

**SSWLHC ADVOCACY
PRIORITIES, ISSUES &
ACTIVITIES**

- SSWLHC WA Chapter
March 30, 2007
Marty Richards, MSW
"Caring for Self: The Role of Reciprocity in Social Work"
Stevens Hospital,
Edmonds, WA
- April 25—28, 2007
SSWLHC 42nd National Meeting "Advancing Leadership in Healthcare Social Work"
Hyatt Regency Philadelphia,
Philadelphia, Pennsylvania
- May 11-12, 2007
NASW WA Chapter Annual Conference
"Changing World: Critical Conversations"
Doubletree Hotel Seattle Airport
Seattle, WA
- May 18-19, 2007
NASW—WA Chapter
Clinical Supervision, Theory and Practice
Courtyard Seattle Bellevue Hotel

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**GOVERNOR GREGOIRE SIGNS
LEGISLATION TO GIVE MORE CHILDREN
ACCESS TO HEALTH CARE**

Governor Chris Gregoire signed into law a measure she requested to provide health insurance coverage to an additional 38,000 Washington children, bringing the total number of low-income children covered to 624,000.

A Comprehensive Approach to Health for our Kids "Healthy children learn better, grow better and have a better chance of succeeding in life", said Governor Gregoire. "This bill is not just about getting children insurance - it takes a comprehensive approach to health care for our kids. We are making sure children have a medical home, and that we tie our dollars to performance measures and pay for quality care."

Senate Bill 5093 provides expanded access to health insurance for children who live at or below 250 percent of the federal poverty level, currently \$50,000 for a family of four. Beginning in 2009, access will be expanded to include children who live at or below 300 percent of the federal poverty level, or \$62,000 for a family of four.

The Governor's Consistent Priority: Governor Gregoire has made it a priority to provide health insurance access to all Washington children by 2010 and, since taking office, has steadily added more children to the health insurance rolls.

Senate Bill (SB) 5093, the health coverage for all children, passed both houses of the legislature with a strong bipartisan vote: 68 to 28 in the House of Representatives, and 38 to 9 in the Senate!

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SOCIAL HEALTH POLICY BILLS UNDER

Children Gain Access to Health Care,

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SB 5093 sets out a comprehensive blueprint to make sure all children in our state have health insurance and access to quality health care, and is historic legislation for Washington State. The bill creates one unified children's health program, eliminates waiting lists for children's health insurance, raises the income limit for eligible families by instituting a sliding-scale program, includes outreach to eligible families, cuts through the red tape for children's health applications and renewals, and promotes all children having a "medical home". WSHA has been a strong supporter of the bill, in part because it directly benefits hospitals when children have a regular source of health care rather than relying on the emergency room.

This information is taken from: Inside Olympia, List Serve of the WA State Hospital Association (olympia@wsaha.org), March 12, 2007

HB 1088 CHILDREN'S MENTAL HEALTH

Rep. Mary Lou Dickerson's House Bill 1088 has gone through two revisions and a substitute bill was passed on to the House Human Services and Corrections Committee on March 8 for a hearing. Previous votes indicate a good chance of this bill passing. A digest of this bill follows, and more information can be found at www.leg.wa.gov through a Bill search by number.

HB 1088-S2 - DIGEST OF PROPOSED 2ND SUBSTITUTE as of 3/15/07

A. Declares an intent to substantially improve the delivery of children's mental health services in Washington state through the development and implementation of a children's mental health system that:

- (1) Values early identification, intervention, and prevention;**
- (2) Coordinates existing categorical children's mental health programs and funding**, through efforts that

include elimination of duplicative care plans and case management;

(3) Treats each child in the context of his or her family, and provides services and supports needed to maintain a child with his or her family and community;

(4) Integrates families into treatment through choice of treatment, participation in treatment, and provision of peer support;

(5) Focuses on resiliency and recovery;

(6) Relies to a greater extent on evidence-based and promising practices;

(7) Is sensitive to the unique cultural circumstances of children of color and children in families whose primary language is not English; and

(8) To the greatest extent possible, blends categorical funding to offer more service and support options to each child.

