

CONNECTIONS

April—June 2022



“Social justice is the surest guarantor of peace in the world.”

— Guy Ryder

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Shannon Perkins, LMSW
President, Connecticut Chapter

The Art of Ending

“Great is the art of beginning, but greater is the art of ending.” – Henry Wadsworth Longfellow

Goodbyes are hard...but hasn't social work always been about the endings? When we close out a case and say goodbye to a patient, it means we've done our job... but it doesn't necessarily make it any easier. We grew attached to our clients, we see them regularly, we hear about their families, their jobs, their loved ones, their toughest challenges, and their greatest successes. We may have been the first person to ever listen to them truly. It makes perfect sense that saying goodbye can elicit an emotional response. So, allow yourself the space to grieve because a goodbye is a loss, isn't it?

In social work, we typically refer to our “goodbyes” as termination or ending the therapeutic relationship. Ideally, when we end a therapeutic relationship, it's because we are in agreement that therapy goals have been met and sufficient progress made such that clinical treatment is no longer warranted, but we all know this isn't always the case. According to the California chapter of NASW, there are a variety of reasons why a therapeutic relationship may end prior to the

completion of treatment. These include but are not limited to:

- The client requires a more specialized or different level of treatment
- The client is not actively participating in therapy or is non-compliant
- The client is regularly no-showing and/or cancelling appointments
- A conflict of interest has been identified
- The therapist is no longer able to provide care

Whatever the reason for termination, it is important that we approach it appropriately. Most social workers agree that a final session is necessary to wrap-up the relationship, provide information on progress and referrals if needed. In cases where this cannot happen, it is important that we have firm policies and procedures in place including standard letters and other means of communication so that cases can be closed routinely. For more information about successfully terminating therapeutic relationships visit <https://naswcanews.org/termination-ending-the-therapeutic-relationship-avoiding-abandonment/#:~:text=Tips%20for%20Termination&text=Termination%20should%20be%20discussed%20early,%E2%80%9C>

Ending, continued

[9Crule%20of%20thumb%E2%80%9D%20minimum](https://www.communitycare.co.uk/2017/08/09/goodbyes-endings-need-careful-planning-time-grieve/). For more information about grieving the termination of a therapeutic relationship I recommend <https://www.communitycare.co.uk/2017/08/09/goodbyes-endings-need-careful-planning-time-grieve/>.

All of this to say, saying goodbye to the leadership, staff, and members of NASW/CT is not an easy thing to do and today, I find myself writing my final column as President. Somehow, 21 months has gone by, and I only have 3 months left of my term. I took over as President only a few short months into the COVID-19 pandemic and my tenure has looked different from those of the past as a result – no annual conference, no in-person awards dinner or board of director meetings. Despite all that, I have felt closer to the chapter than ever before. Our chapter leadership and staff, our board of directors, and our members are some of the greatest people I have ever known – thank you all for making this an unforgettable experience.

I would be remiss if I did not spend some time thanking Steve Wanczyk-Karp, our fearless leader. Steve has stewarded the CT Chapter of NASW for over 30 years and in that time has made incredible strides for social workers in our state. Steve, your leadership, and guidance are unparalleled. It's been a privilege to work alongside you for the past two years and I cannot thank you enough for all you have done and continue to do for social workers in Connecticut.

Our board members will probably laugh at this because I thank them all the time, but I do it because I truly do feel grateful. I encourage everyone to thank all the people in your life that support you – both professionally and personally; it makes a difference. So, with that, I will say it one final time – thank you to all the board members I have worked with since I started my journey on the board nearly 5 years ago. I can honestly say that you all are some of the brightest, most caring folks that I have come across in my career and I am honored to call you my colleagues. I looked forward to each one of our board meetings and I am grateful to have been surrounded by so many engaging, passionate social work leaders – both on Zoom and in Rocky Hill. Thank you as well to the two Presidents who served before me, Kurt Fuchs and Michelle Kenefick – your leadership is a wonderful example for all of us. And finally, to Cheryl Wilson – our incoming Board President, thank you for all that you've done for me and for the chapter. I am amazed by your willingness to help whenever needed and I know that you are going to be a wonderful President.

I am so, so lucky to have been able to assist in leading the CT Chapter of NASW for the past 5 years; it is an experience I will never forget. I encourage all of our members to volunteer on a committee or even run for a board position – it is an incredible experience to be able to give back to your profession, I promise you that you will not regret it. Until next time, be well.



Transitions

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



It is with mixed feelings that I announce the retirement of Pat Hartman, Coordinator of Professional Development. I start this column by saying a heartfelt thank you to Pat Hartman for her fifteen years of service to NASW/CT. Pat took our continuing education programming to new heights, expanding our continuing education offerings, doubling the attendance at the annual conference, putting personal touches on the awards dinner that made it an ever more special evening, overseeing the CE provider approval program that pre-pandemic approved over 700 applications in a year, and answering members inquiries on a wide range of questions. Pat staffed the Annual Conference Committee, the CEC Committee and the Annual Dinner Committee. All this and more in a twenty-five hour per week position. It has been an amazing piece of work.

