



# WASHINGTON STATE NEWSLETTER

SEPTEMBER 2006

FALL UPDATE

## SSWLHC EDUCATION CALENDAR OF EVENTS

- September 15, 2006 NASW  
 \*Refining Trauma Treatment: Crossing the Bridge and Guiding the Journey Beyond\* Janet Brodsky, MSW, LICSW, Red Lion Inn, Bellevue, WA
- September 22, 2006 SSWLHC  
 \*Challenging Discharges: New Services, Technologies, Tools & Tips\*, A Panel Presentation, Stevens Memorial Hospital, Edmonds, WA
- October 13, 2006 NASW  
 \*Good Ethics, Good Practice: The Ethics & Practicalities of Boundaries\* Joan Goldston, DCSW, LICSW Fairfield Inn, Bellevue, WA
- December 7, 2006 SSWLHC  
 SSWLHC Legislative Forum  
 Lorna Stone, MSW, and Vice President of Washington Health Foundation (WHF)  
 Don Sloma, WHF Director of Policy,  
 Cassie Sauer, MSW, Director of Policy Advocacy, WSHA
- March 16, 2007 SSWLHC  
 \*Social Work Month—Caring for Self\*  
 Marty Richards, MSW

## INSIDE THIS ISSUE

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## NASW SOCIAL WORK CLASSIFICATION TASK FORCE CONTINUES WORK

The NASW Social Work Classification Task Force continues to work on proposing a social work classification for state workers that requires the employees in this class to hold professional degrees and licenses in Social Work. The next Task Force meeting will take place on September 13, 2006. The State anticipates resolution of this issue by July 1, 2007, following union contract negotiations.

**NATIONAL NASW INFORMATION:** Brian Giddens, NASW President and SSWLHC Past President, has been in touch with NASW National office legal counsel Ikeita Cantú Hinohosa who has indicated that the Government Relations and Political Action section does not currently maintain comprehensive state level title protection information. NASW does not have any model legislation but offered contact with the Legal Defense Fund to see if there is a national perspective on enacted laws.

**LOCAL TIMELINE:** Eva Santos, Director of DOP is waiting for union and department comment prior to further work on this issue. Public input will be requested in late winter, early spring. In the interim, the NASW Task Force will continue to discuss strategy and requests input from NASW and SSWLHC membership.

For further information contact:  
 Roseann Martinez, MSW, 253-272-0817 or [rmartinezmaw@hotmail.com](mailto:rmartinezmaw@hotmail.com) or  
 Lynn Carrigan, MSW, 206-221-7459 or [lcc@u.washington.edu](mailto:lcc@u.washington.edu)



## VOTE SEPTEMBER 19

Step up to the ballot box and vote in the primary on September 19th. Get to know the candidates that hope to represent you and your district. Remember the priorities of your social work professional organizations and vote for those who:

1. Support expanded access to health care for low income individuals,
2. Support adequate funding to restore cuts to health and human services,
3. Support consumer access and freedom of choice in mental health providers,
4. Support Medicaid coverage of Masters-Level mental health professionals.

## COMMUNITY HEALTH PLAN OF WASHINGTON PROVIDES CARE AND ADVOCATES FOR THE UNDERINSURED/UNINSURED

BY Mike Hays, MSW, MHA, & Linda Johnson, MSW

The Community Health Plan of Washington (CHP) employs social workers in a variety of roles. Some SSWLHC members work for CHP. We think you should know more about this interesting organization.

### CHP IS NON-PROFIT MANAGED CARE: CREATED BY COMMUNITY HEALTH CENTERS

CHP is a non-profit managed care organization established in 1992 by the network of community health centers across Washington State. With deep roots in the communities, CHP combines high-quality, affordable health care coverage with vigorous legislative policy advocacy to increase access to health care for people across Washington State. CHP is different from other health plans because it was created by the community health centers - front-line health care providers with community roots that stretch back more than 30 years. They're the heart of the Company.

