

# WASHINGTON STATE NEWSLETTER

JULY 2009 SUMMER EDITION

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

- **MONDAY, AUGUST 31, 2009**  
HARBORVIEW MEDICAL CENTER  
ANNUAL SYMPOSIUM 2009
- **SATURDAY, SEPT. 12, 2009**  
NASW—SOCIAL WORK LICENSING  
EXAM PREPARATION
- **FRIDAY SEPT. 26, 2009**  
NASW— THE IMPOSSIBLE PATIENT  
DR. GLEN GABBARD
- **FRIDAY, OCTOBER 9, 2006**  
GOOD ETHICS, GOOD PRACTICE  
JOAN GOLSTON

## NATIONAL SSWLHC TO REQUIRE ALL LOCAL CHAPTERS JOIN NATIONAL ORGANIZATION

By September 1, 2009, the Washington State SSWLHC Chapter membership must decide if the Chapter will formally affiliate with the National SSWLHC organization or become an independent organization without ties to the National SSWLHC.

New IRS requirements for Form 990 for Non Profit organizations, requiring increased fiscal and operating accountability and reporting, propelled this decision which has been deliberated within the national organization for the past two years. The organization was advised by its Tax Accountants that it needed to commit to a course of unification of the State Chapters with the National organization.

Through the course of their discussion with tax and legal expertise, the National SSWLHC came to the conclusion that there would be a mutually beneficial

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## HOW DO SOCIAL WORK LICENSURE CHANGES AFFECT HEALTH CARE SOCIAL WORKERS?

BY Brian Giddens, MSW, LICSW

As of July 1, 2009, significant changes were enacted by the Washington State Department of Health affecting Registered Counselors, Mental Health Counselors, Marriage and Family Therapists and Social Workers. Persons with a Registered Counselor credential will no longer be able to renew that credential as of July 1, 2010, as that credential will be abolished. No new Registered Counselor credentials will be issued beginning July 2, 2009.

Eight new credentials are available as of July 1, 2009, including several "Associate" licensure categories for Mental Health Counselors, Marriage and Family Therapists, and Social Workers (including both an Advanced Social Work Associate and an Independent Clinical Social Work Associate, mirroring the LASW and LICSW categories now in existence). Another of the new credentials is an Agency

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financial arrangement for the chapters filing with the national organization as a group rather than separate entities. The formal declaration was announced by the National organization at the annual meeting in April 2009.

The decision to formally affiliate with the National SSWLHC is a decision that your Board has decided requires a vote of the Washington State Chapter membership. **Please use the attached post-card to vote on the affiliation issue with National SSWLHC. Ballots are due August 15, 2009.**

Following is a point by point summary of the issues affecting our membership.

| POINTS TO BE CONSIDERED | AFFILIATION WITH NATIONAL SSWLHC  | INDEPENDENT  |
|-------------------------|---|--|
| <b>NAME</b>             | <b>Name Remains the Same</b><br><br><b>SOCIETY FOR SOCIAL WORK LEADERSHIP IN HEALTH CARE, Washington State Chapter</b>  | <b>Create a New Name</b><br>We will not be allowed to continue using the SSWLHC name unless we sign the affiliation agreement.   |
| <b>LOGO</b>             | <b>Continue Using the SSWLHC Logo</b>   | <b>Create a new Logo</b>   |
| <b>AFFILIATION</b>      | Signing the affiliation agreement with National requires that future affiliations with other organizations would occur at the national level  | Sever our relationship with National SSWLHC. It would be possible to affiliate with another organization if mutually agreeable   |
| <b>DUES</b>             | Dues will be set at the national level starting in July 2011; dues will include a national membership fee <u>plus</u> a chapter membership fee of \$35.00, which will be collected by the National SSWLHC and returned to the local chapter.<br><br><b>Current National Dues:</b><br>Management: \$140/yr<br>Direct Patient Care, \$85.00/yr<br>Transitional, Emeritus, Faculty: \$85.00/yr<br>Student: \$55.00/yr<br><br>PLUS Chapter Membership: \$35.00, which is returned to the local Chapter.<br><br>In 2010, members of the State Chapter who have not previously joined National will pay the local dues and get a chance to try National benefits without paying the regular National rates. For affiliated chapters, beginning January 1-June 30, 2010, members of local chapters will be considered a member of national but will not be required to pay any fees to national.<br><br>July 1, 2010—June 30,2011, local chapters will pay National \$10.00 per member and National will begin managing the membership rosters and renewal notices for the local chapters. | Dues will continue to be set and collected at the local level.<br><br><b>Current Local Dues:</b><br><br>Current dues for all members: \$30.00/yr.<br><br>All dues are retained by the local Chapter. |

