



NASW Maine Chapter Newsletter

March is Social Work Awareness Month

The NASW-Maine Chapter, with approximately 1,000 members, is the major professional social work organization in the state. Professional social workers are the nation’s largest group of mental health service providers and work directly with individuals and families, as well as in public policy, administration, research, community organizing, social policy and political action.

This month, our annual Advocacy Day, **Social Work Day at the State House** will be on **WEDNESDAY, March 22nd, 2017** from **8:30AM – 4:00PM**, at the **Cross Office Building Room 103 a & b**. Social Workers will gather from Biddeford to Presque Isle and everywhere across Maine to:

- Learn about NASW’s Legislative priorities!
- Understand How to affect change for the issues we care About!
- Participate in a mock session of the Legislature!
- Attend Public Hearings; offer testimony; impact public policy!



BE PART OF THIS EXCITING EVENT!!!

NASW Code of Ethics: Social and Political Action

“Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.”

FOR MORE INFORMATION AND TO ATTEND THIS EXCITING ACTION PACKED DAY, CONTACT LORI GRAMLICH, ED NASW ME CHAPTER LORI.GRAMLICH@NASWMAINE.ORG



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PRESIDENT'S COLUMN, ROBIN RUSSEL, Ph.D



Back By Popular Demand

The peace sign became a symbol of resistance and protest to the war in Viet Nam when I was a teenager. We wore it on buttons, patches, and I remember embroidering it onto the leg of a pair of bell-bottom jeans. Jump ahead a couple decades, and I remember my daughter coming home with a peace sign button with the slogan “back by popular demand”. I’ve found myself reflecting on that phrase, as I’ve recently participated in demonstrations outside of congressional offices.

Colleagues, friends and students have also been participating in rallies and demonstrations, whether they take place in Washington, Portland, Bangor, or Augusta. Social workers and social work students are standing up in protest and opposition to the new administration’s actions and policies that threaten to roll back the rights of many citizens and adversely impact the health and welfare of many of our clients.

I participated in my first protest march as a college student. I went to law school at age 21 because I wanted to be an advocate for low income and otherwise vulnerable populations, and to be in a job where I could be part of the battle for social and economic justice. Although, I worked in a local legal services office, and later a federally funded children’s civil rights project, I was very frustrated with how little the legal system seemed to care about the injustices that my clients faced. It didn’t seem to be a robust vehicle for furthering social justice. When I looked into other graduate programs I was struck by how schools of social work were requiring courses that meshed so well with my career goals. I learned why injustice continued to exist, how to understand and advocate for social policies, and how to organize and empower groups of people to stand up for justice and fairness. I was excited to learn that my new profession has a Code of Ethics that requires us to take action in the face of injustice.

The NASW Code of Ethics identifies social justice as a core value of our profession. It states that

Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. (Sec 6.04, a)

And, it further directs:

Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability. (Sec. 6.04, d)

NASW’s national theme for social work month this year is ‘Social Workers Stand Up’. How fitting, given everything going on in the country today. Our standing up, voicing our opposition to discrimination and oppression, is needed more than ever. So, I am back on the street with my social work friends and colleagues, doing what social workers are called to do: stand up!

EXECUTIVE DIRECTOR: Lori K. Gramlich, LMSW

NASW-Maine Chapter Volunteer Leadership

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Interested in volunteering?

Contact the chapter office at:
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With our new administration in Washington offering their first piece of legislation, all eyes are on health care. Ultimately, it appears that more decision making authority relative to health insurance coverage and namely, Medicaid, will go to individual states. As we know in the state of Maine, when the Affordable Care Act was introduced in 2010, Governor LePage opted not to participate in the exchange, so that more Mainers would not only have access to health insurance coverage, but so that more Mainers would be able to afford coverage. Currently there are approximately 60,000 Mainers who go without health care coverage because they simply are unable to afford to purchase it. If and more pointedly, when these decisions get shifted to the state, I grow increasingly concerned about the folks who will not have health care – health care, which in my opinion, should be a basic right for all – not just something for those who can afford it. This speaks directly to our Code of Ethics and our advocacy for less fortunate populations.

Additional changes we see coming from Washington, which will have significant implications on Mainers is the proposal to completely defund Planned Parenthood. This concern is not intended as a statement from me or our Chapter relative to the issues of pro or anti-choice – it is an issue related directly to health care. The administration in Washington, with its intent to essentially close Planned Parenthood, by way of completely eliminating Medicaid funding will mean Mainers who rely on these services for their wellness exams, cancer screenings, testing and treatment for sexually transmitted infections for women and men, will no longer be able to receive these services.

We further understand that the distribution of funds for Federal programs such as Medicaid and the Supplemental Nutrition Assistance Program, or SNAP block grant program will be distributed by means of block grants to the states. The Federal government would give a set amount of money to each state for Medicaid; it would be up to the states to spend it however they choose.

Former Maine Department of Health and Human Services Commissioner, Kevin Concannon, who is currently the U.S. Department of Agriculture's undersecretary for food, nutrition and consumer services, believes there's good reason to worry over the possibility of block grants. Mr. Concannon's concerns, like many in the state of Maine is that, if left up to our current administration in Maine, our vulnerable populations who rely on assistance may potentially no longer be able to access assistance.

So what can we do? We as social workers have an ethical responsibility to work on these public policy initiatives. Many at times, feel overwhelmed with the complexity of these issues and often wonder where to start. We can consistently let our Congressional Delegation in Washington understand our position on these above referenced initiatives. We can also start in our Maine legislature. We have a number of priorities in this legislative session that social works can be involved in.

(continued on page 4)

(continued from page 3)

We are also following the additional bills which have not been printed:

LD 530 – An Act to Ensure Medical Assessment for Youth in Foster Care – Rep. Hamann PUBLIC HEARING Wed March 22 HHS 1PM
LD 582 – An Act to Provide for the Comprehensive Assessment of Children Entering State Custody – Sen. Gratwick PUBLIC HEARING Wed March 22 HHS 1PM
LD 912 – An Act to Clarify the Scope of Practice of Certain Licensed Professionals Regarding Conversion Therapy – Rep. Fecteau Referred to LCRED 3.7.17
LD 808 - An Act to Restore Community Support Services for Adults with Mental Illness Reference – Sen. Bellows – Referred to HHS 3.9.17
LD 952 - An Act to Ensure Access to Opiate Addiction Treatment in Maine Referred to HHS 3.14.17
LD 949 - An Act Regarding Telehealth Referred to IFA 3.9.17
LD 966 – An Act to Create MH Liaisons in each County Jail Referred to HHS 3.9.17
LD 451 – An Act to Continue Maine Care Coverage for Parents during the Rehabilitation and Reunification Process Referred to HHS 2.7.17
LD 44 – An Act to Lower the Age requirement to Carry a Concealed Handgun Public Hearing 3.17.17 Criminal Justice Room 436 9AM

We are also following the additional bills which have not been printed:

LR 1498 - An Act to Ensure Transparency in the Distribution of Federal Block Grant Funds - Rep. Jorgensen of Portland
LR 1618 - An Act to Ensure Access to Behavioral Health Services - Rep. Perry of Calais
LR 1396 - Resolve, To Establish a Moratorium on Rate Changes Related to Certain Community Mental Health Services - Rep. Gattine of Westbrook
LR 1783 - An Act to Support Substance Use Prevention, Treatment and Recovery – Rep. Beebe-Center of Rockland
LR 1965 - An Act to Restore Community Support Services for Adults with Mental Illness - Sen. Bellows of Kennebec.

