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resilience WEAVING advocacy

SOCIAL WORK MONTH 2013

*Celisia Street, LMSW, Communications &
Professional Development Associate*

Social Work is the profession of hope— it is fueled by resilience and advocacy. Every March during **National Social Work Month**, we take the time to reflect and celebrate all that we have accomplished as a profession and move forward with renewed energy, weaving ourselves a strong and unified path upon which we will continue our life's work of changing lives for the better.

During all 12 months of the year, the New York State Chapter of NASW engages in a multitude of activities to support and expand the professional opportunities for social workers, protect the scope of licensed social work practice, bring the social work perspective to policy decision making, carve out new opportunities for social workers in the evolving health and mental health delivery systems and provide access to professional development resources and opportunities that are designed by and for social workers.

To kick off Social Work Month 2013, NASW-NYS held our annual *Power of Social Work Conference* on March 1st in Albany, NY. The day began with a morning plenary session “Making the Case for Social Work as the Go-To Profession” that was facilitated by Chapter President **Debra Fromm Faria** with guest speakers



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NASW-NYS

2012 • 2013

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A Win in the Battle for Licensure

Karin Moran, MSW, Director of Policy, NASW-NYS Chapter

As previously reported in the social work call to action we issued in January, the Governor's Executive Budget proposal included language to permanently exempt individuals in the employ of a program operated, regulated, funded, licensed, or approved by eight designated state agencies and/or local government units or social services districts from the licensure requirements of social work (or other mental health professions). Throughout budget negotiations we worked in partnership with the NYS Society for Clinical Social Work, the NYS Association of Deans of Schools of Social Work and the NASW-NYC Chapter, to maintain our position that:

- The diagnosis and treatment of a mental illness should only be provided by qualified individuals;
- Standards of care and professional enforcement mechanisms are embedded in NYS Education Law and the wholesale exemption from licensure of individuals in certain settings not only risks the quality of care for many of our most vulnerable citizens, but also exempts certain providers from compliance with SED regulations and the Rules of the Board of Regents which oversees the licensed professions and holds the ability to enforce professional standards in this state.

Prior to the Governor's Executive Budget proposal, in conjunction with our partners, we worked with key legislators and their staff to engage stakeholders. As a result, a number of identified concerns were brought to bear and in response, we crafted a budget neutral compromise solution which sought to alleviate potential workforce disruptions and fiscal impacts while simultaneously moving toward compliance and regulation of the field. Our compromise solution was utilized by the legislature as the framework for bill language that would replace the Governor's proposed budget language in both the Senate and Assembly "one house" budget bills. The new bill language included a three year extension of the exemption, a mandate

that each impacted agency participate in a workforce analysis that more accurately identifies staff providing specific tasks that require a license, a grandparenting provision, continuing education provisions and clarification of terms and tasks requiring a license.

After a protracted and fierce battle with opponents, we were successful in preventing a permanent exemption, securing a reporting requirement, and clarifying terms and tasks requiring a license (specifically focused on unlicensed multi disciplinary team member tasks). Budget bills have been passed by both houses and signed by Gov. Cuomo. We expect to pursue continuing education provisions outside of the budget process.

We would like to thank our stalwart legislative champions, Higher Education Committee Chairs Senator Kenneth LaValle and Assemblymember Deborah Glick, their staff, and members of their committees. Their steadfast determination and dedication to the provision of quality services was the key component to our success. We also thank our original social work licensure bill sponsors Senator Thomas Libous and Assemblymember Gary Pretlow for their continued support and assistance. It cannot go unmentioned that Dr. David Hamilton, Executive Secretary of the Social Work Board, NYSED Office of the Professions has been a committed ally throughout this lengthy and challenging process and his efforts on behalf of the social work profession are greatly appreciated.

To all of our members who heeded our call to action and took the time to contact legislative leaders and their Senate and Assembly representatives to oppose the permanent exemption and support our compromise position, we applaud your efforts to preserve social work practice and protect consumers of mental health services throughout the state of New York. We encourage you to send a note of thanks to your legislators for their stance on this critical issue.



Kathryn Zox, MSW, *Your Social Worker with a Microphone*, Dr. Marc Minick and Dr. Katharine Briar-Lawson. The panelists inspired attendees with highlights of the incredible opportunities this current time of change is presenting to the social work profession and issuing a call to action to seize the moment and bring ourselves to the forefront of the health and mental health care delivery systems. Social workers are involved in every facet of life, but too often working silently and diligently in the background. Now is the time for all of us to step forward, make ourselves visible in our workplaces, families, communities and in governing bodies to bring the social work profession and what we do into public view. It is ALL of our responsibilities to be the voice (and face) of social work. It's critical that we find opportunities in our everyday life to educate about what we do as a social work professional. This can be done by providing an in-service for your non-social work colleagues; writing a letter to the editor, Op-Ed piece or feature column, on a topic in your area of expertise; giving an interview for a local radio or TV station; or running for an office... but be sure to proudly identify yourself as a social worker. The general public will never understand who we are and what we do if you're known to them as a Program Director, Psychotherapist, Professor, Discharge Planner or the like. To employ the oft used Gandhi quote, we must BE the change we wish to see in the world. If we want the world to understand (and value) what we do as social workers... we must show them where we are.

Among social workers we were indeed as we convened for our annual *Spirit of Social Work Awards Luncheon*. Surrounded by all of our conference attendees, we celebrated the amazing, passionate, and dedicated work of our 2013 award recipients.

2013 Agency of the Year Long Island Council on Alcoholism & Drug Dependence



LICADD Clinical Director Steven Chassman, LCSW, CASAC; Family Services Clinician Joanne Devitt, LPN, CASAC; Senior Clinician & Intervention Coordinator Gerald Roucoulet, MDiv, CASAC, MAC, SAP; and Executive Director Jeffrey L. Reynolds, Ph.D, CEAP, SAP with NASW-NYS Executive Director Reinaldo Cardona and Chapter President Debra Fromm Faria

2013 Public Citizen of the Year Nancy Manfredonia



NASW-NYS President Debra Fromm Faria, Nancy Manfredonia and Reinaldo Cardona, Chapter Executive Director

2013 Social Work Student of the Year Thomas Neuschul



LIU Post students and faculty sharing in the excitement! L-R: Dr. Elissa Giffords, Milagros Dueno, Alina Perez, Thomas Neuschul, Stephanie Alyssa Becker, Reginald L. Brown Jr.

2013 Social Worker of the Year Lois Logan, MSW, LCSW-R



NASW-NYS President Debra Fromm Faria, Social Worker of the Year-Lois Logan and Chapter Executive Director Reinaldo Cardona

2013 Lifetime Achievement Award Roberta Monat, LCSW, ACSW



NASW-NYS Executive Director Reinaldo Cardona (L) and Chapter President Debra Fromm Faria (R) with Roberta Monat who received a surprise introduction by daughter Allison Monat.

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Mental health reporting requirements of NY's controversial new gun control law go into effect

Celisia Street, LMSW, Communications & Professional Development Associate

March 16, 2013 marked the implementation date of the reporting requirements for mental health professionals under the NY SAFE Act. It sadly fell just days after a gunman shot six people for reasons still unknown in our upstate community of Herkimer, NY. As we struggle to find effective solutions to the problem of gun violence, we look toward what this new gun control law means to social work practice, our clients and our communities.

The NYS Office of Mental Health recently issued guidance materials for health care professionals who are subject to the new SAFE Act reporting requirement codified at §9.46 of the Mental Hygiene Law. This new requirement mandates that **certain** mental health professionals (physicians, psychologists, registered nurses and **LCSWs**) make a report about an individual "who is likely to engage in conduct that would result in serious harm to self or others." The effective date of the new reporting requirement was **March 16, 2013**.

Since the passage of the SAFE Act, NASW-NYS has joined with allied stakeholders including the NYS Psychiatric Association, Medical Society of the State of New York, NYS Society for Clinical Social Work, NYS Psychological Association, NYS Nurses Association, NY Association of Psychiatric Rehabilitation Services,

and Mental Health Association in NYS to actively pursue technical amendments to the reporting requirements to make the statute conform to the guidance that has been issued by the NYS Office of Mental Health which stipulates the presence of an imminent risk factor for reporting and instructs providers to notify law enforcement. In addition, it is the consensus of our allied partners that Nurse Practitioners replace RN's as a designated mental health provider in the statute. Negotiations on such technical amendments to this legislation have been set aside from budget talks and will resume after passage of the state budget. We will continue to join with our partners in calling for remedies of these identified issues. The Chapter will keep members apprised of any updates via our Chapter website, email alerts and Facebook page.

For more information, please use the following links**:

OMH Webinar power point presentation (3/12/13) *NY SAFE Act Introduction for Mental Health Providers*: http://www.omh.ny.gov/omhweb/safe_act/nysafe.pdf

FAQs about the reporting requirement: http://www.omh.ny.gov/omhweb/safe_act/faq.html

SAFE Act Guidance Document: http://www.omh.ny.gov/omhweb/safe_act/guidance.pdf

User Guide for assistance with filing a report: http://www.omh.ny.gov/omhweb/safe_act/user_guide.pdf

Webcast on Reporting Requirements for Providers posted on the SAFE Act homepage http://www.omh.ny.gov/omhweb/safe_act/

****Special Thanks to Gallo Associates and the NYS Psychiatric Association for sharing information and resources they compiled on this critical issue.**

Instructions for Making a Report**

Reports must be made using a new online reporting system that will be accessible through the OMH website (http://www.omh.ny.gov/omhweb/safe_act/). OMH will act as a central clearinghouse for submission of reports, which will relieve any burden on providers to identify the appropriate governmental authority that should be contacted in their particular locality.

The online reporting system includes the following information fields:

1. The name of the provider*
2. Provider type*
3. Provider's email address*, date of birth*, phone number*, last 4 digits of SSN*, and license number*, where applicable
4. Whether the individual is currently a hospitalized patient, and if so, name of hospital
5. Professional relationship between the provider and person who is the subject of the report and date individual was last seen*
6. Name*, county of residence*, address, date of birth, approximate age*, gender*, race, diagnosis, and SSN of person who is the subject of the report
7. Reason the provider believes the person is likely to engage in conduct that would result in serious harm to self or others*

*Required fields.

Guidance materials include a Sample Completed Report to assist providers in the event they need to make a report. Regarding item 7 listed above, please note that OMH is not seeking a detailed medical or psychiatric history and the required fields above require limited clinical information. Rather, the provider should provide a simple declarative sentence regarding the threatened conduct. We suggest that all members review the Sample Completed Report carefully for guidance on how to complete the online form in the event they are required to make a report.

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The Ethics Corner

Social Work Ethics and Non-Compete Clauses in Employment Contracts

Sherri Morgan, JD, MSW, Associate Counsel, LDF and Office of Ethics & Professional Review and Carolyn Polowy, JD, NASW General Counsel

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Introduction

Social workers who are leaving employment for a new work setting or private practice are sometimes surprised and dismayed to discover that they may face legal limitations on their ability to transfer clients to the new work setting due to an existing non-compete clause contained in an employment contract or agreement signed months or years earlier. The legal status of non-compete provisions varies considerably based on a number of factors including state law, the profession or business at issue, the nature of the non-compete's limitations, and the specific facts of the case. Concerns about continuation of treatment for clients who are receiving mental health services are frequently raised by the clinical social worker who is planning a career transition. This article will address the legal status of non-compete provisions applied to mental health professionals within health care and the applicable ethics considerations for social work practice.

Background

Many social workers are required to sign a written contract as a condition of employment or to participate as an independent contractor provider in a private group practice. In some respects the employment contract may be considered to be a "contract of adhesion," that is, "a standardized contract drafted by the party of superior bargaining strength that relegates to the weaker party only the opportunity to adhere to the contract or reject it" (*Sanford v. Castleton Health Care Ctr., L.L.C.*, 2004).

One legal commentator has noted, "Most contract terms are offered by employers on a take-it-or-leave-it basis, and are set under the shadow of employment at will - the employer's presumptive power to fire employees for any reason at all, including refusal to accept the employer's proffered or modified terms of employment" (Estlund, C.L., 2006). In the case of the unemployed social worker seeking work, she is not likely to have bargaining strength sufficient to negotiate contract modifications without jeopardizing the employment offer. It is the imposition of certain terms, such as non-compete provisions that may cause ethical conflicts for social workers in practice and are of concern here.

"Non-compete" clauses prohibit social workers from seeing agency clients in the social worker's private practice or other professional office setting both during the period of the contract or employment relationship and afterwards. Non-compete covenants for professional services such as medical care, legal representation and mental health treatment raise distinct issues that are not present in other businesses such as the sale of goods or non-personal services and a thorough knowledge of applicable state law may be required to clarify the legally permissible options available to a social worker who is relocating to a new employer or private practice.

Ethics Considerations

While non-compete clauses are becoming a more common business practice, such provisions may create ethical and legal dilemmas for the professional social worker. In some situations the ethical standard of care

would support the social worker continuing to provide treatment to a particular client when a social worker leaves an employment setting. In such a situation a non-compete clause may pose a conflict between the ethical principle to maintain the commitment to the client's interests as primary (NASW, Standard 1.01, 2008) and the requirement that social workers honor their employment commitments.