### MISSION

CHP's primary mission is "Access for Today; Action for Tomorrow". Because the Plan was started by the community health centers, savings (generated by social work and case management activity, consolidated purchasing, and coordinated care) are returned to the clinics to enhance access to care for more people. The organization works to ensure that everyone has a right to high-quality health care, and actively strives to remove the barriers that keep people from it. CHP is a recognized leader in providing services to the underinsured, including low-income families, diverse ethnic groups, recent immigrants, and those with disabilities. It takes action to increase access to health care. That's why CHP is a vocal, visible catalyst for change, re-

sponding to emerging needs and improving existing systems. CHP's Public Policy department serves as a passionate advocate for policy that ensures access to health care for every Washington resident.

### PLAN COVERS 33 OF 39 COUNTIES

The Plan provides coverage in 33 counties throughout Washington State (more than any other Medicaid plan) – and is the 5<sup>th</sup> largest in the State. CHP coordinates services with more than 1000 primary care providers, 8,000 specialists, 250 primary care sites, and 80 hospitals. Through them, we have a closer connection to our customers and a perspective that allows us to develop products and services that better meet their needs.

### SOCIAL WORK ROLE

The CHP social work staff coordinate behavioral health case management, disease management, entitlement access and enrollment, and services to children with special health care needs. One of the newer CHP programs that has significant social worker involvement is the Member Review & Intervention Program (MRIP) – a program to identify health plan enrollees who appear to be at risk for overuse of narcotics. Any enrollee identified as being at-risk is encouraged to discuss their pattern of use of medication and medical care with their primary care provider, and to work toward having only one prescriber for controlled substances, getting those prescriptions filled at only one pharmacy, and going to only one hospital for non-emergent care. For those enrollees who continue to over-utilize services and obtain inordinate amounts of narcotics and other controlled substances, the revised WAC 388-501-0135 is being followed, which allows managed health plans in Washington State to restrict enrollees to one prescriber, one

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## COMMUNITY HEALTH PLAN OF WASHINGTON, CONTINUED

pharmacy, and one hospital.

### HOW DOES ONE JOIN CHP?

If the patient is a member of the State's Basic Health (BH), Healthy Options, or Children's Health Insurance Program (CHIP) and lives in an area served by CHP, the patient can select the Community Health Plan as their managed care health program. If the patient is already a BH member with another plan, they may select the Community Health Plan during the open enrollment period. If you are a member of Healthy Options, you have an opportunity to select a new plan each month.

In addition, GAU recipients in King and Pierce Counties may also be eligible. For more information, see: <http://www.chpw.org/en/plans/index.php>.

Also eligible for these services are members of the Public Employees Benefit Board (PEBB), those who work for the State of Washington. All employees of the State of Washington are eligible to participate with CHP as their insurance provider.

If the patient is not enrolled in the Basic Health, Healthy Options, or Children's Health Insurance Program, they may still qualify for one of these programs. To find out if they qualify, call Community Health Plan customer service (1-800-440-1561), or call one of these state agencies:

- For [Basic Health](#) call the Health Care Authority at 1-800-826-2444.
- For [Healthy Options](#) and [CHIP](#) call 1-800-562-3022 or contact your local Department of Social and Health Services Community Service Office.

- For [PEBB](#), speak with your Human Resources office to sign up during the open enrollment period.

### CHP IS A SAFETY NET FOR UNINSURED/UNDERSERVED

CHP is a critical part of the State's safety net for the uninsured and underserved. CHP fills the gap left by other health plans by increasing capacity, adding new clinics and providers, and expanding into more counties. Unlike traditional health plans, CHP measures success by the health care dollars returned to our communities, reinvesting in health centers so they can provide better care to more people, and funding measures that improve service delivery. If you have questions or comments, contact:

**Mike Hays, MSW, MHA, Case Manager, Community Health Plan of Washington. 720 Olive Way #300, Seattle, WA 98101, 206.521.8833, or [michael.hays@chpw.org](mailto:michael.hays@chpw.org)**

**Linda Johnson, MSW, Social Worker, CHP. 206-923-3044 [swlkj@comcast.net](mailto:swlkj@comcast.net)**



**COMMUNITY HEALTH PLAN  
of Washington**

*Committed to your health.*

## THE PRESIDENTS'S MESSAGE

BY PAM HAITHCOX

### “Advancing Leadership in Healthcare Social Work”

This is the theme for the 42<sup>nd</sup> Annual SSWLHC Meeting April 23-28, 2007 in Philadelphia. Social workers as “leaders” are getting a lot of consideration lately. Why is that?