ETHICS CORNER

By Kim Lane PhD., L.C.S.W., C.C.S

Recently, I have been asked to republish a previous article having to do with records of an individual up on death. As you will note, this legal advice.

What to do with therapeutic records upon death?

This is a sticky area so I consulted with a lawyer for confirmation on this response. So with the assistance of a friend, Ben Townsend, Esq. with Kozak and Gayer (Augusta), the guidelines below may assist you:

Under Maine law, an individual's confidentiality continues after death. Their records can be obtained in three different ways:

1. By court order.
2. An authorization signed by the "personal representative" of their probate estate -- this is a person appointed by the Probate Court. The older term was "executor," and you'll still see that used a lot.
3. If no personal representative has been appointed, an authorization signed by the "next of kin" -- I'm using that term loosely, as the actual order of preference in terms of who can exercise this authority is set forth in Title 22, section 1711(3-B) of the Maine Revised Statutes.

It is imperative that you maintain copies of such forms along with documentation of what exactly was released, to whom, and date.



National Association of Social Workers

MEMBERSHIP APPLICATION — SAVE TIME. Join Instantly Online at socialworkers.org

FORMER MEMBERS. If you were a member in the past, please provide the following information or call Member Services at 800.742.4089.

Prior Name and Member ID Number: _____

IMPORTANT: Where do you prefer to receive your mail? Home Work

Dr. Ms. Mrs. Mr. Other _____ Date of Birth _____

Name: (Required) _____
First Middle Last Credentials

Email Address: (Required) _____ Gender: Female Male Other Transgender

Home Address: (One Address Required)

Street: _____ City: _____ State: _____ Zip: _____

Country: _____ Home Phone: _____ Cell: _____

Employment Address: (One Address Required)

Organization: _____ Work Phone: _____

Street: _____ City: _____ State: _____ Zip: _____ Country: _____

Your chapter is assigned to you based on your preferred mailing address zip code. A listing of NASW chapters is available on www.socialworkers.org. If you prefer to be assigned to a different chapter, please contact Member Services at 800.742.4089 or membership@naswdc.org. NASW and your chapter share dues.

EDUCATION. Please select your highest degree earned. Your education information is required to process your application. See reverse or visit www.socialworkers.org/membership for more information about membership categories and dues.

BSW MSW DSW PhD Other _____

Graduation Date (Students: Include expected graduation date.) (mm/yyyy) _____ Students Only: Date Entered Program (mm/yyyy) _____

College or University _____ City & State _____

REGULAR MEMBERSHIP CATEGORIES	YEARLY RATE	STUDENT MEMBERSHIP* CATEGORIES	YEARLY RATE
<input type="checkbox"/> MSW <input type="checkbox"/> DSW <input type="checkbox"/> PhD	\$225	<input type="checkbox"/> BSW Student <input type="checkbox"/> MSW Student	\$ 57
<input type="checkbox"/> BSW	\$150	<input type="checkbox"/> Doctoral Student (in a social work/welfare program)	\$170
<input type="checkbox"/> Associate Membership	\$225	*Applicants must be enrolled in a CSWE accredited social work degree program.	
<input type="checkbox"/> ACSW Reinstatement (\$30.00)			

See socialworkers.org/join for more on dues categories.

NASW CODE OF ETHICS SUMMARY

The Code identifies core values on which social work's mission is based, summarizes ethical principles that reflect the profession's core values, establishes a set of specific ethical standards that guide social work practice, and provides the basis on which the public can hold a practitioner accountable. The Code of Ethics is available online in its entirety at socialworkers.org/pubs/code.

AFFIRMATION OF THE NASW CODE OF ETHICS

I hereby affirm and agree that I will abide by the Code of Ethics of the National Association of Social Workers and agree to submit to professional review proceedings for any alleged violation of the same in accordance with NASW bylaws. I further understand that falsification of the contents of this application, conviction of a felony, or revocation of social work licensure may be grounds for rejection and/or termination of my Association membership and revocation of any and all benefits resulting therefrom.

Signature _____ Date _____

You must sign the Affirmation of the Code of Ethics to ensure prompt activation of your membership.

PAYMENT INFORMATION

	Amount
Membership Dues	\$ _____
Specialty Practice Section(s) Fee	\$ _____
ACSW Reinstatement Fee	\$ _____
NASW Foundation Donation (voluntary)	\$ _____
Public Education Campaign Donation (voluntary)	\$ _____
Legal Defense Fund Contribution (voluntary)	\$ _____
Total Dues:	\$ _____

Check or money order payable to NASW.

I authorize NASW to charge my credit card a total of \$ _____

Check one: Visa Mastercard American Express

Credit Card #: _____

Expiration Date: _____

Name on Card: _____ Date: _____

Cardholder's Signature: _____

TELL US ABOUT YOURSELF

MAJOR PRACTICE AREA *(Optional. Please check one.)*

- | | |
|--|--|
| <input type="checkbox"/> Addictions | <input type="checkbox"/> International |
| <input type="checkbox"/> Administration/Supervision | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Occupational SW/EAP |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Philanthropy |
| <input type="checkbox"/> Child Welfare/Family | <input type="checkbox"/> Political Social Work |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Criminal Justice/Courts | <input type="checkbox"/> School Social Work |
| <input type="checkbox"/> Developmental/Rehabilitative Disabilities | <input type="checkbox"/> Social Work Education |
| <input type="checkbox"/> Displaced Persons, Homeless, Refugees | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Health | <input type="checkbox"/> Other Non-Traditional |

DEMOGRAPHICS *(Optional. Please check one.)*

- | | |
|--|--|
| Ethnic/Racial Origin <i>(Check one)</i> | Sexual Orientation <i>(Check one)</i> |
| <input type="checkbox"/> African American | <input type="checkbox"/> Lesbian |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Gay Male |
| <input type="checkbox"/> Chicano/Mexican | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Heterosexual |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other |
| <input type="checkbox"/> White/Caucasian | |
| <input type="checkbox"/> Other Hispanic/Latino | |
| <input type="checkbox"/> Other | |

APPLYING FOR INSURANCE

Insurance coverage must be obtained and purchased separately. Continuous membership with NASW is necessary when renewing professional liability insurance policies annually through NASW Assurance Services' programs. To apply for professional liability insurance, visit www.naswassurance.org. For term life, long-term, disability, or accident protection insurance, call 866.591.8267.

JOIN NASW'S SPECIALTY PRACTICE SECTIONS

The Specialty Practice Sections (SPS) focuses on issues, policies, and trends affecting social work practice in numerous specialty areas and provides specialized content and information. SPS also offers free practice-based webinars with free CE credit. Learn more at socialworkers.org/sections. *Fee is \$35 per year for each Section selected.* Select the Section you want to join, and add the fee to your payment total.