B. Declares that it is the goal of the legislature that, by 2012, the children's mental health system in Washington state include the following elements:

(1) A continuum of services from early identification, intervention, and prevention through crisis intervention, including peer support and parent mentoring services;

(2) Equity in access to services for similarly situated children, including children with co-occurring disorders;

(3) Developmentally appropriate, high quality, and culturally responsive services available statewide;

(4) Treatment of each child in the context of his or her family and other persons that are a source of support and stability in his or her life;

(5) A sufficient supply of qualified and culturally diverse children's mental health providers;

(6) Use of developmentally appropriate evidence-based and promising practices; and

CONSIDERATION IN HOUSE AND SENATE

(7) Integrated and flexible services to meet the needs of children who, due to mental illness or emotional or behavioral disturbance, are at risk of out-of-home placement or involved with multiple child-serving systems. Provides that educational service district boards may respond to a request for proposal for operation of a wrap-around model site under this act and, if selected, may contract for the provision of services to coordinate care and facilitate the delivery of services and other supports under a wraparound model.

Repeals RCW 71.36.020 and 71.36.030.

From Nancy Amidei's 3/10/07 POLICY WATCH – Week 9 of 15

Summarized by Lynn Carrigan, MSW, Chair, SSWLHC Social Health Policy Committee

Of Note: Several other bills to **EXPAND HEALTH AND MENTAL HEALTH COVERAGE** have passed in their House of Origin:

HB 1460 -- extend Mental Health Parity, **passed House 75-22**.

SB 5446 – extend Mental Health Parity; on the Senate Floor.

HB 1569 – Reform the WA Health Care system for small business/individuals; on the House Floor.

HB 1601/ SB 5279 – Creating a Children's Environmental Health & Protection Council; both Bills are in their respective Rules Committees.

HB 1644 - Health care for Community & Technical College employees; **passed the House 97-0**.

HB 1658/ SB 5659 – Family & Medical Leave Insurance; Senate bill is in Senate Rules Committee.

HB 1825 – provide funding for Public Health; on the House Floor.

HB 2094/ SB 5977 – Taxpayer Health Care Fairness (employers with >1,000 employees. To pay a premium for employees on Basic Health Plan or Medicaid. Appears dead - but could be revived because it is related to the Budget.

HB 2098/ SB 5930 – to enact recommendations of the Blue Ribbon Health Commission;

EACH BILL IS ON ITS BODY'S FLOOR.

SB 5830 – Home Visitation for high risk families; **passed the Senate, 46-0**.

Some key **DISABILITY**- related bills are still alive, or have passed their House of Origin.

HB 1097 – Crimes Against Vulnerable Adults; **passed the House 96-0**; is scheduled for a Senate Hearing on 3/16.

HB1322 / SB 5340 – Definition of Disability; House bill is on the House Floor; **Senate bill passed the Senate 42-6**. Is now in the House.

HB 1548 - Individual and Family Services bill; it's in the House Rules committee. The Senate Version, **SB 5467** – is on the Senate Floor, waiting for a vote.

HB 1694 – Coordinated Transportation; **passed the House 97-0**.

SB 5450 – Kevin's Law; **passed the Senate 48-0**; scheduled for a House Hearing on 3/15.

Some **DOMESTIC VIOLENCE**-related bills remain alive:

HB 1703 – for a Pilot Program in DSHS offices; appears Dead.

HB 2119/ SB 5953 – Penalties for domestic violence involving strangulation; **Passed the House 96-0**; Senate bill is on the Senate Floor.

HB 2191 – Deferred prosecution in domestic violence cases; on the House Floor.

IN FOCUS: LEADERSHIP PROFILE**MARY WEATHERLEY**
MSW, LICSW

Mary Weatherley is a social worker with many different talents that have propelled her to a varied, interesting and successful career. As clinician, teacher and administrator, Mary has taken on a variety of jobs. She is an astute clinician, having honed her skills providing outpatient treatment and inpatient psychosocial evaluation and discharge planning in an urban academic setting and the rural reaches of the Skagit River and San Juan Islands. Early in her career, Mary provided clinical services to Harborview Medical Center's Emergency Room.

