

# CONNECTIONS

July—September 2021



At this very moment, there are people only you can reach  
...and differences only you can make.

—Mike Dooley

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**Shannon Perkins, LMSW**  
*President, Connecticut Chapter*

## Gratitude in Practice

We are fast approaching the start of my second year as NASW/CT Board President; I cannot believe how fast the time has flown. I will be honest and admit that writer's block is getting the best of me, and I completely procrastinated when it came to sitting down and writing my column – now I am on a deadline and am completely stumped! The one thing that continues to come to mind as I go to write is the immense sense of gratitude I feel as the world begins to reopen and feel familiar once again. I have been fully vaccinated for a couple of months now and have slowly started seeing friends and family again, enjoying my favorite restaurants, and planning vacations; it feels like we can all breathe again – at least for now and I could not have asked for a better way to kick-off Summer!

In the spirit of the gratitude I am feeling, I want to dedicate this column to everyone who had a hand in the successes of our chapter this year.

To our fearless leader, Steve Wanczyk-Karp, thank you for your dedication over the years, particularly this past year. I cannot think of anyone better to lead our chapter – you stewarded us through one of the most difficult years we have ever faced with grace, compassion, and kindness always. Not only did you get us through tough times, with your nomination to the interstate compact for licensure portability's technical assistance committee you will

be shaping the future of social work on a national scale. Congratulations on this nomination!

To the NASW/CT chapter staff – thank you for taking so much time to learn new skills and keep the chapter up and running through every twist and turn. Pat, Meghan, and Nicole – your hard work does not go unnoticed – we see you and we appreciate all that you do.

To our committee chairs, co-chairs, and members, thank you for the fabulous work you did this past year. Although the format did not look the same – Zooming into meetings instead of laughing over meals at the chapter office, it was amazing to see the fantastic work each committee was able to accomplish. From a successful student conference to a virtual Latino/a Social Workers Network awards dinner, to a record number of written and verbal testimony from ELAN – I was consistently amazed by the dedication and efforts by all committees.

To our chapter members, thank you for all you did to support us this year! Your dedication to the profession is clear in your actions from attending virtual workshops, testifying for various legislation, volunteering to phone bank for worthy candidates, and donating to the chapter, helping us raise over

## Gratitude, continued

\$11,000 and breaking all previous single year chapter donation records! We could not have had so many successes without your contributions.

Finally, to the chapter board and executive committee, thank you for your unwavering support. It was not easy to step into a new leadership role in the middle of the most difficult year of my life and each one of you always had my back. I want to express my gratitude to you for making this such an enjoyable year, even if we

could not see one another face-to-face. Thank you as well to the following board members, who finished their term this June: Rosaline Brown, Nancy Hubbard, Kathleen Sullivan, Tiffany Tubby, and Cheryl Wilson.

As I look forward to this next board year with clear eyes and an open heart, I want to end with a quote: “As we express our gratitude, we must never forget that the highest appreciation is not to utter words, but to live by them.” – JFK.

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## The Telehealth Law Explained

The Chapter has gotten many questions on the new Telehealth law that the Governor signed into law. In fact, there are two telehealth laws, the major bill that passed in May and a separate bill on Medicaid that passed in June. Here is what the new statutes include:

**Fully funded private insurance plans, Medicaid and Children’s Health Insurance Program:** The law covers all fully insured private plans, Medicaid and the Children’s Health Insurance Program. All providers who are in-network come under the provisions of the law. The law expires on June 30, 2023 though we expect that it will be made permanent (possibly with some revisions) in the 2023 legislative session. The key provisions that affect social workers are:

- Insurers must give pay equity to in-person and telehealth rates. Insurers cannot pay less for telehealth than they do for in-person treatment.
- Telehealth can be provided from any location.

- Insurers cannot dictate the platform used to deliver telehealth. The platform must be HIPAA compliant.
- Covered services can be video and audio or audio only.

**Medicaid:** A separate bill was passed that specifically covers Medicaid, which requires DSS, to the extent permissible under federal law, to provide telehealth services to the same extent as in-person coverage. It also allows the Commissioner of DSS, to the extent permissible by federal law, to cover audio only services when determined that doing so is clinically appropriate, providing comparable audiovisual telehealth is not possible and audio only services are provided to persons unable to use or access audiovisual telehealth services. The bill allows audio only telehealth services to continue beyond the sunset date of June 30, 2023 as listed above. The provisions of the major telehealth law (section above) all apply to Medicaid with the exception of the sunset date.

## Persistence Pays Off: The Long Journey to Addressing Nursing Home Social Work

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



It may have been 13 years in the trying, or perhaps it was 15 or maybe it was 19 years ago that I first took up the issue of nursing home social work. I have record of testimony to the Legislature in 2008 calling for nursing homes to only hire degreed social workers and to reduce the bed to worker ratio from 120 to 80 beds per social worker. However, today I received an email from Mary Strauss that recalls us working on this issue 19 years ago. It could be, due to a computer virus some of my files from back then were lost. Either way, it has been a very long journey to getting legislators to care enough about nursing home social workers to act favorably. Truth be told, nursing home social work has never gotten its due share of attention by policy makers or the profession. Only Covid-19 running amok in nursing homes got the attention of elected officials, and even then, nursing home social work was not on their radar screens. That is something I could not, and did not accept.

Covid-19 wreaked havoc on nursing homes, putting public attention on the conditions in CT homes and the deficiencies of care. In response, the Governor brought in the Mathematica Policy Research firm to look at what went wrong and to make recommendations. That report did cite a need for lowering the ratio of staff to residents, specifically mentioning direct care staff. It did not mention social work services. Next the Governor appointed a work group, the Nursing Home and Assisted Living

Oversight Group, to review the consultant report and make recommendations to the Legislature. The group included representatives from the nursing home industry, nursing, recreation, certified nursing assistant (CNA), CT legal services, DSS, DPH and a family member amongst the appointees. Two MSW legislators were appointed but no one represented nursing home social work. This too was not acceptable to me. Since NASW/CT did not have a member appointed to the Oversight Group it meant that NASW/CT had to represent social work from the outside by influencing the Oversight Group.

My first action was to submit unsolicited testimony to the Oversight Group. I looked over the list of appointees, determined which ones may be sympathetic to hearing from NASW/CT and started calling folks. In each conversation I pressed the importance of social work services, that no other nursing home staff person had primary responsibility for the psychosocial care of residents, how the social worker was the link between the family and resident, and that the outrageous minimum staffing ratio of 120 beds to 1 social worker. Knowing that mental health and family visitation were key areas of concern I particularly drove home that this is what social workers do. This strategy paid off when the chair of the Work Group's Staffing Sub-committee, Representative Michelle Cook, contacted me and asked if I could arrange for a nursing home social worker to speak to them. Shazia Chaudhry, the



## Persistence, continued

NASW/CT co-chair of the Chapter's Aging Committee agreed to present and hit a home run in having the sub-committee members understand the full range of responsibilities and services nursing home social workers performed. The first signs of progress were made.