OK, that was what Pat Hartman did as defined, in her job description. Let me tell you what Pat meant to us at the Chapter. Pat was a source of creativity. She brought in new ideas and new ways of looking at things. Pat supported me in my work and even when we disagreed, she

stood behind my decisions. She found the most thoughtful and wonderful gifts for each of us every holiday season. Pat was my grammar instructor. I write much of the newsletter and Pat fixes my punctuation. It will be comma nightmare with Pat gone. When I was looking to try a new approach or create a new program I could depend on Pat for an honest answer as to whether it was a good idea or not. Pat is a movie goer and would come in on Mondays and tell me which movies were a must see. When conference attendees would congratulate me on another successful annual conference, I would say do not thank me, all I did was let Pat do her thing. That is one of the things that has made me successful as executive director, I hire good people and let them do their job. Pat is one of the best of my hires. As Pat prepares for retirement, I wish her many years of joy in her journey ahead.

Shannon Perkins finishes her term as Chapter President on June 30, 2022. Members may not know how very close I work with the Chapter President. Emails, texts and calls are frequent, sometimes multiple in a single day. Strategies

Transitions, continued

for programming, budgetary decisions and advocacy matters involve input from the Chapter President. The Executive Committee and Board of Directors is chaired by the Chapter President, who also serves on the Finance Committee. Shannon and I collaborate on the agenda for these meetings. The Chapter President represents NASW/CT at various events and is a public face of the Chapter. There is interface with the National office and service as the leader of the Chapter's Delegate Assembly delegation. It is a rewarding experience for sure that requires commitment of time and energy.

Shannon has served as Chapter President at the most unusual of times. She began her term in a pandemic and finishes her term in a pandemic. The Chapter operations were turned upside down as we pivoted to a virtual Chapter, postponed the annual conference twice, and cancelled an Awards Dinner. The fiscal hit on the Chapter has been huge and our continuing education programming had to go online, something we had never done. Shannon gave us guidance in each of these matters. Shannon led the Board of Directors through these changes and in the process created with the Board a strategic process for successfully moving forward. Her work with our volunteer leaders has made them know they are valued and appreciated. Her interactions with the staff have done the same.

Shannon has been incredibly supportive to me. I have always felt free to express my ideas, concerns and occasional frustrations, knowing it would go no further than between the two of us. Shannon made the transition to a new president easy, recognizing where our

respective authority lies and where we share in decision making. Whenever I needed to reach her in a hurry, she made time to speak. When we discussed steps forward Shannon consistently would finish the conversation by saying "what do you need me to do". Shannon is a leader who leads by example and I greatly respect her for that. I always seek collaboration and partnership in a Chapter President and that is exactly what I have had with Shannon. The Chapter President is a three-year term, the first year is as President Elect and years two and three as President. It seems like a long time at the start and too short at the end. This is one of the myriad of things I think Shannon and I agree on.

Shannon has been appointed to a national NASW committee to revise the NASW Standards for Continuing Education. Her expertise in this area will greatly assist the National office in the work. I am hoping this is not the only time National NASW taps Shannon as a national volunteer.

Welcome to Cheryl Wilson, our Chapter's incoming Chapter President. Cheryl is a member of the Board of Directors and currently is completing her year as President Elect. Cheryl has an inquiring mind, frequently asking excellent questions to better understand how NASW and NASW/CT functions. Her years on the Board and her practice experience as a clinician and educator give her a strong foundation for becoming our volunteer leader for the Chapter. I look forward to partnering with Cheryl in the advancement of NASW/CT and the larger profession.

The NASW/CT Conference is Back!



35TH ANNUAL CONFERENCE

With Keynote Speaker

BRANDON NAPPI, D.MIN., M.DIV.

May 26, 2022

Mystic Marriott Hotel & Spa

625 North Road, Groton, CT 06340

[Click here for the brochure and to register.](#)

Pat Hartman to Retire

After 15 years as the Coordinator of Professional Development Pat Hartman is retiring at the end of May. Many of you know Pat from our annual conferences and annual award dinners that Pat coordinates. Others may know Pat from these past two years online webinars that she has moderated or perhaps you contacted the office with a question that Pat answered. The Chapter has been most fortunate to have had Pat as a valued staff member.

Pat has responsibility for the annual conference, the provider approval program, the annual awards dinner, continuing education workshops, members inquiries related to continuing education, and more! Her position is 25 hours per week but in reality, it's whatever it takes to get the work done right.

When Covid-19 hit the CT Chapter literally had no experience with online education and virtual webinars. Continuing education is 40% of the Chapter's budget with the majority of it being the annual conference and in-person trainings. Pat was tasked with creating an online continuing education program that educated members and brought in non-dues revenue. Despite her having no experience in online/virtual CE, Pat learned the basics and had the Chapter's online CE programming up and running within three months of the pandemic starting. Since then Pat has coordinated online webinars at a typical pace of two per month.

If you have ever been to an annual conference of the Chapter you know that it is the premier

social work conference in Connecticut. Due to Pat's tireless efforts the conference has grown from 300 to 500 hundred attendees and the last three conferences were sold out. With cutting edge workshops, stellar keynote speakers, over 30 exhibitors and a bookstore, Pat has made the conference extra special. Every annual conference, as we welcome exhibitors, the consistent message we get is

how easy and wonderful Pat is to work with. Many exhibitors have told us that ours is their favorite conference because of how we set up the exhibitors for maximum exposure and traffic. Pat long ago told us that exhibitors are to be in the hallways by the conference rooms/plenary session and that the coffee/morning refreshments are to be located at the end of the hallway, requiring attendees to pass the exhibitors. It is a formula for success! The Chapter is thrilled that we are able to give Pat one final in-person conference to

plan and carry out.