The NASW Code of Ethics, Standard 3.09(a) states, "Social workers generally should adhere to commitments made to employers and employing organizations" (NASW, 2008). This ethical principal may raise a dilemma for the social worker who seeks to continue treating a client upon leaving one practice for another, but who is bound by the terms of a contractual noncompete clause. The NASW Code of Ethics, Standard 1.16(f) states, "Social workers who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options" (2008). A noted social work ethics expert, Frederic Reamer, provides the following guidance: Social workers who inform clients that they may choose to continue working with them in the new employment setting must be exceedingly careful to ensure that the clients are fully aware that this is merely an option; social workers should not pressure or coerce clients to follow them to their new employment setting. A social worker could stand to benefit if clients choose to leave their current agency and continue working with the social worker in a new private practice. Practitioners must avoid the appearance of impropriety and actual conflicts of interest that may harm clients (Standards 1.06[a] and [b]). A social worker's primary goal should be to meet clients' needs (Standard 1.01) and respect clients' right to self-determination (Standard 1.02). They should carefully discuss with the client all available and reasonable options and assess their benefits and risks. Clients who choose to follow their social worker to a new employment setting should do so because continuing to work with that social worker is the best way to meet their needs (Reamer, 2006).

Of course, it is also necessary to review the specific language of the non-compete agreement to determine if there are legal issues that need to be addressed if the client transfers with the practitioner to the new practice. It may be necessary to factor into the equation the possibility of litigation that could involve the client as a witness if a decision is made to enforce the non-compete agreement against the social worker.

Consideration should also be given to whether the client's insurance or third party payment would follow the client if he/she transfers. The client's best interests are multi-pronged and all aspects should be considered in reviewing the application of ethical and legal principles.

Legal Status of Non-Compete Clauses

State laws vary as to the level of acceptance for non-compete clauses and in their interpretation and application. Non-compete clauses are disfavored for law firm practices due to clear ethical prohibitions in the legal profession; however, they have wider acceptance in the medical field (see *Karlin v. Weinberg*, 1978). In *Intermountain Eye & Laser Ctrs., P.L.L.C. v. Miller* (2005), an Idaho case, the court explained, "Generally speaking, non-compete provisions are permissible means to protect employers from their former employees who would use proprietary or other confidential business information to compete against them....And medical services firms, particularly those providing specialized care, generally have protectable interests in referral sources....An employer also has "a protectable interest in the customer relationships its former employee established and/or nurtured while employed by the employer and is entitled to protect itself from the risk that a former employee might appropriate customers by taking unfair advantage of the contacts developed while working for the employer."

It may be difficult to determine the status of non-compete provisions in a particular state without consultation with an attorney.

Even states that have a per se rule banning non-compete clauses in physician contracts (Chase, 2011, citing Alabama, California, Florida, Louisiana, Montana, and North Dakota) may have exceptions. As a result, depending on the particular state, non-compete clauses may be permitted for:

- Partial restraints of trade such as noncompetition in a limited geographic range or specific time frame (e.g., Alabama)
- Noncompetition linked with the sale of a business or dissolution of a partnership (e.g., California)

In addition, even where non-compete clauses are void, some valid restrictions or contractual monetary penalties may still have a negative impact on the ability

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The Ethics Corner, *Continued from page 9*

to practice unimpeded in a new setting, such as:

- Monetary agreements to pay a sum to the former employer in exchange for engaging in a competing business within a specified period after termination of employment (e.g. Colorado, Delaware)
- Restrictions on solicitation of clients of the former employer or restrictions on the use of client lists (e.g., Florida).

Enforcement of Non-Compete Clauses

Massachusetts legislated a ban on non-compete provisions that specifically applies to the practice of social work:

§ 135C. Non-Compete Clauses Unenforceable.

A contract or agreement creating or establishing the terms of a partnership, employment, or any other form of professional relationship with a social worker licensed under this chapter that includes a restriction of the right of the social worker to practice in any geographic area for any period of time after termination of the partnership, employment or professional relationship shall be void and unenforceable with respect to that restriction. This section shall not render void or unenforceable the remainder of the contract or agreement” (Ann. Laws Mass., 2008).

In most states, the status of non-compete clauses is determined by court decisions. “Although restrictive covenants are a type of restraint of trade, the common law rule is that a post-employment restrictive covenant is enforceable if it is ancillary to an employment agreement, and is reasonably limited to such territory and time as may be reasonably necessary for the protection of the employer, without imposing undue hardship on the employee” (Schwab, 1987). Courts rely heavily on the facts surrounding each contract to decide cases involving the enforcement of restrictive covenants such as a non-compete clause, resulting in judicial decisions with a variety of outcomes and legal theories. Many of the reported cases have permitted restrictive clauses to be enforced by aggrieved former business partners or former employers.

In states that permit non-compete covenants in physician employment contracts, a number of factors have been identified for judicial consideration as to the enforceability of a particular contract:

1. whether the covenant goes beyond preventing a doctor from practicing the specialty performed by the employer;
2. whether the duration of the restriction is longer than the typical treatment interval of patients in the specialty;
3. whether the restriction unduly interferes with patients' right to continue seeing the doctor of their choice by requiring patients to travel an unreasonable distance to see the doctor;
4. whether enforcement of the covenant would result in a shortage of doctors practicing the particular specialty in the area;
5. whether enforcement of the covenant would grant a monopoly over a specialty in an area to the employer for the duration of the restriction; and
6. whether enforcement of the covenant would bar doctors from engaging in activities not in competition with their former employers (Sanchez, J., 2010).

There has been much reported litigation regarding physicians and non-compete clauses, but little directly involving social workers. In an analogous New Jersey case, *Comprehensive Psychology System, P.C. V. Brett Prince, Ph.D.* (2005), the application of a regulation issued by the State Board of Psychological Examiners was reviewed and upheld. The regulation prohibited psychologists from entering into restrictive covenants. The Court based its holding on the “critical patientpsychological relationship” and concluded that enforcing the restrictive covenant would interfere with the right of continued treatment from the psychologist. Another reported cases addressing the application of non-compete clauses in a mental health professional setting is *Lowe v. Reynolds* (1980). There, a speech pathologist who concentrated her practice on special education cases worked for a mental health center under a contract whereby the clients were considered to be the patients of the center. The speech pathologist received the clients' fees and then paid the center a monthly fee for use of the facility and support services. After giving appropriate notice, the speech pathologist sought to open a private practice. The center sued to restrain her from violating the terms of the restrictive covenant that forbade her from operating a private practice “within a radius of forty

(40) miles from the Center for a period of three (3) years after termination."

In upholding the speech pathologist's right to treat patients who chose to continue with her in a private practice, the court stated:

Defendant makes a strong argument that enforcement of the restrictive covenant would lead to public harm. She states that the patients in this type of counseling are not readily transferable to another therapist and that doing so would probably cause confusion and damage to the patients. They need the personal relationship of counseling to continue, especially in view of the fact that many of them are young. . . . Thus, a substantial question of potential harm to the public exists" (Id. at 259).

The rationale relied on by the court in *Lowe v. Reynolds* to hold that the non-compete agreement violated public policy could be appropriately applied to many ongoing clinical treatment cases involving social workers' clients with mental illness or other disabilities. Admittedly, *Lowe* is an unusual case, in that the court addressed the needs of specific patients in a "public interest" analysis, rather than focusing on the need for economic protection for the physician's practice and whether the non-compete language was too restrictive in its application. Most courts analyze the public interest argument in broad or general terms, evaluating the number of practitioners in a geographic region and the impact which enforcement of the clause would have on the availability of practitioners in that area (See *Calhoun v. WHA Med. Clinic, PLLC*, 2006; *Medical Specialists v. Sleweon*, 1995; *Iredell Digestive Disease Clinic, P.A. v. Petrozza*, 1988; *Odess v. Taylor*, 1968; and *Tarr v. Stearman*, 1914). *Lowe* has since been followed by New York courts in holding that a pediatrician's non-compete clause was invalid (*Oak Orchard Community Health Ctr. v. Blasco*, 2005). Time and place limitations in non-compete clauses must also be reasonable for a court to uphold an agreement.

The enforceability of a non-compete provision as against a social worker who has already established a therapeutic alliance with a client may be considered analogous to the physician or attorney scenario in which courts have found such covenants to violate public policy by limiting the client's choice (see, *NASW Code of Ethics*, Standard 1.02, Self-Determination, 2008). For example, in *Dwyer v. Jung* (1975), a law partnership sought enforcement of a non-compete

clause that was part of a partnership agreement and which prohibited the partners "from doing business with a client designated as that of another partner for a period of 5 (five) years." Especially pertinent for NASW members is the fact that this case involved an analysis of the American Bar Association Disciplinary Rules and Code of Professional Responsibility. The court, in finding the restrictive covenant to be void as against public policy, relied heavily on the printed comments to the ethics rules published by the Bar Association pertaining to the right of a client to be represented by the attorney of his choosing.

In *Duffner v. Alberty* (1986), the Supreme Court of Arkansas ruled that a restrictive covenant in a physician's partnership agreement was "void and unenforceable because it violates the public policy of this state which prohibits unreasonable restraints of trade." The court noted that the surgeon (Duffner) had received no training from the partnership, the contract did not relate to the sale of a business and its goodwill, and that Duffner had not made any attempt to solicit his former partners' patients. The court discussed the fact that Dr. Duffner did obtain the files of twenty-eight of his patients who needed follow-up care from him and did not find this to be incorrect behavior, as it did not involve the patients of his former partners. Two of the former partners' patients eventually did receive treatment from Dr. Duffner after he formed his own practice and this was seen as inconsequential to the financial interests of the former partnership.

Contract provisions that prohibit competition within a certain geographic radius do not, by definition, prohibit the practitioner from rendering treatment outside that area to current clients. In *Renal Treatment Centers v. Braxton* (1997), the court permitted continuation of treatment based on the physician's relationship with his patients and due to the lack of other providers in the area. *Muller v. N.Y. Heart Center Cardiovascular Specialists P.C.* (1997), modified an otherwise valid non-compete covenant to permit the physician access to nearby hospitals solely for the purpose of treating current patients, but not for new patients. In a 2008 Indiana case, *Cent. Ind. Podiatry, P.C. v. Krueger*, the court narrowed the geographic scope of a noncompetition clause rather than invalidating it entirely. This approach, also known as "blue-lining," allows courts to invalidate unreasonable elements of a non-compete clause while enforcing the remaining sections of the agreement and has been adopted in a number of states.

continued on page 12 ...

The Ethics Corner, *Continued from page 11*

When enforcement of a non-compete agreement is sought, the relief requested is usually monetary damages and/or an injunction prohibiting the former employee or contractor from continuing the wrongful conduct. Damages for breach of a restrictive covenant are often measured by the value of the business lost to the plaintiff-employer (*Merager v. Turnbull*, 1940).

This approach is accepted as a contractual provision in some states so that the provider who is leaving a practice can simply buy their way out based on an agreed-upon financial formula rather than suffer the inconvenience and expense of litigation (see, e.g. Delaware).

Analysis and Conclusions

The courts will consider a variety of factors in determining whether to enforce covenants not to compete. States that have adopted the *NASW Code of Ethics* as part of their social work statute or regulations provide a strong legal framework for judicial recognition of professional social work standards in cases interpreting non-compete agreements. In other states, the protections that have been accorded to the social worker-client relationship by the U.S. Supreme Court in *Jafee v. Redmond* would help to support an argument that the special relationship between a psychotherapist and client should not be unduly limited where continuing care is desired by the client and is therapeutically appropriate.

If negotiation of employment contract terms is possible at the time of hiring, a social worker may consider the option of writing a simple addition to the contract which reads, "Any provision of this contract which violates the *NASW Code of Ethics* will be considered invalid and unenforceable by the parties." This should be signed and dated, whether added to the main body of the original contract or as an addendum, and should provide space for the signature and date of the other party to the contract.

If the employment contract is offered on a "take it or leave it" basis, the social worker may consider the possibility of simply inserting the language above as an additional paragraph or a similar statement at the end of the non-compete clause and signing the document. If employment commences and the employer does not protest the changed contract language it can be presumed that the agency had knowledge of the additional provision and agreed to it. In the event of

a future conflict, this allows the social worker a valid defense in the event of threatened legal actions or litigation.

Several approaches to legal reform regarding non-compete clauses in health care have been posited. One position suggests differing levels of scrutiny so that "courts must evaluate the strength of a [practitioner]-employee's claim for nonenforcement of a restrictive covenant on a content-specific basis, providing greater scrutiny at times, while applying a normal rule of reason standard to other cases" (Wilborn, 2006). Perhaps close scrutiny could be applied to any restrictions that impact the right of current clients to continue treatment with the practitioner of their choosing and a business-oriented rule of reason regarding other aspects of health care practice. Another suggested reform is to encourage states to adopt language similar to Massachusetts and prohibit the use of non-compete clauses in each of the mental health professions (Chase, 2011). A third approach, which could be implemented concurrently with legal reforms, would be for each profession to adopt a clear standard on the use of noncompete clauses within its ethical code as the legal field has done.

Additional Resources

State Law Charts on Covenants Not to Compete and Customer Lists. American Medical Association, *Annotated Model Physician Employment Agreement*, 44-49 (2008). Available at http://www.amaassn.org/ama1/pub/upload/mm/395/employment_agreement.pdf

Beck, R. (2010). *Employee Noncompetes, A State by State Survey*. Available at <http://www.beckreedriden.com/wp-content/uploads/2010/12/Noncompetes-50-State-Survey-Chart-12-12-2010.pdf>

References

Ann. Laws Mass. GL ch. 112, § 135C (2008).