The Oversight Group came out with their recommendations and it included having DPH lower the social worker ratio. This was the first time I had seen a policy body make such a recommendation. I was so pleased while realizing that unlike nursing and CNAs we still did not have a specific ratio recommended. It was a start and I wondered if we would get any further or were these recommendations going to sit in a pile of studies never acted upon?

The Public Health Committee of the Legislature did take up much of the Oversight Groups recommendations, including lowering the social worker ratio. NASW/CT testified in favor of the bill and, thinking this was the best we could get, did not push for a specific ratio in our testimony. I did try post public hearing to have the 60-bed ratio inserted when the bill came up for a committee vote and Representative Jillian Gilchrest, MSW who is the Public Health Committee vice-chair raised the point. The bill passed without the 60-bed ratio.

Then the Human Services Committee raised a bill that included nursing home staffing without any mention of social work. I organized lobbying of the Committee to include social work just as the Public Health Committee bill did, to no avail. Would this bill be the one that goes forward? Fortunately, not!

The nursing home bill went to the Senate, was sent to the Appropriations Committee and back to the Senate. The cost of added staffing in the bill was about \$100 million - a figure that would surely kill the bill. I figured it was not going to pass but still NASW/CT mobilized our members to lobby for it. I sent each state senator a letter stating why we must

have a reasonable social work ratio. I was not hopeful and kept saying that reducing the ratio was a long-shot.

The turning point came when Senator Mary Daugherty Abrams, senate chair of the Public Health Committee called me after reading my letter. She wanted to know exactly what we were looking for and when I told her it was the ratio, she said that was the section of the bill the senate was thinking of deleting! I told her why the social work language needed to stay in the bill, even if the nursing, CNA and recreation staff ratios were removed. The conversation ended with Senator Abrams thanking me for being so persuasive and informative, then said she could make no promises but would see what they could do. I heightened our mobilization with a message to key senators that we must stay in the bill. It worked.

The final bill language not only kept social workers in it, the language had the 60 beds language we had sought for so many years. Frankly, I was flabbergasted, reading the language over and over. Now we just had to get the bill passed, first in the Senate and then in the House within the two weeks left in the legislative session. The bill had strong support from AARP, SEIU and CT Legal Services (and others no doubt that I do not know of) and NASW/CT joined with these advocates by heightening our grassroots lobbying. Again, our lobbying worked. The bill passed the Senate with 10 days to go in the session. Plenty of time I thought for the House to act. Well, that was not quite the case.

The House did not vote on the bill as the days ticked by. I heard that they were waiting for the budget to first pass. That meant we would be in the last 3 days of the session in the best of scenarios. We continued to heavily lobby the House.

I have always said you do not want your bill still waiting a vote in the final days of the session. Many

## Persistence, continued

things can go wrong and many good bills that have the votes to pass never get called for a vote. We were now in the **final day** of the session. I made last minute calls to key legislators and sent emails too. Our members were doing the same. Finally in the early afternoon I was told by Representative Mary Mushinsky that the bill's language was in the Implementer bill, a bill that instructs state government on implementing the budget. This was terrific news as the Implementer bill has to pass, however, that meant waiting for a special session.

I was tired of waiting! Finally, in late afternoon I got a text from our lobbyist that the bill was being voted on. It passed unanimously!

It took a few hours for it to finally sink in that the 13? or 15? or 19? year wait was over. DPH has no later than January 1, 2022 to adopt the 60 beds per social worker ratio. I am elated and tired. If nothing else I am a persistent little bugger.

## Members in the News



**Isabel Logan, Ed.D, LCSW** is a founding member and co-chair of the newly formed Social Work and Law Enforcement Networking Association. The Association has members in members in eight states and growing. The Association provides a forum to enable social workers, law enforcement personnel, and others interested in the advancement of police social work to connect, network, share ideas, and problem solve collaboratively. Isabel is the Second Vice-President of NASW/CT and a faculty member of the Department of Social Work, Eastern CT State University.

**Loida Reyes, Ph.D., LCSW** has been selected to be the new Chairperson for the Social Work Department at Southern CT State University.

Through funding from the Department of Defense, The Council of State Governments (CSG) is partnering with a coalition of organizations led by the Association of Social Work Boards (ASWB) in partnership with the Clinical Social Work Association (CSWA) and the National Association of Social Workers (NASW) to develop an interstate compact for licensure portability. Recognizing the importance and complexity of professional licensure, CSG is developing a team of social work leaders and experts to serve on the Compact Technical Assistance Group. **Stephen Wanczyk-Karp, LMSW**, Executive Director of NASW/CT is one of approximately 20 stakeholders nationwide to be selected to serve on the Technical Assistance Group.

## Elementary Schools' Forgotten Heroes

It is May 24, 2021 around 8 am and life gives the appearance of normality, something we all have lamented about since early 2020. People twelve years old and over are getting their vaccines, masks are off when outside and some inside, more are venturing out to visit, shop, enjoy nature and work. Children and adolescents are returning to in-person school and all are saying things are getting back to normal and in the fall schools should all be open with children happy to return.

But then I see them. The masked children awaiting their buses to bring them to school. It pains me as the flood of disturbing memories submerges my brain and seeps into my body. I remember the stories I have witnessed, the fears and worries, anger and the tears. I see my zoom sessions replay like reruns and I wonder for the actors how their lives could ever return to pre-covid normal. They cried out in terror. Will I die? Will my parents die? The rapid transfer of humans, moving in and out of and within their home to quarantine and/or isolate from their most cherished with no chance of a hug given, or a high five or a kiss. Venturing out to get the test over and over. Will I be positive or negative? Last time I was negative but my class is so small this year in school. The teacher was out again so makes that 3 teachers this year. Some have had 5, so I guess 3 is ok. Want to see my legos? Then the news comes. The family has covid. I am ok, no symptoms, asymptomatic they call it. Just that I have trouble staying asleep and I worry if my mom and dad will be ok. I try to go on my chrome book and do my work. I just want to sleep but my



teacher keeps giving us work to do. I have a lot not done. Sometimes I am ready to work but we lose WIFI to log on. I hold on to my new Nintendo Switch but I get mad at it. Yes I am mad sometimes, real mad. I am so sick of covid. I want to see my friends, my grandfather and cousins. These masks are hot. Do you want to see my drawings? We got to take our masks off for mask break. I can't remember what we did, maybe ran around. My

brain leaves me. Mom is not breathing so good and she can't taste food or smell stuff. Oh I got a new game, want to see it? I am happy cause my birthday is coming. It is in July. I can go back to school in a couple of weeks. It is not like school was. We have to stay away from others and wear our masks. But I did a good job on my test. We had two new kids to our class. They were doing school at home but now they

are in my class. Hey can we freeze dance? We both start dancing and laugh and laugh.....

