



WASHINGTON STATE NEWSLETTER

MAY 2007 SPRING UPDATE

SSWLHC ADVOCACY, PRIORITIES, ISSUES & ACTIVITIES

PRI-

- May 18-19 NASW-WA CHAPTER MARSHALL JUNG, DSW "CLINICAL SUPERVISION, THEORY AND PRACTICE" COURTYARD SEATTLE BELLEVUE HOTEL BELLEVUE, WA
- JUNE 16, NASW-WA CHAPTER JONATHAN BEARD, MSW, LICSW "LICENSURE PREP COURSE" HIGHLINE MEDICAL CENTER, BURIEN WA.
- OCTOBER 5 NASW-WA CHAPTER JONATHAN BEARD, MSW, LICSW "SOCIAL WORK ETHICS: MORE THAN JUST THE CODE" RED LION BELLEVUE INN BELLEVUE, WA

2007 WASHINGTON STATE LEGISLATIVE SESSION PRODUCTIVE FOR SOCIAL WORK PRIORITIES

Washington State Social Workers found that the 2007 WA State Legislative Session was productive for their interests, thanks to lobbying efforts by NASW, the SSWLHC, and other affected parties. A special thanks for the work of Nancy Amidei, of the UW SSW, and Lynn Carrigan, Social Health Policy Co-Chair for NASW, WA Chapter and Committee Chair for SSWLHC for their tireless efforts to keep the respective members up to date on the progress of certain legislation.

MENTAL HEALTH PARITY: On March 30th, Governor Gregoire signed a measure into law that extends existing mental health care coverage requirements to small companies and individual health insurance policies that cover 540,000 people. She said "Mental illness and physical illness are equally important and equally treatable. Requiring that insurance companies cover mental health just as they cover physical health means that Washingtonians get better, more comprehensive care, and that saves money for individuals and employers.

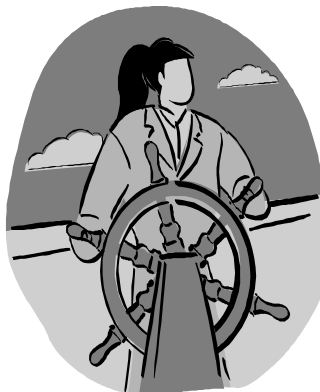
Cassie Sauer, MSW, Director of Advocacy and Public Relations for the Washington State Hospital Association's states "With Governor Gregoire's

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PATIENT NAVIGATION SETS SAIL IN THE SEATTLE AREA

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The SSWLHC March Newsletter article commenting on the use of Patient Navigators and the possibility of encroachment on the social work role in medical settings has prompted response from social work at Swedish Cancer Institute and Seattle Cancer Care Alliance. Both agencies/clinics report employing Patient Navigators to augment the services offered, using MSWs and non-MSWs in the role. See pages 2 and 3 for a description of these Patient Navigator roles.

PATIENT NAVIGATION: BRIDGING THE GAP SWEDISH CANCER INSTITUTE ROLE

**By Stephanie Wichmann, MSW.
Patient Navigator,
Swedish Cancer Care Institute**

In response to the expressed need for accessible, quality health care information and support services, and based on data demonstrating the effectiveness of patient navigation programs, the American Cancer Society has developed the Patient Navigation Program as part of the Society's overall Cancer Resource Network to enhance the quality of life for cancer patients, survivors, their families and caregivers.

Role: Based in a cancer care facility, the Patient Navigator provides support for those dealing with cancer from the time of diagnosis through survivorship and end of life. The Patient Navigator facilitates access to the information, resources and support programs. There is a focus on improving quality of life by coordinating services to support the physical, psychological, financial, social, and spiritual issues encountered with a cancer diagnosis.

"You have been such a great help to me and my family, thank you so much for all of your support", one recent patient said in appreciation of the Navigator program. This patient was a man newly diagnosed with prostate cancer and had many questions re: how to have conversations with his physician, understanding various treatment types, finding prostate specific support groups, handling his own emotions around being newly diagnosed, and even questions-related to finding a medical specialist. I was able to meet with the family to help sort through these issues.

Patient Navigators are not there to just meet with patients, but families and friends of those affected by cancer as well. Being a Navigator is an important role because we connect all those affected by cancer with a wide range of resources, very similar to a triage social worker. One of the main differences that I can see between an Oncology Social Worker and a Patient Naviga-

tor is that when there is an identification of an emotional or psychosocial need often our job is to get them connected to therapeutic support whether it is a social worker or counselor. I certainly utilize consistent active listening and brief counseling techniques however my job is to link them to appropriate support along with various other needs.