Mary taught human service students at both the Community College and University levels and has held several administrative positions within Group Health Cooperative and Harborview Medical Center. Mary is currently the Manager of Social Work Services at Group Health Cooperative of Puget Sound where she returned in 2005, following a 6 year sojourn at Harborview Medical Center.

EDUCATION: Mary came to the Northwest from Maryland where she received her BA degree at Mt. St. Agnes College in Baltimore MD. During her college education, Mary spent a year in France, receiving a Diploma from L'Universite Catholique de L'Ouest, in Angiers. During that time, she became fluent in the French language, and continues to hone her French through membership in a local book club that reads and discusses (in French) only French language publications.

Before graduate school admission, Mary and her husband lived for several years in Addis Ababa, Ethiopia, where she taught 7th and 10th grade for a year at Tafari Makonnen High School. Their son, Peter, was born in Ethiopia during their work in that community.

Mary went back to school in 1973 and in 1975 received a Masters Degree in Social Work from Boston College Graduate School of Social Work, in Chestnut Hill, Massachusetts. Her dreams at that time included working in community mental health and children's services.

EMPLOYMENT HISTORY: Mary arrived in Seattle in 1976 and started working for the King County Association for Retarded Citizens. She conducted guardianship investigations, served as expert witness for SSA and SSI hearings, and developed training packages for Rape Relief. It was during this time, she worked part time in the Harborview ER.

University Hospital: In 1980, Mary accepted a job at the University Hospital in Seattle, where she provided psychiatric services in the ER and Pain Clinic. It was at the UW that she began training medical/surgical residents on the psychosocial aspects of trauma, gave in-services on suicide assessment, rape trauma evaluation and counseling and mental status exams. As an instructor she developed practicum curricula for social work students and wrote a manual for DSHS trainers on suicide identification. She was promoted to supervisor of the inpatient SW psych and the ER teams.

In 1984, Mary left this job and went to live in a small cabin in the woods on San Juan Island, and worked in community mental health, home care, and teaching at Skagit Valley Community College. She also made watercolor paintings and cards, and sold pieces in co-op galleries and art fairs.

Group Health Cooperative: Mary came out of the woods and began work at Seattle's Group Health Cooperative in 1989 as a social work supervisor. She was promoted to manager in 1992 and directed a staff of two supervisors and 22 nurses and social workers in two departments in hospital and out-patient settings serving over 10,000 patients. Of note, during this time, was her ability to predict the healthcare movement toward reducing social work departments in hospitals and replacing them with nurse discharge planners. She merged the nurse-based utilization management program, discharge planning and hospital social work services into hospital, specialty and primary care settings. With the cooperation of the Labor Union, Mary moved several of the inpatient social work staff to outpatient clinics. She then linked inpatient nurses and out-patient social workers in primary care-based teams to provide continuity of care through time and across settings. In 1997, Mary took advantage of an international social work exchange program, and spent a month in the Netherlands studying chronic care and long term care.

As Group Health closed its own inpatient services and contracted for these services in the community, this early move was inspired and created new roles for medical social workers within GHC.

Harborview Medical Center: Mary joined Harborview Medical Center in 1999, and soon received a joint appointment as Director of Health Coverage Services for the Dept. of Finance, and as Associate Director of Social Work. In this capacity she was responsible for the spectrum of services provided to obtain financial coverage for hospitalized patients, ranging from insurance verification and authorization for insured patients, to obtaining Medicaid or SSI coverage for the uninsured. She also managed a team and a fund in the SW Dept. to assist in the most challenging discharges to reduce length of stay and readmissions. In this capacity, she reduced pending Medicaid Accounts Receivable days by 25% and the pre-billing backlog by 85%, resulting in better, faster reimbursement for Harborview. She also established weekend staffing in two departments which reduced the numbers of unscreened and unfunded discharges.