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> Administration/Supervision | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Health | <input type="checkbox"/> Private Practice | <input type="checkbox"/> Social and Economic Justice & Peace |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Children, Adolescents, and Young Adults | <input type="checkbox"/> Mental Health | <input type="checkbox"/> School Social Work | <input type="checkbox"/> Social Work and the Courts |
| <input type="checkbox"/> Alcohol, Tobacco, and Other Drugs | | | | |

MEMBERSHIP CATEGORIES

Regular Full Member applicants must hold a BSW or MSW from a Council on Social Work Education (CSWE) accredited or recognized social work degree program, or a PhD/DSW in social work or social welfare.

Student Member applicants must be matriculating in a CSWE accredited social work degree program. Students who have maintained continuous membership after graduation are eligible for a transitional member rate of up to two years for BSWs and up to three years for MSWs. NASW student members and eligible transitional members may apply for discounted professional liability insurance for student field placement and/or for the first two years of professional practice. Eligibility for the Doctoral Student Membership category is limited to (4) years over the lifetime of membership, not necessarily to be continuous.

Associate Member applicants have a professional interest in, or are supportive of, the issues addressed by, or the client populations served by, the social work profession. Associate members may not hold national or chapter elective office. After five years of continuous membership, associate members are granted the right to vote in national or chapter elections.

NOTICE TO MEMBERS

Membership dues payments and other payments to NASW are not tax deductible as charitable contributions for income tax purposes. They may be tax deductible, however, as ordinary and necessary business expenses subject to federal limits related to Association lobbying activity. Tax deductible percentages will be available in January and printed in *NASW News*. Contributions to the NASW Foundation and its supported activities are generally tax deductible as charitable contributions. Consult a tax advisor regarding issues of tax deductibility. Contributions to PACE, NASW's political action committee are not tax deductible and can only be accepted from individual members and not businesses, organizations, or government agencies.

Full payment must accompany this form. Your application will be processed within two weeks upon receipt in our office. *NASW reserves the right to determine membership in keeping with Association principles and policies.*

Refunds: *Membership cancellations/refunds must be requested in writing within 30 days of membership activation. A \$25 processing fee will be applied to refunds of membership dues.*

Replacement Card Fee: *There is a \$15 fee to replace your NASW membership identification card. Download a free copy of your membership card information at socialworkers.org/membercenter.*

Returned Check Fee: *A \$35 processing fee will be assessed for returned checks.*

MAIL your application to NASW, P.O. Box 791343, Baltimore, MD 21279-1343 or FAX it to 888.551.6096.

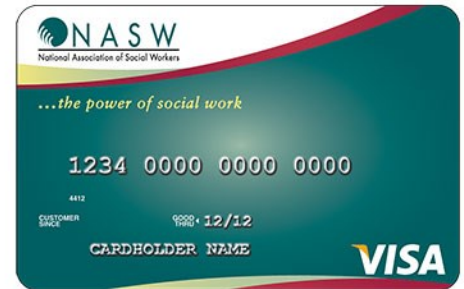
NASW cannot guarantee confidentiality of this information, although it is intended for internal use only.

NASW Membership Benefits You Did Not Even Know You Had

As a member of NASW, you're entitled to exclusive discounts not available to the general public. You can now save money on every day products for your practice or personal use. Save hundreds on office supplies, email marketing tools, travel and more!

[NASW Visa® Rewards Credit Card](#)

NASW and Commerce Bank have come together to offer NASW members a new credit card, the **NASW Visa® Rewards Credit Card**. This credit card offers a flexible rewards program with unlimited point earnings and bonus point opportunities on purchases, thousands of rewards options (including gift cards, merchandise, travel, and more.



- Flexible rewards program
- No annual fee
- Additional 20% discount at NASW's Professional Education and Training Center

Office Depot/OfficeMax

Office Depot and OfficeMax are now ONE company! Members save up to 80% off over 93,000 products. Save on your printing, cleaning, and furniture needs. Shop online or in stores.



Constant Contact - Constant Contact®, Inc.'s email marketing and online survey tools help small businesses and organizations connect to customers quickly, easily, and affordably and build stronger relationships. Partnering with Constant Contact is a great way to offer more services to your clients, while generating more revenue for you and saving money thanks to NASW Member Benefits. Constant Contact's platform is user-friendly, with free tutorials, guides and customizable templates.



Hotel Discounts



Save **15%** on Choice Hotels...over 6,000 Comfort Inn®, Comfort Suites®, Quality®, Sleep Inn®, Clarion®, MainStay Suites®, Suburban Extended Stay Hotel®, Econo Lodge® and Rodeway Inn® brands and Cambria Suites® and Ascend Collection® properties worldwide!



Car Rental Discounts

Car rental discounts are available from Alamo, Avis, National, Hertz, and Budget.

Details & more benefits at: www.naswdc.org/joinbenefits/discounts.asp



NASW Maine Members for January and February

Christina Barber

Rebecca Cornell du Houx

Meisha Nickerson

Geromy Oakes

Jon Petruschke

Emily Winter

Jarrid Jones

Mandy Lancaster

Linda Son

Jon-Paul Rodriguez

Andrea Zappone



Greetings and welcome new members. Thank you for recently joining the NASW Maine Chapter.

You are now eligible to join committees, vote in Board elections, attend Board meetings and participate in Continuing Education activities at member discounts.

Please call the Maine Chapter at 207-622-7592 if you'd like to serve as a resource expert for the Chapter.



National Association of Social Workers

Statement and Action Alert on the Repeal and Replacement of the Affordable Care Act

NASW strongly urges members of the House of Representatives to oppose the American Health Care Act (AHCA) as it is currently written. There are numerous reasons for our opposition outlined below, but notably we are wary of the bill's provision for **guaranteed "universal access"** to health care and coverage. As defined in this legislation, the term "universal access" does not ensure that everyone actually has insurance. With that in mind, NASW is against AHCA for the following reasons.

Negative Impact on Medicaid Expansion

☐ *AHCA brings Medicaid expansion to an end:* The loss of Medicaid expansion will increase the number of uninsured by millions. The current version of the House bill will end federal funding match for Medicaid expansion after 2019. Medicaid expansion currently provides coverage for 11 million people. Millions of the lowest income Americans will become uninsured after 2019. **It is estimated that Medicaid expansion states would have to find an additional \$250 billion over the next decade** to maintain expansion. More immediately, states will have to identify \$30 billion a year by 2023.

☐ *AHCA puts individuals with serious mental illness and substance use disorders at risk:* Ending Medicaid support after 2019 puts vulnerable populations with serious mental illness and substance use disorders at risk of losing access to health insurance coverage and health care services. This includes the homeless, criminal justice and juvenile justice involved individuals, and young adults transitioning from foster care. Because of the importance of diversion and community programs covered by Medicaid, enacting AHCA as it is currently written will **lead to increased recidivism and a compromise in public safety in many areas of the country.**

☐ *AHCA reduces the number of people eligible for health insurance:* Under the AHCA, the Medicaid funding structure will be changed to a capped payment model in 2020. Congress will transfer a set number of dollars on a per-capita basis to each state to fund health and behavioral health care services. States whose actual Medicaid costs exceed the federal block grant will have to make up the difference from their own budget or restrict eligibility; many states will opt to restrict eligibility. Consequently, AHCA **would reduce the number of people eligible for health insurance and create health disparities between states.**

Impact on Health Insurance Costs:

☐ *AHCA makes health insurance unaffordable:* The proposed AHCA makes coverage unaffordable for millions of Americans by gutting the premium tax credits, raising premiums and out-of-pocket costs, while raising taxes for many working families. The ACA made health insurance affordable for millions of people, including those with pre-existing conditions, for the first time. This plan **removes cost-sharing protections** that guarantee lower-income people won't face excessive costs.