Another major aspect of Pat's work is overseeing the provider approval program. This program authorizes outside organizations to issue continuing education units. Our program is recognized for social work, marital & family therapy, professional counselors and psychology CEUs. Prior to Covid-19 Pat oversaw the processing of over 700 applications annually. Even with the pandemic's slow-down in CE programming we have handled over 500 applications per year. Pat recruits and trains volunteer reviewers, works with applicants and coordinates the database with the administrative staff and bookkeeper. Over the



Pat, continued

years program applicants have consistently praised Pat for her kindness and diligence in getting applications approved. Like-wise, our volunteer reviewers praise Pat, and they stay with us for many years as a volunteer, usually longer than the typical lifespan of a volunteer.

The Chapter's annual awards dinner is also under the guidance of Pat. Every year she goes out of her way to add personal touches that make the event special for the award winners, their guests and other attendees. From flowers, to naming tables for historical figures in social work, to selecting menu items that meet a variety of dietary needs, to decoration of the location, Pat makes sure it is always a magical and inspiring night.

Last year Pat received the NASW Gilman Wells Award, presented by the Council of Chapter

Executives. This national award recognizes a chapter staff member who has excelled in an aspect of Chapter operations.

With a small staff we depend on each staff person to handle their aspect of the Chapter operations and pitch in with other team members to accomplish the Chapter's work. Pat has always been that kind of employee. Pat has taken on her work with gusto and has delivered the best of results. Her job is far more to her than just work.

NASW/CT thanks Pat for her 15 years of employment with the Chapter. We wish her all the best in her retirement and whatever new adventures await her.



Update on CEC Requirements: Home Study vs. Live

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".

Pilot Program Offers an Innovative Strategy for Child Behavioral Health Care

The Connecticut Legislature is considering a recommendation by the Connecticut chapter of the National Association of Social Workers for a pilot program of integrated health care within pediatric practices.

As a state we are continuously faced with the challenge of getting behavioral health services and access to a population we hold dear – our children. Whether it's the inability to get into treatment in a timely manner or the missed opportunity to provide a lifesaving intervention, we are failing.

There are systemic issues that go far beyond our great state, but there are innovative strategies we haven't fully put our mind, and support, behind.

Behavioral Health Integration, also known as Integrated Care, looks at the intersection between medical and behavioral health conditions and provides resources where many of our children visit – the primary care medical office.

The Substance Abuse and Mental Health Services Administration discusses a six-level continuum of Integrated Care that aligns with Institute of Medicine's research on the Quadruple Aim: a framework to provide quality healthcare with improved outcomes.

The research shows that patient experiences, improved health outcomes, cost-effective care and provider experience have a direct correlation with a quality healthcare system.

The continuum of Integrated Care fits this paradigm, because it offers a team-based approach to

- overall primary care with more individuals on the team providing the best level of care immediately to the patient
- patient improved health outcomes because our physical wellbeing impacts us emotionally and vice versa – we must treat the mind and body
- cost-effective care because if we are getting more of our overall healthcare needs met then there is less use of the emergency room and other costly endeavors for health over the long term.
- provider experience because we retain and recruit medical providers who have a team that supports them, lightening the stress and burden.

Picture the child who goes to the primary care office with a problem sleeping, unknown stomach complaints, unexplained physical pain, parents or guardians missing multiple days of work providing care. Many of these physical symptoms are signs of possible emotional distress which could include bullying, low self-esteem, anxiety, depression, etc.

Integrated Care has years of research supporting two evidenced based models: Primary Care Behavioral Health and Collaborative Care Model.

PCBH embeds a social-work-licensed clinician in the medical office to provide interventions during the medical office visit and identifying additional needs or concerns.

CoCM allows for a consulting psychiatrist to provide guidance on effective behavioral

Pilot Program, continued

health prescribing by a psychiatrist, while also providing intense follow-up by a social worker between primary care office visits.

In a clinic providing Integrated Care not only are there brief interventions and support provided to the primary care physician and the patient, but also to the parents or guardians. There is an impact on the entire family system. Integrated Care is an opportunity for preventative care and to catch conditions when they are still mild or moderate rather than severe or when a child is in crisis. We've heard and seen the research on how important early intervention is at all stages of life.

So, how do we get Integrated Care going?

We start by providing startup money for primary care practices to invest in salaries of skilled licensed social workers, space and medical records needs — lessons learned from Hartford Healthcare's innovation on Integrated Care would be helpful.

We need state procedures that support the growth of integrated programs. Some states

allow abbreviated guidelines for licensed social workers billing psychotherapy CPT codes in an Integrated Care setting and CoCM billing codes to cover the type of unique services we are talking about providing.

We need workforce development money for our universities to train social workers, primary care providers, nurses and psychiatrists on approach to service delivery – like Fairfield University's Collaborates for a Healthier Connecticut Scholars Program.

A pilot could assist pediatric practices with start-up costs and demonstrate the effectiveness of this model. Investing in services for our children is always the right decision.

What are we waiting on Connecticut?

By Monica Williams Harrison
and Stephen Wanczyk Karp

Published in the CT Examiner and reprinted with permission.