Cal. Bus & Prof Code § 16601 (2012).

Calhoun v. WHA Med. Clinic, PLLC, 178 N.C. App. 585, 632 S.E.2d 563, 2006 N.C. App. LEXIS 1654 (2006).

Cent. Ind. Podiatry, P.C. v. Krueger, 882 N.E.2d 723 (Ind. 2008).

Chase, M. (2011). Student note: help is on the way (out): prohibiting the use of noncompetition agreements in the mental health profession. 49 *Fam. Ct. Rev.* 831, 840 n95 (Ala. Stat. § 8-1-1(a) (1975); Cal. Bus. & Prof. Code § 16600 (West 1987);

Fla. Stat. Ann. § 542.33(1) (West 1988); La. Rev. Stat. Ann. § 23:921(A) (West 1985); Mont. Code Ann. § 28-2-703 (1992); N.D. Cent. Code § 9-08-06 (1987)).

Colo. Rev. Stat. Ann. 8-2-113(3) (West, 2007).

Comprehensive Psychology System, P.C. v. Brett Prince, Ph.D., 375 N.J. Super. 273, 867 A.2d 118 (2005).

Del. Code, Tit. 6, § 2707 (2012).

Duffner v. Alberty, 19 Ark. App. 137, 718 S.W.2d 111 (1986).

Dwyer v. Jung, 133 N.J. Super. 343, 336 A.2d 498, 499, *aff'd*, 137 N.J. Super. 135, 348 A.2d 208 (1975).

Estlund, C.L. (2006). Article: between rights and contract: arbitration agreements and non-compete covenants as a hybrid form of employment law. 155 *U. Pa. L. Rev.* 379, 384.

Intermountain Eye & Laser Ctrs., P.L.L.C. v. Miller, 142 Idaho 218, 225-226 (2005).

Iredell Digestive Disease Clinic, P.A. v. Petrozza, 92 N.C. App. 21, 373 S.E.2d 449, *aff'd*, 377 S.E.2d 750 (1988).

Lowe v. Reynolds, 428 N.Y.S.2d 358 (1980).

Karlin v. Weinberg, 77 N.J. 408 (1978).

Medical Specialists v. Sleweon, 652 N.E.2d 517 (1995).

Merager v. Turnbull, 2 Wash. 2d 711, 99 P.2d 434 (1940).

Muller v. N.Y. Heart Center Cardiovascular Specialists P.C., 656 N.Y.S.2d 464 (A.D.3 Dept. 1997).

National Association of Social Workers, *NASW Code of Ethics*, Standard 1.01 (2008).

Oak Orchard Community Health Ctr. v. Blasco, 8 Misc. 3d 927 (N.Y. Sup. Ct. 2005).

Odess v. Taylor, 282 Ala. 389, 211 So.2d 805 (1968).

Reamer, F.G. (2006). *Ethical standards in social work, A review of the NASW Code of Ethics* 104-105 (2nd edition).

Renal Treatment Centers v. Braxton, 945 S.W.2d 557 (Mo.App. E.D. 1997).

Schwab, A.J. (1987). Employment contracts and covenants not to compete 1 in Reed, Smith, Shaw & McClary, *How to protect your investment in technology and employees through contracts and litigation*, citing *Ruhl v. F.A. Bartlett Tree Expert Co.*, 245 Md. 118, 225 A.2d 288 (1967); *Orkin Exterminating Co. of Raleigh, Inc. v. Griffin*, 258 N.C. 179, 128 S.E.2d 139 (1962); *Arthur Murray Dance Studios, Inc. v. Witter*, 62 Ohio L. Abs. 17, 105 N.E. 2d 685 (1952); *John G. Bryant Co. v. Sling Testing and Repair, Inc.*, 471 Pa. 1, 369 A.2d 1164 (1977). Sanchez, J. (2010). Survey and article on Florida law: A survey of physician noncompete agreements in employment under Florida law. 35 *Nova L. Rev.* 63, 74.

Sanford v. Castleton Health Care Ctr., L.L.C., 813 N.E.2d 411 (2004), citing 17 C.J.S. Contracts § 10.

Tarr v. Stearman, 264 Ill. 110, 105 NE 957 (1914).

Wilborn Malloy, S.E. (2006). Article: physician restrictive covenants: the neglect of incumbent patient interests, 41 *Wake Forest L. Rev.* 189.

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2013 NASW-NYS TRAINING INSTITUTES



PREPARING FOR DSM-5: DISORDERS IN CHILDREN

Trainer: Sophia Dziegielewski, PhD

Friday, April 5, 2013 • Hyatt Regency, Hauppauge, NY • 8:00 AM – 5:00 PM

Friday, June 14, 2013 • Marriott Hotel, Albany, NY • 8:00 AM – 5:00 PM

This workshop is designed to cover the basic changes and practical implications of the DSM-IV-TR and the expected changes for the DSM-5 focusing on mental health disorders in children. Particular emphasis is placed on understanding the disorders common in childhood highlighting the diagnostic criteria, treatment planning and practice strategy. An overview of diagnosis and treatment modalities and expectations for DSM-5 will be outlined stressing medication interventions as well as behavior-based practice principles. **6.0 CEU's**

SOCIAL WORK LICENSURE EXAMS 16-HOUR PREPARATION COURSE (2 DAY)

Trainer: Sophia Dziegielewski, PhD

16 Hours of Intense Classroom Instruction Designed for the **CLINICAL** and **MASTERS** Level Social Work Licensure Exams

Saturday, April 6, 2013 – Sunday, April 7, 2013 • 8:30 AM - 5:00 PM • Hyatt Regency, Hauppauge, NY

Saturday, June 15, 2013 - Sunday, June 16, 2013 • 8:30 AM - 5:00 PM • Albany Marriott Hotel, Albany, NY

Saturday, October 19, 2013 - Sunday, October 20, 2013 • 8:30 AM - 5:00 PM • Crowne Plaza, Syracuse, NY



ETHICS AND RISK MANAGEMENT IN SOCIAL WORK PRACTICE

Presented by: Dr. Frederic Reamer

Friday, May 10, 2013 • Poughkeepsie Grand Hotel, Poughkeepsie, NY

This conference will explore novel and emerging ethical issues arising out of social workers' rapidly growing use of electronic interventions and communications, digital technology, and social media. Building on introductory ethics concepts, the conference will examine ethical issues related to social workers' use of social networking sites, e-therapy, chat rooms, moderated forums, Web-based psychoeducation, self-guided Web-based intervention, video conferencing, telephone therapy, avatar therapy, expert systems, email exchanges, text messages, and client blogs. The conference will focus on key ethical issues related to privacy, confidentiality, privileged communication, informed consent, boundaries, and documentation, among others.

Details & Registration Available Online at: WWW.NASWNYS.ORG *Click on Training Institutes*

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- *Advanced Trauma Studies and Treatment*
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units.)

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- Explore the relationship of college students to mental health, substance use, suicide, trauma and separation/individuation that can result in failure to launch.

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- March 22, 2013: “Seeking Safety,” Lisa Najavits, Ph.D.
- April 12, 2013: “Self-Medication and Vulnerability,” Edward Khantzian, M.D., and “Attachment Style and Addictions Treatment,” Michael Groat, Ph.D.
- April 26, 2013: “Don’t Panic: CBT and Anxiety Disorders,” Simon Rego, Psy.D.

Opportunities for study abroad this summer:

- The Baltics (May 21–June 3, 2013)
- Israel (May 26–June 6, 2013)

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Explore the exciting interface of clinical supervision through the eyes of interdisciplinary professionals and academic faculty in relationship to military trauma, addictions, cultural competencies, transference, countertransference, etc.

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Members in the News

Senior Hope Welcomes New Executive Director and Board President



William Brian Barr, LCSW-R, CASAC

Senior Hope Counseling, Inc. in Albany, NY announced its new Board President **William Brian Barr, LCSW-R, CASAC** as well as the appointment of its new executive director, **Nicole S. MacFarland, LCSW, CASAC**. Senior Hope Counseling, Inc. is a program offering chemical dependence treatment for seniors 50

years and older and their families and is the only clinic of its kind in New York State.

Barr is a retired social worker and substance abuse counselor. He has been a volunteer and activist in the Capital Region for more than 35 years, working closely with such service organizations as the Neighborhood Resource Center, Rotary Club and United Way. Before joining Senior Hope's board as vice president in 2005, he served as Associate Deputy Commissioner for the New York State Office of Children and Family Services. Prior to that position, he was the clinic and community service director for LaSalle School, a post he held for 28 years.

In 2011, Barr was honored by the Jefferson Awards for Public Service at a national recognition ceremony in Washington, D.C. where he spoke before volunteer leaders from across the country. The Jefferson Awards – often referred to as the "Nobel Prize for public service" – are a prestigious national recognition system honoring community and public service in America, presented on both national and local levels. The awards program, whose past national honorees include Rosalynn Carter, Colin Powell and Oprah



Nicole S. MacFarland, LCSW-R, CASAC

Winfrey, serves as a call to action for volunteers in local communities.

In 2009 Barr was the recipient of the NASW-NYS Chapter's Lifetime Achievement Award.

Prior to her promotion, MacFarland served as the agency's clinical director for the past eight years. She has been a pioneer and outspoken

advocate in the field of geriatrics. She has lectured on both the local and national stage on the topic of geriatric addictions and co-occurring disorders among older adults. Her articles have been printed in several national publications and she authored a chapter in the book, *Days in the Lives of Gerontological Social Workers: 44 Professionals Tell Stories from Real Life Social Practice with Older Adults*. She is the recipient of a Hartford Doctoral Fellows Pre-Dissertation Award and the 2009 NYS Individual of Distinction in Addictions Education and Training Award. In 2010, she was honored as the NASW-NYS Social Worker of the Year. MacFarland's community service includes leadership roles within the National Association of Social Workers, as delegate to the National Delegate Assembly and as the Northeast Representative to the NASW-NYS Chapter's Committee on Nominations and Leadership Identification. MacFarland is currently a doctoral candidate at the University at Albany's School of Social Welfare, where she is completing a dissertation in the area of geriatric addictions.

NASW-NYS Chapter Leadership Spotlight



On behalf of the NASW-NYS Chapter membership we want to thank those of our colleagues who demonstrate their commitment to the social work profession through service in a leadership role in the Chapter. As a member driven organization our volunteer leadership who serve on our board, committees, task forces and other leadership bodies are an integral part of NASW. We appreciate the time, energy and expertise that you contribute to support the NASW mission.

John Allegretti-Freeman

Josephine Allen

Rachel Anderson

Tina Atherall

Judy Azzato

Brenda Barkley

Avraham Baruch

Brenda Barkley

Sandra Bernabei

Naomi Bloch

Mary Ellen Bloniarz

Victoria Boateng

Cassandra Bransford

Katharine Milcarek-Burke

Mark Buttiglieri

Michael Cappiello

Michelle Cavaleri

Kathryn Chernack

Peter Chernack

Lenora Colaruotolo

Virginia David

Barry Davis

Milagros Dueño

Laura Eastman-Follis

Diane Elze

Debra Fromm Faria

Michele Frank

Tammy Franklin

Erinn Furey

Amy Ghio

Richard Girard-Domena

Warren Graham

Charles Greco

Jesse Grossman

Joanne Guigliauo-Leunis

Ward Halverson

Daria Hanssen

Janna Heyman

Linda Hemberger

Helen Hoffman

Bertha Jacobs

Sharon Kollar

Jennifer Kopicki

Denise Krause

Nancy Kusmaul

Heather Larkin

Marcia Levy

Nicole MacFarland

Paula Madrigal

Bernadette Marson

Diane Bessel Matteson

Patricia Maxon

Lisa Maynard

Mary McCarthy

Eileen Soricilloe McGachey

Nancy McKenna

Sophia McKenzie

Jed Metzger

Nancy Nealon

Renee Nurek

Laurie Pezzullo

Alina Perez

Carmela Pirich

Chad Putman

Alanna Regan

Karen Rich

Elaine Rinfrette

Domingo Rogel

Keli Rugenstein

Bonita Sanchez

Rachel Seiler

Marilyn Sharron

Carrie Jefferson Smith

Staci Spencer

Lynne Spevack

Davis Stayer

Richard Steinberg

Ann Sullivan

Hannah Temme

Helle Thorning

Lynn Tomaino

Faith Vallente

Andrew Wilton

In Remembrance



Barbara Dakin Bartell Steiner, Chief Executive Officer of Central Nassau Guidance and Counseling Services, one of Long Island's pioneer advocates and leaders in the behavioral health field, passed away on February 15, 2013 due to complications related to non-Hodgkin's lymphoma. She was 77.

Bartell was an entrepreneurial leader willing to take risks, aggressively develop programs and advocate for the needs of others. She strongly believed in the resiliency of the human spirit and each person's ability to recover from mental illness and/ or chemical dependency.

Bartell began her illustrious 40 year career at Central Nassau as a receptionist the day the clinic opened its doors and rose through the ranks to become the CEO in 1991. Affectionately known as the "house that Barbara built," She transformed Central Nassau from a small outpatient clinic to a multi-service behavioral health organization offering a robust and diverse array of treatment services and

supportive programs with more than 200 employees and a \$13.5 million annual budget. Barbara earned her Bachelor's and Master of Social Work degrees at Adelphi University and was a licensed clinical social worker.