AHCA makes health insurance more expensive: A major feature of the AHCA is the tax credit provision, which will make health insurance more expensive. AHCA proposal would provide a flat credit that varies only by age. The proposed tax credit, which would be available to people at any income level, ranges from \$2,000 for people under 30 years old to \$4,000 for people 60 and over. It is likely that, because of the much higher actual cost of insurance, the tax credit would leave many low-income people — **especially older people** — without enough help to make insurance affordable. Studies have determined that, on average, the AHCA tax credits in 2020 would be

(continued from page 4)

36 percent lower than that in the repealed ACA. Moreover, for lower-income and older people, and people **living in high-cost geographical areas**, the differences could be much greater.

☒ *AHCA provides big tax cuts for the wealthy, insurers, and drug companies:* The ACA repeal plan would mean big tax cuts for wealthy individuals, insurers, and drug companies through Health Savings Accounts (HSAs). The AHCA would eliminate the Affordable Care Act taxes on wealthy individuals and insurance and drug companies and greatly expand tax-sheltering opportunities for high-income people through HSAs. These changes would mean \$594 billion in lost revenues over 2017 to 2026. In order to make up the shortfall after the tax cut for the wealthy, Congress will **dramatically scale back the subsidies that low- and moderate-income families use to purchase affordable health care**, as well as other coverage changes that would undermine the health and financial security of millions of households.

☒ *AHCA provides tax cuts for the wealthy at the expense of low-income Americans:* The proposed AHCA takes away coverage from millions of people to help pay for tax cuts for the wealthy. The deep cuts to Medicaid in the House bill are used to pay for tax cuts the bill would provide to the wealthy, pharmaceutical companies and insurers. As a result, while millions would lose coverage, households earning more than \$1 million would receive tax cuts averaging more than \$50,000 a year.

Impact on Access to Health Care Services:

☒ *The AHCA ends the individual mandate that requires health insurance coverage:* Without affordable access to health insurance coverage, many Americans may opt out of coverage, and therefore be unable to access medical services.

☒ *AHCA ends ACA Essential Health Benefits:* This bill ends the essential health benefits required in the ACA after 2019, allowing health insurance companies to deny preventive services, behavioral health services and care for chronic conditions.

☒ *AHCA cuts funding for Planned Parenthood:* **By cutting funding for Planned Parenthood** necessary health services, such as, preventive care, screening and reproductive health services for women would be reduced or eliminated in communities all across the country.

What is the timeline for moving the American Health Care Act (AHCA) through the legislative process, and what are the expectations for its passage?

The eventual fate of the bill becoming law is uncertain. What is more certain is that it is unlikely AHCA will become law in its current iteration. Key senators in the U.S. Senate have gone on record as saying ACHA will not pass that body as written. That said the following is the process for moving the bill through both chambers of Congress, and to the President's desk.

As of this writing, AHCA has been voted favorably out of the two oversight committees (Ways and Means and Energy and Commerce).

☒ The bill is likely to move to the House Budget Committee for reconciliation during the week of March 13th. It is at this time that AHCA will receive a Congressional Budget Office (CBO) score.

☒ **House leadership plan for a full vote in the House of Representatives by March 22nd or 23rd.**

☒ The bill is expected to **go to the Senate on March 22nd or 23rd.**

☒ The Senate must then approve ACHA using **budget reconciliation voting** rules which means having a simple majority of the senators (51) in favor of passage.

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What actions can you take to stop this bill?

Action Requested

☑ **NASW member Calls:** Call your members of Congress at **866-426-2631** and tell them that people in America deserve a public process, with a CBO score, before they vote on a bill to take coverage away from millions. Let them know that you oppose cutting premium tax credits, Medicaid, and funding for Planned Parenthood.

☑ **Share on Social Media:** The new #GOPrepeal bill strips millions of coverage & drives up consumer #healthcare costs <http://info.familiesusa.org/e/72112/2n29Hin/4y99rd/371812831> #ProtectOurCare

☑ **E-mail your U.S. Representative and Senators to voice your opinion about AHCA:**

Letter to Representative and Senators, "As a constituent, social worker and member of the National Association of Social Workers I am writing to urge you to protect the Affordable Care Act (ACA) from repeal and vote against the American Health Care Act. Millions of Americans have gained health coverage thanks to the ACA and Medicaid expansion. People who suffer with mental health and substance abuse issues are particularly impacted by the repeal of the ACA. Please preserve the tenets of the ACA and find ways to improve it."

☑ Other Actions You Can Take:

- Visit the office of members of Congress
- Attend state-level coalition meetings opposing the AHCA

What is occurring at the national level to stop this bill?

Collaborations on Advocacy Activities

☑ **NASW Advocacy at the National Level:** NASW, through its national office, is working in collaboration with a number of national organizations, advocates and members to preserve the ACA and the health gains that the United States has seen since its implementation.



Women's march, Augusta, Jan. 2017

She's 17 and Needs Birth Control. Do We Turn Our Backs?

Nicholas Kristof MARCH 4, 2017

LEWISTON, Me. — She is 17 years old, has an alarming itch “down there” and has come to the family planning clinic because she doesn't know where else to go. Sara Hayes, a nurse practitioner, breezes into the examining room and soothes the teenager. Hayes takes a swab and quickly diagnoses a mild yeast infection — perhaps from scented tampons — while setting aside samples to test later for gonorrhea and chlamydia. Then Hayes explains birth control options, and the girl brightens at the idea of an invisible implant in her arm, fully covered by insurance. It will last at least three years and be more than 99 percent effective at preventing pregnancy.

Finally, Hayes arranges to give the teenager condoms and fixes her in the eye and tells her to protect herself from infections. Always!

“If you're having sex with someone, use a condom,” says Hayes, half sweet and half stern, the bluntest grandmother you ever met. “If he doesn't want to use a condom” — she pauses dramatically — “then he's not worth it!”

This is health care at its best, preventing diseases and averting teenage pregnancies, all while saving public money. Yet clinics like these across America are in peril because of myopic Washington politics.

Vice President Mike Pence and congressional Republicans have long tried to cut off federal funds for clinics that have ties to abortion, even tangential ones, and this year, with President Trump's help, they may succeed.

Let's be clear: This isn't about the government paying for abortions. That's already mostly banned. This is about paying for birth control and cancer screenings when the provider has some connection, even a remote one, to abortions.

This clinic in Lewiston is threatened because it is operated by Maine Family Planning, a nonprofit that provides some abortions. Health experts expect a G.O.P. push to defund such women's health clinics, by barring Medicaid reimbursements or other federal funds from going to them, and by cutting or redirecting the Title X family planning program.

“We're afraid we're going to lose a critical part of the public health infrastructure,” says George Hill, the president of Maine Family Planning. Patients are anxious. Clinic staff members say that some women have asked to get their IUDs replaced early, so that they don't expire a couple of years from now when there might be less coverage.

Although the arguments in Washington about these women's health clinics mostly involve abortion, what I saw in the three Maine Family Planning clinics I visited was that a vast majority of the care provided is pretty uncontroversial. It's about ensuring women's health, treating sexually transmitted diseases, testing for pregnancy or providing cancer screenings.