For those who were not aware and believe covid 19 did not impact elementary school children, let us cheer for our little heroes! The ones who would say they were happy about something, would continue to do their best in a world that changed daily for them, used their ingenuity to create things, danced, drew, exercised, sang, made music and laughed during one of the most horrific times of their lives.

Rose-Ann Wanczyk-Karp, LCSW, BCD, DCSW, ACSW  
Social Worker/tele-health clinician

## NASW/CT & Alliance of School Social Workers Call Upon State to Hire More School Social Workers

This spring the State Department of Education (SDE) sought recommendations on how to spend the state's share of the American Rescue Plan Elementary and Secondary Relief Fund (ARPESRF). NASW/CT and the CT Alliance of School Social Workers, a network of NASW/CT, responded with a clear message – expand school social work services. Mental health services are one of the allowable expenses under ARPESRF.

In written testimony to SDE we pointed out that children have more stress than ever before that place increasing numbers of children at risk. This was the case before Covid-19 and it's exponentially more so since the beginning of the Covid-19 pandemic. Here are some excerpts from our testimony:

"School social workers can help children learn ways of adapting to stressful situations before maladaptive coping skills are established. It has been shown that children with healthy adaptive coping skills to stress have higher attendance rates, decreased drop-out rates, higher test scores and higher self-esteem. School social workers are the **one discipline in a school system** that proactively addresses academic barriers within the child's home, school and community. School social workers serve as a catalyst to bring people together to create an environment conducive to learning.

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

At a time when school safety and security is on all of our minds, please know that school social workers are part of the answer to secure schools. School social workers pro-actively identify children with mental health and social development needs and when school social workers are in elementary and middle schools such identification and referral to treatment can be made early on when intervention is most successful.

Now, take all of the points raised so far in this submission of comments and magnify them, because that is exactly what is happening now due to the Covid-19 pandemic. Students are experiencing the effects of isolation, anxiety of a life-threatening virus that cannot be seen with no clear beginning or clear end. Students are facing multiple losses such as missing graduation ceremonies, loss of friends and families who are hospitalized or died, and a loss of interaction with their community. These are all tremendous stressors that have negative impacts on children, and they are all issues that school social workers are trained to address. The State of Connecticut has identified social workers as **essential workers** and we urge the SDE to act accordingly by utilizing a portion of the ARPESRF to expand school social work services."

NASW/CT and the Alliance of School Social Workers offered the following recommendations to SDE:

1. Expand school social work services with an emphasis on school districts with high populations of vulnerable students.
2. Encourage school districts to employ school social workers who are licensed clinical social workers (LCSW). LCSWs can provide clinical therapy, which may be reimbursable through health insurance plans. ARPESRF can be used for pilot projects that create clinical school social work service positions in schools that do not have the clinical services of a school-based health clinic.
3. Assist school districts to have at least one school social worker available in each school and for every district to have school social work services.



## Risk Protection Law Expanded to Include Clinical Social Workers

The Governor has signed Public Act No. 21-67 [Public Act No. 21-67](#) that expands the list of persons who can petition the superior court for a risk assessment when a person who has weapons is deemed to be a possible threat to self or others. If the investigation is approved by the court and findings are found of a potential threat such weapons will be removed from the person's possession.

The bill allows family or household members or **medical professionals** to apply to court for a risk protection order investigation if they have a good faith belief that someone poses a risk of imminent personal injury to himself, herself, or another person. For these purposes, a "family or household member" is someone at least age 18 who is one of the following in relation to the person subject to the application: 1. the person's spouse, parent, child, sibling, grandparent, grandchild, stepparent,

stepchild, stepsibling, mother- or father-in-law, son- or daughter-in-law, or brother- or sister-in-law; someone residing with the person; 3. someone who has a child in common with the person; 4. the person's dating or intimate partner; or 5. the person's current or former legal guardian. **Under the bill, a "medical professional" is one of the following state-licensed professionals who has examined the person: a physician or physician assistant, an advanced practice registered nurse, or a psychologist or clinical social worker.**

NASW/CT supported this bill and lobbied to include licensed clinical social workers in the bill. The fact that the Legislature included licensed social workers is a statement of the professional recognition our profession has attained. The bill, which expands current law takes effect June 1, 2022.

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## CEC Home Study Hours Increased

At the request of NASW/CT the Department of Public Health included a request to the state legislature for an increase in the maximum number of hours allowed for home study for licensure renewal. The request was in a bill that makes technical changes to public health law. The new maximum number of home study hours is now 10, an increase from the previous maximum of 6 hours. The total number of hours required annually is 15 hours.

NASW/CT had conducted a review of all states that had a continuing education requirement to determine what other states allowed for home study hours. That review found that 32 states allowed more home study hours as a percentage of total hours than CT and by increasing the number of home study hours to 10 that CT would be slightly higher than the median for those states. Based on this information the NASW/CT Board of Directors recommended 10 hours to the Department of Public Health.

The new maximum hourly amount was passed by the Legislature and signed by the Governor in June. The new 10 hour maximum for home study is now in effect.

Note that trainings obtained through platforms such as Zoom that are "live" and where attendees can interact with the presenter in real time are considered to be face to face trainings and not "home study".

## Treating Minors Without Parental Consent Law Revised

The law that allows certain licensed mental health professionals to provide counseling to minors (someone under the age of 18) without parental consent or notification has been revised. Effective July 1, 2021 there is no longer a 6 session limit on treatment, unlimited sessions are now allowed. Furthermore, the law now spells out when the provider may share information without client consent. Here is the key provision of the law as now in effect.

**THE LICENSED PROFESSIONALS WHO MAY PRACTICE UNDER THIS LAW:** The statute permits licensed clinical social workers (LCSW), licensed psychologists, licensed marital and family therapists, and licensed psychiatrists to treat minors without parental consent. *Only licensed professionals as noted above are eligible. Licensed master social workers are not covered by this law.*

**REQUIRED ASSESSMENT PRIOR TO INITIATING TREATMENT.** The following assessment must be made prior to treatment. There are five criteria that must all be met in the affirmative in order to proceed with treatment without parental/guardian consent or notification. The provider must document that the criteria has been met prior to initiating treatment.

1. Requiring parental/guardian consent or notification would cause the minor to reject the treatment.
2. Providing the treatment is clinically indicated.
3. Failure to provide treatment would be seriously detrimental to the minor's well-being.
4. The minor has knowingly and voluntarily sought treatment.
5. In the provider's opinion the minor is mature enough to productively participate in treatment.

**OTHER PROVISIONS OF THE LAW:**

- If a provider is treating a minor under this statute the provider is prohibited from notifying

the parent(s)/guardian of the treatment or from disclosing information about the treatment without the minor's consent. It is advised that such consent be in writing. See exceptions below to non-notification.

- Any parent/guardian who is not informed of treatment provided under the conditions of this statute will not be liable for the costs of the treatment.

