

WASHINGTON STATE NEWSLETTER

JULY 2008 SUMMER EDITION

**SSWLHC ADVOCACY,
PRIORITIES, ISSUES &
ACTIVITIES**

- **September 2008**
SSWLHC "THE HOMELESS AND MEDICAL SOCIAL WORK"
Seattle Location and Date to be announced
- **September 12 & 13, 2008**
NASW "An Attachment Focused Family Therapy"
Seattle Location to be Announced
- **October 31, 2008**
HARBORVIEW MEDICAL CENTER
"COMPLEX DISCHARGE PLANNING"
HARBORVIEW MEDICAL CENTER AUDITORIUM, SEATTLE

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ALICE KING UW SSW STUDENT WINS 2008 SSWLHC SCHOLARSHIP AWARD

Alice King, a masters level student at the University of Washington School of Social Work has been awarded the 2008 SSWLHC Chapter Scholarship. This \$2,000 scholarship is awarded annually by the WA Chapter to an outstanding social work student whose primary interest is in the health care field. As award winner, Alice will become a SSWLHC Board Member at Large.



ALICE KING Wins SSWLHC 2008 Scholarship

Alice King's references describe her as a practitioner "who has developed a nuanced understanding of the cross system challenges [seriously mentally ill] clients face and opportunities to develop skills needed to navigate them"; "she makes her clients feel understood, safe and 'seen', even during some of their most difficult moments". "She is committed to continuing her education to work within the

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PROFESSIONAL LICENSING FEES INCREASE SIGNIFICANTLY

Recent information from the WA State Department of Licensing indicates that professional social work licensure fees in most categories have increased from by a multiple of 4 or 5. In an effort to determine the reason for the increase, Lynn Carrigan, LICSW, and Chair of the SSWLHC Social Health Policy Committee, wrote to the Washington State Department of Health for clarification. Following is their response:

"Your query was forwarded to me for response. Thank you for your questions and comments on the DOH proposed fee increases for your profession. The department values your comments. By law a profession's fees must cover the costs to administer the profession.

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ALICE KING WINS 2008 SSWLHC SCHOLARSHIP

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healthcare arena to explore ways system changes might be developed to improve access for these underserved populations.”

EDUCATION: Alice received her undergraduate degree from the University of Oregon, Eugene OR, in 2002 where she received a BA in Psychology (with Honors) and in Sociology. She was also elected to the Psi Chi Psychology and Alpha Kappa Delta Sociology Honors Societies.

EMPLOYMENT: Since receiving her BA degree, Alice has been employed in the social work field. She worked as a treatment coordinator for the Ryles Center in Portland OR, from 2002—2003. She then went to work as a case manager for Portland's Cascadia Behavioral Healthcare, where she case managed clients with high hospital utilization and special needs around stabilizing mental illness symptoms, housing, employment, medication management, coping skills, medical needs and community integration.

Upon moving to the Seattle area in 2006, Alice accepted a position with Seattle Mental Health as a case manager for Dangerously Mentally Ill Offenders and Offender Services. In this position she worked to transition clients from prison to community and assess for service needs. She aided clients in finding housing, obtaining medications, applying for SSI, learning coping skills and she utilized motivational interviewing to mitigate substance abuse. She also co-facilitated a Sex Offender Treatment group.

PERSONAL STATEMENT:

I have chosen social work because it allows for versatility, leadership opportunities and the chance to be an administrator in healthcare. During my experience on a PACT (Program for Assertive Community Treatment) team and at Sound Mental Health working with Dangerously Mentally Ill Offenders, I found that healthcare and access to medical services was an integral piece to client recovery. This year I have been simultaneously working at Sound Mental Health while spending my foundation practicum at

Swedish Hospital in Neurosurgery and Neurosurgery ICU. While taking my first year courses, I have had to manage the challenge of part-time work while learning and growing at my practicum. I have been inspired by many of my professors, coworkers, supervisors and my practicum instructor at Swedish. In particular, I have seen social workers as incredible leaders who uphold the code of ethics and balance the demands of the workplace with the needs of the patients.