Meredith Batley says she has been coming to the clinic in Rockland for a dozen years, and for most of that time didn't have health insurance or a primary care provider. In one routine screening, a cervical irregularity was found that could have led to cancer, but it was removed and she has had no problems since. She has also received birth control pills.

“If I hadn't had that access, I'm not saying I would have had an abortion, but my life would have been different,” she muses. When Batley was ready for a baby, she came in for a consultation and received prenatal vitamins to avoid birth defects. Five months ago, she gave birth to a healthy baby girl.

(continued on page 13)

(continued from page 12)

That's the kind of health care relationship that doesn't happen often enough in America for young women. One woman dies in America of cervical cancer every two hours, and almost all these deaths are preventable. More will likely die if these clinics close.

Pence and his Republican colleagues in Congress are, I think, well-intentioned politicians driven by a revulsion for abortion. But the truth is that these clinics do more to reduce abortion rates than any army of anti-abortion demonstrators.

Later in the afternoon back in Lewiston, Hayes coaxes a 19-year-old named Destiny Burnell, who had already had one baby after an unplanned pregnancy, to consider long-acting contraception. After discussing several options, Destiny makes an appointment for an implant in her arm.

To those who think we can't afford family planning services, remember: An IUD or implant like Destiny's costs about \$1,000, while a single Medicaid birth costs the public about \$13,000. Each dollar invested in family planning yields \$7 in savings for the public later on.

There are 2.8 million unintended pregnancies a year in the U.S.; among people living in poverty, 60 percent of pregnancies are unplanned. One study found that when Texas cut funding for Planned Parenthood and similar clinics, Medicaid births rose by 27 percent in one group of affected women.

The Guttmacher Institute, a research organization that supports abortion rights, estimates that without Title X funding for family planning clinics, there would be, in a year, an additional 900,000 unplanned pregnancies — and 325,000 more abortions.

About two-thirds of the women and girls who come to these clinics don't have any other health care provider. They're people like Amanda Bowden, 33, who comes annually to the Maine Family Planning clinic in Augusta to get birth control pills and a checkup.

I asked her about the effort to cut funding for clinics like these, and she said: "You're not taking away abortion services. You're taking away my health care."

Reprinted with permission from the Maine Family Planning Association Board



Women's march, Augusta, Jan. 2017

This article, for which we have included the abstract below, was written for The Maine Law review, and suggests need for legislative reform. The piece was referred to our Maine Chapter from NASW member, Dana Prescott, JD, MSW, PhD. Dana is a trail lawyer with comprehensive experience with alternative dispute resolution methods such as mediation, arbitration and judicial settlement conferences. He has been a court –rostered Guardian ad Litem since 2009. Mr. Prescott has been adjunct faculty at Simmons graduate School of Social work since 2014, and is presently a partner at Prescott, Jamieson and Murphy law firm in Saco ME.

Compelled to Testify: An Evaluation of 32 M.R.S.A. § 7005 and the Privilege for Maine Licensed Clinical Social Workers
By, Juliana Kirkland O'Brien

Abstract

The mental health industry is big business: the National Institute of Mental Health reports that in 2012, 43.7 million people ages eighteen and older (18.6% of U.S. adults) experienced issues associated with a mental illness. In Maine, about 51,000 adults and approximately 13,000 children suffer from a serious mental illness. According to the World Health Organization, mental illness “accounts for more disability in developed countries than any other group of illnesses, including cancer and heart disease” and in Maine, mental health issues coupled with substance abuse is the leading cause of disability and death for Mainers between ages fifteen and forty-four, and is the second leading cause of disability among all ages. While many people experience a mental health issue at some point in their lives, upwards of eighty percent can maintain “normal, productive lives” if they have access to effective treatment. However, unlike medical issues that can be diagnosed with a blood test or biopsy, mental health diagnosis and treatment depends largely on the patient’s disclosures to mental health professionals. Psychotherapy is an example of an effective mental health treatment for anxiety disorders, mood disorders, addictions, eating disorders, and personality disorders. In addition, psychotherapy can be helpful for individuals looking to relieve stress, resolve conflict, and deal with other difficult life issues. In an attempt to help individuals manage to overcome their mental health issues, psychotherapists encourage patients to articulate their thoughts, urges, and concerns in a safe, confidential therapeutic session. Today “psychotherapy” encompasses many professional subsets, including psychiatrists, psychologists, and licensed clinical social workers (LCSWs). Patients seeking mental health services can choose between a variety of professionals for similar mental health treatment, although LCSWs are usually more affordable than other licensed mental health workers. In addition, the professional outlook for social work is projected to increase by 19% between 2012 and 2022. Therefore LCSWs will have an amplified ability to impact society and the individual patient through their increased professional outreach.

To read this article in its entirety please go to: <http://digitalcommons.mainelaw.maine.edu/cgi/viewcontent.cgi?article=1083&context=mlr>



News from the SW Licensing Board

The Governor's Boards and Commissions staff is interested in hearing from candidates who may be interested in serving as board members on the Board of Social Worker Licensure. Candidates should be licensed clinical social workers who have been engaged in the active practice of social work for not less than five years prior to appointment. Interested persons should review the description of the appointment process for Personal Appointments at <http://www.maine.gov/governor/lepage/administration/appointments/index.shtml> or contact Scott VanOrman at scott.vanorman@maine.gov.

As many of you may recall, social workers will need 12 hours of DV training by 2020. If social workers start now, it will make it very easy to get the full 12 hours by 2020. For more information about this requirement please contact the social work licensing board at 624-8603.

The board meets the second Friday of each month.
For more information go to: www.maine.gov/professionallicensing

Continuing Education Committee, By Cathleen Dunlap

Many social workers and other professionals have attended the workshops that this committee arranged for the year in various locations in Maine. Thus far, those workshops have included:

- Ethics and Rural Psychotherapy
- Social Work in the Political Arena
- PTSD: Primary Emotions, Toxic Stress and Neurogenesis
- Grief, Death and Dying
- Advanced Supervision
- Social Workers in the Public Arena: Ethical Considerations
- Confidentiality, Ethics, and Best Practices for Social Workers and the New Rules for Guardians ad Litem appointed for Children
- Psychosocial Assessment
- Childhood Exposure to Violence and Trauma: Impact, Interventions and Treatment



Coming soon are the following workshops:

- PTSD: Primary Emotions, Toxic Stress and Neurogenesis (March 27th in Portland)
- Family Therapy (April 21st in Augusta)
- Social Work Practice with Baby Boomers (May 12th in Waterville)
- Trauma-Informed Assessment for Providers (June 9th in Portland)
- Ethical Issues in Social Work Practice with Intimate Partner Violence (June 23rd in Belfast)

These workshops are based NASW Maine member surveys, and none would be possible without the hard work and dedication that NASW Maine staff Lori (ED) and Barbara (AA) demonstrate. I also want to take this opportunity to thank the rest of the CE Committee (Cindy Pooler, Wendy St. Pierre, and Jane Kaler) for attending regular meetings and helping to make these workshops a reality for our Maine social work family.

Cathleen Dunlap, LCSW
CE Committee Chair

BRANCH NEWS

Branch A- York and Cumberland Counties

Branch A

Branch A Meeting, Friday, March 24, 8:30 AM to 10:30 AM, at The Egg and I, 183 Route 1, Scarborough. 2 Ethics CE's.