**EXCEPTIONS TO NON-NOTIFICATION WITHOUT MINOR'S CONSENT:**

- A provider may notify a parent or guardian of treatment or disclose certain information concerning such treatment without the consent of the minor who receives such treatment provided (A) such provider determines such notification or disclosure is necessary for the minor's well-being, (B) the treatment provided to the minor is solely for mental health and not for a substance use disorder, and (C) the minor is provided an opportunity to express any objection to such notification or disclosure. The provider shall document his or her determination concerning such notification or disclosure and any objections expressed by the minor in the minor's clinical record. A provider may disclose to a minor's parent or guardian the following information concerning such minor's outpatient mental health treatment: (i) Diagnosis; (ii) treatment plan and progress in treatment; (iii) recommended medications, including risks, benefits, side effects, typical efficacy, dose and schedule; (iv) psychoeducation about the minor's mental health; (v) referrals to community resources; (vi) coaching on parenting or behavioral management strategies; and (vii) crisis prevention planning and safety planning. A provider shall release a minor's entire clinical record to another provider upon the request of the minor or such minor's parent or guardian.

## Licensure for Out-of-State Social Workers Eased

The CT legislature passed a bill sought by Governor Lamont that eases the process for health care providers to be licensed in CT. The bill, that takes effect on October 1, 2021 will recognize an out of state license and offer issuance of the CT license.

For social workers licensed in another jurisdiction, if they held their out-of-state license for at least 4 years and if their license is in good standing, will be able to receive the CT license upon residency in CT. The CT license will be at the same practice level as the out-of-state license (LMSW or LCSW). This will dramatically ease the process of attaining a CT license.

The bill also calls for the Department of Public Health to create work groups to study and make recommendations to the CT Legislature as to participation in professional inter-state compacts. The recommendations are due by January 1, 2023. Currently, there are no social work inter-state compacts however an initiative to create a social work compact is getting underway. Depending on the DPH recommendations it may make passage of a social work compact more feasible once such a compact is launched.



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## Making Our Mark at the Capitol: A Social Worker's Review of the 2021 Legislative Session

The adjournment of any Connecticut General Assembly session prompts a review. The close of this unique, fully virtual session, held amid a continuing pandemic, growing recognition of racial inequities, deepening division within communities, partisan political entrenchment, and collective grief, calls for a review through a social work lens. Social workers are rightfully in the spotlight as critical, essential professionals with communication and problem-solving skills that smoothly transfer in times of tumult.

The core values of our profession are proving essential to navigating the uncertainty. With COVID-19 highlighting disparities social workers consistently encounter in their daily work, this session was a powerful reminder that no matter how and where you apply your skills – whether micro, mezzo, or macro – understanding the legislative process is vital to being an effective, proactive advocate for your clients and communities.

Logistics first. The session leveraged technology to host committee meetings and public hearings on YouTube, using Zoom for both legislators and residents while they provided oral testimony. While connectivity access was a barrier for some, the lack of a Hartford commute, the less intimidating and more familiar environment of one's own cell phone or computer, and a preview of the speaking order offered an opportunity for more residents to deliver live testimony for the first time. Our ability to network with diverse partners and coordinate messaging was rewarded and social workers were among activists outreaching to and supporting community members as they shared their stories and concerns with lawmakers.

The Education and Legislative Action Network drafted its annual legislative agenda in December 2020, defining our priorities for the coming five months which aligned with those of NASW

National: voting rights, criminal justice/juvenile justice, environmental justice, immigration, and economic justice. Overall, the chapter submitted testimony on 49 bills during committee public hearings, coordinated with the legislative Social Work Caucus and our many coalition partners, delivered timely alerts on priority actions, and encouraged membership to call their legislators and leadership as needed during committee and chamber votes. We advocated in areas where we are uniquely impacted regarding specifics to the social work profession and on the larger social justice issues facing our state.

There was tremendous progress made this session related to our profession. Other articles in this issue of *CONNECTIONS* detail the nursing home staffing ratio reduction, "red flag" law update, changes to the counseling minors statute and on-demand home study CEU limit increase. Additionally, we aligned with a growing movement in the social work profession and urged the passage of interstate licensure reciprocity. As the need for our services grows it is important to welcome and ease the transition for licensed professionals seeking work in our state.

Of the larger social justice issue bills for which we advocated, the majority were related to equity and the dignity and worth of individuals. The declaration of racism as a public health crisis includes the creation of a Commission on Racial Equity in Public Health, tasked with decreasing racism's effect on public health and eliminating health disparities and inequities across multiple sectors. Age discrimination in the workforce hiring process has been prohibited. Parentage has been codified into law, giving equal treatment for children born to same-sex couples and recognition of non-biological parents. Adult adoptees now have full and free access to their original birth certificates.



## Session Review, continued

The telehealth executive order was extended through June 30, 2023, and includes audio-only phone calls, covers all fully insured health plans, Medicaid & CHIP for services by in-network providers, authorizes LCSWs and LMSWs as eligible providers (LMSWs in private practice are still not eligible under Medicaid), and ensures payment parity. Medicaid eligibility was expanded to children under the age of 9 and to women for 12 months after giving birth, regardless of immigration status. Services at school-based health clinics have been increased and expansion of more clinics statewide is under strategic review.

Voting reform is an arduous process that requires a modification to our state constitution. With an unexpected assist from the necessary public safety constraints of pandemic life, the use of no-excuse absentee ballots in the 2020 election helped elevate and gain support for making it permanent. This process will follow that of early voting, started in 2019. While voting rights are critical and access need be expanded, recent national news about the ease with which other states are restricting voting access and eligibility offers a different perspective on the “land of steady habits” as we continue advocating for securing changes through 2026.

We also supported the activists and legislators who expanded restoration of voting rights to people on parole after rights were reinstated for those on probation in 2001. Their continued fight to end disenfranchisement succeeded, as Connecticut joins every other state in the country with no voting eligibility difference between parole and probation. Additionally, incarcerated individuals will now be counted in their home voting districts instead of the district to which the facility is located, an equity measure that appropriately apportions political power.

Criminal legal and justice reform was a significant part of this session and included passage of Clean Slate legislation, prison phone justice, and raising

the age of arrest from 7 to 10 (still an unfathomably young age). There will now be automatic erasure for certain misdemeanors and low-level felonies after a certain timeframe with no new convictions, better positioning individuals for housing, employment, and education opportunities. Connecticut is also garnering national praise as it became the first state to make all prison phone calls free, providing continuing connection and support as well as maintaining relationships for both those incarcerated and their loved ones.

While we are excited about the progress of the 2021 session, we are determined to address those issues left unfinished, in committee rooms and on chamber floors. Among the disappointments were failures to pass a health care public option, honor self-determination through aid in dying for the terminally ill, fully fund equitable education, address several housing concerns including homelessness, affordable housing, and zoning desegregation, eliminate solitary confinement, and implement all the recommendations of the Juvenile Justice Policy and Oversight Committee. While the increase in the Earned Income Tax Credit will promote positive outcomes for working families, we also supported Temporary Family Assistance program reform and increased revenue streams through tax equity.