Perhaps it is because the very definition of social work suggests leadership.

At this year’s SSWLHC Annual Meeting in San Diego, I made a presentation on “Developing Tomorrow’s Leaders.” There were social workers from throughout the country there; all identifying the myriad of leadership roles that social workers hold:

Case manager	Coordinator
Teacher	Advocate
Team Lead	Trainer
Activist	Organizer
Mentor	Guide



Pam Haithcox, President, SSWLHC WA Chapter

The list went on.....

How do we define leadership with our teams and those with whom we are working? In a setting filled with a whole host of other disciplines, there may be conflict around roles and decision-making. How do the principles and ethics of social work fit into our medical teams? One issue that emerges for everyone on the interdisciplinary team is not only how our professional teachings influence our behavior, but also our personal styles. We each approach our teams with our own personal preferences for communication, influence, and focus.

David Merrill and Roger Reid developed a unique way of looking at personal styles. It is through gaining a better understanding of our own styles and having the ability to identify those of our co-workers and teammates that social workers can become more effective in their roles. This understanding can also be an essential skill as we work within a system that does not always put self-determination first, nor do the other disciplines always value the same ethical principles that social workers follow.

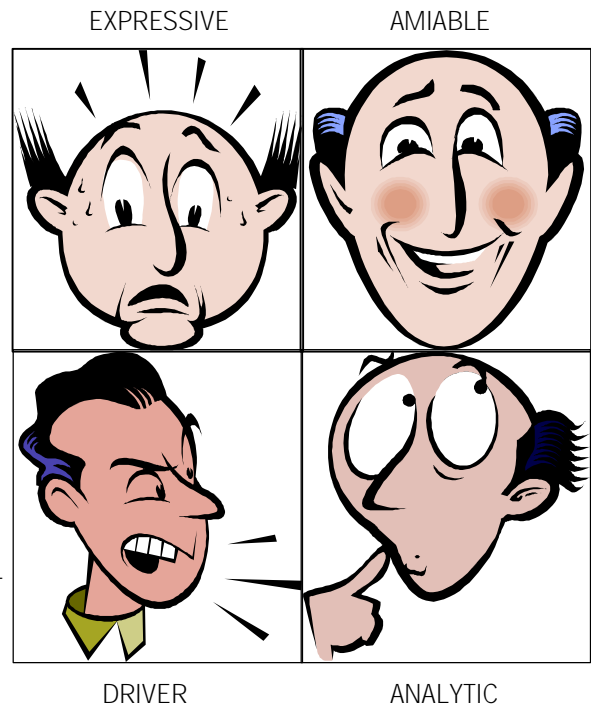
Merrill and Reid identified four major styles – *Expressive, Amiable, Driver, and Analytic*. While each of us may have a few of each of these characteristics, most of us can identify most strongly with one style.

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## SOCIAL WORK LEADERSHIP, CONT.

Some of the traits of each style defined by Merrill and Reid are highlighted below. It is easy to see how social workers who function within each of these various constructs can bring their special set of skills and knowledge to the team. I believe we are uniquely trained to recognize each of our team members comfort zones and to understand what each one needs in order to function most effectively as we all work together to provide quality care to our patients, and create harmonious work environments.

Developing our leadership skills often depends on how well we know ourselves and how quickly we can assess and respond to our environment. We are all called to exhibit leadership as social workers – whether in formal leadership roles such as supervisor or manager, or as line social workers trying to advocate for our patients and the services needed.



Take a few moments to identify your style and recognize how it impacts your role as a leader in your setting. The Washington Chapter of SSWLHC can also use your leadership and participation in attending workshops, presenting your ideas and programs, serving on the Board or committees. Please contact any Board member for further information.