A Move Away from Social Work: In 2001, Mary moved away from direct Social Work operations when she was promoted to Manager of Program Operations for Utilization Management. She was responsible for improving utilization performance, reducing denials, and maintaining compliance and quality of care. In this role, she introduced Interqual as the primary utilization tool, and developed and produced utilization reports that were adopted as hospital performance indicators. She also worked to help social work and utilization management staff understand the fiscal impact of various discharge planning processes. In 2003, Mary, with her team, won the regional Qualis award for discharge planning.

MARY WEATHERLEY—PROFILE
CONT FROM PG 5

Return to Group Health Cooperative: Realizing that she was missing the contact with social workers and their work with patients, Mary returned to Group Health in 2005 as the Manager of Social Work Services. In this role, she is responsible for programmatic and clinical operations of Group Health social workers in two hospitals, Group Health Eastside and Central Hospital, and 24 clinics, serving over 400,000 patients. The primary care and specialty clinics serve the Puget Sound region of Washington, from Everett to Olympia. Mary continues to initiate new programs. She has developed a statistics program to allow capture of productivity and clinical outcomes by worker, and has instituted new guidelines and standards for online social work charting, online case sharing and overflow management.

Personal: I've really appreciated the opportunities I have had in my Social Work career. What a versatile degree, in which a person can work in a variety of settings and positions, with diverse clients and problems, yet always be able to incorporate social work values and the ability to work for the common good. It's been fascinating and a little humbling to have gotten a long term view (over the past 35 years) of the ups and downs of social policy, and even on theories of human behavior and how we perform interventions. I also appreciate all the people who have taken time to educate and mentor me along the way. I'm looking forward to continuing my work, spending time with my fiancé, traveling, painting, and visiting my son in San Diego, especially in the winter!

Questions/Comments? *Mary can be located at:*
weatherley.m@ghc.org

SSWLHC PRESENTS

**"Caring for Self:
The Role of Reciprocity in
Social Work"**

with

***Marty Richards,
MSW, LICSW***

**Affiliate Assistant Professor
U of W, School of Social Work. Institute
on Aging**

Friday, March 30, 2007

8:30 am to 12:30 pm

3 CEUs

**Stevens Hospital
21601 76th Avenue. West
Edmonds, WA 98020**

4th floor Conference Rooms, A, B & C

**\$25.00 SSWLHC Member
\$30.00 SSWLHC Nonmember
\$40.00 Conference and Membership
Dues
\$10.00 Students**

**Questions? Contact Kathleen Fell-
baum, Education Committee Chair**

kath@fellbaum.com

MARTY RICHARDS, LICSW HEADLINES SOCIAL WORK MONTH SEMINAR



**MARTY
RICHARDS
LICSW**

Marty Richards, MSW, LICSW has been a social worker for forty years. Currently affiliate assistant professor at the UW School of Social Work, and teaching distance learning classes through the UW Institute on Aging, she has a private practice specializing in the needs of older adults and their families in Pt. Townsend WA. She has spent many years working in long-term care, and is the author of several articles on spirituality and dementia, family issues, and eldercare. As a community educator teaching about concerns of later life, including caregiving, she has worked with communities of faith, community groups and employee assistance programs.

Goals:

This workshop will:

- Explore what it means to “serve” as well as to “help” those entrusted to the care of social workers,
- Reflect on “reciprocity in working with people” (both professionally and personally),
- Discuss the importance of “spirituality” in self care,
- Reflect on hope and what this means in social work in health care both to self and to those who are being assisted,

- Challenge practitioners to take seriously self-care so that they can better serve others,
- Look at the ethical dilemmas in social work that affect their ability to care for themselves.