In addition to her commitment to the agency, Bartell dedicated her time and endless energy to countless New York State and Long Island based committees and task forces as well as community organizations throughout the years. She most recently served as the Treasurer of the NYS Council for Community Behavioral Healthcare. Bartell was also a member of several organizations including the Health & Welfare Council of Long Island, the Association of Fundraising Professionals, the Women Economic Developers of Long Island, the Hicksville Chamber of Commerce, and the Association of Professional Volunteer Administrators.

Bartell received many awards and recognition throughout her career. She received Nassau County's Outstanding Service Award for her dedicated services to those with mental health and chemical dependency disorders; the Town of Oyster Bay's Woman of Distinction award for her positive impact upon the community; and in 2011, she was recognized as one of Long Island's Top 50 Most Influential Women in Business by Long Island Business News.

New Tools to Help Providers Protect Patient Data in Mobile Devices

Launched by the U.S. Department of Health and Human Services (HHS) today, a new education initiative and set of online tools provide health care providers and organizations practical tips on ways to protect their patients' protected health information when using mobile devices such as laptops, tablets, and smartphones.

The initiative is called *Mobile Devices: Know the RISKS. Take the STEPS. PROTECT and SECURE Health Information* and is available at www.HealthIT.gov/mobiledevices. It offers educational resources such as videos, easy-to-download fact sheets, and posters to promote best ways to safeguard patient health information.

"The use of mobile health technology holds great promise in improving health and health care, but the loss of health information can have a devastating impact on the trust that patients have in their providers. It's important that these tools are used correctly," said Joy Pritts, HHS' Office of the National Coordinator for Health Information Technology (ONC) chief privacy officer. "Health care providers, administrators and their staffs must create a culture of privacy and security across their organizations to ensure the privacy and security of their patients' protected health information."

Despite providers' increasing use of using mobile technology for clinical use, research has shown that only 44 percent of survey respondents encrypt their mobile devices. Mobile device benefits—portability, size, and convenience—present a challenge when it comes to protecting and securing health information.

Along with theft and loss of devices, other risks, such as the inadvertent download of viruses or other malware, are top among reasons for unintentional disclosure of patient data to unauthorized users.

"We know that health care providers care deeply about patient trust and the importance of keeping health information secure and confidential," said Leon Rodriguez, director of the HHS Office for Civil Rights. "This education effort and new online resource give health care providers common sense tools to help prevent their patients' health information from falling into the wrong hands."

For more information, tips, and steps on protecting and securing health information when using a mobile device visit www.HealthIT.gov/mobiledevices.

NYS Office of Mental Health Launching Listening Tour on Strategic Planning for Future Direction

OMH operates the largest state-run hospital system in the country and employs providers in the fields of psychiatry, nursing, psychology, social work, peer supports, rehabilitation and care management. OMH admits that their current business model, developed in the 1840's, has not kept pace with consumer expectations, evidence based practices for promoting and supporting recovery, and changes like the ushering in of Medicaid managed care that are being spurred on by health care reform. Therefore OMH has announced that they are embarking on an initiative to update their business model to position state-operated services as a high value choice for their consumers and for health plans. This will require a shift from a primarily hospital-based operation to a state-operated continuum

of services that will assist individuals with the most complex experiences of mental illness.

In order to be successful in establishing the role for state-operated services in the public mental health system of the future, they are seeking input from recipients, families, providers, stakeholders and the general public. They have created a website that provides background information on their vision and have announced a listening tour to provide opportunities for you to hear about their vision and to help shape their future by providing the opportunity to submit comments. **For more information and to register for an event visit their website:** <http://www.omh.ny.gov/omhweb/excellence/#>

Listening Tour Dates & Sites

DATE	LOCATION	TIME-FRAME
April 9, 2013 Albany	Office of Mental Health 44 Holland Avenue, Albany, NY 12208 - Large Auditorium	1:00 p.m. – 4:00 p.m.
April 15, 2013 Rockland Co.	Rockland Children's PC 2 First Avenue, Orangeburg, NY 10962 - Auditorium	10:00 a.m. – 1:00 p.m.
April 18, 2013 Rockland Co.	Rockland Children's PC 2 First Avenue, Orangeburg, NY 10962 - Auditorium	5:30 p.m. – 8:00 p.m.
April 22, 2013 Binghamton	Greater Binghamton Health Center 425 Robinson St, Binghamton, NY 13904 - Auditorium	1:00 p.m. – 4:00 p.m.
April 23, 2013 Syracuse	Hutchings PC 620 Madison Street, Syracuse, NY 13210 - Auditorium	10:00 a.m. – 1:00 p.m.
April 23, 2013 Syracuse	Hutchings PC 620 Madison Street, Syracuse, NY 13210 - Auditorium	5:30 p.m. – 8:00 p.m.
April 24, 2013 Western Region	Canandaigua VA Medical Center 400 Fort Hill Ave, Canandaigua, NY 14424 - Auditorium	10:00 a.m. – 1:00 p.m.
May 2, 2013 Long Island	Pilgrim PC 998 Crooked Hill Rd, West Brentwood, NY 11717 Rehab Building #102 Auditorium	1:00 p.m. – 4:00 p.m.
May 3, 2013 NYC	OPWDD 75 Morton Street, NY, NY 10014 - Activities Center	10:00 a.m. – 1:00 p.m.
May 8, 2013 Albany	Capital District PC 75 New Scotland Ave, Albany, NY 12208 - Large Auditorium	5:30 p.m. – 8:00 p.m.
May 15, 2013 Ogdensburg	St. Lawrence Psychiatric Center One Chimney Point Drive, Ogdensburg, NY 13669-2291 - Unity Center	10:a.m. – 12:00 p.m.

Practice Perspectives



Mirean Coleman,

MSW, LICSW, CT

Senior Practice Associate

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Reporting PQRS Measures for Medicare in 2013

NASW encourages clinical social workers who are Medicare providers to participate in the 2013 Physician Quality Reporting System (PQRS). Doing so not only increases practice revenue by .5 percent, but helps clinical social workers avoid a 1.5 percent penalty in 2015 for not using measures in 2013.

Background

PQRS was established by the Tax Relief and Health Care Act of 2006 (TRHCA). It is a voluntary quality reporting system for Medicare providers and was first implemented during the period of July 1, 2007 through December 31, 2007. PQRS is formerly known as PQRI (Physician Quality Reporting Initiative).

Current Program

The final rule of the 2013 Medicare Physician Fee Schedule continues PQRS for 2013 and includes a .5 percent bonus incentive payment of the total allowed charges for Medicare covered services performed by each provider. Although participation in PQRS for 2013 is

optional for clinical social workers and other Medicare providers, the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) made PQRS a permanent program. Medicare is converting to a valuebased purchasing system. Beginning in 2013, clinical social workers and other providers will be subject to a penalty when they do not report performance measures. 2014 will be the last year clinical social workers and other Medicare providers will receive a bonus incentive for participating in PQRS. Because PQRS varies each calendar year, clinical social workers must become familiar with the rules and regulations of this program annually.

Measures

PQRS identifies specific measures that may be used by clinical social workers in independent private practice to improve the quality of care provided to Medicare beneficiaries. These measures are standards of care based on evidence-based practices. For 2013, there are a total of 259 available performance measures. Clinical social workers have access to 11 individual measures and no measure

groups. Although Medicare providers have the options of reporting measures by claims, electronic health records, registry, or measures groups, claims reporting appears to be the best method of reporting measures for clinical social workers who are independent practitioners in solo or group practice. Clinical social workers should select individual measures that best describe the services provided in their private practice. 2013 PQRS measures available for use by clinical social workers include:

PQRS

NUMBER	MEASURE DESCRIPTIONS
9	Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD
106	Major Depressive Disorder (MDD): Comprehensive Depression Evaluation: Diagnosis and Severity
107	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
130	Documentation of Current Medications in the Medical Record.
131	Pain Assessment and Follow-Up
134	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
173	Preventive Care and Screening: Unhealthy Alcohol Use-Screening
181	Elder Maltreatment Screen and Follow-Up Plan
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
248	Substance Use Disorders: Screening for Depression Among Patients with Substance Abuse or Dependence

Instructions

For 2013, PQRS claims reporting is the best method to report measures for clinical social

workers in solo or independent private practice. Clinical social workers do not need to sign-up nor pre-register to participate in PQRS. Participation in PQRS is indicated by reporting quality data codes (QDCs) on the CMS-1500 Form during the 2013 reporting period. QDCs vary for each measure. A summary of instructions is as follows:

- **Reporting period:** PQRS measures should be reported during the 12 month period of 2013. A brief delay in getting started should not interfere with successful reporting in 2013.
- **Selecting a measure:** For 2013, select an individual measure(s) from the list above that best describes the services provided in your private practice. Report at least three measures. If less than three measures apply to your Medicare patient population, you may select one to two measures to report for 2013. Make sure that the measure applies to the patient.
- **Reporting criteria:** Report your chosen measure(s) for 50 percent or more of your Medicare beneficiaries seen during the reporting period of 2013.
- **Claims reporting:** Participation in the 2013 PQRS is indicated by reporting QDCs on the CMS-1500 form. The QDC is reported directly below line 24D under the primary psychotherapy service code.
- **Where to find quality data codes:** It is important to follow the measure specifications for reporting the appropriate quality data codes. You may download the 2013 PQRS Measures Specification Manual at the following link: www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/How_To_Get_Started.html. To assist you in your search, below you will find a summary of quality data codes for each of the measures listed above.

2013 PQRS Measures for Clinical Social Workers

continued on page 22...

Measure 9. Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD.

Percentage of patients aged 18 years and older diagnosed with new episode of MDD and documented as treated with antidepressant medication during the entire 84-day (12-week) acute treatment phase.

- This measure should be reported for each occurrence of MDD during the reporting period
- In order to use this measure, patient must have one of the following diagnosis for MDD: 296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 298.0, 300.4, 309.0, 309.2, 311.
- Choose a QDC to report for all patients with a diagnosis of Major Depression, New Episode who were prescribed a full 12 week course of antidepressant medication or at the completion of a 12-week course of antidepressant medication. QDCs for this measure are:
 - **G8126:** Acute Treatment with Antidepressant Medication. Patient with new episode of MDD documented as being treated with antidepressant medication during the entire 12 week acute treatment phase

Or

- **G8128:** Acute Treatment with Antidepressant Medication not Completed for Documented Reasons. Clinical social worker documented that patient with a new episode of MDD was not an eligible candidate for antidepressant medication treatment or patient did not have a new episode of MDD.

Or

- **G8127:** Treatment with Antidepressant Medication not Completed, Reason not Given. Patient with new episode of MDD not documented as being treated with antidepressant medication during the entire 12 week acute treatment phase.

Measure 106. Adult Major Depressive Disorder (MDD): Comprehensive Depression Evaluation: Diagnosis and Severity.

Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with evidence that they met the DSM-IV-TR criteria for MDD and for whom there is an assessment of depression severity during the visit in which a new diagnosis or recurrent episode was identified.

This measure should be reported a minimum of once per reporting period for all patients with an active diagnosis of MDD seen during the reporting period, including episodes of MDD that began prior to the reporting period. This measure may be reported by clinical social workers who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

In order to perform this code, the patient should have one of the following diagnosis: 296.20, 296.21, 296.22, 296.23, 296.24, 296.30, 296.31, 296.32, 296.33, 296.34.

Select a QDC and one G code for measure 106. The measures are:

- **1040F:** DSM-IV™ for MDD documented at the initial evaluation and **G8930:** Assessment of depression severity at the initial evaluation

Or

- **1040-8P:** DSM-IV-TR for MDD not Documented, Reason not Otherwise Specified

Or

- **G8931:** Assessment of depression severity not documented, reason not given

Measure 107. Adult Major Depressive Disorder (MDD): Suicide Risk Assessment:

Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified.

Measure 107 should be reported a minimum of once per reporting period for all patients with an active diagnosis of major depressive disorder who was seen individually during the reporting period, including episodes of MDD that began prior to the reporting period.

Patient must have one of the following diagnosis when reporting this code: 296.20, 296.21, 296.22, 296.23, 296.24, 296.30, 296.31, 296.32, 296.33, 296.34.

One of the following QDCs may be reported using this measure:

- **G8932:** Suicide risk assessed at the initial evaluation

Or

- **3092F:** MDD in remission

Or

- **G8933:** Suicide risk not assessed at the initial evaluation, reason not given.

Measure 128. Preventive Care and Screening: Body Mass Index (BMI) Screening: Body Mass Index (BMI) Screening and Follow-Up. Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record and if the most recent BMI is outside of normal parameters, a follow-up plan is documented within the past six months or during the current visit. Normal parameters are age 65 years and older BMI >23 and <30, Age 18-64 years BMI >18.5 and <25.

Choose one of the following QDCs to report this measure:

- **G8420:** Calculated BMI within normal parameters and documented or **G8417:** Calculated BMI above normal parameters and a follow-up plan was documented or **G8418:** Calculated BMI below normal parameters and a follow-up plan documented.

Or

- **G8422:** Patient not eligible for BMI calculation or **G8938:** BMI is calculated,

but patient not eligible for follow-up plan

Or

- **G8421:** BMI not calculated or **G8419:** Calculated BMI outside normal parameters, no follow-up plan documented.

Measure 130. Documentation of Current Medications in the Medical Record. Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include all prescriptions, over-the counters, herbals, and vitamin/mineral/dietary (nutritional) supplements and must contain the medication's name, dosage, frequency, and route of administration.

This measure is to be reported at each visit during the 12 month reporting period. There is no diagnosis associated with this measure.