I hope you will consider attending the 2007 SSWLHC Annual Meeting in Philadelphia as we all strive to advance leadership in health-care social work!

STYLE	INTENT	NEED	PACE	FOCUS
DRIVER	Get Job Done	Control	Fast	Task
AMIABLE	Get Along	Harmony	Slow	People
ANALYZER	Get Job Done	Accuracy	Slow	Task
EXPRESSIVE	Be Heard	Attention	Fast	People

Pam Haithcox, SSWLHC President, can be located at 206-731-4055 or [haithcox@u.washington.edu](mailto:haithcox@u.washington.edu):

## SSWLHC MEMBERSHIP PAGES

**SSWLHC PRESENTS*****CHALLENGING DISCHARGES:  
NEW SERVICES,  
TOOLS, TIPS, TEAMS AND  
TECHNOLOGIES*****FRIDAY SEPTEMBER 22, 2006****REGISTRATION AND BREAKFAST 8:00 AM****CONFERENCE: 8:30 AM - 12:30 PM****STEVENS MEMORIAL HOSPITAL****21601 - 76TH AVENUE WEST****EDMONDS, WA 98026****3 HRS CEUS****BREAKFAST AND BREAKS****SPONSORED BY****TLC TOTAL LIVING CHOICES FOR SENIORS &  
RCA RESOURCE CORPORATION OF AMERICA****\$20 SSWLHC MEMBERS****\$10 STUDENTS****\$ 35 FOR NON-MEMBERS****\$40 MEMBERSHIP PLUS REGISTRATION****Checks to SSWLHC****Mail to Linda Johnson, SSWLHC****5522 SW Andover****Seattle, WA 98116****" CHALLENGING DISCHARGES "  
TO HIGHLIGHT REDUCING  
LENGTH OF STAY**

The SSWLHC sponsored panel on Challenging Discharges will discuss innovative solutions to those difficult discharges that we are all experiencing.

Featured on this panel will be:

Roger Dowdy, MSW, with VA of Puget Sound whose experience is with mental health issues, substance abuse, and addiction issues. He will focus on diversion from readmission for over-utilizers of care.

Susan "Sam" Miller, MN, ARNP, CareForce, Owner and Director of Clinical Services, will discuss community based coordination of care including geriatric care management, nurse delegation services and medical alarms.

Ted Tanase, President and Founder of Total Living Choices for Seniors will discuss web based and software products available to reduce LOS and time spent on discharge planning.

Brigitte Folz, MSW, with Harborview Medical Center will discuss multidisciplinary coordination of challenging cases, a care management model for discharges.

Kerry Curran, Director, RCA, Resource Corporation of America, will discuss Medicaid issues.

Nancy Riley, RN, Certified Care Manager, Children's Hospital and Regional Medical Center, will focus on pediatric discharges and dysfunctional families.

At the conclusion of the workshop you will be able to discuss one or more methods to assist with the discharge of patients with complex psychosocial issues.

## SSWLHC MEMBERSHIP PAGES

### TIFFANY LORDAN, SSWLHC SCHOLARSHIP WINNER TO RECEIVE AWARD ON SEPTEMBER 22

Tiffany Lordan, the 2006 SSWLHC Scholarship winner will receive the Chapter's Annual \$2,000 award at the September 22nd seminar on "Challenging Discharges" at Stevens Memorial Hospital in Edmonds, WA. Tiffany is beginning her second year at the UW SSW, where she will be doing her advanced practicum at the Seattle Cancer Care Alliance.

Tiffany is an honors graduate from the University of Puget Sound where she received a BA in Sociology with a minor in Spanish. As an undergraduate, she worked as a respite caregiver at Hospice of Spokane, as a physical therapy aide at St. Luke's Rehabilitation Institute and as an intern with the American Parkinson Disease Association. Her senior thesis dealt with cross cultural competency and geriatric health care.

In addition to the Society scholarship, Ms. Lordan won the UW Retirement Association Scholar of the Year award for 2005-2006 and the Alpha Kappa Delta Sociology Honor Society and Distinction in Major award.