Social workers are advocates, activists, and organizers for many causes, and we are grateful for all the support we received this session. We celebrate the advances and soon begin strategizing for those issues we can approach in the upcoming “short” session as well as ones we can move forward after the swearing-in of a new state legislature in 2023.

Kathleen Callahan, MSW  
NASW/CT ELAN Chair

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## Have You Heard About SAVI?

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Student loan debt is a burden for social workers. More than 80% of BSW and MSW graduates carry loan debt, according to the Council on Social Work Education.

Managing your student loans as a social worker comes with unique challenges. Many social workers have both undergraduate and post-graduate education, leading to more debt than for many other professionals. And a high percentage of social workers are employed in the public sector or in non-profit agencies. While this can often mean lower salaries than in the private sector, it also means potential benefits from the federal government for student loan repayment.

NASW advocates for loan forgiveness for social workers as part of our ongoing work to improve working conditions and salaries, to support social work professionals and to ensure that consumers have continued access to qualified professionals.

NASW partners with Savi, a student loan technology company, to provide our members with access to resources and expertise to better understand, manage, and repay student loan debt. The Savi Student Loan Tool analyzes repayment and forgiveness programs to help borrowers make better decisions and determine the best solution, and can also provide digital enrollment and re-enrollment each year.

Members can select a free account to explore options at no cost, or choose a member-discounted premium account to get help enrolling and submitting application paperwork directly to loan servicers, and access one-on-one support with student loan experts. According to Savi, users have a projected average savings of \$2,064 a year, and save hours in paperwork and anxiety.

Follow these links to learn more!

<https://www.socialworkers.org/Careers/Manage-Your-Student-Loans>

<https://nasw.bysavi.com/>

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## Chapter Exceeds Fundraising Goal

We are pleased to announce that NASW/CTs fundraising goal for Fiscal Year 2020/2021 has been met and exceeded! We set an ambitious goal to raise \$10,000 in individual donations from members toward for our Advocacy Fund. **We are thrilled to announce that the total raised was \$11,061, a new high for NASW/CT.**

We thank our 214 members (9% of membership!) who contributed to the Advocacy Fund. Donations ranged from \$5 to \$500 and each dollar went directly into our advocacy at the State Capitol, influencing the Lamont Administration or lobbying our Congressional delegation. Given the recent legislative successes for the profession and on social justice issues, all donations were well invested.

The Chapter actively seeks donations for the Advocacy Fund from January-June to correspond with the CT legislative session. Other advocacy on behalf of the profession are ongoing year round, such as our campaign to have municipalities hire more social workers and our efforts to increase the utilization of social workers by police departments. Donations can be made online at <http://naswct.org/donate-to-advocacy-fund/> or checks made out to NASW/CT with Advocacy Fund in the memo section may be mailed to the office.

## Chapter Elections Announced

We are pleased to announce the results of the NASW/CT Chapter 2021 election for the Board of Directors and the Delegate Assembly. Here are the newly elected members of the Board and our elected delegates to the 2023 Delegate Assembly.

### Board of Directors

Cheryl Wilson, President-Elect  
Beth Sharkey, First Vice-President  
Joanne Iurato, Region 3 Representative  
Rosaline Brown, Member At Large  
Pedro Pablo Silva, II, MSW Student Representative

### Delegate Assembly

Michael Marshall, Shannon Perkins, Stephen Monroe Tomczak

We thank our members who participated in this year's election and all of the candidates who ran for the Board of Directors.

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**Wondering how to get 10 Continuing Ed Online Credits that you know will meet Connecticut's licensing requirements?**

Go to the **CE Institute** on the NASW/CT website at [www.naswct.org](http://www.naswct.org), then click on Continuing Education/CE Institute. There are dozens of classes on dozens of topics at reasonable prices!



## Chapter's CE Workshops Continue



The Chapter's CE offerings continued this spring starting with *MaryKay O'Sullivan, LMFT, LADC, LPC*, returning to offer **"The Psychology of Suicide in Adolescents and Young Adults"**. According to the CDC, suicide is the third leading cause of death for youth between the ages of 10 and 24 and the pandemic created a perfect storm of stressors for kids. This workshop identified those stressors, the frequently immature coping skills of adolescents, and the clues mental health professionals might look closely for to identify those most vulnerable.

*Sherry Cohen, Med, LICSW* with a private practice in Newton, MA then joined us for a workshop in June titled **"What's Next? Pandemic Transitions: Virtual, In-Person, or Both?"** For those who were and are undecided about returning to their private practice offices or continuing to work virtually, this was an opportunity to hear what others were doing and to weigh the pros and the cons.

Later in June we were pleased to have *Meghann LaFountain, Esq.* of LaFountain Immigration Law in Middletown join us with a training entitled **"Providing Support for Clients and Families with Immigration Concerns"**. Discussion of immigration terminology and documentation statuses was presented followed by a thorough description of the arduous process of seeking permanency in the U.S. Green cards, DACA, TPS, and visas discussed highlighting the benefits and challenges of various immigration statuses and how we, as social workers, might best support immigrants and their families.

While July and August are providing a "summer break" do STAY TUNED for future trainings including:

A return to the barn and paddocks at Ebony Horsewomen, Inc. in Hartford for a workshop on **Equine Assisted Psychotherapy** with *Patricia Kelly* and her colleagues. It has been almost 2 years since a group gathered here for a program on the use of horses and equine-facilitated therapy approaches to help at-risk youth escape participation in violence and improve academic achievement.

We are also looking forward to a training titled **"Enhancing Diversity in Leadership through Culturally Attuned Supervision Practices"** offered by *Sharlene Kerelejza, LMSW*, a Clinical Assistant Professor at Sacred Heart University School of social Work and *Robyn-Jay Bage, MPA*, Professor of Management at Naugatuck Valley Community College. While this workshop is open to all, it is primarily designed for those who supervise staff, students, and/or volunteers. This will be a great opportunity to support a more diverse and uniquely equipped generation of leaders!

On the agenda is also a morning workshop on using DBT to build a more satisfying life and a look into the human-animal bond and social work at the intersection of the animal and human relationship. And, finally, at the end of the year, our popular workshop on **Managing Your Private Practice**. All workshops to be advertised with dates and times shortly.



## Municipal Hiring of Social Workers Campaign Update

*Just before the pandemic hit the NASW/CT launched a campaign to encourage municipalities to give preference to BSWs and MSWs in hiring for social service positions. NASW/CT has relaunched the campaign with a letter to all the HR directors in the state's municipalities that speaks to the benefits of hiring professional social workers. A prior letter had gone out to all chief officers of Connecticut's towns and cities and to police chiefs regarding utilization of social workers. Future letters will be sent to directors of libraries, social service departments, elderly and youth services and school superintendents. What follows is an opinion piece that ran in the CT Mirror.*

### In a Pandemic Social Workers Offer Municipalities Answers to Service Needs

As Covid – 19 restrictions are lifted and residents begin to re-engage in their communities, a host of social service needs, especially mental health, will stretch municipal services. At this point in the pandemic, municipalities more than ever need professional social workers who, as essential workers, are trained to deliver the highest quality service.