[Click here for the original article.](#)

Recorded Trainings Now Available

SOCIAL WORK
ONLINE CE INSTITUTE

If you missed Bob Madden's webinar, "**The Cures Act and The No Surprises Act: Practical Steps for Clinical Social Work Compliance**," in which he explains the recent federal regulations granting patients more access to their medical records, and preventing consumers from receiving unanticipated medical bills, you can see the recording on the CE Institute by [clicking here](#).

Why We Need More Social Workers in Elected Office

A sense of urgency dictates new paths forwards for our communities, state, country – one with visionary leadership and creative solutions. In times of uncertainty and discomfort, when the path forward is unclear, complex decision-making is informed best by values, ethics, and principles.

Amid a continuing pandemic, growing recognition of racial inequities, deepening division within communities, partisan political entrenchment, and collective grief, navigating the future calls for specific types of leaders.

Social workers are those kinds of leaders. Social workers make good political candidates because:

We are guided by our Code of Ethics.

We understand social problems, human relations, and the impact of policies.

We are committed to social justice.

We are consensus builders and problem solvers.

We address unmet needs by identifying points of failure in systems and processes and implementing interventions to improve outcomes.

Our commitment to improving the quality of life brings a vital perspective to public decision-making.

We are trained communicators with concrete ideas about how to empower communities.

We are comfortable with motivation, persuasion, and inspiration.

We understand that fostering relationships is the key to change.

Social workers are fundamentally rooted in the belief that an individual must be seen within the context and complexity of their human experiences, their shared environments, and how those create, influence, and address adversity and barriers.

I am sharing some thoughts about my 2021 campaign for Town Council in an effort to encourage other social workers to consider running for elected office.

The inspiration to run for office was part fear and part hope. Fear for our future has been with me for decades, alongside the growing inequities and disparities based on individual and collective identities and impacting multiple – and for many, all – parts of our lives; worsening environmental crises; unrest and injustice readily viewable on our devices; a complete decline in civic responsibility and civil discourse; and so much more. The last six years have been driven by fear and a clarion call to act.

Fear motivates. But so does hope.

Hope was my return to school and my path toward my MSW. I started a career change almost a decade ago, started contacting my elected officials, and joined NASW/CT. I started reviewing issues – local, state, and federal – and the effect they had on individuals and communities.

Hope was local and state political engagement, as an active member of my Democratic town committee and in pivotal roles on state legislative campaigns.

And hope was I had nothing to lose and everything to give. I realized that my personal ambition had been replaced by collective goals and a strong passion to do what I could, in my own community. Perhaps paradoxically, being a social worker and bearing witness to the suffering of many has been a “hope corrective” to my fears. Resilience, recovery, and empowerment do not grow in a vacuum and we have skills that can educate and support. We are change agents!

Last year “cultural humility” entered Connecticut law, integrated to improve the recruitment and retention of people of color in health care

Office, continued

preparation programs and included in the coursework of such programs. This is the internal work we must consistently do to serve our clients appropriately and effectively, whether individuals, families, communities, or systems, and it has been written into our state statutes. This is something unlikely to have happened without social workers, along with others working in human and social services, advancing necessary perspectives to broaden the reality of who the government really serves.

Our state is one of the most racially and economically segregated states in the country. We know about the devastating consequences exclusionary practices, policies, and laws have had on individuals and communities. We live in resource-rich communities and by elevating the issues that have created inequities and amplifying the barriers many continue to face, we can play an essential role in addressing these gaps and truly include and empower those most impacted.

Two years before I decided to run, I created a presentation for my town committee that explained who our town was – demographics, educational attainment, income and income inequality, food insecurity, transportation barriers,

and self-reported personal wellbeing. They were shocked. They didn't know the situation of many of their neighbors. I wasn't special to do this. I was a social worker who was trained to do this.

I never thought about how many local government issues could be viewed through the lens of social work. Zoning issues for affordable housing and aging in place, redistricting to combat gerrymandering, transit-oriented development for social justice in all forms, securing permanent urban forest status for environment and health justice, increased grant capacity for opioid awareness and naloxone training and distribution, and of course, equitable education funding!

No matter where you land in the micro-macro continuum or what your role is in your practice, being a social worker uniquely qualifies you to run for office. Our clients and communities need thought processes that view the full picture, see the strengths alongside the barriers, understand the resistance to change, and suggest options for future growth.

Kathleen Callahan, MSW
NASW/CT ELAN Chair

Disaster Mental Health

The Clinical Social Work Network Committee is sponsoring a session on "Disaster Mental Health" at the upcoming annual conference on May 26th. This is one of several educational events offered by the committee in the 2021-2022 year. In June the committee will offer one more session on issues related to the ongoing issues of returning to work post-Omicron wave of the pandemic. This will be the fifth educational event offered by the CSWN committee which is an active group of practitioners dedicated to providing ongoing educational opportunities for the NASW/CT membership. We are also open to new members joining and hope you come to talk with us at the NASW/CT table at the annual conference. (Link to conference details on page 6)

Pat Carl-Stannard, LCSW
CSWN, Chair

Education and Legislative Action Network (ELAN) Update

In early ELAN strategy meetings at the end of 2021, we discussed the upcoming legislative session. Under consideration were three points: the short session, the continuing pandemic, and our focus.