|                      |  |   |
|----------------------|--|---|
| <b>INCORPORATION</b> | Incorporate as a 501 C3, Non-profit, under National SSWLHC's non-profit ID number.   | Incorporate as a 501 C3, Non-profit, organization<br><br>(New IRS rules requires that we either incorporate ourselves or become a part of another incorporated non-profit. There will be some one-time costs incurred to incorporate independently which would be avoided if incorporating as part of the National organization)  |
| <b>COMMUNICATION</b> | Provide the National organization with a list of our members, including contact information.   | Continue to keep our membership list available only to local members.   |
| <b>BENEFITS</b>      | <p><b>Dues include:</b></p> <p><b>*Publications including:</b> Journal of Social Work in Health Care, Social Work Leader (on-line Newsletter)</p> <p>*National networking opportunities</p> <p>*Discount on annual National Educational Conference fee</p> <p>*National website with access to specific tools such as salary survey,</p> <p>*Webinar series with member discussion forum,</p> <p>*24-hour access to Society information, resources and career opportunities through SSWLHC's official website.</p> <p>*Exclusive members' only discounts on educational programs, books and products</p> | <p><b>Dues include:</b></p> <p><b>*Publications including:</b> *Quarterly local Newsletter</p> <p>*Local networking opportunities</p> <p>*Discount on local seminars, workshops</p> <p>*Local website with statewide information</p> <p>*24 hour access to local organization's information, resources, career opportunities, and conferences through local website.</p> <p>*Member's and social work student discounts on educational programs</p> |
| <b>CEUs</b>          | CEUs available to local chapter educational offerings without charge to local chapter  | CEUs available through NASW for \$200 per event or \$300 for a two year certificate.  |
| <b>BYLAWS</b>        | Some Changes in our Chapter Bylaws may be necessary to bring them in line with national standards.   | Some Bylaw changes will be necessary to reflect the lack of affiliation with National, as well as name and logo changes.  |

If we vote to affiliate with National, the local chapter will continue to offer relevant information, CEUs and networking opportunities to all healthcare social workers in Washington State. Additional information is available at the National website :[www.sswlhc.org/html/chapter-updates.php](http://www.sswlhc.org/html/chapter-updates.php);

The National SSWLHC contact is: Anthony Yamamoto, LCSW, [ayammamoto@childrenscentralcal.org](mailto:ayammamoto@childrenscentralcal.org)

The Washington State contact is Kathleen Fellbaum, LICSW, [kath@fellbaum.com](mailto:kath@fellbaum.com) (out of office 8/1—8/15)

Contributed by Kathleen Fellbaum, MSW, SSWLHC Past President

## SOCIAL WORK LICENSURE CHANGES

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Affiliated Counselor Registration category, for persons who work in counseling roles for the State of Washington, or “who work for agencies or facilities that are licensed or certified by the State of Washington” (Washington State Department of Health, Frequently Asked Questions Regarding Draft Changes to WAC 246-810 For Certified Counselor, Certified Adviser, Agency Affiliated Counselor and Hypnotherapist, March 6, 2009, Department of Health Website).

### **So how do these changes affect social workers in health care settings?**

Given that health care is heavily regulated, credentials have often been utilized by health care employers as a way to ensure that a worker has met certain standards. One of the reasons the changes pertaining to the Registered Counselor credential occurred was because that credential really did not require anything of the practitioner beyond HIV/AIDS training. The new credentials will require much more extensive proof of education and require practitioners to demonstrate evidence of supervision (please refer to the Department of Health website for details on the changes and requirements as they differ for each new credential). This can only help safeguard the public and enhance the significance of the licensure process.