Location:

**Stevens Hospital
21601 76th Avenue West
Edmonds, WA, 98020
Conference Rooms, A, B, C, &D**

Parking:

Free on Hospital Grounds

Registration: Make Check payable to:

“SSWLHC WA Chapter”

And mail to:

**Erica Taylor, Treasurer
VA Puget Sound Healthcare
1660 South Columbian Way, S-182-SW
Seattle, WA 98108**

With thanks to our sponsors:



**EDUCATION COMMITTEE
REPORTS:
ETHICS SEMINAR AND DISCHARGE
PLANNING SYMPOSIUM ARE PLANNED**

The SSWLHC Education Committee, chaired by Vice President Kathleen Fellbaum is meeting to plan the quarterly seminars for the balance of 2007, through Social Work month, in 2008. On the calendar is a **3 hour Ethics seminar**, to be hosted during the Summer, a day long **Discharge Planning Symposium** in the Fall, and a **Legislative Seminar** in December.

LEGISLATIVE PRIORITIES: The Legislative conference, scheduled for December has become a yearly event where the upcoming legislative agenda is discussed and SSWLHC sets priorities for the Chapter's work..

VARIED REPRESENTATION NEEDED!

At this time, the Committee is looking for social work representation from DSHS, the Skilled Nursing Facilities, Home Health & Hospice, as well as Home Care Agencies particularly for the Discharge Planning Symposium, but for other venues as well. Meetings usually take place by Conference Call, once or twice a month, funded at Society expense, and communication is done largely by email..

Current SSWLHC Members participating include:

Kathleen Fellbaum, Chair: kath@fellbaum.com
Linda Batway: lindabatway@harrisonmedical.org
Alice Chang: alicec@u.washington.edu
Jackie Durgin: jackiedurginbeck@comcast.net
Hildur Gleason: hm_gleason@yahoo.com
Pam Haithcox: haithcox@u.washington.edu
Sandi Johnson: SandraS.Johnson@swedish.org
Diedrich Meinken: dmeinken@careforce.com
Erica Taylor, erica.taylor@va.gov

Please Join Us in the Event Planning! Contact Kathleen Fellbaum, Chair, at: 206-248-4535 or kath@fellbaum.com or any other member for information.

SSWLHC ANNOUNCES SCHOLARSHIP COMPETITION

The SSWLHC WA Chapter is pleased to announce that we are now accepting applications for the Society's 2007 Student Scholarship. The scholarship is awarded annually in the amount of \$2000 to a student who is committed to serving in the health care field.

The award is open to any student in Washington state who:

1. Is a Master of Social Work candidate of any Washington State MSW program
2. Will be enrolled as a 2nd year MSW student in the academic year 2007-2008, or will graduate with an MSW in 2008
3. Shows commitment to a career in health care Social Work, (clinical, program planning, administrative, or research)
4. Holds U.S. residency or, if an international student, plans to work in medical social work in the United States for two years post graduation.

Applications are due by May 4, 2007:

All applications should be submitted via email by May 4, 2007. We cannot allow for any exceptions due to the time needed by the committee to review applications and select a recipient.

The purpose of this award is:

1. To raise the visibility of the Social Work profession in the area of health care.
2. To honor and support an outstanding student who is committed to pursuing a Social Work career in health care.

The Scholarship committee looks forward to accepting your application. **An application form may be found on the website <http://sswlhc-wa.org> or contact:**

Sandi Johnson at: SandraS.Johnson@swedish.org

WELCOME TO NEW MEMBERS!!

New members to the organization since the last update include:

Jim Benbow, LICSW, Associate Director,
Addictions Treatment Unit,
VA Puget Sound, Seattle

Laura Cardinale, Skagit Valley Hospital Case
Management, Mt. Vernon, WA

Denise Katterhagen, Social Worker,
St. Joseph Hospital, Bellingham, WA

We are pleased that you have decided to join the SSWLHC and invite you to join one or more of the Committees.

Membership Renewals are due in January. This will be the last edition of the SSWLHC Newsletter that will be sent unless dues of \$20.00 are paid for the year. If you joined the Society between September and December 31, 2006, your dues are considered current for 2007.