Connecticut has a biennial budget process with the two-year budget defined in the odd-years, known as long sessions, which run for about five months. This legislative session, being an even number year, is known as a short session, about three months, and given the way the calendar fell, it is one of the shortest short sessions in memory! Additionally, the state constitution and legislative rules limit the types of bills that can be raised in short sessions.

Social workers are in demand now more than ever. As the past two years have highlighted the essential roles of the individuals, communities, organizations, and systems with whom we work, it has done the same for our profession. Similarly, it has also exacerbated some of the needs of social workers.

House and Senate leadership had indicated that their top priority was childhood mental health and would have significant components related to our profession. ELAN recognized this legislative session would have two distinct paths: advancement and protection of our profession and working with our coalition partners on other issues that aligned with our [legislative agenda](#). The chapter would focus efforts on the profession while the committee would focus efforts on specific issues, trusting our partners to not only rally their networks but to provide talking points and updates as the session moved forward.

As expected, the first two bills out of the senate and first out of the house were related to

childhood mental health, three different committees and all voted favorably out of committee. The chapter supported the legislature's expansion of social workers providing mental health services in schools and protected the profession when the urgency of today's crisis overshadowed the necessity and safety of appropriate education, training, and experience.

Two other significant profession bills on which we continue to actively advocate are supporting the establishment of a pilot program to fund social workers in emergency shelters (and advocating for designating federal relief funds to do so!) and including LCSWs as providers for police officer mental health assessments. See more details on these bills in the article on social work bills in the legislature.

On the issues, ELAN members submitted [testimony](#) supporting steps toward the elimination of solitary confinement; voting rights protection; an earned income tax credit; equitable transit-oriented communities; full expansion of Medicaid regardless of immigration status or age; student-centered education funding; aid in dying; recommendations of the Juvenile Justice Policy and Oversight Committee with a nod toward legislation that advances recent research into brain development and the consideration of a young adult stage between adolescence and adulthood, "emerging adulthood;" and more. As of this writing, some of these bills are on chamber calendars, some may yet be voted out of committee, and some have died in committee. All continued the mission of ELAN and strengthened our networks across the state.

ELAN Update, continued

There is also the “E” in ELAN! The annual Student Lobby Day was held on March 21 and for the second year the annual event was virtual and was a great success. NASW/CT co-hosted the event again with Schools of Social Work from Southern Connecticut State University and Quinnipiac University. One of the goals of this event has been to engage more students and this year, faculty from Schools of Social Work from Central Connecticut State University, Sacred Heart University, University of Connecticut, University of Saint Joseph, and Western Connecticut State University were involved, bringing their students with them.

In total, just under 250 students attended. Three of them played a pivotal role and set the tone for the event. Interns Breanna Formanski, Lauren Gardner, and Sandy Sawwan led a lively, wide-ranging discussion with State Representative Anne Hughes, MSW, LMSW. Our guest was gracious with her time, discussing questions from the moderators and attendees in detail, all the while displaying the progressive values of racial, social, and

economic justice she upholds daily and which resonated deeply with attendees.

The other educational piece allowed for students to self-select into breakout groups for a deeper dive into different topics. Aware of the broad range of participants, we provided an Introductions to the Connecticut General Assembly and on Making the Most of Your Time with Legislators for students new to legislative advocacy. Others could choose to learn more about specific issues such as children's mental health, economic justice, educational justice, environmental issues, health equity, housing and homelessness, prison and reentry, and voting issues.

In what may likely be the shortest of short sessions, we have been busy and are excited for the next 6 weeks – call-to-action emails to membership, calls to our legislators and legislative leadership, debates and votes in the chambers and the potential of moving this state forward. A bit more. Again.

Respectfully,

NASW/CT ELAN Committee

CE Institute

Some of the trainings we have been doing via Zoom were recorded and are now available on the **CE Institute**. These would count towards the 10 CECs you can have via web based (pre-recorded) media and because they are approved by NASW/CT, they are accepted in Connecticut. Thanks again to the presenters who helped make this possible!

[“Mindfulness for Social Workers” by Dana Schneider, PhD, LCSW, ACC, CMT-P, RYT 200](#)

[“Zooming into Mindfulness; Telehealth with Children” by Rose-Ann Wanczyk-Karp, LCSW, BCD, DCSW, ACSW](#)

[“Screening, Assessment, Support, and Intervention for Victims & Survivors of Domestic Violence During the COVID-19 Pandemic” with Kai Belton, LCSW, Linda Blozie, and Sharlene Kerelejza, LMSW](#)

Social Work Bills—Good & Bad—Introduced in Legislature

In what has truly become the Year of the Social Worker at the CT Legislature our profession has been included in more bills than ever before. The pandemic has brought to the forefront the importance of our work and the strong need to have more social workers providing mental health services. In most cases the bills are positive, however, in two cases we had to oppose bills that had negative consequences. Here is a review of where we are as of April 1st.