Free for members and \$25 per CE for Non-members. Each attendee is to bring in a short review of something that you've read or watched that relates to our code of Ethics that you found significant and could impact your practice.

Please RSVP to Margery Goldberg at mggmaine@gmail.com

Branch B - Kennebec, Knox , Lincoln, Sagadahoc, Waldo Counties

Branch B

On March 16 we had Lynn Boardway LSW present to us. She discussed the Medicare counseling services, money savings programs and services through Spectrum Generations.

Our next meeting will be Thurs. April 20 at 7:30am at the Senator Inn. Betsy Sweet will be joining us.

Hope to have you join us!

Contact Cindy Pooler at lucindapooler@yahoo.com to RSVP and for additional information.

Branch C - Androscoggin, Franklin, Oxford and Somerset County

Branch C

For more information, please contact Kendra Perkins, Branch C Chair at kendra.perkins@waldenu.edu phone 652-3003

Branch D Aroostook County

Branch D

Branch D is currently without a Branch Chair. Please contact NASW ED Lori Gramlich at lori.gramlich@naswmaine.org if you are interested or have suggestion on how to fill this position.

(Continued on page 17)

BRANCH NEWS

Branch E - Hancock, Penobscot, Piscataquis and Washington Counties

For more information, Contact Branch E Chair Irene Greene Murphy at thoughts282@gmail.com

OTHER COMMITTEE NEWS

LGBTQ Committee

LGBTQ Committee

The NASW LGBTQ Advocacy Committee currently meets on the second Tuesday of the month from 8-9AM (Please note time has changed back to our original 8am time). We convene via conference call. Our next meeting is scheduled for Tuesday, April 11th at 8AM.

Please contact committee chair, Brandy Brown, at brandybrown@outlook.com for information about com-

LAC Committee

The Legislative Action Committee (LAC) will have their next meeting on Wednesday, March 29th, at 8:00 am.

The call in number is **(712) 432-1500 and the access code is 164112#**
LAC will have ongoing discussion concerning legislative priorities as they develop for the upcoming legislative session as well as call to action alerts throughout the session.

For more information contact LAC Committee Chair, Loren Andrews at LJAndrews@me.com

Registration Form
NASW CONTINUING EDUCATION CLASS March 27, 2017

TITLE: PTSD - Primary Emotions, Toxic Stress and Neurogenesis

Participants will be led through different evidentiary findings in the understanding of our emotional system, mood and perspective, and how traumatic events and toxic stress affect these. Resented within the range of available treatments, understanding the role of neurogenesis and brain health can be part of what clinicians bring to their work, along with effective cognitive and behavioral strategies to promote well-being and improved mental health in our clients. Course objectives include:

- 1) To understand the research on and role of primary emotions in mental health
- 2) To examine the effects of PTSD, trauma, and toxic stress on the brain and mental health
- 3) To blend these findings with clinical experience, exploring the role of neurogenesis and cognitive behavioral treatments in healing and recovery.

Target Audience: Social workers, clinicians, and mental health professionals working with all client populations

PRESENTER: Loren Andrews, MA, MSW, LCSW, has a private practice in Rockland, Maine, where he specializes primarily in adolescent and adult ADHD, relational and couples counseling, depression and anxiety, as well as helping victims of trauma in their recovery. Mr. Andrews also an Adjunct Professor at the University of Maine in the Master's program in Social Work.

In addition to his practice and teaching, Mr. Andrews is Vice Chair of the RSU 13 School Board (representing Cushing), where he also serves as Chair of the Curriculum and Technology Committee, Chair of the Student Engagement Task Force, and as the representative to the Mid-Coast School of Technology. He is also Chair of the Legislative Action Committee for the Maine Chapter of the National Association of Social Workers, and is Co-chair of Political Action Committee for Elections. Mr. Andrews has also worked for several non-profits in social/human services and spent a decade working in various policy and political positions, including Special Assistant to Maine's Speaker of the House, Majority Leader, and Majority Whip.

When: Monday March 27, 2017 9:00am-1:15pm

Where: University of Southern Maine Portland Campus, 1 Payson Smith Hall

Cost: \$85 Members; \$105 non-members; \$45 Students. *This price includes a coffee break with snacks*

Attendees are expected to arrive on time and stay for the entire training.
A certificate of attendance shall be distributed at the conclusion of the class.

You will be considered registered for this 4 contact hour class when this form along with a check made out to "Maine Chapter NASW" has been returned to Maine Chapter NASW, P.O. Box 5065, Augusta, Maine.

PTSD - Primary Emotions, Toxic Stress and Neurogenesis

Name: _____

Address: _____

Telephone: _____ Cell: _____

Email: _____

Please check one:

I am a NASW member. Member Number: _____ (required) and have enclosed a check for \$85.00

I am **not** a NASW member and have enclosed a check for \$105.00

I am a Student, and have enclosed a check for \$45.00

* Refund Policy - *CE costs are refundable at 50% in the form of a voucher to be used for a future CE, if notification of cancellation is received 5 business days before the workshop is scheduled to begin. Costs are non-refundable for cancellations received less than 5 business days before the start of the workshop.*

Registration Form
NASW CONTINUING EDUCATION CLASS April 21, 2017

TITLE: Family Therapy - Seeing the World Systemically in Clinical Work

This 3 contact hour workshop will explore alternative ways to address human distress. Classical therapy would have us seek for and define human distress as located within individuals. We now understand that a web of connections exist among family members such that no individual in a family unit stands alone. We must explore and address this family web if we are to be of optimal use to our clients.

Course objectives include:

- 1) Learning how to explore interfaces among people
- 2) Practicing a new way to conceptualize human distress
- 3) Work with sculpturing genograms

PRESENTER: Phoebe Prosky LCSW has had over 40 years of experience in as a family therapist in clinical practice. She has provided family therapy training in numerous varied settings for the past 30 years. Ms. Prosky holds her MSW from Columbia University School of Social Work and has been adjunct faculty at University of Southern ME, University of New England, Goddard College and Antioch New England Graduate School. Ms. Prosky holds numerous memberships including NASW, the American Family Therapy Academy and the American Orthopsychiatry Association as a life time member and Editorial Review Board of Journal.

When: Friday, April 21, 2017, 9:00am-12:15pm

Where: Kaplan University 14 Market Place Drive, Augusta ME

Cost: \$70 Members; \$85 non-members; \$40 Students. *This price includes a coffee break with snacks*

Attendees are expected to arrive on time and stay for the entire training.
A certificate of attendance shall be distributed at the conclusion of the class.

You will be considered registered for this 3 contact hour class when this form along with a check made out to "Maine Chapter NASW" has been returned to Maine Chapter NASW, P.O. Box 5065, Augusta, Maine.

Family Therapy - Seeing the World Systemically in Clinical Work

Name: _____

Address: _____

Telephone: _____ Cell: _____ Email: _____

Please check one:

- I am a NASW member. Member Number: _____ (required) and have enclosed a check for \$70.00
- I am **not** a NASW member and have enclosed a check for \$85.00
- I am a Student, and have enclosed a check for \$40.00

Refund Policy - CE costs are refundable at 50% in the form of a voucher to be used for a future CE, if notification of cancellation is received 5 business days before the workshop is scheduled to begin. Costs are non-refundable for cancellations received less than 5 business days before the start of the workshop.