Role Differs Based on Skill Set: The longer that I am in the Patient Navigation position, speaking with other Patient Navigators, the more I realize how different the role can be based on the skill-set of the Navigator and the specific healthcare facility needs. Some Patient Navigators are in fact doing in-depth counseling with patients based on the needs of the treatment facility and the Navigator's credentials. Stacie-Beam Bruce, MSW, is a Mind-Body Social Worker and Patient Navigator at the Seattle Cancer Treatment and Wellness Center. Her role takes on a very holistic and comprehensive approach to patient and family-centered care, "Working with different providers within a holistic outpatient clinic, the Patient Navigation role fills in the gaps. I am the first person patients meet at the clinic, addressing all of those needs that arise when embarking on the cancer journey. The model at the clinic is such that I am able to follow their care all the way through treatment, referring them to resources as appropriate. The environment is also conducive to establishing more of a therapeutic relationship, allowing the Patient Navigation role to naturally evolve into supportive counseling for patients and their family members".

Patient Navigators come from various backgrounds; often with a healthcare background whether it is nursing, public health, or social work. However, as this profession is growing the educational standards are becoming stricter. Some Patient Navigators with nursing backgrounds take on more medical-related responsibilities such as making medical appointments, discussing pathology reports, etc. Often, it is required that Patient

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SCCA ADDS TWO PATIENT NAVIGATORS: PATIENT GUIDANCE AND RESOURCE NAVIGATOR

By Moreen Dudley, MSW
Director, Patient Family Services,
Seattle Cancer Care Alliance

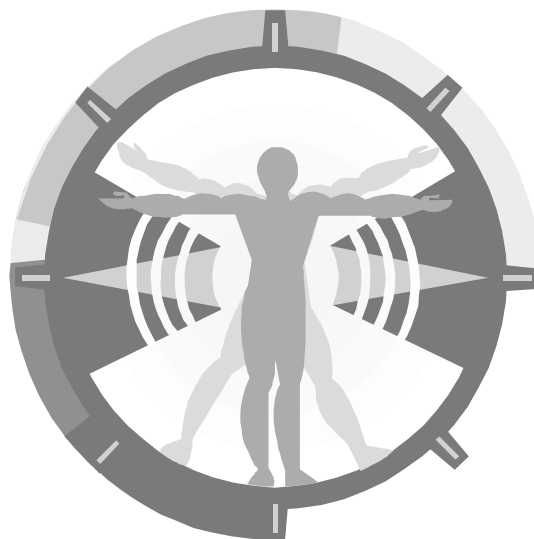
Seattle Cancer Care Alliance, an organization with clinical services provided by the University of Washington Medical Center, Childrens Medical Center and the Fred Hutchison Cancer Research Center, has recently hired two Patient Navigators, one is providing clinical services, the other educational services.

Role as Guide through the Health Care System: The Clinical Navigator is located in the Women's Center. The position was hired in late December and is assigned to the Breast and Gynecological Clinic to see oncology patients. Her primary function mirrors Dr. Freeman's original navigator role. That role is to guide patients and families through the health care system by assisting with resolving barriers to access and treatment, helping patients and families negotiate and learn to use health and social service systems including accessing DSHS medical and financial programs, federal benefit programs and their application processes.

Some Role Overlap: While this has been traditionally a social worker's role, the volume of these types of needs makes it impossible for the social workers to keep up. SCCA had planned to hire BSWs' to assist with these more tangible but essential needs. However, one of the Breast Oncologists received some grant monies to fund a pilot patient navigator program. This program has been in place for about 4 months, and we are finding that the social worker and the navigator work as a team. They will often meet patients at the same time and developing a care plan. There is some overlap of roles, but not so much as to be a problem. This Patient Navigator is also bilingual and a certified DSHS medical interpreter. She had worked at Harborview for a number of years as a cultural mediator and interpreter. That role is very similar to the Patient Navigator role and her experience and skill set have been extremely valuable.

Role as Educator: The second SCCA navigator is an American Cancer Society Cancer Resource Navigator made possible through a partnership between the SCCA and the American Cancer Society. and is located in the Resource Center. This navigator position is available to all patients, families and staff. Her primary function is to meet with patients, caregivers and survivors to identify and provide diagnosis and treatment specific educational materials, and information on coping with illness and treatment. She will refer to national and community resources as well as SCCA resources. This program is still evolving, but social workers and nursing are beginning to refer patients to her for specific materials. Patients or families may meet with her at any time for individualized assistance finding information and resources that fit their situation. This role was actually a bit more difficult for staff as the navigator is also an MSW, although as the role evolves, the concern has diminished.