In 2014 the State of Connecticut, Department of Administrative Services (DAS) instituted preference in hiring of MSWs and BSWs for all executive branch departments for the job classification of social worker. This occurred after the Department of Children and Families began in 2012 to primarily hire MSWs and BSWs and the Department of Social Services followed suit in 2013. Based on the positive results by both DCF and DSS the state put the preference into place as an administrative decision. In 2019 that preference in hiring of MSWs and BSWs became codified into statute. The sole reason for this is that after 7 years of employment experience the State of Connecticut determined that employing professional social workers led to better delivery of social services, a more qualified workforce and improved client outcomes. Municipalities should now do the same.

Settings such as social/human service departments, public schools, libraries, senior centers & senior services, youth bureaus and police are all municipal departments where professional social workers can make a significant contribution and where MSWs

and BSWs belong. The key reasons that professional social workers should be the preferred candidate of choice for municipalities when hiring for social service positions is as follows:

- Professional social workers must complete a rigorous curriculum that includes core competencies determined by the national Council on Social Work Education (CSWE) in order to earn a BSW or MSW degree. Social workers are educated in a 'person in environment' approach that assures the most holistic and comprehensive methods to working with clients. This unique perspective helps social workers to assist people in reaching their full potential, while contributing to building healthy and productive families and communities. Social workers have specific skills and knowledge in working with individuals, families, groups, organizations and communities that grounds the social worker in a wholistic understanding of client needs. Professional social workers utilize a systems perspective that fully takes into account the person's individual situation, the client's family relationships, the social determinants that impact on the presenting issues and the community resources that can be brought to bear to the problems at hand.
- Attaining a degree in social work requires completion of a comprehensive curriculum that has a strict set of competencies that each social work student must achieve. Curriculum includes coursework on individuals, families, groups,

## Municipal Campaign Update, continued

organizations and communities, that is augmented by electives allowing the student to focus on specific populations. Students must complete supervised field internships where the student acquires real life experience prior to entering the field as a practitioner.

- Most MSWs attain professional licensure by passage of a nationally recognized exam.

There are many municipal settings where professional social workers can provide quality services. The most obvious is a Social Service or Human Services Department where residents bring a host of concerns. Public schools often employ school social workers for a range of services, including crisis intervention, counseling, behavior modification, mental health, work with families, and support for teachers and administrators. Libraries are an area of growing employment for social workers. Public libraries serve a wide range of resident needs that include encounters with persons who are homeless, have mental health illnesses, are unemployed, have unmet health care needs, face family caregiving issues and isolation. Senior services and senior centers are excellent settings for professional social workers to work in. There are social workers who have specific training in geriatric social work that includes working with the individual and their family toward healthy aging. Youth bureaus deliver clinical services to children and adolescents, working on mental health needs and family issues. Licensed clinical

social workers are recognized by all major insurers so can provide billable services to offset service delivery costs. Local police departments have begun to recognize the value of having a social worker as part of the department's tool box. Having a social worker to accompany the law enforcement officer on social needs can lead to better and safer outcomes for both the person in need and the responding officer.

Connecticut has an ample pool of MSWs and BSWs who are well suited for municipal employment. There are 6 MSW schools and 8 BSW schools in Connecticut and many more in surrounding states that offer municipalities a strong pool of candidates to recruit from.

Municipalities are excellent places for MSWs and BSWs to be employed. In a municipality the social service worker sees a wide range of residents in age, economic status, and social needs. The social work degree best prepares the employee to address this wide range of issues and present the municipality as a responsive government that is capable of improving the lives of its residents, thus enhancing the community as a whole.

*Stephen Wanczyk-Karp is the executive director of the National Association of Social Workers, CT Chapter. He had worked for over 8 years in three different municipalities.*

## How to Know if a CE Program is Approved in CT

Covid-19 has led to a dramatic increase in virtual trainings, with most offering CEUs. If you are seeking continuing education units make sure when you sign up for a program that it has CT recognized approval. DPH accepts programs approved by NASW, Association of Social Work Boards (ASWB), and schools of social work (BSW & MSW) that are accredited by the Council on Social Work Education (CSWE). If a program does not have one of these approvals it is **not acceptable** for license renewal. If you take a course that is not approved by one of the aforementioned bodies, NASW/CT does offer an approval review after you have taken a program <http://naswct.org/continuing-education/individual-reviews-continuing-education-credit/> at a fee of \$20 for members and \$60 for non-members.

# CODE OF ETHICS

OF THE NATIONAL ASSOCIATION OF  
SOCIAL WORKERS

**NA  
SW**

## 2021 Revisions

*NASW Code of Ethics: Self-Care  
and Cultural Competence*

## FREQUENTLY ASKED QUESTIONS

### **When does the 2021 revision of the NASW *Code of Ethics* go into effect?**

The 2021 NASW *Code of Ethics* goes into effect on June 1, 2021.

### **Where can I purchase a copy of the 2021 revised NASW *Code of Ethics*?**

The NASW *Code of Ethics* is available for sale at  
<https://naswpress.org/product/53535/code-of-ethics>

### **What sections of the NASW *Code of Ethics* were revised?**

The 2021 amendments are limited to the following sections of the Code: Purpose of the NASW *Code of Ethics*, Ethical Principles (namely, the Value of Integrity), and standard 1.05, Cultural Competence.

### **Will licensing boards now approve self-care content for continuing education credit?**

NASW is not a licensing body and therefore has no jurisdiction over state licensing requirements. Social workers should contact

their state licensing board to determine how the recent revisions to the NASW *Code of Ethics* will impact licensure, including prelicensing testing, and continuing education requirements. To find out more about state licensing requirements visit the Association of Social Work Boards at [aswb.org](https://aswb.org).

### **How can social workers advocate for professional self-care, especially when working in host settings, i.e. non-social work organizations?**

Many social workers are employed in settings that are not primarily social work organizations. As such, employers may not be aware of specific professional requirements impacting social work practice. Standard 3.09 of the NASW *Code of Ethics* guides social workers to adhere to commitments made to employers and employing organizations; however, when an employer's directives conflict with the NASW *Code of Ethics*, it is imperative that social workers educate their employer about ethical and other obligations specific to social workers and the implications for social work practice in the context of the organization.



Educating employers about social workers' ethical obligations is a win-win situation for both social workers and employers.

### **How do we hold social work professionals and organizations accountable regarding self-care?**

The self-care language in the NASW *Code of Ethics* is aspirational and not prescriptive. Adherence to professional self-care cannot be easily measured and is therefore seen more as a goal that social workers and organizations should STRIVE to uphold and achieve.