PERSONAL GOAL: Many people have limited access to healthcare because of poverty, geographic location, language, culture and nation of origin. I have found that policy, policy implementation and the intersection of societal values are often constraints to patient recovery. My goal is to strive for healthcare to be equally accessible for all people. As a leader, I will consider the barriers for communities and individuals and implement policy that informs providers and the way that patients are received within the hospital system. I believe that patients should have knowledge of all of their healthcare options and be able to make informed decisions as long as they are able. Through education and policy, I hope to uphold the NASW code of ethics by supporting the right of patients to determine their own course of treatment. Each patient should be treated with dignity and be provided with unbiased and equal access to treatment.

ADMINISTRATIVE CONCENTRATION: I have chosen an administrative concentration for my second year placement and will be at the VA in order to expand my learning on healthcare systems and policy. I believe that administration has the potential to make positive changes for social workers and patients within the healthcare system. By following research and changing policy, an administrative social worker has the capacity to improve policy and organizational values within the hospital and support accessible services to patients. I hope to be working in a hospital setting upon graduating and ambitiously seek new experiences in social work and healthcare.

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WASHINGTON STATE IS # 10 WA CAMPAIGN AS HEALTHIEST STATE GETS CONGRATS:

Contributed by Jennifer Mann, WA Health Foundation

Congratulations to you and to everyone participating in the Healthiest State Campaign and working to make a difference in the health of our state!

For the first time since 1999, Washington state is back among the Top Ten Healthiest States in the Nation—this according to the 2008 Healthiest State Report Card just released by the Washington Health Foundation (WHF). Washington ranks #10 among the 50 states, up two spots from our ranking of #12 in 2007.

“This has been a long time coming,” said Greg Vigdor, WHF President and CEO. “We are thrilled with the progress Washington is making in many key areas.”

Washington now meets or exceeds the national average in 13 of the 17 health measures and outcomes used as benchmarks in the Report Card.

Among our state’s strengths were:

- * Smoking Rates - #5
- * Injury and Violence Prevention - #5
- * Physical Activity - #9
- * Years of Lost Life - #7

Washington failed to meet the national average in the following areas:

- * Use of Proven Preventive Care – #32.5
- * High School Graduation Rates - #32
- * Medical Care Quality - #33
- * Limits on Normal Living - #30.5

While we are thrilled with Washington’s improvement, this year’s ranking has placed our state toward the top of a second-tier set of states. The first tier is largely dominated by New England States in four of the top five spots overall. Vermont is number one, followed by Connecticut, Minnesota, New Hampshire and Massachusetts.

Utah, Hawaii, Iowa, Wisconsin and Washington round out the Top Ten.

“Those top tier states exceed the national average in nearly every area,” Vigdor explained.

“They are ranking in the top ten in at least eight of the 17 measures and outcomes. That is what it will take to move Washington to the next level—a commitment to better health and a belief that together we truly can make Washington the Healthiest State in the Nation!”

VIEW THE FULL REPORT: <http://www.whf.org/spotlights/Healthiest-State-Report-Card-2008.aspx>

VIEW ADDITIONAL COVERAGE:

KPLU’s Austin Jenkins

http://www.publicbroadcasting.net/kplu/news.newsmain?action=article&ARTICLE_ID=1298792§ionID=1

The Seattle P.I

<http://blog.seattlepi.nwsourc.com/toyourhealth/archives/141063.asp>

QUESTIONS?

Contact Jennifer Muhm at the Washington Health Foundation at 206-438-6111 or JenniferM@whf.org

You can also email: HealthiestState@whf.org.