After earning her Masters degree, Tiffany hopes to work in geriatric oncology social work in the Seattle area.

### SSWLHC COMMITTEES

Education: Diedrich Meinken, [dmeinken@careforce.com](mailto:dmeinken@careforce.com)

Membership: Linda Batway, [lindabatway@harrisonmedical.org](mailto:lindabatway@harrisonmedical.org)

Newsletter: Jackie Durgin, [jackiedurginbeck@comcast.net](mailto:jackiedurginbeck@comcast.net)

Scholarship: Sandi Johnson,  
[ssjohnson@evergreenhealthcare.org](mailto:ssjohnson@evergreenhealthcare.org)

Social Health Policy: Lynn Carrigan, [lrc@u.washington.edu](mailto:lrc@u.washington.edu)

## LEGISLATIVE FORUM SET FOR DECEMBER 7

The SSWLHC Legislative Advocacy Forum has been set for Thursday, Dec. 7th from 9:30–12:30. Lorna Stone, MSW and VP at Washington Health Foundation (WHF) and Don Sloma, Director of Policy at WHF will present information on health policy. Cassie Sauer, MSW, Director of Advocacy and Public Relations for the Washington State Hospital Association will also present from the hospitals and facilities points of view.

This trio will provide information on healthcare services and facilities, and the broader issues of health policy, such as covering the uninsured, health care reform, creating community dialogues about change, and funding some creative ventures such as rural health grants.

Please hold this date in your calendar. Further information regarding date and location will be announced later.

President:: Pam Haithcox, MSW

President Elect: Diedrich Meinken, MSW

Past Pres: Linda Johnson, MSW

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Scholarship Chair: Sandi Johnson, MSW

Social Health Policy Chair: Lynn Carrigan, MSW

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## PROVIDENCE ELDERPLACE: A ONE-STOP SHOP FOR AGING IN PLACE

By Susan Christ MSW, MHA  
Providence ElderPlace

### THE PACE PROGRAM:

Imagine a place where an elderly person, who otherwise would be in a nursing home, can get all the medical care, activities and social interaction they need at least once a week. They can live in their own home and have the services necessary to continue to live independently. That place is Providence ElderPlace, an innovative, comprehensive program of health care and social services for older adults that is one of 40 PACE (Program of All Inclusive Care for the Elderly) programs across the country.

### PROVIDENCE ELDERPLACE: THE FIRST PACE PROGRAM IN WASHINGTON

The first PACE program began at On Lok Senior Health Services in San Francisco's Chinatown as a way to keep elderly seniors in their homes and out of a nursing home. Based on the success in San Francisco, the program has spread throughout the country. Providence ElderPlace, located in Seattle's Rainier Valley, is the first program of its kind in Washington State and serves as a national model for allowing older adults to stay in their own homes while getting the services they need in the community.

### PACE PROGRAMMING:

PACE programs provide extensive preventive health and social services, including primary and specialty medical care, transportation, a day health program, social work services, nursing services, rehabilitation services, personal care

services, housing, meals, medication, and much more. Participants, who live in their own residences, attend the Providence ElderPlace center on a regular basis, and transportation is provided. All services are provided by the ElderPlace team of health and social service providers and its affiliates to offer comprehensive, integrated care.

### ONE STOP SHOPPING:

"One of the best parts about the program is that it is so comprehensive that it often stops minor problems from turning into life-threatening ones", says Ellen Garcia, Executive Director of Providence ElderPlace. For example, if the van driver who picks up a participant sees that she is walking with a limp, he will notify a nurse or doctor at the ElderPlace center, who will examine the participant. Minor intervention at this time may prevent a fall – and subsequent future complications. An inter-disciplinary team of clinical and social work professionals assess each participant's well-being each week to make sure each is as healthy as possible. In addition, ElderPlace serves as an individual's Medicare Part D drug plan, provid-



Donna Goodson begins her day at Providence ElderPlace escorted by her van driver, Walid Underwood.

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## PROVIDENCE ELDERPLACE, CONT.

ing all over-the-counter and prescription medications that an individual's physician has prescribed. "This truly is one-stop-shopping," Garcia says. "We provide the healthcare and social work services necessary for people to continue to live at home while receiving the care they need as they age."