Choose one of the following QDCs to report this measure:

- **G8427:** Current Medications Documented. Clinical social worker attests to documenting the patient's current medications to the best of his/her knowledge and ability.

Or

- **G8430:** Current Medications not Documented, Patient not Eligible. Clinical social worker attests the patient is not eligible for medication documentation. To be not eligible, a patient must be in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status.

Or

- **G8428:** Current Medications with Name, Dosage, Frequency, Route not Documented, Reason not Given. Current medications not documented by clinical social worker, reason not given.

Measure 131. Pain Assessment and Follow-Up: Percentage of visits for patients aged 18 years

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and older with documentation of a pain assessment through discussion with the patient including the use of a standardized tool(s) on each visit and documentation of a follow-up plan when pain is present.

This measure should be reported each visit during the reporting period for patients seen during the reporting period. There is no diagnosis associated with this measure. The documented follow-up plan in the record must be related to the presence of pain, example: "Patient referred to pain management specialist for back pain." The follow-up plan must include a planned reassessment of pain and may include documentation of future appointments, education, referrals, pharmacological intervention, or referrals to other health care providers if appropriate.

Patient's pain assessment is documented through discussion with the patient including the use of a standardized tool and a follow-up plan is documented when pain is present. Characteristics of pain include location, intensity, quality, and onset/duration.

Examples of standardized tools for pain assessment include:

- Brief Pain Inventory (BPI)
- Faces Pain Scale (FPS)
- McGill Pain Questionnaire (MPQ)
- Multidimensional Pain Inventory (MPI)
- Numeric Rating Scale (NRS)
- Verbal Descriptor Scale (VDS)

The QDCs to report this measure are as follows:

- **G8730:** Pain assessment documented as positive utilizing a standardized tool and a follow-up plan is documented or **G8731:** Pain assessment documented as a negative, no follow-up plan required.

Or

- **G8442:** Documentation that patient is not eligible for a pain assessment or **G8939:** Pain assessment documented, follow-up plan not documented, patient not eligible/appropriate. A patient is not eligible if one or more of the following exists: (1) Severe mental and/or physical incapacity where the person is unable to express himself/herself/in a manner understood by others and (2) Patient is in an urgent situation where time is of essence and to delay treatment would jeopardize the patient's health status.

Or

- **G8732:** No documentation of pain assessment, reason not given or **G8509:** Documentation of positive pain assessment, no documentation of a follow-up plan, reason not given or **G8509:** Documentation of position pain assessment; no documentation of follow-up plan, reason not given.

Measure 134. Preventive Care and Screening: Screening for Clinical Depression and

Follow-Up Plan. Percentage of patients aged 12 years and older screened for clinical depression on the date of encounter using an age appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the positive screen.

This measure is reported a minimum of once per reporting period for patients seen during the reporting period. A documented follow-up plan must be related to positive depression screening, for example, "A psychiatric evaluation re-assessment is rescheduled due to positive depression screening."

When screening, a clinical or diagnostic tool is completed to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms.

Examples of standardized depression screening tool include the

- Patient Health Questionnaire for Adolescents (PHQ-A)
- Beck Depression Inventory-Primary Care Version (BDI-PC)
- Mood Feeling Questionnaire (MFQ), Beck Depression Inventory (BDI or BDI-II)
- Geriatric Depression Scale (GDS)
- Cornell Scale Screening
- Center for Epidemiologic Studies Depression Scale (CES-D)

A follow-up plan must include one or more of the following:

- Additional evaluation
- Suicide Risk Assessment
- Pharmacological interventions
- Other intervention for the diagnosis or treatment of depression

QDCs for this measure are as follows:

- **G8431:** Positive screen for clinical depression with a documented follow-up plan or **G8510:** Negative screen for clinical depression, follow-up not required.

Or

- **G8433:** Screening for clinical depression not documented, patient not eligible/appropriate or **G8940** Screening for clinical depression documented, follow-up plan not documented, patient not eligible/appropriate. A patient is not eligible/appropriate if one of the following exists:
 - Patient refuses to participate
 - Patient is in an urgent or emergent situation where time is of essence and to delay treatment would jeopardize patient's health status
 - Patient has an active diagnosis of depression or bipolar disorder.
 - Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools such as in cases of delirium or court appointed situations.

Or

- **G8432:** Clinical depression screen not documented, reason not given or **G8511:** Positive Screen for clinical depression documented, follow-up plan not documented, reason not given.

Measure 173. Preventive Care and Screening: Unhealthy Alcohol Use – Screening: Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method within 24 months. This measure is reported a minimum of once per reporting period. There is no diagnosis reported with this measure.

Unhealthy Alcohol Use is defined as different degrees of risk to health. Categories representing unhealthy alcohol use include risky use, problem drinking, harmful use, and alcohol abuse, and the less common but more severe alcoholism and alcohol dependence. Risky use is defined as >7 standards drinks per week or >3 drinks per occasion for women and persons 65 years of age; >14 standards drinks per week or >4 drinks per occasion for men <65 years of age.

QDCs for this measure are:

- **3016F:** Patient screened for unhealthy alcohol use using a systematic screening method.

Or

- **3016F with 1P (Modifier):** Documentation of medical reason(s) for not screening for unhealthy alcohol uses (eg, limited life expectancy, other medical reasons.)

Or

- **3016F with 8P (Modifier):** Unhealthy alcohol use screening not performed, reason not otherwise specified.

Measure 181. Elder Maltreatment Screen and Follow-Up Plan. Percentage of patients aged 65 years and older with a documented elder maltreatment screen on the date of encounter and a documented follow-up plan on the date of positive screen.

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This measure is reported once during the reporting period. The documented follow-up plan must be related to positive elder maltreatment screening. For example, "Patient was referred to Adult Protective Services for positive elder maltreatment screening." A follow-up plan may include documentation of a referral or discussion with other providers, ongoing monitoring or assessment, and/or a direct intervention.

There is no diagnosis code associated with this measure. An elder maltreatment screen includes assessment and documentation of the following components:

- Physical abuse
- Emotional or psychological abuse
- Neglect (active or passive)
- Sexual abuse
- Abandonment
- Financial or material exploitation,
- Self-neglect
- Unwarranted control

QDCs for this measure are:

- **G8733:** Documentation of a positive elder maltreatment screen and documented follow-up plan at the time of the positive screen or **G8734:** Elder maltreatment screen documented as negative, no follow-up required.

Or

- **G8535:** No documentation of an elder maltreatment screen, patient not eligible or **G8941:** Elder Maltreatment Screen Documented, Patient not Eligible for Follow-Up. A patient is not eligible if one or more of the following exist: (1) patient refuses to participate or (2) patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status.

Or

- **G8536:** No documentation of an elder maltreatment screen, reason not given or

G8735: Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given.

Measure 226. Preventive Care and Screening: Tobacco: Screening and Cessation Intervention.

Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months and who received cessation counseling intervention if identified as a tobacco user.

This measure is reported once per reporting period. There are no diagnosis codes associated with this measure. Tobacco use includes use of any kind of tobacco. Cessation Counseling intervention includes brief counseling of three minutes or less.

QDCs for this measure includes the following:

- **4004F:** Patient screened for tobacco use and received tobacco cessation intervention counseling, if identified as a tobacco user or **1036F:** Current tobacco non-user.

Or

- **4004F with 1P (Modifier).** Documentation of medical reasons for not screening for tobacco use (eg., limited life expectancy, other medical reasons).

Or

- **4004 with 8P (Modifier).** Tobacco screening or tobacco cessation intervention not performed, reason not otherwise specified.

Measure 248. Substance Use Disorders: Screening for Depression Among Patients with Substance Abuse or Dependence.

Percentage of patients aged 18 years and older with a diagnosis of current substance abuse or dependence who were screened for depression within the 12 month reporting.

This measure is to be reported a minimum of once per reporting period for patients with a

diagnosis of current substance abuse or dependence seen during the reporting period.

The following diagnosis for Alcohol Dependence (ICD-9-CM) may be reported with the measure

248: 303.90, 303.91, 303.92, 304, 304.01, 304.02, 304.10, 304.11, 304.12, 304.20, 304.21, 304.22, 304.30, 304.31, 304.32, 304.40, 304.41, 304.42, 304.50, 304.51, 304.52, 304.60, 304.61, 304.62, 301.70, 304.71, 304.72, 304.80, 304.81, 304.82, 304.90, 304.91, 304.92, 305.00, 305.01, 305.02, 305.20, 305.21, 305.22, 305.30, 305.31, 33305.32, 305.40, 305.41, 305.42, 305.50, 305.51, 305.52, 305.60, 305.61, 305.62, 305.70, 305.71, 305.72, 305.80, 305.82, 305.82, 305.90, 395.91, 395.92.

QDCs for this measure are:

- **1220F:** Patient screened for depression

Or

- **1220F with 1P (Modifier):** Documentation of medical reason(s) for not screening for depression

Or

- **1220F with 8 (Modifier):** Patient was not screened for depression, reason not otherwise specified.

The Centers for Medicare and Medicaid Services provides online resources to assist clinical social workers in reporting measures successfully for PQRS. They include:

- **QualityNet Help Desk** – Available Monday-Friday, 7:00 am – 7:00 pm CST.

The phone number is 1-866-288-8912 and the e-mail address is Qnetsupport@sdps.org

- **Step-by-Step Instructions in Getting Started With PQRS**

www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/How_To_Get_Started.html

- **2013 Physician Quality Reporting System (PQRS): Claims Reporting Made Simple**

www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013_PQRS_SatisfRprtn-Claims_12192012.pdf

The Physician Consortium for Performance Improvement (PCPI) has been selected by the Centers for Medicare and Medicaid Services (CMS) to enhance the quality and value of patient care by developing evidence-based performance measures for health care providers. Information about the PCPI is available online at www.physicianconsortium.org. Through PCPI, NASW is advocating for additional performance measures for clinical social workers to use when participating in PQRS.

Additional Resources

Federal Register. November 16, 2012. Volume 77, Number 22. Government Printing Office. Washington, DC. [Online]. Available at www.gpo.gov/fdsys/pkg/FR-2012-11-16/pdf/2012-26900.pdf (last visited February 26, 2013.)

NASW 2013

Leadership Elections Are Here!

Exercise your voice as a member of NASW by voting for your elected leadership at the national and NYS Chapter levels. Electronic ballots have been emailed to all members with valid email addresses on file. Candidate information for NYS Chapter positions are included in this newsletter. A full candidate listing and ballot for BOTH National and Chapter positions are accessible through our chapter website www.naswnys.org click on 2013 NASW Elections. In order to vote you must be a NASW member in good standing as of February 15, 2013 and you will need your Membership ID# to login. Ballots must be submitted no later than, Tuesday, April 30, 2013, 8:00 PM PDT. If you would like to receive a print ballot for the 2013 NYS Chapter Election or need your Member ID# please notify the chapter office at 800-724-6279 or Info@naswnys.org

PRESIDENT-ELECT

Peter Chernack



Peter Chernack, Ph.D. is Associate Dean at Adelphi University School of Social Work and the faculty director of its Center for Nonprofit Leadership. Dr. Chernack has more than thirty years of

management, administrative, and direct service experience in gerontology, health care, mental health, and social work education. He leads the School's efforts in advancing university community partnerships, supporting workforce development in child welfare, gerontology, and addictions, and overseeing continuing education and professional development initiatives. A member of NASW since 1980, Dr. Chernack has served on the Nassau Division Steering Committee and is a current member of the chapter's Workforce Commission.

NASW has a pivotal role to play as the profession responds to current challenges and realizes the potential for growth in traditional and emerging social work arenas. While the US Department of Labor predicts that demand for social workers will grow more than 25% by the end of the decade, social workers throughout the state are facing a host of workforce challenges. I look forward to working with the NASW

board and with social work leaders and member from across the chapter to achieve a comprehensive workforce development agenda. Together with the board and our partners, I will seek to strengthen social work's role as the go to profession, advocate for increased resources, and promote opportunities for continuing education and professional development. I am eager to work with division leadership to engage and represent NASW members and to strengthen our collective voice on behalf of the profession and our clients.

PRESIDENT-ELECT

Kerron Norman



For over 20 years, Kerron Norman (MSW, 2002) has provided progressive child welfare leadership in New York: VP of Community Based Programs, ANDRUS (current); Director of Child Welfare, Westchester DSS; ACS

Deputy Director of Field Operations, Bronx; ACS Child Protective Manager and Supervisor. Recipient of numerous professional awards (most recently, Franklin H. Williams Judicial Commission 2012 Diversity Award). Kerron is an expert strategic planner, problem-solver, team leader and advocate. As

Westchester DSS Director of Child Welfare, she successfully led transformative initiatives, including Family Assessment Response Model to reduce disparities in child welfare services and Undoing Racism workshops that trained 280.

I envision NASW-NYS as a major thought leader, and am eager, motivated and prepared to help guide NASW-NYS in meeting imperative issues. A foundational and essential primary Chapter goal is membership growth. NASW must engage, inspire and enroll the creativity and energy of new professionals while sustaining current members and retirees who still have much to give. Within this strengthened membership base, I will motivate talented professionals to address social issues negatively impacting society by:

- (1) Ensuring effective strategies, programs, education, public awareness, and legislation to improve the lives of children and families.
- (2) Mobilizing expanded partnerships under shared vision and common goals.
- (3) Collaborating with systems of child welfare, education, health care, mental health, and juvenile justice.
- (4) Sustaining improvements in the lives of children and families through active, fully integrated partnerships with community sectors: businesses, faith-based institutions, philanthropy, political organizations and nonprofits.