ALICE KING IS SCHOLARSHIP WINNER,

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POLICY IMPLEMENTATION: I plan to use the lessons I have learned from clients and patients as an opportunity to create positive change at a systems level. Implementing policy is equally as important as creating policy. I aspire to gain the skills needed to work in hospitals as a leader, to support staff to provide quality care, and advocate for every patient to have access to healthcare and the possibility to improve their quality of life. I believe I will uniquely contribute to healthcare by utilizing integrity in my practice, being a leader in my organization and in the community, and maintaining best social work practice.

PROFESSIONAL LICENSING FEES INCREASE

Continued from Page 1

Some fees were increased in the past two years; but before that fees had not been raised for many years. A number of fees were actually reduced in 2005. Then expenses for discipline and costs to comply with legislation increased beyond projections. The legislature must approve all fees. The 2008 legislature approved fees up to a certain amount for all professions. The proposed fees are within the legislatively approved levels. Some fees are less than the approved maximum.

Administrative Costs Have Increased: Legislation over the last couple of years has significantly increased the costs to administer a profession's program. The basic fee pays to support the regulation of the profession. This includes setting standards, credentialing, and disciplinary activities. Most of the recent legislation has been directed towards discipline. Discipline drives 85% of the costs to run a program. For some professions the disciplinary activities have risen 83% since 2001. Disciplinary costs include investigation for complaints the department receives, legal costs, and administrative costs (which includes boards/commissions). Outside experts are frequently required to determine standard of care and this runs about \$500,000/year.

Fees must pay for attorney general advice and prosecution, about \$1.5 million/year. Fees also cover records collection and copying, staff attorneys, health law judges, and hearing room rentals.

Practitioner Income Not Considered: The department does not have the option to consider a practitioner's income when determining the amount of the fee. We are required to consider two factors: revenue and expense. The department must determine if the fees charged will cover the profession's expenses. If fees are not raised, many professions will be bankrupt. Fifteen professions now spend more than they receive and this cannot continue by law.

FAQs On Website: We have posted FAQs for the fee increases to the fee increase webpage: <http://www.doh.wa.gov/hsqa/FeeInformation/FeeInfoDefault.htm>. You can access the fee increase listing and charts for information on your specific profession. Please let me know if you have additional questions. Thank you."

**Dianna Staley, Legislative/Policy Analyst
Washington State Department of Health,
Health Systems Quality Assurance**

PROPOSED FEES FOR SOCIAL WORKER WAC 246-809-990P

FEE TYPE	TOTAL CURRENT FEE	TOTAL PROPOSED NEW FEE
Advanced Application	25.00	150.00*
Advanced Initial License	25.00	125.00
Advanced Renewal	42.00	170.00
Independent Clinical Application	25.00	150.00*
Independent Clinical Initial License	25.00	125.00
Independent Clinical Renewal	42.00	170.00*

FOR THIS PROFESSION 3,035 LICENSES ARE ESTIMATED. Application and renewal fees include the \$25.00 University of Washington (UW) library access fee that 2007 ESSB5930 requires. For a more complete list of fees: www.doh.wa.gov

WSSCSW THE CLINICAL HOME OF LICSWs IN WASHINGTON STATE

By: Laura Groshong, LICSW, Legislative Chair, WSSCSW and Robert Odell, President, WSSCSW.

The Washington State Society for Clinical Social Work (WSSCSW) has been advocating for Clinical Social Workers in Washington for the past 20 years. Society membership includes Clinical Social Workers who are in agencies, hospitals, private practice, and candidates for social work licensure. Over the years, WSSCSW has expanded its advocacy and educational programs for Clinical Social Workers to include the whole spectrum of clinical settings and theoretical orientations.

ADVOCACY EFFORTS: Examples of advocacy efforts include the passage of social work licensure in 2001; the passage of approved supervision standards (from 5 years clinical experience post licensure to two years post licensure) in 2008; and the reorganization of the registered counselor category in 2008, an effort the Society had been working on for 3 years. The summary by WSSCSW Legislative Chair, Laura Groshong, LICSW, was published in the last issue of the SSWLHC *Newsletter*.