President: Diedrich Meinken, MSW

President Elect: Kathleen Fellbaum, MSW

Past Pres: Pam Haithcox, MSW

Secretary: Alice Chang, MSW

Treasurer: Erica Taylor, MSW

Communications Coordinator, Jacqueline Durgin, MSW

Member at Large: Hildur Gleason, MSW

Education Chair: Kathleen Fellbaum, MSW

Membership Chair: Linda Batway, MSSA

Newsletter Editor: Jacqueline Durgin, MSW

Scholarship Chair: Sandi Johnson, MSW

Social Health Policy Chair: Lynn Carrigan, MSW

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Update on Social Work Title Protection

by Lynn Carrigan, MSW

Thanks to a stellar effort by NASW organizer Roseann Martinez, NASW President Brian Giddens, and NASW Executive Director Hoyt Suppes, the idea of title protection for social workers began to be deliberated in the 2007 Legislature, though it has now died in Committee.

Bill's Sponsors: House Bill 2112, sponsored by Rep. Eric Pettigrew and SB 5950, sponsored by Sen. Ed Murray, asked that only those who have graduated from accredited schools of social work be able to call themselves social workers in the State of Washington.

Determined to capitalize on the publicity generated by their successful campaign to prevent the elimination of the title of social worker from the state Department of Personnel, NASW realized that the only way to keep non-social workers out of that category was to make a bid for a legislative solution.

Compromise Reached: Multiple meetings were held to educate stakeholders, including the Secretary of D.S.H.S., Robin Arnold Williams, who oversees unionized state social workers in DCFS, and Secretary Harold Clarke of the Department of Corrections. A compromise was reached to "grandfather-in" current social workers, but to make the potential new law effective as of January 2008, so that after that date only educationally qualified social workers could use that title.

NASW lobbyist Nick Federici worked with the legislators willing to sponsor a bill, helping them craft the language we wanted, and getting the bill's final form approved by the Code Reviser's office just in time for new bills to be introduced.

Talking Points: Talking points were developed for use by those willing to testify at the Senate Human Services and Corrections Committee hearings on February 22, and statements for testimony were written by former UW School of Social Work Dean Dorothy Van Soest, NASW President Brian Giddens, LAC member Cris Kessler, and Lisa Todd-McCurdy, a practicing social worker from the District of the Senate Committee Chair.

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TITLE PROTECTION UPDATE, CONT. FROM PAGE 9

Title Protection Costly? According to Nancy Amidei, who was also present, there was some concern expressed by the committee members that Title Protection would be very costly to the state because all state employees with the title but not the education would have to be replaced. "We pointed out that the bill "grandfathers" people who are now in jobs with the title, but would apply to all those being hired starting in Jan. '08. Natural turnover, rather than layoffs, would bring us to full Title Protection in social work roles. One woman who testified for the Dept. of Health thought our bill would require MSW's of everyone," Amidei continued, "plus a few other misapprehensions."

Confusion with "Registered Counselors"? Amidei reported there was also a bit of confusion with another bill involving "registered counselors" which was seeking to regulate that category of practitioners. But there was positive feedback as well. Amidei said, "More than one Senator mentioned knowing that social workers were underpaid, asked to do a difficult job, and are doing important work. Senator Val Stevens (R-39) offered her full support and thanked us for having it introduced! She said she'd been hoping for something like this for a couple of years. Senator Stevens was the most effusive but she was not alone."

Questions Posed by Legislators: Amidei emphasized that the questions were generally friendly, most seeking information that we need to supply, such as the percentage of DSHS workers with the title Social Work who DO HAVE social work training, and the % of DSHS workers with the title who do not; the educational background of those who stay with the job versus those who burn out quickly (i.e., whether there is higher turnover among those WITHOUT social work training, as a study we cite claims); a copy of the Code of Ethics and examples of its use to discipline social workers who have acted unethically; the numbers of people graduating from BASW and MSW programs (to try to get at the concern they won't be able to fill all the CPS and other state jobs); and instances we can cite where people with the job title but not the training have acted in ways that harm clients.

Also testifying was Dave Wood from Washington Families

United, a group representing families that have been harmed by poor decisions by people with the title but not the training; he supported the bill except for the last few lines, in which we "grandfather" those currently with the title but not the training.

