 2012, the CTSAB has functioned as the single state-level suicide advisory board in CT that addresses suicide prevention and response across the lifespan. It is cooperatively co-chaired by the CT Departments of Mental Health and Addiction Services (DMHAS) and Children and Families (DCF), and is legislatively mandated under DCF. The CTSAB functions more like a statewide coalition than a board. The CTSAB's mission is to address the problem of suicide with a focus on prevention, intervention, and health and wellness promotion, and its vision is to eliminate suicide by instilling hope across the lifespan. It developed, and is responsible for activating, the CT State Suicide Prevention Plan 2020 (PLAN 2020), which leads the state campaign that promotes the National Suicide Prevention Lifeline and the CT Zero Suicide Initiative, and advises state agencies on the use of their suicide-related state and federal dollars from the Substance Abuse & Mental Health Services Administration, Centers for Disease Control and Prevention, and Health Resources & Services Administration. As of fall 2016, there were over 400 members of the statewide Network of Care and average meeting attendance is 45, with half of the people attending at least 6 of 12 meetings a year. CTSAB membership consists of state and community agencies, hospitals, military, campuses, towns, schools, health professionals, law enforcement, clinicians, masters students, advocates, and survivors of suicide and lived experience.

In order to assist health and behavioral health organizations with suicide prevention there is a fairly new continuous quality improvement paradigm called Zero Suicide (ZS). What is Zero Suicide? It is a multi-element framework for systematic, clinical suicide prevention in behavioral health and healthcare systems based on the belief that suicide is preventable, and the philosophy that one suicide is too many. ZS is a priority of the National Action Alliance for Suicide Prevention (NAASP), and a goal of the National Strategy for Suicide Prevention and PLAN 2020, and a project of the Suicide Prevention Resource Center (SPRC). ZS prioritizes safety and error reduction in healthcare, and endorses the use of evidence based practices and tools for health systems and providers. ZS promotes the concept that systems that design for zero, purposefully aim for higher levels of performance even when it may not be theoretically possible, achieve greater outcomes than those who do not.

The first ZS Academy was held in June 2014. Annually, health and behavioral healthcare systems apply to the academy via a competitive international process managed by the SPRC. This two day training is hosted by the SPRC and NAASP, and is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Participants learn about the ZS approach, and how to incorporate evidenced based practices into their organizations and processes to improve care and safety for those at risk for suicide in their care. It is important to remember that this is a system responsibility not just the individual provider's.

Connecticut and national data show people are attempting and dying by suicide shortly after being discharged from health and behavioral health care systems, and after being seen by medical and behavioral health providers in community-based practices. CT youth report on health surveys that they are not connecting to the treatment they need, and rates of suicide-related hospitalization and death keep climbing. The ZS continuous quality improvement approach is founded in the belief that suicide deaths for individuals under care within health and behavioral health systems are preventable. It presents an aspirational goal and challenge. To support the adoption of the Zero Suicide approach in CT, the CTSAB (DMHAS Co-Chair) and the Institute of Living (IOL)/Hartford Hospital, National 2015 Zero Suicide Academy graduates, in October 2015 began hosting a monthly CT Zero Suicide Learning Community (CT ZSLC) in partnership with the CT Hospital Association (CHA). Learning Community participants are provided with CT and national resources and technical assistance, workforce peer to peer support, access to training resources, and encouragement to adopt the approach within their systems, and promote the aspirational goal and philosophy of Zero Suicide beyond their four walls to their communities impacting suicide statewide. Eighteen health and behavioral health systems in diverse settings participate in the Learning Community. They include state agencies that manage behavioral health and hospitals, community hospitals and behavioral health systems, the federal VACT Health Center, the Beacon Health-Medicaid Provider Network, the CT Army National Guard (CTARNG), the Judicial Branch/Court Support Services Division, and the Departments of Correction, DCF and DMHAS. As of March 2017, all of the systems have adopted elements and related evidence-based strategies endorsed by the approach, five have completed the organizational self-assessment tool, four have completed the workforce survey, and 75% of all CT hospitals have been formally oriented to the Zero Suicide approach with support from the CHA.

On April 29, 2017, representatives from the CT ZSLC (DMHAS, DOC, CHA, IOL, CTARNG, and Community Health Resources) will present on a panel at the 50th American Association of Suicidology conference, Honoring the Past, Innovating for the Future in Phoenix, AZ.

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The panel is titled, Innovative State and Community Partnerships to support Zero Suicide Approach Implementation in Diverse Health and Behavioral Health Care Settings. Panelists will share how each of their systems has committed to adopting the Zero Suicide approach, are working the model in their own unique settings, how they engage Leadership and Champions, are utilizing the state and national resources available to them, and the important role the Learning Community plays in providing needed support and resources. One main aspect is the importance of continuing education on the topic so the workforce is ready to receive and treat individuals at risk. Lastly, ZS promotes self-care for the clinician, whether using EAP or talking things through with a colleague self-care is crucial in order to provide effective care to others. We cannot serve from an empty cup.

Everyone has a role in suicide prevention. We challenge you to be the one to start the conversation. To join the CTSAB and/or the CT ZSLC, or for more information, resources, and materials please visit the state website at <http://www.preventsuicide.org/>.

For more information on Zero Suicide visit:
<http://zerosuicide.sprc.org/toolkit>.

If you or someone you know is in crisis call 211 in CT or 1(800)273-TALK (8255); in an emergency call 911.

Authors: Nancy E. Hubbard LCSW, Director of Outpatient and Ancillary Services, Institute of Living; Patricia C. Graham BA, MSW student, Case Worker, Family Resource Center, Institute of Living; Andrea Iger Duarte LCSW, MPH, Co-Chair CT Suicide Advisory Board




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