EDUCATIONAL PROGRAMS: Examples of recent WSSCSW educational programs (www.wsscsw.org/education.php) include conferences on becoming an approved supervisor; and the new development on neuropsychological understanding of the role of the brain in emotional development. Upcoming conferences include understanding the experience of veterans with PTSD (including panelists who are recently returned Iraq veterans), and an updated overview of HIPAA privacy and security rules.

SOCIETY MEMBERSHIP: Many of the Society's members, including those in our robust New Professionals group, are working in hospitals or agencies which serve clients who have recently been discharged from hospitals, including the severely mentally ill. Right now, WSSCSW is engaged in an effort to form closer

ties to agency LICSWs and has had leaders in agency practice attend our Board meetings to better understand our common interests and goals.

ADDITIONAL INFORMATION: For information on becoming a member or finding out more about the Society please go to our webpage at www.wsscsw.org

Contact Eric Huffman, Membership Chair (eghuffman@earthlink.net) or Diane Grise-Crismani, Communications Co-Chair (gcrismani@earthlink.net).

The Society is interested in finding common interests with all Clinical Social Workers and welcomes the opportunity to get to know SSWLHC members.

SSWLHC WA CHAPTER NOMINATIONS FOR OFFICERS ARE OPEN

Nominations for SSWLHC WA Chapter officers are being accepted by the Nominations Committee. Offices that are open include:

PRESIDENT-ELECT: a three year commitment to the Executive Committee including responsibilities of President-Elect [Education Committee chair], President [Executive Committee Chair] and Past President [Membership Committee Chair],

SECRETARY: a one year commitment to the Executive Committee as recording secretary,

COMMUNICATIONS COORDINATOR: a one year commitment to the Executive Committee as Editor of the Newsletter.

Nominations for office are due by September 15, and may be sent to Diedrich Meinken, SSWLHC Membership Committee Chair, at: dmeinken@careforce.com

IN FOCUS: LEADERSHIP PROFILE



CHRISTI SAHLIN, MSW, LICSW

Christina Lynn Sahlin, MSW, LICSW, is a social work supervisor at the Swedish Medical Center and exemplifies 'Leader' in our Leadership Profile. She is enthusiastic about her work and is currently developing the foundation for a Social Work Department and participating in implementing a new Discharge Management Design at Swedish.

Christi graduated in 1993 with a B.A. from Hope College, in Holland MI., having majored in Psychology and with a minor in Spanish. She continued on immediately to the University of Michigan in Ann Arbor, where she received her MSW in Interpersonal Practice in December 1994.

Upon arriving in the Pacific Northwest, Christi took a job in 1997 at Northwest Hospital, where she worked as a Medical Social Worker in the hospital's Child Birth Center, Emergency Room, Day Surgery, General Medical, ICU and Telemetry units. In 1999, Christi was hired as admissions/marketing director for Mercer Island Care & Rehabilitation Center. This was a departure from the clinical social work role previously experienced, as Christi was now evaluating patients for admission to a skilled nursing facility. Christi was not only assessing patients' clinical information, but assuring insurance coverage, finding physicians to follow the resident's care, conducted tours of the facility, and provided support and resources to patients and their family/friends in making the transition from the hospital or community to the skilled nursing facility environment. In the marketing arena, Christi coordinated the marketing activities of the facility, coordinated a monthly event at the Jewish Community Center, and planned and co-sponsored the Senior Fair at the Mercer Island Community Center.

Christi began work with Swedish in February 2001, when she was hired as a Discharge Coordinator on the First Hill campus. In this role Christi's role was not unlike the roles of many of our colleagues who participate in hospital discharge planning. She conducted psychosocial and discharge planning assessments, participated in discharge rounds, provided support and education to patients and their families and friends with regard to community resources. She also communicated with insurance providers to obtain authorization for services and assisted with the selection and transfer

of patients to post-acute care settings.