Lastly, Amidei stated, the AAMFT Chapter - Marriage & Family Therapists - testified to offer their full support, and to say that they want to be included in the bill at some point with title protection that recognizes their professional training.

Committee Hearing: A House 'Early Learning/Children's Services Committee' hearing was held Tuesday February 27th. NASW sought representatives to testify from the Legislative Districts of the House Committee Chair, Ruth Kagi (32nd LD - Shoreline/Lake Forest Park/NW King) and/or the Ranking Republican, Larry Haler (8th LD - Prosser/Richland/Kennewick). Social workers were also asked to contact other Committee members: Maureen Walsh (16th - Walla Walla), Sherry Appleton (23rd - Bainbridge Is/Kitsap), Bill Hinkle (13th - Yakima), Eric Pettigrew MSW (the bill's sponsor in the House, from Seattle's 37th District), and Mary Helen Roberts (21st - Lynnwood/Mukilteo).

Will Enforcement be a Problem for DOH? Hoyt Suppes NASW WA Chapter Executive Director, reported that one issue the Dept. of Health has is enforcement. "Are we asking the Dept. Of Health to investigate complaints of public and/or private agencies with social work job classifications to be sure the classification is only filled with a trained educated or licensed social worker? The DOH concern is resources to handle these investigation/complaints: If DOH is supposed to investigate the complaint, it will more than likely go to the bottom of the list."

The Bill Dies in Committee: The Hearing on the Bill was held on February 27th with social work testimony. On February 28th Brian Giddens reported: "I wanted to let you all know that despite a flurry of last minute efforts, our Bill has died in committee. We had some last minute concerns raised by the DOH relating to Bill language, and also some unfortunate comments voiced by a social worker who was supposedly representing another social work organization that may have indicated a lack of understanding of the Bill."

On the Plus Side: Giddens emphasized, "We got farther than we expected in getting the chance to have hearings on the issue in both the house and the senate, thus educating many legislators and policy folks. We did learn a lot, and heard some extremely positive comments from supportive legislators, so we are well-positioned to move this forward in a more planned fashion next year." Giddens went on to thank those of you who assisted in this long campaign, and to encourage us to continue advocating for our profession next year.

The Job is Not Done! Nancy Amidei expressed, "First - thanks from all of us to Brian, who has been a terrific President... and must be feeling that this has been a full-time second job. Second - our job is not done. We need to build on what just happened, and start now to think about how we will use the months between now and the next session. We need to have social workers show up at Town Hall Meetings when legislators are back home in their Districts; we need to set individual meetings with them after the Session is over, and we need to get lots of people ready to make a full-press operation during the summer and fall so we can hit the ground running next January." In her immortal words, "The fun has just begun!"

Questions/Comments? Contact

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Director, Civic Engagement Project
amidei@u.washington.edu

Lynn Carrigan, MSW: Chair, SSWLHC, and Co-Chair
NASW, Social Health Policy Committees
lrc@u.washington.edu

Brian Giddens, MSW, NASW WA Chapter President,
bgiddens@u.washington.edu

Who Are Patient Navigators?

By Lynn Carrigan, MSW

In the January 2007 edition of the SSWLHC Washington Chapter Newsletter, we reported on Governor Gregoire's budget items, which included money for a "Health System Navigators" pilot study. We wondered what that meant for social workers. This reporter has done a little investigation and an interview with SSWLHC/WA member Mike Hays, MSW, Manager of Patient Navigators at Community Health Plan of Washington.

The January 2007 issue of [Social Work](#), the Journal of the National Association of Social Workers, has a commentary by Julie Darnell of the University of Chicago on these same questions. She reports that on June 29, 2005, President Bush signed into law the **Patient Navigator Outreach and Chronic Disease Prevention Act of 2005 (P.L. 109-18)**.

The new law authorizes the appropriation of \$15 million over five years for demonstration programs to provide services to improve health outcomes. As of June 2006, she says, Congress had not yet appropriated funds, but the federal government has demonstrated a bipartisan commitment to improving standards of health practice that includes consumer assistance. She suggests that social workers learn more about patient navigator initiatives to help shape the development of these programs and insure that social work is included as federally-sponsored programs are planned and implemented.