### **What resources are currently available for developing a professional and personal self-care plan and promoting professional self-care?**

SELF-CARE DURING THE CORONAVIRUS PANDEMIC

[www.socialworkers.org/Practice/Infectious-Diseases/Coronavirus/Self-Care-During-the-Coronavirus-Pandemic](http://www.socialworkers.org/Practice/Infectious-Diseases/Coronavirus/Self-Care-During-the-Coronavirus-Pandemic)

JUSTICE AND JOY: SELF-CARE IN 2020

[www.socialworkers.org/News/Social-Work-Talks-Podcast/EP61-Justice-and-Joy-Self-Care-in-2020](http://www.socialworkers.org/News/Social-Work-Talks-Podcast/EP61-Justice-and-Joy-Self-Care-in-2020)

SELF-CARE AND AVOIDING BURNOUT

[www.socialworkers.org/News/Social-Work-Talks-Podcast/EP17-Self-Care-and-Avoiding-Burnout](http://www.socialworkers.org/News/Social-Work-Talks-Podcast/EP17-Self-Care-and-Avoiding-Burnout)

ARTICLE:

[www.socialworkers.org/Practice/Infectious-Diseases/Coronavirus/Self-Care-During-the-Coronavirus-Pandemic](http://www.socialworkers.org/Practice/Infectious-Diseases/Coronavirus/Self-Care-During-the-Coronavirus-Pandemic)

SEARCH SELF-CARE IN NASW'S SOCIAL WORK CE ONLINE INSTITUTE FOR THESE AND OTHER SELF-STUDY CONTINUING EDUCATION CREDIT PROGRAMS:

<https://naswinstitute.inreachce.com>

- [The 3 S's: Supervision, Self-Reflection, and Self-Care](#)
- [Mindfulness and Self-Care](#)

NASW PRESS PUBLICATIONS

<https://naswpress.org/product/53484/burnout-and-self-care-in-social-work>

<https://naswpress.org/product/53634/self-care-in-social-work>

Visit [www.terrickahardy.com](http://www.terrickahardy.com) for more on professional self-care.

### **Why was the term "cultural competence" reinstated as the title of standard 1.05?**

The reinstatement of the title and other revisions to standard 1.05 of the NASW *Code of Ethics* were approved based on the recommendations of the National Committee on Racial and

Ethnic Diversity. They argued that the approved amendments would provide more emphatic language that operationalizes how cultural competence is demonstrated. The term "cultural competence" can be seen as an umbrella that encompasses other relevant characteristics including cultural awareness, humility, and sensitivity.

### **How do we hold social work professionals and organizations accountable on cultural competence?**

Social workers should educate themselves and the organizations in which they work about the important provisions in the NASW *Code of Ethics* concerning cultural competence. The pursuit of cultural competence requires training, supervision, consultation, and other professional and personal development opportunities to identify and address implicit bias, discrimination, and racism in the many forms it may show up in practice. Individual social workers and organizations can advance accountability through formal and informal systems that continually review the demonstration of cultural competence or lack thereof.

Furthermore, standard 2.10, Unethical Conduct of Colleagues, charges social workers to prevent, address, and expose unethical conduct of colleagues by first discussing concerns with the colleague if feasible; if not feasible, social workers should explore available channels for filing a complaint.

### **What other NASW resources are available to support the advancement of cultural competence in social work practice?**

STANDARDS AND INDICATORS FOR CULTURE COMPETENCE IN SOCIAL WORK PRACTICE

<https://naswpress.org/product/53592/nasw-standards-and-indicators-for-cultural-competence-in-social-work-practice>

NASW ETHNICITY AND RACE PRACTICE TOOLS

[www.socialworkers.org/Practice/Ethnicity-Race/Ethnicity-Race-Tools](http://www.socialworkers.org/Practice/Ethnicity-Race/Ethnicity-Race-Tools)

SEARCH CULTURAL COMPETENCE IN NASW'S SOCIAL WORK CE ONLINE INSTITUTE FOR SELF-STUDY CONTINUING EDUCATION CREDIT PROGRAMS:

<https://naswinstitute.inreachce.com/>

NASW PRESS PUBLICATIONS

<https://naswpress.org/product/53641/multiracial-cultural-attunement>

<https://naswpress.org/product/53646/reenvisioning-therapy-with-women-of-color>



## Recognition Awards for 2021

We are delighted to announce our Awardees for the 2021 Special Recognition Virtual Event on September 22, 2021

**Jennifer Vendetti, LMSW, CEIM, PMH-C and  
Senator Matthew Lesser**

When COVID-19 necessitated the cancellation of our 2020 and 2021 Annual Dinners the Chapter's Board of Directors suggested that we honor two people in our social work community who had had a positive impact on individuals while practicing under the COVID restrictions and health insecurities. The award would give the Chapter the opportunity to express appreciation to a member of the profession or a person allied with the profession who had gone above and beyond in remarkable ways to exemplify the commitment, spirit, advocacy, and integrity of a social worker or allied professional during a pandemic that was unprecedented in our lifetime. We present to you the two people who met that level of excellence.



**Jennifer Vendetti,**  
**LMSW, CEIM, PMH-C**  
has many roles within the UCONN Health Parenting Program, performing countless duties with extraordinary passion for maternal and infant and child wellbeing and mental health. As the letters after her name indicate, in

addition to her social work license, Jennifer is a Certified Educator of Infant Massage and has her Perinatal Mental Health Certification. During the COVID pandemic, a time of uncertainty and confusion, Jennifer's keen sense of what people needed and how to meet those needs has been exemplary. During the pandemic, Jennifer always looked at the overall picture and acted swiftly to create opportunities for clients. She never hesitated during the pandemic, continuing to coordinate the

UCONN Health Parenting Program and the Mind over Mood Initiative, pairing home visiting families with dedicated therapists for mental health treatment with optimism and trust and attention to detail. Jennifer shifted with ease to the new normal, her technological skills a wonder, her commitment to pairing families and therapists never waning, never allowing one family to be without help, even when it seemed particularly difficult to locate the right therapist. An enthusiastic and knowledgeable member of the greater maternal wellness and infant mental health workforce Jennifer served as a mentor to many. Her gift for highlighting people's strengths and her ability to nurture leadership skills in others is remarkable.

When Jennifer realized that online instruction for the student interns needed to be made accessible, she sprang into action and created a Padlet that functioned like an online bulletin board, listing pertinent topics, resources, documentation tools, etc.—a training tool that was indispensable during a time when in-person meetings were not possible. She also created other Padlets to educate staff and partnering therapists with all the latest information, thus ensuring uninterrupted quality care. Jennifer created an online story-time group via a YouTube channel to read to children involved in the groups for Mothers, sharing stories and making them come alive through her gestures and props and enthusiasm. Adept at problem solving, Jennifer took a challenging situation and created something magical for the children the program served. She moved her in-person classes for mothers and newborns to the virtual realm, demonstrating her infant massage techniques to parents to allow them to continue with these essential attachment exercises. Again, her ingenuity and commitment to the families in the program was extraordinary.