“Approximately two years ago, I applied for and transitioned to the Social Work Supervisor position. This is a new position at Swedish that was developed in the context of the decision to implement a new Discharge Management Design that focuses on “the right discipline doing the right work”. The new Discharge Management Design involved combining the Emergency Department, Women and Children and Adult Inpatient social workers into one social work team.

Currently, I supervise a social work team of approximately 36 social workers that work in the three areas indicated above at all four Swedish campuses, First Hill, Cherry Hill, Issaquah, and Ballard. I have led the social work team through the transition from primary role of discharge coordination to a role of Clinical Social Worker. The social worker works as part of a team that includes a Nurse Care Manager, who guides the patient through their hospital stay, provides clinical case management, discharge planning, and utilization management, and a Clinical Care Associate, who manages referrals to community providers. The role of the Clinical Social Worker is to serve as a consultant to the team and provide psychosocial assessment and intervention and complex discharge planning. It has been very exiting to have the support of the leadership team at Swedish in having social workers transition into a role that allows them to use their clinical skills, training, and expertise.

One of the opportunities in my current role has been to integrate three areas of social work, which all functioned differently, into one integrated social work team. I have worked with each team to illicit best practice and to create a standardized Clinical Social Work that primarily focuses on psychosocial assessment and support for patients and families wherever they are in the hospital system. In addition to team assessment and team building, I have created standardized documentation tools, revised and developed policies and procedures, provided a variety of trainings and in-services on topics such as guardianship, Child Protective Services, Psychiatric Assessment, and Legal and Confidentiality Issues, facilitated Case in Review for the entire social work team on a bi-monthly basis, and provided individual and group supervision to multiple social work staff seeking their LICSW.

I have also been involved in community meetings, including attending the Harborview High Utilizer Meeting on a bi-monthly basis and attending a Healthcare for the Homeless Advisory Group that is working on developing an Expanded Respite Program.”

Christi is married and has a five year old son. She met her husband, who grew up in Tacoma, during her Master’s Program and Christi and her husband moved to Seattle after getting married in 1997. She enjoys reading, playing soccer on a co-ed Co-Rec Soccer Association team for the last 8 years, volunteering at her son’s school, and spending time with her family and friends.

LOCAL CHAPTER MEMBERS' COMMENTS DO NOT FAVOR PROPOSED NATIONAL DUES STRUCTURE

By Kathleen Fellbaum, MSW

National Chapter Task Force: Input from Washington State Chapter

I have compiled the comments from Washington State Chapter members regarding the proposed dues structure changes. By and large the reaction is quite negative, and the major concern is the cost of national membership.

- Kathleen Fellbaum, Chapter President

As a long-time national and local member, I have valued the benefit of having a national organization for access to educational events and colleagues around the country. I too, however, believe that the solution to national's declining membership is not by forcing individuals to pay national dues or lose the local connection. I would rather that we looked to coalitions with other national health care social work groups for mutual administrative and educational costs. I believe the local presence is far too valuable to risk diminishing its support by requiring national membership.

- Linda Batway

I am not sure how the national chapter would benefit me. The local chapter provides wonderful workshops and an outstanding newsletter plus more.

- Ann Pryich

I am a fairly new member of the local chapter and have enjoyed the updates on the local level. At this time, I do not think I would join the national chapter due to cost to myself or to our very limited budget at my organization. I daydream about attending a future national conference as well, but at this time, it is not in my immediate future due to cost.

- Laura Cardinal

I do think you would see a drop-off in local chapter membership if one has to join national as well. I am actively involved in another social work health organization, the Council of Nephrology Social Workers. We have local chapters as well as the national organization, and there are at least 2,000 local members who are not members of the national organization. We have done some fairly extensive outreach and surveying to find out why people are not joining the national organization. One consistent reason is the cost. Most local chapters either don't charge any dues or have very minimal charges, while the national membership is \$70. Personally I have a hard time seeing \$70 a year as being a barrier, but apparently it is quite a barrier for many members. I think if our organization required local members to join the national that we would see a lot of local chapters fold.