SECRETARY

Diane Bessel-Matteson



Diane Bessel-Matteson currently serves as Director of Research, Investments, and Advocacy at the United Way of Buffalo & Erie County. She has a wide range of professional interests including

strategic planning, community-based research, program design, evaluation, and social policy. Diane received her Masters of Science in Social Administration from the Mandel School of Applied Social Sciences at Case Western Reserve University, and is also certified in Nonprofit Management. She

also holds Doctorate in Sociology from the University at Buffalo where she has taught community social work, research methods, statistics, and a variety of other courses for the past fourteen years.

In communities across New York State, social workers are encountering new challenges to service delivery including shifting demographics, threats to critical social policies, and rapidly shrinking budgets. As a Board Member of the New York State Chapter, I will work hard to ensure that high quality, up-to-date information and training opportunities are available for all social workers such as those working in clinical settings; program and organizational administrators; community organizers, and policy makers. I will also stress the importance of strategic planning – with strong member input - to ensure the future viability of the NASW-NYS Chapter so that this important resource is not only available for those working in the field today but for the social work professionals of the future.

SECRETARY

Karen Rich



Dr. Karen Rich is an Assistant Professor at a graduate school of social service and serves on local, national and international trauma task forces. She holds an MSW from Wurzweiler University and a Ph.D. from SUNY

Albany. A clinician for over 15 years, much of her work focuses on victims of trauma. Dr. Rich's research aims to improve institutional responses to crime victims. A member of NASW since 1995, she is currently on the Hudson Valley Steering Committee and National Delegate Assembly--- where she plans to use her administrative, research and teaching experience to improve the lives of social workers.

Social Workers today are pulled in multiple directions--serving clients, attending to family members and advocating for change. Social workers must remain vigilant in safeguarding the status of our profession and

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Leadership Elections, *Continued from page 29*

the livelihoods of those we serve. NASW must play a key role in keeping the membership informed about changes within and around the profession so our efforts can be mobilized at important junctures. The role of Secretary is crucial in assuring that key information is communicated to members in a clear, concise and timely fashion. I will use my experience and dedication in fulfilling this purpose. I am committed to collaborating with NASW leadership, members, and staff in New York State to address the exciting challenges ahead.

BOARD MEMBER-AT-LARGE

Chris Genovese



In his professional path, Chris Genovese is currently an MSW Candidate at Adelphi University and works for Southshore Counseling and Mediation Center performing case management for

marginalized clients. He has been integral in effecting favorable judicial and governmental decisions for clients with extreme agoraphobia, social anxieties, discrimination, and harassment issues of the marginalized Latino community with limited English language ability. Chris has earned the trust of his clients who are currently leading their families to become whole again. He has also assisted in decreasing the effects of sexism, racism and discrimination on oppressed individuals.

Although our society has moved toward a more expanded view of social justice and its relevance to the amelioration of social inequality, my personal and professional experiences reinforce the need for continued monitoring and implementation of adaptive programs, which directly influence these prevalent issues. As your Member-at-Large, I will advocate for increased cooperation from our Federal, State, and Local Government in order that policy issues be

implemented on the social, economic, and political fronts with the goal of achieving equality for those who suffer emotionally and economically. As your Member-at-Large, I will also advocate for increased student membership, student involvement, and representation. I will represent the issues and concerns of all members to the Board. Finally, as your Member-at-Large, I will, without reservation, act as your ambassador to promote NASW and facilitate the association in their stated wants needs and desires.

BOARD MEMBER-AT-LARGE

Sylvia G. Gold



Sylvia Gold has a strong identification with social work as a valued and respected profession. Her entire 32 year career has been as a clinician (LCSW-R) in outpatient mental health, as an advocate for and on behalf

of diverse client populations – adult, geriatric, addiction, and trauma survivors. Sylvia's clinical, supervisory, organizational, and administrative experiences have afforded her opportunities in program design, implementation, and evaluation. She has sat on advisory boards and held offices on community committees where she learned about funding and leadership qualities. Sylvia honed her public speaking skills when presenting at various conferences and educational seminars.

As an NASW member for 33 years I did not always recognize its efforts on behalf of social workers and clients. I now appreciate NASW for securing licensure, championing my professional rights, and preserving the Social Work degree and profession. As a board member of the New York State chapter, I will focus on increasing social workers' awareness of the positive impact of NASW on our ability to provide specialized services to our clients. I will attempt to engage NASW members and nonmembers to become more

involved in the organization to increase our visibility and strength. The importance of communication and collaboration between practitioners and the organization is critical in developing mutual goals. We must preserve the integrity of our profession through Title Protection. In these times of financial constraints it is imperative that social work be recognized as the viable and respected profession it is.

MSW STUDENT REPRESENTATIVE

Elizabeth Agnello



After graduating from Mount Holyoke College with a B.A. in economics and Japanese, Elizabeth traveled to Japan where she was a teacher in the JET Program for four years. She returned to the States to work as Associate

Director for Resource Development at the Asian University for Women in Cambridge, MA. For the last two years, Elizabeth has worked as Program Coordinator for the Starlight Children's Foundation of WNY, which serves children with life-threatening illnesses with the goal of increasing their quality of life through enjoyable and innovative activities. Elizabeth is currently an MSW student at the University of Buffalo.

As MSW Student Representative, I will help fulfill the potential of the New York State chapter of the NASW. I will attend the meetings of the Board of Directors and other called meetings to carry out the business of the chapter in accordance with chapter bylaws and national standards. I will participate in the decision making process and provide input to the state conference planning committee about student affairs.

I will also demonstrate integrity, curiosity in the perspectives of others and critical thinking in pursuing activities on GLBT issues, including working for the adoption of policies to end all forms of discrimination based on homophobia in the public and private sectors. Finally, I possess the dedication and experience to work

collaboratively with other members around the state and to actively seek their input and involve them in future discussions.

MSW STUDENT REPRESENTATIVE

F. Paul Muccigrosso



F. Paul Muccigrosso is a decorated veteran of the United States Navy having served during the Hostage Crisis 1976-1982. He has enjoyed a career in business spanning twenty-five years and has worked as a volunteer for Catholic

Charities of Buffalo, New York and the Veteran's Residential Therapeutic Program in the New York State Department of Corrections. Together with his wife of nearly thirty-two years, he has raised two independent, professional, morally endowed and service oriented daughters. These life experiences provide a myriad of collaborative skills and opportunities for growth, cooperation, development and promotion of the NASW and its mission.

Seeking the office of MSW Student Representative gives me the opportunity to introduce the NASW to every Undergraduate and Graduate student of the varied social work curriculums throughout New York State. Because I believe that inclusion of every person is essential to achieve the greatest level of efficacy in the ever changing environment of professional social work. I am focused on encouraging membership opportunities in the NASW-NYS Chapter for all NYS social work students and will use my lifetime of business and leadership experiences to promote such inclusion in this NYS Chapter. It is a privilege and honor to be a member of the NASW as a student at SUNY Buffalo and I am confident that my service as the MSW Student Representative will encourage membership from the greater NYS schools of social work student body.

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Leadership Elections, *Continued from page 31*

BSW STUDENT REPRESENTATIVE

Areli Dominguez



Areli Dominguez is a student at the College of New Rochelle in her junior year working on her bachelor's degree in social work. She has volunteered in her community for more than six years at the White Plains Youth

Bureau. Although Areli has not been working personally with social workers, having volunteered has allowed her to see the needs of families and individuals. Working with youth has allowed her to see the needs and difficulties teens are struggling with today.

Social workers have a huge part in helping and being a support system to their clients and the community as a whole. The NASW has an important role in keeping each member up to date with new information that social workers will use to help their clients in this ever growing environment where needs of individual are increasing every day. As a Board Member of the New York State Chapter, I will input my knowledge as well as gain knowledge from other members to help learn about programs that affect and help the community. Although I am still a student, I am eager to learn and work with NASW leaders in building a great chapter for social workers in New York State.

DIVISION DIRECTOR (REPRESENTATIVE TO THE BOARD OF DIRECTORS)

HUDSON VALLEY

Laura Eastman-Follis



Laura Eastman-Follis, LCSW is a native of Central New York and a graduate of Syracuse University's School of Social Work. She has spent the past eighteen years in the Hudson Valley working with children and

families. Laura has been involved with the NASW-NYS since 1994 holding various elected and appointed positions at the local and state level of the organization. She is currently the Division Director of the NASW-NYS Hudson Valley Division; represent the Hudson Valley on the NASW-NYS Board of Directors and a member of the NASW-NYS Board of Directors Executive Committee.

I feel Social Work is one of the most diverse fields available to anyone who wants to "help people". Social workers are everywhere! Persons with a degree in social work can be found working as case managers, therapists, politicians, teachers, administrators, direct care workers, lawyers, human service representatives, nurses and many other professional occupations. As the Division Director of the Hudson Valley Division I will continue to provide quality programming for all members of our division through collaboration with local schools of social work, human service agencies and other professional organizations. As a member of the Board of Directors I will work with board members and chapter staff to ensure NASW-NYS continues to advocate for social workers and the many populations we work with.

DIVISION DIRECTOR (REPRESENTATIVE TO THE BOARD OF DIRECTORS)

NASSAU

Simone Solz Leo



Simone Solz Leo, LMSW, earned her BSW from LIU Post, and completed the one year MSW advanced standing program at Fordham University in 2005. Her social work education has propelled her to work as a mental

health therapist, after school program coordinator and congressional aide. At present she is working as a School Social Worker, working with children, families, adults and the community. Simone is bilingual in Spanish and a certified yoga instructor for children and

adolescents. She has been an active member of NASW-NYS and the Chair for the Nassau Division Program Committee for the last 8 years.

Social Workers are “change agents!” There is greater stress in our community due to the economy, program funding cuts, unemployment and a greater need to serve the most vulnerable populations. It is more crucial now than ever that we work together to create change. I am committed to understanding the needs of members and representing them on any issues or concerns that they express. As Division Director I will strive to achieve goals to communicate ongoing available employment opportunities to all members as well as the most current policies to help strengthen our profession and promote equality and justice for the community. In this leadership role, I will make efforts to increase membership, engage social work students, offer a myriad of relevant programs, expand mentoring opportunities and work collaboratively with other divisions and organizations to support our social work community.

DIVISION DIRECTOR (REPRESENTATIVE TO THE BOARD OF DIRECTORS) **SUFFOLK**

Noreen Berger



Currently, Noreen Berger works as a hospice volunteer and at the Sayville Project with members who are recovering from a serve and persistent mental illness. She had the opportunity to work with

cancer, hospice patients and the aging population. This experience prompted Noreen to promote compassionate aging in place and end-of-life care in the state of New York. One of her long term goals as a social worker is to serve and strengthen the aging population's definition of community living and to promote compassionate end-of-life care.

When I am elected the Director of the National Association of Social Workers, Suffolk County Division, I will promote and assist in the development of all social workers in our professional association. My plan

is to work closely with our experienced committee representatives and together develop highly effective training seminars and provide continuous networking events for our members. I believe my 21 years of corporate experience, combined with a masters in Social Work and my passion to lead a team of highly accomplished social workers, will positively contribute to strengthening our professional association.

COMMITTEE ON NOMINATIONS & LEADERSHIP IDENTIFICATION **DIVISION REPRESENTATIVE** **CENTRAL**

Tracy Torelli



Tracy Torelli is currently a clinical social worker at St. Joseph's Behavioral Health. She graduated from SUNY University at Buffalo with her MSW degree and a specialization in Alcohol and other Drugs. While in graduate

school Tracy worked for an agency that housed individuals with developmental disabilities. Upon graduation she moved to Vermont and worked in a program that served the severely and persistently mentally ill and specialized with co-occurring diagnosis. In 2008, Tracy moved back home to Syracuse and has taken a leadership role in her agency working on developing comprehensive co-occurring treatment.

I am passionate about the work that social workers perform, and subsequently feel compelled to run for a position in the NASW. I believe that it is important to become involved and make an impact when and where we can with opportunities that are provided to us in our professional careers. I feel that I can do this as the Central Division Representative for the Committee on Nominations and Leadership Identification. If elected I will work hard to make an impact and continue to move our profession forward. I feel that I can perform this task in a way that my fellow NASW members can be proud of. It would be an honor to be able to represent my area through identification of future leaders and representatives.

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Leadership Elections, *Continued from page 33*

COMMITTEE ON NOMINATIONS & LEADERSHIP IDENTIFICATION

DIVISION REPRESENTATIVE CENTRAL

Elyssa Sassaman



Elyssa Sassaman earned her MSW from Syracuse University in 2011. For the past year she has been a Family Specialist for a local non-profit agency that has a partnership with the Syracuse CSD working with families to create and

accomplish goals to help their children be successful in school. Elyssa has been a member of NASW since 2010 and active with the central division for the past year. Most recently, she has become the secretary for the central division by updating division members on events and documenting what the division accomplishes and plans to do at steering committee meetings.

My goal in running for the Central Division Representative for the Committee on Nominations & Leadership Identification (CNLI) is to be able to find the best candidates for available positions within the central division and state chapter of NASW as well as to ensure there is clear communication about duties and responsibilities for each position. As a CNLI representative for the central division I would be able to share the progress our division has with the rest of the state chapter as well as to see what is going on with other division in the state chapter. Lastly, as a CNLI I would do my best to make sure the central division has a representation at the state level of NASW.