## Awards, continued

Jennifer managed to continue her work with Postpartum Support International throughout the pandemic. The CT Chapter of this group, which is dedicated to addressing the mental health needs of perinatal mothers, was founded by Jennifer in 2016 and her tenacity and organizational skills have allowed the organization to provide a myriad of opportunities for help for perinatal women across the state. She has held countless positions within the organization, sometimes wearing two or three hats to keep moving forward. During the pandemic Jennifer began the virtual “Lunch and Learn” series to bring therapists and skilled professionals together to enhance best practices. As the President of PSI International writes, “in a year when so much has changed and challenged this population who are having babies and suffering losses in isolation, Jen has risen to the top as a social worker who is going above and beyond to think of new and creative ways to support those who need it most”.

Jennifer’s dedication to early childhood and infant mental health is further illustrated by her continuous work with the CT Association for Infant Mental Health, CT-AIMH. As a board chair she has been instrumental in preserving the mission of the organization during the pandemic. She is well known as the person who rose to the occasion during COVID, spearheading the distribution of the “Raising of America” documentary with virtual showings and discussion groups as opposed to the hosted events planned for various locations within the state. The pandemic never deterred this social worker from ensuring the continuation of education, guidance, and advocacy. She took on the logistic and technological challenges of hosting a larger online event and helping others learn these new and necessary skills.

Extraordinary times call for extraordinary people to do extraordinary things and it is with great honor that Jennifer’s colleagues at UCONN Health Parenting Program, CT-AIMH, PSI International CT Chapter, and Nurturing Families Network of EdAdvance, as well as a young parent and the

Director of Faith Formation at her church join together in this nomination.



**Senator Matthew Lesser**, Deputy Majority Leader, represents the ninth district, serving the citizens of Cromwell, Middletown, Newington, Rocky Hill, and Wethersfield. As Deputy Majority leader he is the Chair of the Insurance and Real Estate Committee and

Vice-chair of the Human Services committee. He is also a member of the Appropriations, Energy & Technology, Judiciary, and Labor & Public Employees Committees.

Senator Lesser played an instrumental role in the passage of the Mental Health Parity Act in 2019 that ensures insurance coverage for those in CT who suffer from mental health and substance use disorder conditions as they would for other illnesses. As a survivor of a serious illness, he knows all too well the struggles families face when dealing with their personal health issues or the issues of their loved ones. He is committed to fighting for access to high-quality and affordable healthcare and prescriptions. In July of 2020, after authoring and introducing, Senator Lesser led the passage of An Act Concerning Diabetes and High Deductible Health Plans. The insulin bill caps a person’s out-of-pocket cost of insulin as well as diabetic equipment and supplies. This is the nation’s strongest law promoting access to insulin. “We know that 25% of diabetics are rationing their insulin because they can’t afford it, a life-threatening problem. That ends with this bill”, said Lesser.

Also in July of 2020, with Senator Lesser in a leading role, An Act Concerning Telehealth was passed. Proven to be an essential tool during COVID’s start in March, telehealth continued to play a huge role in providing healthcare services

## Awards, continued

and the passage of this bill provided new tools to physicians and other medical providers including social workers.

In May of 2021, Senator Lesser was a driving force in the debate on legislation that would extend telehealth services in Connecticut for another two years and the legislation passed with unanimous bipartisan support. This extension allows health care providers and patients to continue using a vital tool for those seeking health services during the COVID-19 pandemic. Not only did the legislation expand the list of providers that can provide telehealth services, it also continues to allow telehealth by audio-only without requiring video. As Senator Lesser said, "the pandemic has changed the delivery of healthcare in a meaningful way and...extending telehealth is essential legislation...ensuring residents get access to the care they need safely and conveniently."

Senator Lesser wrote the nation's first Student Loan Bill of Rights, which established the Office of Student Loan Ombudsman to regulate student loan servicers and educate students and their parents on the student loan process.

Before being elected to the State Senate, Sen. Lesser was a State Representative for the 100th District in Middletown from 2008 to 2019. He was the chair of the Banking Committee from 2015 to 2019. Senator Matt Lesser has been a long-time friend of the social work community and NASW/CT. NASW/CT is fortunate and grateful to have a Senator who has advanced legislation in support of social work and social justice. We are honored to be able to recognize Senator Lesser for his work in the Connecticut legislature and announce his selection as the NASW/CT Legislator of the Year for our 2021 Recognition Awards event.

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## Announcing!!



Save the Date

**April 1, 2022**

**NASW/CT Annual Conference is BACK!**  
**Mystic Marriott**

More details available in the Fall, but save the date NOW!

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## Upcoming SWES Exam Prep Courses Now Online Via Zoom!

Due to circumstances around COVID-19, and the closure of venues, SWES has migrated its upcoming exam prep classes to Zoom! Please see the attached flyer for details. Register in advance to receive your Comprehensive Study Guide, included with registration, by mail. [www.swes.net](http://www.swes.net) or by calling 800-933-8802.



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**“Very beneficial and interactive...”**



## Reminders: On Our Website

### Seeking Online Education for LCSW Renewal?

Visit the NASW/CT website [www.naswct.org](http://www.naswct.org) and click on the CE INSTITUTE. Here you will find a wide range of online classes and webinars all with continuing education credits. Remember CT LCSW renew allows up to 10 hours of home study including online education. Live webinars count the same as in-person programs.

No matter what practice field you are seeking education on you will find it at the NASW CE INSTITUTE @ <http://naswwa.inreachce.com/>

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### Seeking LCSW Supervision?

If you are a LMSW seeking supervision for LCSW eligibility check out the **NASW/CT Supervisors Registry**. Here you will find supervisors that have met the criteria of NASW/CT to offer supervision. Under state law any LCSW can offer clinical LCSW supervision. NASW/CT has a higher standard that we apply to the LCSWs on the **Supervisor's Registry**. Go to <http://naswct.org/supervisors-registry/> to see the full list of available supervisors.

Are you an LCSW seeking to offer supervision? Consider being on the **Supervisors Registry**. For details on qualifications, cost and an online application go to <http://naswct.org/add-new-supervisor-listing/>

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### Advertising Your Classified Ad on the Web

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Value added feature for advertisers. We will forward your ad to our members who have signed up for our Job Seekers list at no additional cost to you.

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## Contact Information

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Rocky Hill, CT 06067

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

[naswct.naswct@socialworkers.org](mailto:naswct.naswct@socialworkers.org)  
[www.naswct.org](http://www.naswct.org)

Change Membership Data  
National Office, DC  
\*Members can make changes online

800-742-4089\*  
[www.socialworkers.org](http://www.socialworkers.org)

NASW Assurance Services

855-385-2160

LCSW Exam Application—Department of Health

800-509-7603

Ethical Questions  
Stephen Wanczyk-Karp, NASW/CT Executive Director

860-257-8066 x202  
[skarp.naswct@socialworkers.org](mailto:skarp.naswct@socialworkers.org)

Committee Participation  
NASW/CT Chapter Staff

860-257-8066

Licensing Questions  
NASW/CT Chapter Staff

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