-Jeff Harder, MSW, LICSW

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President: Kathleen Fellbaum, MSW
 President Elect: Sandra J. Johnson, MSW
 Past President : Diedrich Meinken, MSW
 Secretary: Carole O'Brien, MSW
 Treasurer: Erica Taylor, MSW
 Communications Coordinator, Jacqueline Durgin, MSW
 Members at Large:
 Stacey Jones, MSW
 Rena Merithew, BSW
 Alice King, Student

Education Chair: Sandra Johnson, MSW
 Membership Chair: Diedrich Meinken, MSW
 Newsletter Editor: Jacqueline Durgin, MSW
 Scholarship Committee: Sandra Johnson, MSW
 Social Health Policy Chair: Lynn Carrigan, MSW

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WHAT, NO GINSU KNIVES?



Diedrich Meinken, LICSW
SSWLHC Membership Chair

Included in your copy of this newsletter you should receive a few of our **NEW, IMPROVED SSWLHC MEMBERSHIP RECRUITMENT CARDS**. The same size as a business card, these cards can be placed in your purse, wallet or briefcase. They are a simple tool for you to invite other social workers to learn more about our SSWLHC chapter. As you travel through your day at work, when you attend professional meetings, or when you meet other social workers in less formal settings, the Membership Recruitment Cards are a simple means of passing along information about the many benefits of membership to others who are not familiar with the Society and its many benefits. Our goal is to increase membership. Broader participation will enrich our experience as well as that of our new members. Please help spread the word about SSWLHC. It is a win-win scenario for our profession and for the people and communities we serve.

Have your dues lapsed? On a more personal note, there are some among us whose membership dues to SSWLHC have lapsed (or will be due in the near future). This month, I will be sending out reminders to those of us who have achieved that status!

Sadly, I am not authorized to offer you a free set on Ginsu knives, 6 mini-chia pets, or a FREE 30 trial of an Ab Rocket with your membership renewal.

What is the offer? What I can put into your hands is a **health care social work newsletter** that is the very best in the known universe! Chock full of INTERESTING and INFORMATIVE material about job and educational opportunities, the people, programs, policies and politics that will effect you, your colleagues and your place of employment. This amazing newsletter will be delivered directly to your mailbox.

THAT IS NOT ALL! Your membership gives

you access to POWERFUL COMMUNICATION tools such as unlimited participation in our **LISTSERVE** on Yahoo groups. As a member, you will be able to access the PRIVATE, MEMBERS ONLY sections of our user friendly website, www.sswlhc-wa.org.

I am sure you already think that this is an incredible bargain at the low, low price of \$20 per year.

WAIT, **THAT IS NOT ALL!** No, as a SSWLHC member, you will have access to incredibly EDIFYING, REVEALING, and USEFUL **Continuing Education Events** at deeply discounted prices, PRICES YOU WON'T BELIEVE. To make our offer even more attractive, the CEUs are held at convenient locations that are KIND TO YOUR GASOLINE BUDGET.

Most of you are probably reaching for your checkbook to write out you check for \$20 to SSWLHC-WA right now.

But for those of you who are still undecided, let me point out again **THAT IS NOT ALL** you will receive with your renewal. Best of all, you can enjoy the opportunity to meet some of the greatest social workers in our community, to spend quality time developing professional, and personal relationships with *folks just like you* who CARE DEEPLY ABOUT THEIR PROFESSION AND THEIR COMMUNITY. You will participate in the ongoing practice of providing a scholarship for exceptional Social Work Students. You will have the opportunity to actively participating in the legislative process with SSWLHC as we stand together to uphold Social Work Values.