COMMITTEE ON NOMINATIONS & LEADERSHIP IDENTIFICATION

DIVISION REPRESENTATIVE GENESEE VALLEY

Katrina Ehmann

Katrina Ehmann is employed with the Dept of Veteran Affairs, in the Home Based Primary Care Program, providing supportive counseling and case management



services to Veterans and caregivers. She achieved an MSW at the Greater Rochester Collaborative Social Work Program. Katrina participated in the NASW Social Work Conference: Restoring Hope, as presenter,

featuring the Patient Aligned Care Teams in the VA Medical Centers. She co-authored the article PTSD: Invisible Wounds of War, featured in The Bulletin (MCMS). She enjoys working in the social work profession as she gains opportunities each day to make a difference in many people's lives.

Each day, I uphold the responsibility to honor the NASW Code of Ethics as well as educate others about our responsibility to serve vulnerable groups of people. I strive to demonstrate and inform others of the mission of the NASW. Historically in the work place, I meet and exceed annual performance standards and continue to pursue opportunities to create meaningful changes to policies and procedures. I also hold a strong skill set in collaborating with others including, fellow colleagues and leadership within the agencies I have served. As a representative to the CNLI, I will continue to utilize resources to encourage other social workers to become engaged with the NASW and pursue social equality and justice. I look forward to this opportunity to join as a committed member of the CNLI.

COMMITTEE ON NOMINATIONS & LEADERSHIP IDENTIFICATION

DIVISION REPRESENTATIVE NORTHEAST

Jerry Nathan



Jerry Nathan, LCSW, is a member of the clinical staff of Senior Hope Counseling, an Albany clinic serving older addicted adults. Earning his MSW from the University at Albany and joining NASW in 1997, he

began over 30 years of providing clinical and other social services as an activities director and community organizer for youth and seniors. Much of his career has been serving the needs of low income and homeless clients. He also has held numerous positions in child welfare programs, including 10 years conducting CPS investigations and working with foster care, adoption and youth services.

My interest in serving on the CNLI is based on my desire to serve the chapter and the profession of which I am proud to be a member. With the additional time I have to contribute since retiring from my full-time work position, I can devote my energy to finding the next generation of leadership for NASW-NYS. In my more than 30 years of experience in the field, I have gained substantial knowledge from working with a wide variety of clients, systems, and service providers. This has given me an enhanced perspective of how social needs and policies have shifted over the past decades, and what is needed for the future. I believe we will be in a more effective position to achieve social justice and meet the challenges imposed by decreased resources once we have inspired our members to engage in leadership roles now and in the future.

COMMITTEE ON NOMINATIONS & LEADERSHIP IDENTIFICATION

DIVISION REPRESENTATIVE WESTCHESTER

Cynthia Carnaghi



Cyndi Carnaghi (MSW, 2008) has established herself as an up and coming leader in Westchester through her work as the Mental Health Supervisor of the Westchester Cross System's Unit (WJCS),

trainer with the Peoples Institute for Survival and Beyond and co-organizer of the Youth Undoing Racism project, as well as her service on various county committees. Cyndi has been called on for her talents as a community organizer, clinical social worker with a trauma specialty, as well as an educator at the University and organizational level. This progressive,

collaborative career has resulted in an expansive network of peers locally and statewide.

I envision NASW-NYS Westchester Division as a cornerstone in leadership for policy and organizational change in NYS. The shifting landscape and role of our growing profession requires the commitment of the most motivated and creative members of our social work community. In order to recruit and retain these individuals in positions of leadership I intend to: Develop and maintain a young professional's/new graduate consortium in Westchester County, through which young, bright and energetic leaders can be identified, supported and developed; Interface with a vast network of professionals through her cross-systems work in order to ensure that social work leaders in all major systems are given the opportunity to bring their talents to the NASW-NYS Westchester Division platform; Honor the commitment of NASW to diversity of candidates by engaging in strategic base building recruitment of leaders that represent the unique demographics of social work professionals in Westchester County.

COMMITTEE ON NOMINATIONS & LEADERSHIP IDENTIFICATION

DIVISION REPRESENTATIVE WESTCHESTER

Linda Conte



As a teacher of special students, Linda Conte realized that she needed to be able to give them more specific help in order to make a difference in their lives and that led to a career change. As a school social worker and clinical

coordinator in a career spanning over thirty years in several settings, Linda experienced the challenges and benefits that this profession can bring to clients.

Always active in local Westchester NASW activities in many different roles and projects over the years, she continues to learn and benefit from her experiences with NASW.

continued on page 36 ...

Leadership Elections, *Continued from page 35*

It is critical that social workers have strong leadership at every level to advocate for our profession and the people we serve, especially in these challenging times. As the Westchester Division representative on the State CNLI, I will use my long history of local NASW participation, starting when I was a social work student, and my new role as Westchester Awards Committee chair, to identify Westchester candidates with strong leadership qualities, extensive knowledge of NASW at the local, state and national levels, and a dedication and vision of social work goals, as nominees for local and statewide NASW positions. The need for a broad understanding and recognition of the professional training of social workers and the many settings of practice of our profession demands the need for vocal and articulate social work advocates of our expertise and professional talents as we face social issues and challenges in all practice settings.

COMMITTEE ON NOMINATIONS & LEADERSHIP IDENTIFICATION

DIVISION REPRESENTATIVE WESTERN

Elaine Rinfrette



Elaine Rinfrette has 20 years of clinical social work experience in outpatient mental health and hold an LCSW-R. Since completing her doctoral degree, Elaine is an assistant professor and new director of the MSW

program at Edinboro University of PA. She is interested in the areas of trauma, mental health, caregiving, and substance abuse.

I believe that social work is the profession that makes a positive difference in the lives of many people every day. In order to continue to do this we need a strong leadership and advocacy arm of the profession. This is why NASW is so important. It strives to meet the needs of clients and practioners in numerous venues. The organization is only as strong as its members and leaders. I am dedicated to being part of the process that

identifies strong members of our profession and assists them in entering leadership positions. They will be the ones that continue to make a difference in providing constituents and members of the profession with the best possible social work practices and upholding vital policies and legislation important to the profession.

COMMITTEE ON NOMINATIONS & LEADERSHIP IDENTIFICATION

DIVISION REPRESENTATIVE WESTERN

Ann Sullivan



Ann Sullivan is a graduate of SUNY Buffalo School of Social Work and currently semi-retired. She has two part-time jobs which allow her to continue to use her social work skills, and allowing time for NASW activities. Ann previously

served as NASW-NYS Western Division CNLI, Board Member-at-Large, and Board Secretary. She is an active member of the Western Division Steering Committee and the Chapter's Advocacy Committee. This experience gives her insight into the responsibilities of each job, enabling her to support members to consider these positions. Ann is a cancer survivor and active in local politics.

NASW membership has been an important part of my professional career. The mission statement of the New York State Chapter--promoting social justice, strengthening the social work profession, and enhancing social work practice are all of utmost importance to me. To continue our support of these issues, we need strong, dedicated members to take an active role in NASW-NYS. I have gained hands-on experience in Nominations and Leadership Identification when I previously filled this role. Seeking out a diverse group of members to fill chapter positions can be challenging but also rewarding when I realize that some really good people have been connected to some much-needed positions, benefitting both the profession and those we serve.

Welcome to our Newest NASW-NYS Members

Michael Goodman Ackerman, MSW
Thomas Donald Horn, MSW, RSW
Jenna Klein
Samantha Scott Kramer
Jeff Krassner
Jill Natalie Wallace, LCSW
Bridget Rose Yurgel

CENTRAL

Marisa Allnut
Danielle Marie Bannigan, LCSW
Amber Clark
Patricia A Edwards, BSW
Jane Elizabeth Fico, LMSW
Bethann Green
Brenda S Hartman-Souder, LCSW
Galen Thomas McCown
Deidre Hester Plumley
Stephany Richardson

GENESEE VALLEY

Thomas Chalachan, LCSW
Marianne Donals
Kenneth J Eno
Stephen Arthur Karl, LCSW-R
Pamela F. Myers
Rebecca S Narburgh, LMSW
Kaitlyn Osterling
Heather A. Penrose, LMSW
Jay W. Pruiett, LCSW-R
Meredith Sigl
Jamie Simon
Amy Smith
Thomas A Tanchick
Louann Woolman, LCSW, CMSW

HUDSON VALLEY

Ann Marie Alves
Joseph Vito Avallone, MSW
Santiago Baez Jr, Jr D
Maria P Benitez
Ann Elizabeth Berger, LMSW
Malky Berger
Christie Bonomo
Veronica Brockett
David Michael Burns, LCSW
Marshall William Archer DeBruhl
Janice Hulst-Murphy
Mejo Joseph Kallamthanam, LMSW
Sandra Larcher
Erik M Magnussen, III
Colleen M Maher, BSW
Sharon Maria Mathew, LMSW
Pamela S Media
Anthony Moscatello
YeeNing Pettit
David Sherwin Lesser, MSW
Michele Karen Sevigny

Gillian E Sinclair
Alison B. Sterling
Jaime M. Sullivan
Duba Leah Schiff
Roger Allen Szafranski
Tanisha Gislene Timothee
Laurie Ann Tucker
Goldie Unger

MOHAWK VALLEY

Brittany S Emerson
Michael Leon Kantor, LMSW
Megan Ann Mills
Mary Clare Reitz
Megan Louise Vogt

NASSAU

Domenick Amenta
Emily Alspector
Pauline Anexagorou
Liandra Aptekar
Victoria Rose Azzopardi
Taylor Kathleen Begley, LMSW
Matthew John Belevich
Nancy Burke
Danielle Dilena
Rosa Mariela Escamilla
Michele Lauren Glaser, MSW
Melissa Goldstein, LMSW
Nicole Candice Goldstein, LMSW
Jennifer Hoffman
Michael Anthony Iacovelli
Toni Kolb-Papetti
Aline D Kovacs
Amita Lal
Amanda Lee
Jessica Levy
Stav Levy
Gabriela P Mosquera
Jessica Murillo
Desirae O'Neill
Jennifer Ortega
Eileen Rivera
Amie Roe, LMSW
Elizabeth Romano
Aaron Samuels
Tracey Sandler
Nicole P Silverstein
Hannah Joy Sklar, BSW
Nadia Souffrant
Teresa Vuoso, LMSW
Tara Ann Wiley, LMSW

NORTHEAST

Amanda Baker
Penny Marie Bruce-Schmidt
Amanda Daly
Andrew Irish

Jacqueline Jansen, LMSW
Diane E Lang
Christine Leavitt
Robert MacDoanld
Jennifer MacKnight
Erin Marisa Mason
Joseph Maynard
John Mendenhall
Laura Miller
M. Kelly Murphy
Kristin Sauerbier
Eric Sicard

SOUTHERN TIER

Kristin Jamba
Cynthia R. Koch
Erica Mmallery
April Beth O'Laughlin
Vickie Marion VanCamp
Mary Wallis

SUFFOLK

Sarah Acton
Caitlyn M Aubel
Teresa Marie Bannon-Nopper, BSW
Melissa Bauch
Dolores Bond, AA BA
Susan Bongiorno
Christina Bozza, BA
Darrin Jonah Brown, Sr
Michael Lino Cavalli
Nadia Cheddie
Matthew Cohen
Terence Patrick Coyle
Gregory Curran
Jamie Lyn Fleming
Michelle Gegwich
Rise S Gibson, CASAC-T
Annmarie J Godwin
Stacy Frances Gordon
Kimberly A Harrell
Adrian David Gabriel Harris, MSW
David Christian Hornung
Jessica Taylor Jones
Colleen Theresa Lawlor, BS
Jaclyn Levine
Edna A Mejia
Kristin Jeanne Merone, LMSW
Samantha Michaels, LMSW
Shannon Miele
Lauren Morelli
Denise Muratore-Earl
Patricia Diane Murphy
Marie E O'Donnell, MSW
Susan J. Onorato
Jodi Beth Porter
Monica Rivera-Margas
Gina Elizabeth Rocco

Alexa C Sande
Anne T. Schmidt
Julia Schubert
Johanna Schwartz
Megan Smedley
Michelle Lynn Temme
Christie Toledo
Samantha Wellen
Danielle Wilkinson

WESTCHESTER

Jilian Acevedo
Tiffany Bell
Lori Lynne Bergherr
Sandra Dea-Jue
Vinu Devasia
Meredith Dietrich, MSW
Ashley Fresenius
Patricia Antionette Gray, LCSW, NCPC
Carol A. Hardesty, MSW, MPA
James Joseph Hawkins, LMSW
Capricia Renee Hollis
Michael L. Hopwood, Jr, LMSW
Cheryl Hunter-Grant, LMSW
Stephen Lande
Savvyon Lang
Emily Moskowitz
Tenisha Neil-Robinson
Glendalee Lydia Olivera
Ilena Osma
Sherlon Quarless, CASAC
Jane Shanky
Maura Sullivan
Toki Swan
Jacqueline M. Thoen
Terry-Ann Turner
Rebecca Weiss
Samantha Colleen Wilkinson
Harriet Porcher Stoney Williams, LCSW

WESTERN

Barbara Albach
Beverly Ann Baglio, LCSW
Megan Falise
Kristin Gelia, MS
Kelsey Haddo
Sharon M. Hall, BSW
Christopher Edward Kijowski, LCSW-R
Braden Linn, MCMP, MSW
Whitney Erin Mendel, MSW
Janelle R. Ploetz, BSW
Portia Sidtrice Rouse
Dawn Marie Rydzynski
Julia Szprygada
Richard Thomas
Eletha Thompson

Multi-Cultural Affairs Committee

Thirty-sixth Annual Whitney M. Young, Jr., Memorial Symposium

The Culture of Acceptable Violence: Is it the New Norm?