Communication and collaboration are essential to the success of these new roles and I don't believe that these roles will replace social workers. Social Workers have a wide repertoire of skills and expertise and manage so many roles, they could actually use some assistance with meeting needs of patients and families.



IN FOCUS: LEADERSHIP PROFILE



CHRISTINE INGERSOLL MSW, LICSW

Christine Ingersoll, MSW, recently changed her work venue from Highline Medical Center, Rehabilitation Unit to Hospice social worker for Providence, Hospice of Seattle. Asked why she made the change, Christine responded "Highline's Rehab Unit also has nursing beds for people at the end of their life. I found that I gained much satisfaction over the years providing services to these patients and their families. And as we all have been experiencing in the Hospital setting, everyone is being encouraged to do more with less. I felt the time was right for me to move to Hospice so that I could continue to focus my practice working with those at the end of their lives and have the luxury of time to give them what they need."

Education: Christine, as a native Washingtonian, spent three years at Western Washington University in Bellingham where she majored in Sociology/Anthropology studies. Chris took a quarter off from the WWU to travel in Europe. Finding that she liked England, she decided to return there to work, and then finished her studies at Sheffield Hallam University in Sheffield, England, where she earned a Diploma in Social Work, an MSW/BA. This degree is equivalent to the BSW/MSW degree offered by the University of Washington.

Professional Clinical Experience: On her arrival in England, Chris lived in Henley on Thames for 1 1/2 years, and worked in a large residential "Hospital" for developmentally delayed adults and children. She then moved to Sheffield where she worked for six months in a large Mental Hospital prior to the start of Graduate school. The Mental Hospital was an old Victorian Complex built in the late 1880's originally called the South Yorkshire Mental Asylum.

Following graduation from Sheffield Hallam University, Christine returned to the United States and took a clinical social worker position as Group Life Counselor at the Children's Home Society of Washington in Seattle for two years. She then moved into the Foster Care and Adoption program where she provided program planning and completed assessments of children and families for the program. Direct therapeutic and casework services, including individual, family, and group services were provided for emotionally traumatized latency aged and adolescent children in the program. Clinical treatment plans were also established and implemented under her direction. An additional responsibility was the development and provision of training for adoptive and foster care families.

In 1986, Christine became the Program Supervisor for Special Needs Foster Care and Adoption Program. In this capacity she supervised clinical social work staff, established program goals, and coordinated program services

within the Agency. She also had administrative responsibility and participated in budget building and strategic planning, as well as developed community and other organizational resources. As it looked like her career was going in the direction of supervision and management, Christine completed requirements for a Certificate in Human Services Management in 1988 with the University of Washington. Christine left Children's Home Society in 1988 for a year of maternity leave with the birth of her second son.

Professional Administrative Services: In 1989, Christine accepted a 10 hours/week position with the National Association of Social Workers (NASW) Washington State Chapter as the staff liaison for the Executive Director, the Legislative Action Committee, and the Membership and Marketing Committee. "Just the right amount to keep current with social work issues, and then remain active in the profession." The position coordinated committee functions between Committee Chairs and the Committees as a whole, the Chapter Lobbyist and the Chapter staff. She also wrote articles for the Chapter Newsletter, and designed and implemented the Chapter Telephone tree.

Return to Clinical Social Work: In 1992, Christine's husband was ready to do "paternity leave" and she was ready to return to work so they switched roles. He stayed home for a year and Chris worked full time. This job took Christine back to her clinical roots when she accepted a Medical Social Work position at Highline Medical Center in Burien WA, in the Rehabilitation Center. When she began at Highline, she thought that it would be for a few years, but with work in the Rehab Unit, she found the perfect blend of patient mix, interdisciplinary team work, and Social Work role which led to 15 years with that organization. Christine's role at Highline included assessment of newly admitted patients, crisis intervention, discharge and long term care planning. She also provided leadership in a multidisciplinary team setting for both Acute and Subacute Rehab patients, and supervision of other social work staff. In this capacity she experienced a broad range of complex medical, geriatric, and end of life care issues, as well as the vicissitudes of multiple community resources.

Professional Achievements: In addition to working for NASW, Christine served as a member of the Board of Directors from 1994 to 1999. She served as Secretary from 1994 to 1996, Second Vice President from 1996 to 1998, Member of the Nominations and Leadership Committee from 1998 to 1999, and was the Elected Delegate for the Triennial National Delegate Assembly from 1997 through 2003. Christine has also been a Practicum Instructor for the University of Washington School of Social Work

Professional Memberships: Christine is a Licensed Independent Clinical Social Worker (LICSW) in the State of WA and is a long term member of NASW and the SSWLHC.