Registration Form
NASW CONTINUING EDUCATION CLASS May 12, 2017

TITLE: Social Work Practice with Baby Boomers: It Will Not be Business as Usual

This 4 contact hour course will examine social work practice as we age and is designed for social workers who work with older adults, their relatives, and those who serve as their caregivers. Baby boomers (born between 1946 and 1964) represent some 78 million Americans and constitute a larger proportion of residents in Maine than in any other state in the nation. Boomers bring a different set of values, attitudes, and expectations than their parents and grandparents. Understanding the boomer mentality will be essential to insure the delivery of effective gerontological social work services into the future. This workshop will provide attendees with a comprehensive, multidimensional profile of the baby boomer cohort and offer elements of a nontraditional philosophy and orientation to service planning and the delivery of set of specialized interventive strategies that will be positively received by boomer consumers.

Course objectives include:

- An understanding of the implications for the social work profession of the dramatic increase in the size of the baby boomer population
- Learning to deliver effective social work services to baby boomer clients and patients
- An ability to describe and implement service delivery strategies that recognize the value of a productive aging orientation

PRESENTER: Lenard Kaye, DSW/PhD, has over 35 years of teaching and community training experience on a broad range of topics in social work and gerontological practice. He is an Allied Scientist at Eastern Maine Medical Center in Bangor, the Director of the Center on Aging at the University of Maine, and a Professor at the University of Maine School of Social Work. Dr. Kaye has numerous publications, serves on an array of boards and brings vast knowledge to the topic of aging.

When: Friday, May 12, 2017 9:00am-1:15pm

Where: Thomas College, Waterville ME

Cost: \$90 Members; \$110 non-members; \$50 Students. *This price includes a coffee break with snacks*

Attendees are expected to arrive on time and stay for the entire training.
A certificate of attendance shall be distributed at the conclusion of the class.

You will be considered registered for this 4 contact hour class when this form along with a check made out to "Maine Chapter NASW" has been returned to Maine Chapter NASW, P.O. Box 5065, Augusta, Maine.

Social Work Practice with Baby Boomers: It Will Not be Business as Usual

Name: _____

Address: _____

Telephone: _____ Cell: _____ Email: _____

Please check one:

- I am a NASW member. Member Number: _____ (required) and have enclosed a check for \$90.00
- I am **not** a NASW member and have enclosed a check for \$110.00
- I am a Student, and have enclosed a check for \$50.00

* Refund Policy - CE costs are refundable at 50% in the form of a voucher to be used for a future CE, if notification of cancellation is received 5 business days before the workshop is scheduled to begin. Costs are non-refundable for cancellations received less than 5 business days before the start of the workshop.

Registration Form
NASW CONTINUING EDUCATION CLASS June 9, 2017

TITLE: Trauma and Culturally Informed Assessing for Mental Health Providers

Using the most recent literature on how to be a trauma-informed assessor, this 3 hour course will provide participants a review of trauma theory and how trauma theory is applicable to the principles identified in a case vignette.

Course objectives include:

- Description of how trauma theory can inform the biopsychosocial assessment process
- Overview of the essential phases of screening and assessing and how the assessor can be culturally sensitive
- Understanding how to incorporate safety, choice, and collaboration in the assessment process.

PRESENTER: Arabella Perez, LCSW

Arabella Perez is clinical faculty at the University of New England and was the founding Executive Director of THRIVE, an independent nonprofit graduated system of care in Maine, providing training and technical assistance to providers, organizations and communities seeking to become trauma-informed in order to better serve the needs of family and youth who are experiencing challenges with behavioral, emotional, and mental health issues.

Ms. Perez holds a Master's Degree in Social Work from Tulane University in New Orleans and has been a practicing social worker and therapist for 20 years. She is a licensed clinical social worker in Maine and a native Spanish speaker. She is a certified cultural competency trainer and has presented both locally and nationally on *Trauma Systems Change*, *Cultural and Linguistic Competency issues*, and *Youth-Adult Partnerships*. She provides technical assistance and consultation to states and communities on the development of systems of care and trauma.

When: Friday, June 9, 2017 9:00am-12:15pm

Where: University of New England Portland Campus, 015 Blewett Hall

Cost: \$70 Members; \$90 non-members; \$30 Students. *This price includes a coffee break with snacks*

Attendees are expected to arrive on time and stay for the entire training.

A certificate of attendance shall be distributed at the conclusion of the class.

You will be considered registered for this 4 contact hour class when this form along with a check made out to "Maine Chapter NASW" has been returned to Maine Chapter NASW, P.O. Box 5065, Augusta, Maine.

Trauma and Culturally Informed Assessing for Mental Health Providers

Name: _____

Address: _____

Telephone: _____ Cell: _____ Email: _____

Please check one:

I am a NASW member. Member Number: _____ (required) and have enclosed a check for \$70.00

I am **not** a NASW member and have enclosed a check for \$90.00

I am a Student, and have enclosed a check for \$30.00

** Refund Policy - CE costs are refundable at 50% in the form of a voucher to be used for a future CE, if notification of cancellation is received 5 business days before the workshop is scheduled to begin. Costs are non-refundable for cancellations received less than 5 business days before the start of the workshop.*

Registration Form
NASW CONTINUING EDUCATION CLASS June 23, 2017

TITLE: Ethical Issues in Social Work Practice with Intimate Partner Violence

Historically, IPV/DV has not been part of social workers' academic education and clinical training. Yet, social workers in all fields of practice will encounter individuals whose lives are affected by IPV/DV. Any discussion of IPV/DV must include an examination of societal beliefs and values that contribute to abuse/violence in the home. The intersectionality of race, gender, ethnicity, age, sexual orientation, religion, and class, will be examined for their impact on victims/survivors, children and individuals who abuse their partners. IPV/DV ethical practices will include: screening/assessment, empowering interventions, lethality assessments and risk assessments, safety planning, and referrals to community resources.

Course objectives include:

Learning about the importance of universal screening for IPV.

Expanding participant knowledge of lethality and risk assessments.

Increased understanding of the intersectionality of race, gender, ethnicity age, sexual orientation, religion and class and its impact on victims/survivors, children and individuals who abuse their partners

Target Audience: Social workers, clinicians, and mental health professionals working with all client populations

PRESENTER: **Amy Coha, MSW, LCSW**

Amy Coha is a licensed clinical social worker with experience working with individuals with mental illness and substance abuse issues and survivors of battering. As Associate Director of the Domestic Violence Project/SAFE House in Ann Arbor, Michigan for 15 years, Coha was responsible for the shelter program, developed a counseling program for survivors of battering, provided expert testimony on IPV/DV in criminal and civil court cases and was a subject matter expert for the Michigan Law Enforcement Training Council (MLEOTC) and provided trainings to law enforcement, judges, probation officers, and magistrates. She developed an On-Call Team that provided immediate face-to-face support to victims after an arrest was made for domestic abuse. Coha also provided ongoing training and consultation to mental health providers on domestic violence issues. Coha is a Clinical Associate Professor at the University of New England, School of Social Work and has been a member of the field faculty since 2000.

When: Friday, June, 23rd 2016. 9:00am-1:15pm

Where: Hutchinson Center, Belfast, ME

Cost: \$85 Members; \$105 non-members; \$45 Students. *This price includes a coffee break with snacks*

Attendees are expected to arrive on time and stay for the entire training.