Quentin Walcott

Co-Director of CONNECT, NYC
Anti-violence activist and educator

PANEL DISCUSSION TO FOLLOW PRESENTATION

Moderator: Patrice Wallace-Moore, LCSW-R
V.P. Substance Abuse Services, Liberty Mgt. Group; CEO, Arms Acres, Inc.
Panelists: Elias Gootzeit, LCSW, Esq., Crisis Avoidance Therapist
Dr. Carl Mazza, Lehman College, Dept. of Social Work

Friday, April 12th, 2013

9:00 a.m. – 2:00 p.m.

**Brunn Science Hall – Maier Conf. Room
Concordia College**

171 White Plains Road, Bronxville, NY 10708

*Early Registration \$45
NASW members \$40
Senior/Retired \$35
Students \$10*

Continental Breakfast

Continuing Education (CE) credits: Approval for 3 CE credits under the auspices of NASW NYS is anticipated.
NASW members requesting CE credit must bring membership number. Registration forms will be available on site.

Directions: Located at **171 White Plains Road/Rte.22** in Bronxville, slightly north of the Bronx border. (914-337-9300)
Via **NY Thruway/Major Deegan:** take Cross County Pkwy. East to *Exit 8 Rte. 22-North Columbus Ave. College is 1.4 mi. north.
Via **Hutchinson River Pkwy:** From I-287 and from Conn., go south to **Exit 18/Mill Rd.** At end of ramp, turn right onto Mill Rd. continuing 0.7 mi. to Rte.22/White Plains Road. Turn left onto White Plains Rd. College is one mile south. **Left** after flashing light.
Via **Hutchinson River Pkwy:** From New England Thruway and Whitestone Bridge: go north to **Exit 13/Cross County Pkwy.-West.** Go to *Exit 8/Rte. 22 – North Columbus Ave. (See above) **Right turn** into campus before flashing light.

Registration

Name _____ NASW member? Yes ☐ No ☐

Address _____ E-mail: _____

_____ Student ☐ School _____

Organization _____

Phone (day) _____ Phone (eve) _____ ☐ Require handicapped accessible parking

Advanced registration: ☐ Regular **\$45** ☐ NASW member **\$40** ☐ Student **\$10** ☐ Senior/Retired **\$35** ☐ Sr/Ret member **\$30**

Registration at the door: ☐ Regular **\$55** ☐ NASW member **\$50** ☐ Student **\$15** ☐ Senior/Retired **\$45** ☐ Sr/Ret member **\$35**

Please make checks payable to: NASW-Westchester Symposium (Deadline April 8th) Amount enclosed \$ _____

Mail to: **NASW-Westchester Symposium**

Box 150 ♦ White Plains, NY 10602

For further information: call 1800-724-6279 x44; www.naswnys.org/divisions/Westchester/events

Division Updates



For news on events in your area visit our division webpages: www.naswnys.org/divisions

Genesee Valley Division

Genesee Valley Regional Workforce Roundtable Discussion

Hosted by the **NASW-NYS Chapter Workforce Commission**
ALL social workers are invited to Attend

Thursday, April 11, 2013
5:30pm – 7:30pm

ABVI-Vision Rehabilitation Center - 500 S. Clinton Avenue,
Rochester, NY 14620

Refreshments will be served

NASW-NYS Workforce Committee is hosting a series of regional meetings throughout NYS with social work practitioners from all areas of practice in an effort to further understand the challenges shaping the social work workforce. We encourage you to attend and share your experiences. Your professional association needs to hear your voice to effectively advocate on your behalf and address the issues of concern to you.

The Roundtable discussions will be recorded to capture the experiences and issues across the different regions of NYS. No names of individual(s) or organization(s) will be identified in the summary report.

Please confirm your attendance by contacting Jed Metzger at: jmetzge9@zimbra.naz.edu

Suffolk

Companion Animals in Social Work Settings

This program will provide an overview of the benefits and various types of Animal Assisted Therapy as well as how to effectively incorporate AAT and companion animals into social work settings.

Friday, April 19, 2013
9:30am-12:30pm

(Refreshments & Networking 9:00am-9:30am)

Adelphi University, Hauppauge Campus
55 Kennedy Dr., Hauppauge NY 11788

Presenters: Denise Duncan, LMHC, CASAC, NCC
Director of Supported Housing, Concern for Independent Living

Lisa Gatti, Founder & Executive Director
Pal-o-mine Equestrian

Mandi Budha, M.A., LMSW, Volunteer Coordinator
Pal-o-mine Equestrian

Regina Perretti Savarese, MPA, MSW Candidate
Stony Brook University School of Social Welfare

Cost: \$5 for NASW Members, \$10 for Non-members

Visit our events page for event registration form:
<http://www.naswnys.org/divisions/Suffolk/events.htm>

Western Division

General Interest Meeting

Thursday, April 18th, 2013 at 6pm

Western Division Survey Results & Discussion

Facilitator: Diane Bessel

Location: United Way of Buffalo, 742 Delaware Ave, Buffalo, NY 14209

Steering Committee Meetings

You're invited to help inform the programming activities of the Western Division

All steering committee meetings take place at 10:00 AM

Location: UB South Campus - Parker Hall Room 210

April 20, 2013

May 18, 2013

June 15, 2013

July 20, 2013

Aug - No Meeting

Contact: Paula Madrigal, MSW Western Division Director
western@naswnys.org

APPROVED CONTINUING EDUCATION PROGRAMS/NASW CERP

The following programs have been accredited for the listed number of Category I contact hours by the NASW-NYS Chapter Continuing Education Recognition Program (CERP). The CERP both accredits programs for continuing education credits and provides NASW members with an opportunity to have their credits recorded. Members who accumulate 90 contact hours of credit in a three-year period are eligible for a continuing education certificate.

Program providers who wish to have their programs accredited should submit an application form, the program schedule, the resumes/vitae of all the presenters and the review fee. The fees for providers are: \$100 per

program, \$150 for multiday events, \$350 for five programs in a 12-month period or \$900 for unlimited programs in a 12-month period. NASW members wishing to participate in the CERP must register with the program. The service is free for NYS Chapter members; for all others, there is a \$60 fee, for one three-year registration period.

For additional information, or to obtain application or registration forms, please contact the NYS Chapter office at (800) 724-6279 ext. 17, (518) 463-4741, or e-mail at james_koonce@naswnys.org. For information on a particular program, please call the contact number found in the listing.

10, 17, 24 April, 2013 Creative Developments in Formulating Assessment-Based Intervention in Schools Adelphi University Garden City (516) 877-4343
6. CEUs

3-24 April, 2013 Creative Developments in Formulating Assessment Based Interventions in Schools Adelphi University Garden City (516) 877-4343
6. CEUs

9 April, 2013 thru 14 May, 2013 Nonprofit Public Relations Certificate Program SUNY Buffalo School of Social Work Buffalo, NY (716) 829-3939
18. CEUs

9 April, 2013 CBT Group: A Cognitive Behavioral Model for Enhancing Therapeutic Outcomes JBFCs NY, NY (212) 632-4642
6. CEUs

11 April, 2013 The Spirited Child: Helping Parents Learn the Secrets to Effective Discipline Adelphi University Garden City (516) 877-4343
6. CEUs

11 April, 2013 Chasing the Dragon: Understanding and Treating Complex Trauma Survivors with Opiate Dependence SUNY Buffalo School of Social Work Amherst, NY (716) 829-3939
6. CEUs

12 April, 2013 Psychodynamic Views of Addiction Adelphi University Garden City (516) 877-4343
5. CEUs

13 April, 2013 thru 19 May, 2013 The Ericksonian Hypnosis Level 2 The NLP Center of New York New York City (212) 647-0860
42. CEUs

16 April, 2013 Transgender Health and Wellness: Providing Primary Care and Mental Health Services for the Transgender People and Their Families NASW Northeast Division Albany, NY (518) 694-1296
8 CEUs

19 April, 2013 To Have and to Hold: The World of the Compulsive Hoarder Center for Modern Psychoanalytic Studies New York (212) 260-7050
2. CEUs

19 April, 2013 Social Workers and the Couch: Is Psychoanalytic Training for You? Center for Modern Psychoanalytic Studies New York (212) 260-7050
1.5 CEUs

20 April, 2013 The Lighter Side of Treatment Gestalt Center for Psychotherapy Training New York City (212) 387-9429
3. CEUs

22 April, 2013 Master Case Consultations: Working with Trauma SUNY Buffalo School of Social Work Amherst, NY (716) 829-3939
6. CEUs

24 April, 2013 thru 29 May 2013 Neurobiology for Clinicians: What You Need to Know to Work with Trauma and Attachment Disorders National Institute for the Psychotherapies New York City (212) 582-1566
9. CEUs

24 April, 2013 thru 15 May, 2013 Integrating Work with Parts of the Self (Self State, Ego States, Internal Objects) into EMDR Therapy National Institute for the Psychotherapies New York City (212) 582-1566
6. CEUs

26 April, 2013 Decoding the Tablecloth Center for Modern Psychoanalytic Studies New York (212) 260-7050
2. CEUs

26 April, 2013 Don't Panic About Treating Anxiety Disorders! The Three Core Cognitive Behavioral Interventions That Every Clinician Should Know! Adelphi University Garden City (516) 877-4343
6. CEUs

27 April, 2013 Reiki 1 Certification: Using energy Work in Human Service Practice SUNY Buffalo School of Social Work Amherst, NY (716) 829-3939
5. CEUs

5 May, 2013 Voice Attunement Not Just for Therapists Gestalt Center for Psychotherapy Training New York City (212) 387-9429
5. CEUs

8 May, 2013 Effective Work with LGBTQ Youth JBFCs Amherst, NY (212) 632-4642
3. CEUs

10 May, 2013 Modern Psychoanalysis: Its Place in Psychoanalytic Theory Center for Modern Psychoanalytic Studies New York (212) 260-7050
2. CEUs

10 May, 2013 Cognitive Behavioral Play Therapy Techniques JBFCs NY, NY (212) 632-4642
6. CEUs

13 May, 2013 Improving Client success in Managing Emotions and Moods with Enhanced Cognitive Behavioral Work SUNY Buffalo School of Social Work Amherst, NY (716) 829-3939
6. CEUs

14 May, 2013 PTSD and the Older Adult JBFCs NY, NY (212) 632-4642
3. CEUs

22 May, 2013 thru 19 June, 2013 2013 Geriatric Scholar Certificate Program, Spring Training Binghamton Clinical Campus CARES Project Binghamton (607) 772-3531
30. CEUs

23 May, 2013 Women in the Military: Do you Really Know What They Do? JBFCs NY NY (212) 632-4642
4. CEUs

13 June, 2013 LGBTQ in the Military JBFCs NY, NY (212) 632-4642
4. CEUs

17-19 June, 2013 Global Health and Well-Being: The Social Work Response Conference NYU School of Social Work New York City (212) 998-9099
17 CEUs

21 June, 2013 Cognitive Behavioral Therapy Essentials JBFCs NY, NY (212) 632-4642
6. CEUs

Westchester Group Psychotherapy Society

An Affiliate of the American Group Psychotherapy Association
www.wgps.org

Announces a Panel Discussion on Transparency, White Privilege and Diversity

Presented by:

Ellen Blaufox, LCSW-R, Valerie Coleman-Palansky, MS Ed, LCSW,
and James Stewart, M.Div, MA, LMSW

Description: Reflecting honestly and introspectively about issues of race and privilege while hearing our clients' stories can be a personal and professional challenge. However, until we can truly bare witness, and this includes addressing issues of race, privilege and power with our clients; the work we do can remain inauthentic and ineffective. This panel will reveal some of the challenges and joys they have experienced in their clinical work in their role as clinicians, supervisors and group facilitators. This will also serve as a springboard for discussion on issues of race and power in the work and how to manage this discussion in our groups.

Date: Friday, May 10th, 2013

Time: 12 noon – 2:00 p.m.

Location: Westchester Medical Center
Behavioral Health Center, Rm B 304
(Third Flr), Valhalla, NY

Reservations: Dr. Gloria Batkin Kahn
(914) 428-0957 / globatkahn@aol.com

\$25 Non-Members
\$15 Students/ New Prof.
Free for WGPS Members
Scholarships Available
**Lunch Included

Healing Together Groups for Sexually Abused Women

Agnes Wohl, LCSW, ACSW
Diplomat in Clinical Social Work

Specialist in Treating PTSD
and Victims of Sexual Abuse

Co-Author

Silent Screamers & Hidden Cries

Casualties of Childhood

Contributing Author

Group Psychotherapy for Psychological Trauma

Clients Must Continue in their Current Treatment

Sixteen Week Time-Limited Structured Group

Long Term Open Group Also Available



For More Information or to
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Email: AgnesWohl70@gmail.com

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Ads for the Supervision of Clinical Social Work in NYS: NASW-NYS advises all individuals providing/receiving clinical social work supervision services in NYS to be aware of and in compliance with the laws, rules and regulations governing such practice which are outlined on the NYS Education Dept.-Office of the Professions Social Work website: www.op.nysed.gov

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