NASW/CT requested of the Legislature that LCSWs be added to the police accountability law passed in 2020 that requires periodic mental health assessment of police officers. The current law only provides for trauma informed psychiatrists and psychologists to perform such assessments. NASW/CT was successful in having the Governor's Task Force on Police Accountability and Transparency include our position in its final recommendations to the Legislature. With this endorsement from a non-social work group, we lobbied the Public Safety Committee and Judiciary Committee to raise a bill. The Judiciary Committee raised HB 5372, which had the language we sought but also language we opposed that would allow LCSWs to certify sending an individual to the hospital for psychiatric evaluation (there are LCSWs who are so certified by DMHAS but the bill did not require the specialized certification). The bill's language was amended, removing the emergency certification and adding language on police accountability. The bill passed the Judiciary Committee on a consent vote and sent to the House. Here is our testimony on the original bill <http://naswct.org/testimony/testimony-on-hb-5372-an-act-permitting-clinical-social-workers-to-conduct-periodic-behavioral-health-assessments-of-police-officers-and>

[promoting-the-increased-use-of-clinical-social-workers-by-law-e/](http://naswct.org/testimony/testimony-on-hb-5346-an-act-establishing-a-pilot-program-to-fund-social-workers-in-emergency-shelters/)

Another social work bill, one that we did not request is HB 5346 that creates a pilot grant program to provide funding to homeless shelters to employ social workers. This bill, supported by NASW/CT unanimously passed the Housing Committee and sent to the House. Here is our testimony on the bill <http://naswct.org/testimony/testimony-on-hb-5346-an-act-establishing-a-pilot-program-to-fund-social-workers-in-emergency-shelters/>

Children's mental health is a primary focus this year in the Legislature, with three omnibus bills moving forward. Amongst the provisions in these bills are: grants to hire more school social workers (and other school based mental health professionals), loan forgiveness for mental health professionals working with children (includes social workers), grants to cover the cost of initial social work licensure and grants to pay for social work license preparation classes, expansion of the LMSW temporary license time period to one year for the next two years, and making the temporary license starting point upon issuance instead of starting upon date of graduation. There are also provisions for a grant program to assist federally qualified health centers with the costs of hiring LCSWs for primary care and giving HUSKY provider status to LMSWs under supervision. NASW/CT recommended many of these provisions and with the exception of allowing the temporary license to extend to one year, we are fully in support of the language in the bills. On the temporary license we prefer a 180-day period as we feel one year is too long a time. One suggestion we are promoting that we have not seen so far, though we are told it will be

Social Work Bills, continued

included in a bill, is a pilot program to help pediatrician offices employ social workers. We also continue to press for a reduction in the licensure fees and making the renewal period biennial.

The Education Committee raised a bill that would require school social workers to make two home visits per school year to each student they work with. This bill created an avalanche of opposition from school social workers who pointed out it was undoable and unnecessary. As one school social worker told the Chapter, whoever suggested this has no idea what a school social worker's day is like. This bill also called for the State Department of Education (SDE) to create a Human Services Permit allowing certain individuals with baccalaureate degrees and experience to provide mental health services to students. NASW/CT mobilized opposition from school social workers and Chapter members with legislators on the Education Committee. We testified against the bill and stopped it from moving forward. Unfortunately, the Human Services Permit is in the Senate omnibus mental health bill, SB 1. The Chapter supports all of SB 1 except for the Human Services Permit, thus we are calling for removal of the Human Services Permit and then passage of the rest of the bill. SB 1 is one of two bills that creates a grant program for school boards to hire school social workers. Here is our testimony on the home visit bill <http://naswct.org/testimony/testimony-on-hb-5322-an-act-concerning-the-creation-of-a-human-services-permit-and-a-requirement-that-school-social-workers-conduct-home-visits-during-the-school-year/>

The other social work bill that the Chapter played a key role in defeating in committee was SB 246 that would have allowed LCSWs and

APRNs to issue emergency certificates to UCONN students for psychiatric evaluation at the hospital. Again, this bill did not require the LCSWs to attain DMHAS' specialized training and certification. Here is our testimony against this bill <http://naswct.org/testimony/s-b-no-246-raised-an-act-allowing-clinical-social-workers-and-advanced-practice-registered-nurses-employed-by-the-university-of-connecticut-to-issue-an-emergency-certificate-to-transport-students/>

There are several bills that allow for reciprocity of licensure, as well as a loan forgiveness bill passed in the Banking Committee that included social workers. We are in support of these bills and submitted favorable testimony. There was also a telehealth bill that would have restricted behavioral health telehealth providers to those with a significant physical presence in Connecticut. NASW/CT was a lead player in stopping this bill that would have negatively impacted social workers and other mental health providers.

Finally, NASW/CT requested that out-of-state mental health therapists be allowed, without attaining our state license, to continue treating by telehealth students who they are seeing when the student comes to school in Connecticut, or for a Connecticut student who goes to school out-of-state and starts treatment with a therapist in that state to be allowed to continue being treated by the out-of-state therapist when back in Connecticut for school breaks. This language is expected to be added to HB 5001, the House's omnibus children's mental health bill. If the language does get inserted and passes Connecticut may be the first state to have this exception to state licensure.

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- Acting on the crisis in children's mental health;
- Addressing access to comprehensive health and behavioral health;
- Expanding mental health services in schools;
- Furthering criminal justice reforms;
- Advancing racial, economic, and environmental justice;
- Increasing funding for community non-profit providers;
- Promoting progressive revenue sources to pay for human services.

Social Work Legislation

- Reducing annual licensing renewal fees;
- Increasing compensation by employers and insurers;
- Passing funding for hiring of social workers in schools, FQHC's and homeless shelters;
- Adding LCSWs as providers for police officer's mental health assessments;
- Instituting student loan forgiveness;
- Stepping up the appointments of social workers to state task forces;
- **Defeating any bills that infringe on social work practice;**

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Surging Behavioral Health Care Needs for Children Put Strain on School Social Workers

On paper, the social worker's role at public K-12 schools is straightforward: to support a caseload of students with special needs to thrive in often-challenging academic setting. But ask a social worker employed in a public school these days, and they're likely to tell a much different story.