In addition, for the first time there is a “track” for new social workers to follow, beyond the completion of their Masters program. Given that many health care employers require a Masters degree, it makes

sense for the new social work graduate to apply for a Social Work Associate license rather than a Registered Counselor credential, as most new graduates tend to be working toward full Social Work licensure. The Associate license can be renewed up to four times, which should allow the Associate the time needed to obtain the work experience and supervision hours that are required to take the examination for full licensure.

For social workers who do not intend to obtain a license, or are in the later stages of a career in which a license has not been required, elimination of the Registered Counselor category may pose problems. The Registered Counselor category provided a generic “catch-all” category for persons who did not meet other licensure categories, and the new credentials come with more stringent requirements and expectations. Depending on the setting, certain categories, such as Agency Affiliated Counselor, may not fit for the practitioner.

An area for review by health care social workers and the SSWLHC is the language and requirements pertaining to “counseling”. The use of disclosure statements that ask the practitioner to identify their mode of treatment and their billing practices does not relate well to a

health care setting where the recipient of services has already signed multiple consent forms and where the treatment is interdisciplinary in nature. While there are exceptions in the language of the WAC that exempt certain



## SW LICENSURE

requirements, for example, if the Social Worker is not charging a fee, the language is vague enough to make one question its applicability to the role of social workers in health care.

Overall, the work done to improve the licensure law is impressive, especially given the fact that it was driven by volunteers both within and external to the Social Work profession, and led, from the Social Work perspective, by the Washington State Society for Clinical Social Work and the Washington State Chapter of NASW. Yet no law remains static, and it is important that the SSWLHC review the law and take steps to clarify the areas of ambiguity that apply to health care social work. A clear policy review by SSWLHC may lead to changes via the process of a legislative amendment, or, could help provide guidance to the Department of Health Advisory Committee that is composed of licensed practitioner volunteers from the various licensure categories. Ideally, a representative from the SSWLHC could obtain a position on the Advisory Committee for ongoing input.

I encourage the members and SSWLHC leaders to review the legislative changes and to engage in a dialogue on how the changes affect health care social work practice. Our professional perspective is unique and can add much to the arena of consumer protection, while educating legislators and decision-makers about health care social work.

**Brian Giddens, MSW, LICSW,** is the Associate Director of Social Work at UWMC and a Clinical Assistant Professor at the UW SSW. He is Past President of NASW, WA Chapter, and Past President of SSWLHC, Washington Chapter. He can be reached at:  
[bgiddens@u.washington.edu](mailto:bgiddens@u.washington.edu).



## SSWLHC RESPONDS TO DISCLOSURE ISSUES

At their most recent Board meeting on Wednesday, July 8, the SSWLHC Board members voted to address the social work licensure requirement for disclosure statements for the healthcare social worker. In order to provide a community standard for this requirement, the SSWLHC Board will develop a 'position paper' that addresses the use of disclosure statements by social workers in multiple health care settings.

The disclosure statement in many health care settings is largely ignored by social workers in the performance of their responsibilities. As Brian Giddens indicates in his article, "the use of disclosure statements that ask the practitioner to identify their mode of treatment and their billing practices does not relate well to a health care setting where the recipient of services has already signed multiple consent forms and where the treatment is interdisciplinary in nature". "If the Social Worker is not charging a fee, the language is vague enough to make one question its applicability to the role of social workers in health care."

The DOH believes that with the additional level of counseling credentials being created as a result of Second Substitute House Bill (2SHB) 2674, the disclosure is even more crucial to help differentiate the counseling professions.

This issue crosses a variety of health care settings including hospitals, residential care facilities, skilled nursing facilities, public mental health services, public health care clinics, and others.

*Continued on Page 12*

## CHILDREN AND GRIEF WORKSHOP IS RESOUNDING, CRITICAL SUCCESS

The WA Chapter of the SSWLHC held a successful Children and Grief Workshop on June 19 at Children's Hospital. There were 46 people in attendance from various hospitals, hospices and children's programs throughout the area. The Seminar titled "Understanding and Helping the Grieving Child" was presented by Beverly Goldsmith, MSW, Coordinator of the Safe Crossings Children's Program at Providence Hospice of Seattle.