Personal: Christine's husband is Robert Strauss, a social worker, whom she met while both were employed at Children's Home Society of Washington. Their son Daniel is 21 years of age and studying Political Science at Whittier College in the Los Angeles Area. He served in Americorp for a year between High School and College, is an excellent photographer and enjoys acting. He will be working as an intern for Senator Patty Murray this summer in Washington DC. Their son, Evan, is 18, and finishes high school this June. He is an accomplished musician and frequently performs at venues in and around Ballard. He will be attending Hampshire College in the Fall, in Amherst, Massachusetts.

Christine has spent these years raising two sons, being active in the profession, maintaining a relationship with her husband and volunteering in the community. "I feel strongly that one person really can make a difference. I have been an active Voter Registrar and worked to get the social workers unionized at Highline Medical Center, as well as serving on the Union Contract Negotiating Committee."

Christine grew up in Redmond (pre Nintendo and Microsoft). For fun and relaxation she likes Yoga, outdoor activities such as walking, hiking, skiing, and gardening. Indoor activities include reading, sewing and movies.

LEGISLATIVE SESSION PRODUCTIVE FOR SOCIAL WORK,

Continued from Page 1

signature, Washington State has made history by enacting the best mental health parity law in the country. These new groups were not included in the 2005 legislation. Taken together, the 2005 and 2007 laws will protect two million Washington residents from insurance discrimination. Only federal legislation can protect the remaining four million residents and efforts will be made to support comprehensive federal legislation and work to protect Washington's law from federal pre-emption.

Many thanks to sponsors, Senator Karen Keiser, and Rep. Shay Schual-Berke, Senate Majority Leader Lisa Brown, Speaker Frank Chopp and Governor Gregoire for their support of mental health parity.

DOMESTIC PARTNERSHIP: Governor Gregoire has signed a bill providing Domestic Partnership rights and benefits. It provides legal protections for same-sex couples and unmarried heterosexual couples over age 18 and seniors during times of illness, hospitalization, incapacity, and when dealing with a partner's death.

PUBLIC GUARDIANSHIP: Governor Gregoire signed SSB 5320 on May 8, 2007, which provides funding for the office of public guardianship which provides guardianship services to all those who need them.

REGISTERED COUNSELOR REVISIONS: According to NASW lobbyist Nick Federici, for independent-practice Registered Counselors, a moratorium on new registrations will go into place on August 1, 2007, while the Department of Health (DOH) does another evaluation that will include all stakeholders, with guidelines to be implemented by DOH by the end of the year. Recommendations on statutory changes are to be made to the Legislature at that time, as well. The Registered Counselors have agreed to all but the moratorium piece.

STATE PRESCRIPTION DRUG DISCOUNT CARD: Gov. Christine Gregoire has introduced a new, state-sponsored prescription drug discount card that will save Washingtonians an average of 20% on brand-name drugs and 60% on generic drugs. Available to all Wash-

ington residents, regardless of age or income.

The WA Prescription Drug Program (WPDP) is a new prescription drug discount program created by the Legislature at the request of Governor Gregoire. It is open to all Washington residents who do not have prescription drug insurance coverage or whose insurance does not cover all their prescription drug needs. There are no other eligibility requirements or fees required for membership in the WPDP.

Partnering with Oregon: In 2006, WA and OR formed an interstate agreement establishing the NW Prescription Drug Purchasing Consortium. This consortium is designed to pool the two states' purchasing power on behalf of citizens who are struggling with skyrocketing prescription drug costs. This agreement marked the first multi-state effort in the nation aimed at garnering discounts for uninsured or underinsured citizens, rather than for government purchasing. More than a dozen other states offer prescription drug discount card programs, but according to AARP, none offers discounts as steep as the Washington and Oregon programs.

How to Enroll: Enrollment forms are available on-line at www.rx.wa.gov or by calling 1-800-913-4146. The program is administered by ODS, an Oregon-based pharmacy benefits management company. Mail order and specialty pharmacy services are also available through the program.

WORK NEEDS TO BE DONE

Regulating PayDay Loans: did not pass this year, but it made more headway (and got more attention) than in any previous year. You can see a great deal of advertising at this time by the Payday Lender Association. It is clear that they are feeling threatened.

Title Protection for Social Workers: was introduced and got mostly a friendly reception in both the House and Senate, but then ran into cut-off dates. Social Workers will be supporting these efforts next year. Contact your legislators in your district and ask their support for HB 2112 and SB 5950

PATIENT NAVIGATION, BRIDGING THE GAP, CONTINUED FROM PAGE 2.