Navigators First Appear in 1990. Darnell tracks the first patient navigator program back to 1990, when Dr. Harold Freeman and his colleagues developed the Breast Health Patient Navigator Program in Harlem Hospital Center in New York. He envisioned the role of navigators as "helping patients with abnormal findings obtain prompt follow-up care by eliminating obstacles to diagnosis and treatment." There are no formal educational requirements for his navigator positions.

Funding: Freeman is now the associate director of the National Cancer Institute (NCI) of the National Institutes of Health (NIH). As director of NCI's Center to Reduce Cancer Health Disparities, he oversees the Patient Navi-

Continued on Page 12



Patient Navigation, Cont. from Page 11

gator Research Program. Eight grants have been funded over a five year period (2006-2010) to evaluate the efficacy and cost-effectiveness of patient navigator interventions. The NCI website has a brief description of navigator roles and goals (<http://www.cancer.gov/cancertopics/factsheet/PatientNavigator>), and says they might be filled by nurses or social workers, but Darnell says there are no proscriptions as to qualifications.

Six Duties in the Role: The federal Act specifies six duties of navigators, including

- (1) acting as contacts and coordinators of health care services and referrals;
- (2) facilitating the involvement of community organizations in assisting those with cancer;
- (3) notifying individuals of clinical trials and aiding in enrollment;
- (4) anticipating and overcoming barriers within health systems to prompt diagnosis and treatment;
- (5) coordinating health insurance ombudsman programs about other needs for coverage; and
- (6) conducting ongoing outreach to health disparity populations.

Overlap With Social Work: Since these duties clearly overlap with traditional social work roles, Darnell urges social workers to learn more about programs in their communities, to articulate the benefit of social workers in these positions, and to insist that research studies include comparisons of paraprofessional patient navigators with professional social work services.

Endorsed by National Patient Advocate Foundation: A Google of Patient Navigator Programs revealed that the National Patient Advocate Foundation (<http://www.npaf.org/index.php?p=72>) endorses this legislation, but made two recommendations: they want the program administered by the federal Health Resources and Services Administration (HRSA) and for navigators

to have completed some kind of standardized training. Again, no mention of other qualifications was made. Patient Navigator Programs accessible online include those at Harvard's Dana-Farber/Brigham and Women's Cancer Center, University of Maryland's Greenbaum Cancer Center, the Healthcare Association of New York State's Breast Cancer Demonstration Project, the Bienes Cancer Center at Holy Cross Hospital in Fort Lauderdale, Florida, and the Siteman Cancer Center at Barnes-Jewish Hospital of Washington University of Medicine in St. Louis.

Mike Hays, who supervises patient navigators, offered his personal opinions in my interview on 3/14/07, and emphasized that his views were not that of his employer. "I am of two minds about this. It may be a Machiavellian plot to undermine social work with paraprofessionals because of the mindset that anyone can do what we do. On the other hand, it may create jobs for BASW clinicians."

Hays sees patient navigators as "a cross between customer service and care management." He thinks that some of the roles are similar to BASW level services for information, referrals, and links to services, with others more like customer service work regarding complaints, billing, and appeals. "I'm trying to create a concierge service for disenfranchised people, referring those who need it to social work or nursing or case management. I like the idea of a concierge service for poor people."

His four navigators for the Community Health Plan of Washington come from a variety of educational and ethnic backgrounds: one has a BASW, another is bilingual and was recruited from the Latino community; a third is a retired Medicare enrollee; and the fourth was hired internally from their customer service division.

Study Planned: Hays plans to study the impact on patient outcomes of paraprofessional patient navigators. He's considering comparing in-clinic MSW services with in-clinic paraprofessionals vs. telephone paraprofessional services.

The SSWLHC will continue to watch the development of federally funded patient navigators and advocate for social work as the best-trained profession to assist those at risk for health care disparities.

Questions? Comments?

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