For social worker Jara Rijs, who works at [Windham Center School](#), where more than half of its pre-K through fifth-grade students qualify for subsidized lunch, the job responsibilities bleed well beyond the job description, particularly since the pandemic hit.

As many in her school community face trauma either induced or exacerbated by the pandemic, Rijs says she considers every one of the estimated 250 students at her elementary school part of her caseload.

Beyond providing clinical support to students with individual education plans, in a given day, Rijs might also meet with a student struggling with a family loss or divorce, connect to a community health agency to check availability, lead a staff discussion on self-care, or even don the school's "froggy" mascot costume—a symbol of the school's "Froggy Four" character development program.

Fun and games aside, Rijs takes a serious tone when discussing the state of her student's mental health.

In Connecticut, as elsewhere across the country, the pandemic has exacerbated just how thin school-based social workers are stretched, with the demand for services

swelling. The number of children needing behavioral health treatment at children's hospitals has surged, resulting in long waits for inpatient and community-based care.

In January, [U.S. Surgeon General](#) Dr. Vivek H. Murthy declared a "national youth mental health crisis," acknowledging the pandemic's toll on children.

Connecticut's ratio of social worker to student is 580 students to one social worker; the national professional standard recommends one social worker for every 250 students. The standard was developed before school-aged children endured months of isolation from the regular daily routine of school and the broad, adverse ramifications of the pandemic.

Earlier this month, a state task force led by the [Department of Public Health](#) identified 157 schools most in need of health care and mental health care services, with Waterbury, Bridgeport and New Haven at the top of the list. The task force report is designed to provide lawmakers with data to be used during the 2022 legislative session.

This week, Democratic lawmakers held a press conference highlighting their top priorities for the current legislative session and acknowledging the "mental health fallout" from the pandemic. Lawmakers plan to introduce several measures supporting children's mental health, including increasing funding for school social workers.

Stephen A. Wanczyk-Karp, executive director of [Connecticut's chapter of the National](#)

Strain, continued

[Association of Social Workers](#), said: “I’ve been in this field since 1977. And I’ve never seen this level of interest for social work.”

Unable To Keep Up With Demand

Even in districts with seemingly adequate mental health resources, some schools are in crisis mode.

Carrie Rivera, assistant director of [mental health services](#) for New London Public Schools, describes the district’s efforts to ensure adequate student support: increasing the number of social workers at the secondary level, adding social-emotional programming to include a mindfulness program for pre-K through 8th grade, and maintaining a relationship with a community agency for psychiatric evaluations.

But the community’s needs are significant. Rivera says several families have lost family members—many of them parents or guardians—during the pandemic. The homeless student population has increased. Job loss, food security and financial insecurity are running high. Consequently, Rivera says, the district has seen a huge uptick in student depression, anxiety and related behavioral concerns.

Windham’s Rijs knows the feeling. In a school year during which she’s never before seen students so mentally fragile, she says, the district eventually secured a one-year contract with a second social worker at her school.

“I hope they keep the second social work position. But I worry that it’s a position that could be eliminated,” Rijs said.

Obstacles To Hiring More School-Based Social Workers

Amid the enormous need for school-based social workers, whose many roles include “first responders” to student crises, leaders in the field say the job is often misunderstood. Wanczyk-Karp says that frequently they are perceived as interchangeable with other mental health professionals such as school psychologists, whose primary responsibilities include conducting student psychological and academic assessments and guiding students’ academic success.

A lack of recognition of social workers’ value to schools may be the cause of district-wide decisions like the one in 2015 by the Avon School District to eliminate its social workers and replace them with additional school psychologists, which met with public outcry from parents and former students. Catherine Lewis, an Avon parent and professor emeritus of psychiatry at the University of Connecticut, was among those who denounced the district’s decision to eliminate social workers. “They do a lot of intangibles,” Lewis said. “They know the pulse of the school.”

Some social workers hope that the pandemic’s silver lining will mean greater recognition of their profession, and, subsequently, additional resources. “Legislation is talking about students’ health more than ever,” Rijs said. “We are finally in the limelight.”

By Elizabeth Huebeck
Connecticut Health I-Team
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[Click here for the original article](#)

What Does It Take to Kill a Bill?

In more legislative sessions than not bills are raised that negatively affect social work practice. It is our Chapter's job to stop them, preferably in committee and if not on the House or Senate floor. Our track record is excellent, with a rare year that something passes. So how do we stop a bill? What amount of work does it take? What is the trade-off for our program plans? Whether you have wondered about this, or never given it thought, here are the answers.

This session we had a bill raised on behalf of UCONN that would have allowed UCONN's LCSWs and APRN's in its Student Health & Wellness to issue emergency orders for transporting students to the hospital for a mental health evaluation. There are LCSWs who are specially trained and certified by DMHAS to issue such emergency authorizations, however the bill did not require such training. The Chapter submitted short but devastating testimony in opposition that opponents of the bill credited NASW/CT for stopping the bill. That is the quickest and easiest way we have stopped a bill. Here is our testimony <http://naswct.org/testimony/s-b-no-246-raised-an-act-allowing-clinical-social-workers-and-advanced-practice-registered-nurses-employed-by-the-university-of-connecticut-to-issue-an-emergency-certificate-to-transport-students/> It took less than two hours of staff time.