Navigators have a Bachelors' level or even Masters' level degree. The American Cancer Society's Patient Navigators in Washington State are mostly recently graduated MSW's interested working in the healthcare field.

Patient Navigator Role Offers Entrée into

Medical Social Work: Katie Seitz, a newly graduated MSW recently hired as an American Cancer Society Patient Navigator, had this to say "oncology social work is a hard field to break into; it is getting more difficult to get in at medical facilities with an MSW. For those of us wanting to work with patients directly, and work in a health-care facility, this is great role. The work is fulfilling and gratifying. There is huge need for Patient Navigation, social workers are often so overwhelmed with work and we can provide resources. I think MSW's are wonderful in this profession because we have advanced skills and bring an understanding of needs assessment and intervention to the role. We lead people to the right place."

Another American Cancer Society Navigator and MSW, Kristin Ott contributed, "The Patient Navigator position is a natural fit for an MSW. Connecting clients (particularly underserved clients) to resources that assist in meeting basic needs is really at the heart of social work. In addition, the MSW brings the ability to respond to these basic needs through assessment skills, listening skills, and the understanding of systems."

MSWs Bring Valuable Resources to Naviga-

tor Role: As this profession is growing and more Patient Navigators are being hired there is a need for understanding and collaboration within the social work department around patient care. Sandi Johnson, LICSW, Supervisor of Oncology Social Work at the Swedish Cancer Institute embraces the skills and strengths that the MSW's bring to Navigation. "Stephanie Wichmann in her role as the ACS Resource Navigator, has been extremely valuable to the patients and families receiving their care at the SCI. Having a social worker in the role as a resource navigator is very important. The educational background of the social worker allows for a thorough assessment that facilitates access to services in a timely

fashion while at the same time the patient receives the emotional support needed for relieving anxiety and strengthening coping skills. We have noticed an increase in referrals since we have begun partnering with ACS in their navigator program. It has been a very positive addition to the services we provide."

"Social workers are a great fit for being navigators because they are trained and have a basic instinct to link cancer patients, their caregivers and their family members with agencies and programs that will meet their psychosocial needs. They can help individuals with counseling and crisis management and through advocacy, teaching (in schools of social work), and social science research. They are trained to reduce disparities by addressing barriers for cancer patients. Social workers are often concerned with social problems, their causes, their solutions and their human impacts working with individuals, families, groups, organizations and communities", said Cynthia Bush MS, Quality of Life Director for the American Cancer Society. These are excellent skills to have in a healthcare setting.

It is my sense that as the profession of Patient Navigation grows there will need to be further clarification, acceptance and understanding of how this role fits within the healthcare community and the social work team.

AMERICAN CANCER SOCIETY
1.0 FTE Patient Navigator
\$38,700 w/ benefits
Cancer Partnership
Everett

Contact Rachel Kirk, Executive Director
Puget Sound Region, ACS,
2120 1st Ave. N.
Seattle, WA 98109-1140
206-674-4177 FAX 206-285-3469

MARTY RICHARDS SEMINAR PROVIDES PRACTICE CONTEXT

Marty Richards March 30th seminar on Caring for Self: The Role of Reciprocity, attracted 25 social workers to the Stevens Hospital venue in Edmonds..

Comments received: Comments following the presentation included "Well done! Thank you for the renewal"; "Wonderful Presentation"; "excellent and very timely for me"; "This was an excellent and very useful workshop with lots of 'take home' material. I am looking forward to reading the books listed in the bibliography"; "Please tell Marty that I am on my journey of self care". Helpful suggestions included: "Thank you, loved your book lists. Need more time with overheads left on-so can copy them". Another attendee commented: The discussion on hope could have been more meaningful. It was a presentation with a series of quotes and bullet points. I would have preferred a discussion of how patients/clients see hope; deal with it; struggle with it. How we have those same struggles and how that affects our work."

Suggested New Seminar Topics include:

Ethics—Boundary Issues; Ethics—Professional Role
Ethics—Long Term Care Settings and Role of Social Worker in End of Life Care

THANKS ARE DUE TO:: *Stevens Hospital* in Edmonds, who hosted the event and both *CareForce* and *AMR* for contributions toward the program.



SSWLHC DUES ARE OVERDUE

For all of you whose dues are in arrears, please note that the May 2007 edition of the Newsletter will be the last until your dues are caught up.

Your membership renewal forms are available at www.sswlhc-wa.org. Please download and mail in your \$20.00 today. For \$20.00, benefits include SSWLHC sponsored seminars and CEUs at reduced costs, a List-Serve that provides access to your colleagues for advice on the management of issues that may arise in your practice, up to date information on state-wide health care issues and a bi-monthly Newsletter.

Mail your renewal to

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