To participate in this time limited offer, be one of the first 500 Social Workers to send in your check or money order for \$20, payable to SSWLHC-WA Chapter, to:

Erica Taylor, SSWLHC Treasurer
VA Puget Sound, S-182-SW
1600 South Columbian Way
Seattle, WA 98108

Membership application? go to www.sswlhc-wa.org.
Thank you for supporting the SSWLHC WA Chapter!

LOCAL CHAPTER MEMBERS COMMENT ON NATIONAL DUES

I realize that \$70 may seem like a significant amount of money to belong to an organization that you may not feel any connection to, but I believe that this money is very well spent when we are all looking at having some sort of voice or mechanism for advocacy for ourselves and our clients on a larger scale. The Society is attempting to link with other organizations that do have a voice in funding and lobbying arenas. The federal government has cut back programs and funding in many areas that have affected the patients that are served throughout this area. The Society maintains a connecting and link to the advocacy through the American Hospital Association. They are looking to connect to other groups that have links to issues that we are involved with. The society has joined the Family Violence Prevention Fund with other organizations urging Congress to provide money to fund the Violence Against Women Act in FY 2009. The Society has been asked to participate in MedPac (HCFA) focus groups in the past that deal with Medicare and Medicaid funding of hospitals and outpatient activities. There used to be rules that in order to be a recognized Chapter of the National Society, a certain percentage of the members were required to be National members. That rule was eliminated in the 1990s. In 2001 our current organization separated from the AHA and became a free standing organization.

Over the years the Society has worked hard to grow and become a responsive National presence. This is a critical time for all of us here in Washington to look at our commitment to our profession and our future in health care and support a national entity that has healthcare as a focus. I pay NASW over \$200 each year for the honor of having an ACSW. It only cost me \$70 to belong to an organization that is supporting healthcare and issues that are critical to the care of the patients here at Harborview.

- Linda Brandeis, LICSW, Past President, National SSWLHC

You are correct - it is expensive and I would think twice about joining the national. If recruitment into the Washington chapter is already an issue, this won't help.

- Bunny Hirschmann

I share the concerns of the other members. That is, the requirement of National membership may reduce Chapter membership. I currently belong to the National organization. However, there have been times that I've let the membership lapse. I have always found great value in belonging to my local Chapter. I've not had this same experience with the National organization.

I understand what the National organization is attempting to do. However, it is my belief that National membership will not grow, while local membership declines.

- Roosevelt Travis, Jr., MBA, LICSW

I agree that if the fee structure changes to where one needs to join the National SSWLHC in order to also belong to the local chapter, that membership will drop significantly. I find the information I receive from the local chapter to be valuable and if such changes were to occur, would have to end my membership due to the cost change. I hope this helps in advocating for our local chapter!

- Rachel Ogrodowski

Thanks for the opportunity to comment. I am retired and a recent member and doubt I would join the national during the "twilight" years of my life/career.

-Rena Merithew

STRUCTURE TO INCLUDE LOCAL CHAPTER DUES

I think there would be a loss of members with higher yearly dues. Personally, I have not joined NASW over the years because of the dues.

- Selena Bolotin

As I understand it, the National SSWLHC is proposing a dues structure similar to NASW, in which one pays national dues which then includes dues to the local Chapter.

I think this poses some concerns for us. First, there is no way that we could get our Chapter membership, somewhere between 50 and 100, to pay dues at the level that would be required. Our dues, pegged at \$20.00/year are reasonable and probably too low. A National dues would come in somewhere between \$100.00 and \$150.00. With most of our membership now in clinical positions, the strength of our organization comes from our focus on clinical symposiums and the reduced fees for CEUs that membership offers. The current membership will not see national membership as a program that can address their needs. And without national membership, there would not be a local organization.

Secondly, it appears to me that NASW WA Chapter has difficulty here in gaining and keeping membership. The complaint that I hear is (1) 'cost', and (2), 'relevance'. I noted in the last ballot for the WA State NASW Board, that many positions went without nomination. People feel they are not able to step up to fill positions due to time and cost constraints.