Another bill introduced this year would have required school social workers to conduct two home visits per school year for each student they worked with. When this bill was raised the Chapter sent it to a distribution list of school social workers for feedback. The executive director's email box filled for three days with angry school social workers

opposing the bill. Each of those emails were personally responded to with an action plan that included sample testimony to be submitted. The Chapter sent a legislative alert to all our members who had legislators on the Education Committee where the public hearing was to be heard. We submitted written

testimony against the bill. We contacted the Commissioner of the State Department of Education (SDE) to seek SDE's opposition (they did), and the executive director testified against the bill in a lively exchange with some of the Education Committee members. The bill was not voted in Committee so it died for this year. That took numerous hours during multiple days.

Sometimes we cannot stop legislation in committee, especially when the committee chair(s) are in support of the bill. In these circumstances we may lobby a second committee that the bill is assigned to or we have to try to delay or stop a bill from a House

Bill, continued

or Senate vote. As the session comes to a close the clock starts ticking and bills that are perceived controversial may not get called for vote in order to avoid long floor debates. Heavily lobbying the top leadership who determine what bills are voted on is a strategy we have employed. For example, when the art therapists licensure bill was in the House and within days of a vote, we discovered it would have restricted the use of art in therapy to only those licensed as an art therapist. We mobilized members to contact the House Speaker and Majority Leader, effectively keeping the bill from being voted on until the language was changed. Of course, sometimes we lose and a

bill goes forward that we do not approve of, but that is rare when it comes to bills that negatively impact social work practice.

The “cost” of these bills is that other work of the Chapter must be put on hold. Positive bills that we support may not get the push from us that we had hoped to make. Response to member inquiries may be delayed. Program planning may be put aside. When the priority is stopping a bad bill, we throw ourselves totally into the effort until we have succeeded or nothing else can be done.

Diversity Committee Seeking Volunteers

The Diversity Committee has recently focused on how we as social workers can help immigrants and refugees in CT. In the fall we sponsored a drive that succeeded in gathering much-needed supplies for this population. Currently, the Committee is planning a Cultural Competence Continuing Education Credit (CEC) opportunity related to social work with immigrants and refugees; stay tuned for updates and information on this opportunity via email from the NASW/CT!

At this time, we are seeking LCSWs and other licensed mental health clinicians who can provide one or more pro bono evaluations of refugees seeking asylum, when requested by one of the attorneys or legal organizations in CT assisting undocumented immigrants and

refugees. What is needed is an evaluation of the individual’s mental status, a diagnosis if appropriate, and a discussion of how any mental health problems are related to their experience in their home country and as a refugee. The evaluation could be done at your office, remotely, or in the attorney’s office.

If you are able to offer even one evaluation or if you have any questions about what is needed, please contact Irwin Krieger (see below). In cooperation with Attorney Meghann LaFountain, we will provide guidance and training as needed.

Irwin Krieger

Irwin.krieger@sbcglobal.net



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Licensing Application and Renewals Common Questions & Concerns We Hear

The Chapter receives many inquiries on licensing, both initial application and renewal. Here are some recent emails and calls we have handled with tips on what to do and expect.

1. *I applied for my license LMSW online, paid the fee, and have not heard anything from DPH.* Licensing applications for the LMSW are made online and communication from DPH is by email using the email address the applicant supplies the Department. If you have not had a response, check your spam or junk folders.
2. *I have renewed my LMSW online, my credit card was charged and I did not receive my license.* Similar to the above, DPH will issue you the renewed license by email. DPH will process the renewal and send your documents to you within 3 business days. If you do not have your license document by 3 business days search your spam or junk folders.
3. *I have renewed my LCSW and have not heard from DPH.* LCSW renewal is done both online and through the mail. LCSW renewals are sent out by mail once per month on the third week of the following month. For example, if a transaction occurred in November the license is mailed the third week in December. Given the slow down in mail we suggest you wait at least two weeks after the third week of the month before contacting DPH.
4. *I am working toward my LCSW and am changing employers. When I am ready to apply for the LCSW what happens if I cannot reach my former employer or supervisor.* Ask your employer/supervisor to complete the DPH forms for licensure application and have the employer send them directly to DPH. The Department will open a file and hold onto your forms until you apply. Do not collect the forms and submit them yourself as they cannot be verified as accurate.

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,

then click on Continuing Education/CE Institute. There are dozens of classes on dozens of topics at reasonable prices!



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Reminders: On Our Website

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

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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Contact Information

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

860-257-8066 x202
skarp.naswct@socialworkers.org

Committee Participation
NASW/CT Chapter Staff

860-257-8066

Licensing Questions
NASW/CT Chapter Staff

860-257-8066

Continuing Education Information/Conference Questions
Pat Hartman, NASW/CT Coordinator of
Professional Development

860-257-8066 x204
phartman.naswct@socialworkers.org

Bookkeeping
Nicole LePore, NASW/CT Bookkeeper

860-257-8066 x203
naswbookkeeper.naswct@socialworkers.org

Website, Newsletter, Advertising & Labels
Meghan Maxwell, NASW/CT Office Administrator

860-257-8066
mmaxwell.naswct@socialworkers.org