### ELIGIBILITY:

ElderPlace serves a diverse community made up of people 55 and older, from numerous ethnic and socioeconomic backgrounds. The majority of ElderPlace's participants are on Medicaid assistance, although services can also be paid for privately. Participants must qualify for nursing home care (COPES) to enroll with ElderPlace. Once someone enrolls in the program, they are assigned one of two Board Certified geriatricians, a nurse and a social worker. As a truly client-centered model, ElderPlace is responsive to the needs of the individuals, their families, and other providers in the community and seek to keep them all informed and involved in the care planning process. Participants can still see the primary care physician they had before on a quarterly basis and can also now



Louise Goldman, Rehabilitation Services Manager, and Georgia Brown laugh together over a physical activity plan they are developing.

elect to come into the ElderPlace Adult Day Center on a regular basis or receive services at home through a program known as "PACE at Home".



A Providence ElderPlace participant enjoys a workout in the gym.

### SOCIAL WORK ROLE:

The Social Workers at Providence ElderPlace become involved with participants in providing and coordinating care needs along the entire continuum of care. Their role is crucial in helping to maintain an individual's health and independence as long as possible. Each member of the care team strives to provide an ElderPlace participant with "the absolute highest quality of life possible, whatever that means for them", said Stephanie Davis, Social Worker. "If a participant doesn't like to talk very much, we help them find an environment where they are comfortable and maybe someone they can talk to when they feel like it." The team of five Social Workers offers a wide range of social services including, but not limited to:

- Comprehensive psychosocial and cognitive assessments;
- Individualized care plans developed with participant, his/her family member(s) or other caregivers; monitor and revise the care plan as needed;
- Advocacy for the participant;

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## PROVIDENCE ELDERPLACE, CONT.

- Discharge planning and coordination from hospitals and short-term SNF stays;
- Housing placement;
- Mental health and substances abuse services;
- End of life care, grief and loss support;
- Financial management;
- Crisis intervention;
- Referral to community resources;
- Liaison with DSHS.

Following is a story from one of the Social Workers about the last 12 hours of an ElderPlace participant's life. He had been enrolled with ElderPlace for close to 3 years. He had middle-stage cancer when he joined our program and has been an amazing example of strength and positive attitude, always smiling, upbeat, and giving lots of encouragement to other participants about living life to the fullest and maintaining a sense of optimism, even as his cancer spread throughout his body. He was finally placed on comfort care when he could no longer continue to maintain his fight.

Yesterday evening all 3 of his children were together with him. They ordered in pizza, which the 4 of them shared along with, what his daughters described to me as "The most laughter we've ever had together". They were able to share stories, laughter, and love. His son left to make sure their mother had the supervision she needed at home and the 2 daughters remained with him for the night. They reported feeling a "presence" in the room, which they described as another relative who had died several years prior, and felt that she "came to help en-

courage him to join her". Later in the morning he also received a visit from a former caregiver with whom he had shared a close bond, and seemed to be "waiting to say good-bye to". About an hour later his daughters opened the window in the room to, as they described, "give his spirit a way to leave". And shortly after they did this, he took his last breath and left his body very peacefully.

The end of his life was just as loving and magical as the past several years, and truly embodies what the care at ElderPlace is all about.

*[Susan Christ, MSW, MHA is the Marketing and Intake Liaison at Providence ElderPlace. For more information, go to [www.providence.org/Elderplace](http://www.providence.org/Elderplace) or contact Susan*

### CLASSIFIEDS

#### SOCIAL SERVICES COORDINATOR

Emerald Heights seeks a social services professional to administer the psycho-social needs of the residents in our skilled nursing facility. Requires a minimum of Bachelor's Degree in related subject and two years experience in long term care.

Send resume to:

Human Resources,  
10901 176<sup>th</sup> Circle NE,  
Redmond, WA 98052

or fax 425-558-9565. Visit web site

[www.emeraldheights.com](http://www.emeraldheights.com)