A certificate of attendance shall be distributed at the conclusion of the class.

You will be considered registered for this 4 contact hour class when this form along with a check made out to "Maine Chapter NASW" has been returned to Maine Chapter NASW, P.O. Box 5065, Augusta, Maine.

Ethical Issues in Social Work Practice with Intimate Partner Violence

Name: _____

Address: _____

Telephone: _____ Cell: _____

Email: _____

Please check one:

I am a NASW member. Member Number: _____ (required) and have enclosed a check for \$85.00

I am **not** a NASW member and have enclosed a check for \$105.00

I am a Student, and have enclosed a check for \$45.00

** Refund Policy - CE costs are refundable at 50% in the form of a voucher to be used for a future CE, if notification of cancellation is received 5 business days before the workshop is scheduled to begin. Costs are non-refundable for cancellations received less than 5 business days before the start of the workshop.*



IS Looking FOR You!

PATHWAYS PROVIDES OUR TEAM WITH:

Paid mileage, training and certification in evidenced-based treatment models as well as high quality supervision. Competitive pay with built-in incentives for meeting and exceeding performance expectations. Health insurance benefits and paid time off.

As part of the PATHWAYS Team You would work:

Within a collaborative team structure you will be working with clients and families in their homes and communities to implement behavior management, social functioning and independent living skills. While modeling a strengths-based approach you will assist

with positive change within the family unit. Pathways team members are committed to provide evidence and strengths-based treatment, develop therapeutic relationships with children and families, and provide effective skill-building interventions.



DO YOU WANT TO WORK FOR A LEADING MAINE PROVIDER?

WE HAVE

OPPORTUNITIES ACROSS ALL REGIONS OF MAINE FOR:
Full Time Salaried Clinical Social Workers!

LCSW, LMSW-CC, LCPC, LCPC-C and LMFT.

NOT LICENSED YET?

We also seek...

Full-Time, Salaried Behavioral Health Professionals for Home and School Based Positions!!!

GROW WITH US!

As the largest non-residential children's behavioral health provider, PHS serves over 500 families out of Eight Regional Offices across Maine, and rapidly expanding to meet the growing demands. We are committed not only offering career opportunities, but we want to invest in your professional development, so as we grow, you will... grow with us!



SEND YOUR RESUME TODAY TO:

Stephanie Wiehn, Director of Training & Recruitment

62 Pegasus Street Suite 200, Brunswick ME 04011

207-373-0620 / Fax: 207-373-0628 / Email: Stephanie.Wiehn@pathways.com

WWW.PATHWAYSOFMAINE.COM



SPURWINK

Spurwink Services is looking for LMSW-cc, LCSW, LCPC-c and LCPC candidates.

Current Openings:

Assistant Program Director of Residential Treatment – **Cornville, ME**

Residential and Day Treatment Clinicians

Outpatient Clinicians

Public School Counselors – **Westbrook, ME, Lewiston, ME**

Some of our clinical positions offer a sign on hiring bonus between \$2,000 and \$3,000.

Qualifications

All applicants must possess a Maine Licensure (LMSW-cc, LCSW, LCPC-c, or LCPC) and some positions also require a Master's Degree in Social Work or Counseling.

New graduates are encouraged to Apply!

We also offer clinicians:

- * 3 or more weeks of paid time off
- * Competitive benefit package
- * 403 (b) retirement plan
- * Reimbursement for your license, exams and renewal
- * Team based approach to treatment with quality supervision
- * Tuition Reimbursement and Continuing Education Funds
- * Opportunities for professional growth and advancement

Find out why over 900 current employees have chosen Spurwink as a place to work, learn and grow.

***COME JOIN THE LEADER IN EVIDENCE BASED TREATMENT. APPLY TODAY
at www.spurwink.org/careers***

Spurwink Services is an equal opportunity employer.



***CLINICAL TEAM LEADER,
BEHAVIORAL HEALTH HOME***

Catholic Charities Maine has a **full-time** position open for **Clinical** Team Leader in **Portland**. This person will be responsible for the quality of direct service delivery in the Behavior Home Health Office (BHHO) and shall oversee the development of the Plan of Care and direct care management activities across the BHHO, provide supervision of Health Home Coordinators and Certified Intentional Peer Support Specialists, and ensure that the BHHO meets its requirements as a whole.

This person shall be an independently licensed mental health professional, who may be a physician, physician's assistant, psychologist, licensed clinical social worker, licensed clinical professional counselor, licensed marriage and family therapist, registered nurse, psychiatric nurse, advanced practice registered nurse, or an advanced practice psychiatric nurse. LCSW, LMSW-CC, LCPC or LCPC-C preferred. The Clinical Team Leader shall have a minimum of three (3) years work experience with individuals who are severely mentally ill. One (1) year of experience in casework supervision is also required. The successful candidate shall possess sensitivity toward others, comfort working with the severely mentally ill, an ability to work effectively with an interdisciplinary team, good writing and oral skills, and effective communication skills in order to relate to a wide range of people.

The primary responsibilities of this position include, but are not limited to, the following:

- To understand the psycho-social rehabilitation model and work within the philosophical framework of this model assuring that all case planning and paperwork is in accordance with this model.
- To coordinate and supervise all initial assessments and reassessments development and changes in service plans, staff coverage, ongoing casework and closings.
- To be responsible for the monitoring of all appropriate records in accordance with principles of confidentiality, Medicaid requirements, and internal clinical and quality assurance standards. To respect client confidentiality at all times. To have and maintain a valid drivers license and clean driving record. Position open until filled

You may submit your cover letter and resume (indicating the position title) via our website (www.ccmaine.org) or email (hroffice@ccmaine.org), fax (207-523-2789), or mail to Human Resources Office, Catholic Charities Maine P.O. Box 10660, Portland, ME 04104.

Catholic Charities Maine is a United Way & EEO/Minority



TRI-COUNTY
MENTAL HEALTH SERVICES
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Locations In:
 Lewiston
 Bridgton
 Farmington
 Oxford
 Rumford
 Cumberland/York

Integrated Primary Care

Opportunities exist for
**Licensed Clinical Social
 Workers (LCSW)**

to provide behavioral health counseling and coaching, in partnership with Central Maine Health Care, within primary care offices throughout

Central & Western Maine

Collaborate with a comprehensive team of professionals.
Integrate your clinical expertise in a primary care setting.
Build healthy communities.

Primary care practices looking to expand behavioral health integration include:

Central Maine Family Practice, Central Maine Pediatrics, Mechanic Falls Family Practice, River Valley Internal Medicine, Elesmore Dixfield Family Practice, Spruce Mountain Medical Associates, Lisbon Family Practice, Naples Family Practice, Swift River Family Medicine and more!

Outpatient Clinicians

Rumford: Full-time (40 Hrs)* and Part-time (24 Hrs)

Bridgton & Oxford: Full-time (40 Hrs)

\$2,000 Sign-on Bonus*

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*NHSC Approved Site. Sign-on Bonus - Inquire for Details.

Full and Part Time schedules available * Work across the lifespan * Quality supervision
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TCMHS.org/Careers

To Apply, forward your resume to: resume@tcmhs.org or fax to 207-783-4679

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