Thirdly, I believe that many employers no longer pay membership fees to professional organizations for their employees, so many have dropped out from NASW. And I would be surprised if employer organizations are in a position to pay SSWLHC National dues. 98% of our membership pay their own dues.

How many National SSWLHC members does WA State have? I can think of only about six or seven local people who belong. I believe this move by the national SSWLHC would absolutely decimate our chapter. Our current yearly expenditures run about \$4,000/yr., funded largely by dues and educational activities

I am aware of previous arguments that local chapters where the majority of members do not belong to the national group use national resources such as salary surveys and other educational materials. There used to be a requirement that 50% of the local chapter members needed to be national members in order to have national affiliation. (However in this scenario, the local chapter established and collected the local dues.) Perhaps proportionate membership could be required again, however at an approximate 10% rate. Those national dues are hefty when one pays out of pocket.

- Jacqueline S Durgin, Newsletter Editor, SSWLHC-WA, and Past President, National SSWLHC

KOMEN FUND REDUCES GRANTS

Effective June 2, 2008, the Komen Patient Assistance grant is being reduced to \$500. Limits on food gift cards have been lowered to \$250.00 and must have two months between receipt. Assistance provided between January 1 and June 1, 2008 for rent, utilities, mortgages and food gift cards have expended more than one half of the \$225,000 yearly budget. Demand is expected to continue at this unprecedented rate.

Patient navigators are working with clients and providers to find alternatives to shut-off, eviction and foreclosure notices. The navigators will work with the social worker and assist with completing patient applications.

If you need additional information, please contact Bobbi Meins, 206-832-1285.

HealthCare Vouchers Rebranded Now HealthCare Guaranteed

HealthCare Vouchers, who presented their framework for universal healthcare to our membership in December 2007, has changed their name. They are now calling themselves "HealthCare Guaranteed" This was done to be consistent with the evolution of the healthcare voucher concept as reflected in Dr. Ezekiel Emanuel's book, "HealthCare, Guaranteed: A Simple Secure Solution for America". The full name of the plan, as presented in the book, is the "Guaranteed HealthCare Access Plan" (GHAP). It was felt that the old name, Universal HealthCare Vouchers, focused attention on only one element of what is a very comprehensive approach to healthcare reform and not on the ultimate objectives of the reform—universal access, improved quality and cost containment.

Preliminary steps in executing the Congressional strategy have been taken. The Senate Finance Committee will be holding hearings on the state of healthcare in the US. An objective is for Dr. Ezekiel Emanuel to testify and then to make sure that Member staffers and Members themselves are familiar with the GHAP plan prior to his testimony. Collateral information is being distributed to a number of key Finance Committee staffers and scheduling meetings with them. This has been a great opportunity to get the word out and to begin to build a buzz among elected officials.

For more information, please contact <http://www.healthcareguaranteed.org>

Speak up for Quality Affordable Healthcare

Over 600,000 Washingtonians are living without health care. With the rising costs of food and gas, more and more people who work and pay taxes are unable to afford health care. Families with incomes below 200% of the poverty level run the highest risk of being uninsured. Over a third of people with low incomes lack health coverage and have no regular source of health care. Coupled with a fear of high medical bills, many delay or forgo needed care which can lead to more serious illness and avoidable health problems. Because so many families with low-incomes lack the protections of health insurance, the cost of even a single hospitalization can drive many into debt and financial devastation.

We believe things need to change. The State-wide Poverty Action Network, as part of the Healthy Washington Coalition, is working with many others to find a solution. We invite you to share your thoughts about the challenges we are currently facing in health care and your ideas about how we can start to achieve reform.

The Washington Health Care Caucuses are presented by the Healthy Washington Coalition. Additional upcoming community meetings around the state: July 1- Tacoma; July 15- Yakima; July 29th - Spokane; August 12- Bellevue; September 9- Everett; September 23- Vancouver. The events are free.

To register, please contact Poverty Action at (206) 694-6794 or kim@povertyaction.org