Participants began the morning with an earliest loss exercise where Beverly invited each person to reflect on personal losses experienced as a child. With this frame of reference established, Beverly then provided a brief overview of children and grief and discussed typical reactions by age and developmental stage. Beverly also elaborated on specific tools and verbiage that can be used when working directly with grieving children and their adult caregivers. She explained that the basic premise, when a child faces a serious illness or death of a loved one, is the child's need for simple, concrete, truthful and age appropriate language to assist them in processing the difficult situation. To further assist children in a grief process, Beverly emphasized repeatedly the importance of 1) considering each family's unique culture, 2) sharing even the smallest details with a child around the illness and death and 3) allowing children choices around the aspects of the illness and death that directly impact his/her life.

Beverly provided the participants with written tools which she developed. These included cheat sheets that gave verbiage to use when there is a 1) New Diagnosis of a Terminal Illness, 2) Impending Death of a Loved One in a Hospital, 3)

Incidences of Traumatic Episodes and Sudden Death.

The session evaluation scored a 4.6 for overall presentation. The comments included: "excellent", "delightful", "terrific", "I was looking for information to help me develop the language, I got it! Thank you."

We want to thank our sponsors, Providence Hospice of Seattle and Snohomish County, for their support in providing us with the services of the speaker Beverly Goldsmith and Childrens Hospital and Medical Center for the use of their auditorium facility and parking, Maxim Healthcare and Aegis Living for their financial support.

If you are interested in receiving any of the tools as presented by the speaker, please contact Beverly Goldsmith at:

[beverly.goldsmith@providence.org](mailto:beverly.goldsmith@providence.org).

President: Sandra J. Johnson, MSW

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## SSWLHC, WA CHAPTER, WELCOMES 26 NEW MEMBERS

The SSWLHC WA Chapter extends a warm welcome to new members of the organization. Seminars and workshops offer the Society the best options for the recruitment of new members. The Homeless Seminar and Children and Grief workshop brought us 26 new members. Please extend a welcome to:

**Brian Austin**, Marysville WA

**Nancy Baer**, Oncology Social Worker, Multi-Care, Enumclaw, WA

**Elissa Baron**, Social Worker, Evergreen Hospital Care Management, Samammish, WA

**Beth Bohle-Carpenter**, ED Supervisor, Bellingham, WA

**Claudia Butler**, Social Worker, Neurosciences, Swedish Medical Center, Seattle, WA

**Christine Cervenka**, Social Worker, Harborview, Seattle, WA

**Tasuu Corley**, SW Case Manager, Health Point, Woodinville, WA

**Amy Delay**, Social Worker, Northwest Hospital, Seattle, WA

**Amy Dodgion**, Social Worker, Seattle, WA

**Sylvia Farias**, Social Worker, Swedish Medical Center, Seattle, WA

**Mark Filler**, Social Worker, Swedish Hospital, Seattle, WA

**Christy Fuller**, Social Worker, Health Point Case Management, Kent WA

**Rachael Harmon**, Social Worker, Seattle Childrens' Hospital, Seattle, WA

**Judi Howard**, Social Worker, Capital Medical Center, Centralia, WA

**Susan Leavitt**, Social Worker, Swedish Cancer Institute, Seattle, WA

**Heather Marks**, Pediatric Dentistry, UWMC, Seattle, WA

**Abigail Moon**, Social Worker, Emergency Room, Seattle, WA

**Vicki Murphy**, Social Worker, Valley Medical Center, Kent, WA

**Matthew Mutton**, Social Worker, Harborview Medical Center, Seattle, WA

**Michael Nakayama**, Social Worker, Geropsych Center, Seattle, WA

**Jan Palmeri**, Social Worker, UWMC, Seattle, WA

**Jessica Gioia Rizzo**, Social Worker, Seattle, WA

**Kathryn Sofie**, Social Worker, Swedish Cancer Institute, Seattle, WA

**Louine Verneuil**, Safe Crossings Counselor, Providence Hospice of Seattle, Seattle, WA

**Alice Walters**, Social Worker, Harborview Medical Center, Seattle, WA

The Society has several standing committees that we invite you to join:

Education, Selena Bolotin [selenab@qualishealth.org](mailto:selenab@qualishealth.org)

Membership, Kathleen Fellbaum,

[kath@fellbaum.com](mailto:kath@fellbaum.com)

Communications (Newsletter): Jacqueline Durgin

[jackiedurginbeck@comcast.net](mailto:jackiedurginbeck@comcast.net)

Scholarship: Stacey Jones:

[Stacey.jones@providence.org](mailto:Stacey.jones@providence.org)

Social Health Policy: Lynn Carrigan,

[carrigan2006@yahoo.com](mailto:carrigan2006@yahoo.com)

## 2009 SSWLHC SCHOLARSHIP WINNER

### PATRICIA MATTESON

Patricia Matteson, 'Tricia', an MSW graduate student at Eastern Washington University in Cheney, WA is the winner of the 2009 SSWLHC scholarship. This \$2000 grant is given annually to raise the visibility of the Social Work profession in the area of health care and to honor and support an outstanding student who is committed to pursuing a Social Work career in health care.



Tricia, whose classes are located on the Everett WA campus of Eastern WA University and whose practicum has been located at Seattle's Swedish Cancer Institute (SCI), has a multiple year history in the health care field. She graduated with a Bachelor of Science degree in Medical Technology from the University of WA in June of 1984. She worked as a phlebotomist while working on her undergraduate degree. Upon graduation she went to work for the VAMC as a Research Tech. From 1989 to 2006 she worked as a Medical Transcriptionist for the UWMC.

**REFERENCES** Tricia's references describe her as demonstrating "analytical skills, effective communication, commitment to the population, integrity, intuitiveness, sensitivity and the ability to problem solve and respond well to emotionally demanding situations". In addition to her clinical work, Tricia also "demonstrates leadership skills through the development of psycho-oncology services at the Stevens campus of SCI. She also has written "a hand-out on documentation standards for the social work team which was well received:. In addition, "she is a member of the continuing education committee for the Puget Sound Oncology Social Work Network where she is working on a palliative care continuing education unit".

**PERSONAL STATEMENT** "As I prepare to start my advanced year as an MSW student, I feel more sure than ever that I have chosen the right profession. I received my Bachelor of Science in Medical Technology from the University of Washington in 1984, and it was during those studies that I fell in love with hematology and the science of malignancy. I spent the early part of my career in a microbial genetics research lab before switching gears to work in Health Information Management as a medical transcriptionist. All of this training and experience in laboratory medicine and medical records has given me a broad knowledge base in oncology, as well as fluency with the terminology of the discipline. I believe this ability to "speak the language" with physicians and other healthcare providers allows me to better advocate for my clients.

## TRICIA MATTESON WINS 2009 SSWLHC SCHOLARSHIP

Through my graduate studies and my practicum at the Swedish Cancer Institute, I have become aware of the many challenges people face when they receive a cancer diagnosis, challenges that often go far beyond their acute medical concerns. I am particularly dismayed by data showing that racial and ethnic minorities often receive lower quality healthcare than non-minorities, and that these medically underserved populations are more likely to die from cancer than the general US population. At the root of these discrepancies, of course, is the lack of affordable preventative healthcare and other barriers to early cancer detection. I am hopeful that my participation in oncology social work will allow me to advocate for changes in policies and systems that currently allow for these poorer outcomes in marginalized patient populations.

I am very fortunate that in my practicum, I am encouraged to get involved with local organizations that focus on improving healthcare outcomes. In addition to attending meetings and workshops through groups such as Cancer Lifeline and the Washington Comprehensive Cancer Control Partnership, I have volunteered to be the Continuing Education Coordinator for the Oncology Social Work Network. In this leadership capacity, I hope to facilitate learning opportunities that focus on core social work values, such as assuring the delivery of quality medical care to all populations.

On a personal level, as an “older” graduate student, I bring 49 years of life experience to my studies and my work. I have been a single mother, a wife, a step parent, and a caregiver. I have borne a child and lost a parent. I have coached kids’ soccer teams and sat quietly with hospice patients. Each of these experiences has informed and deepened my understanding of the world and my place in it, while strengthening my desire to be actively involved in advocating for an accessible healthcare system that respects social and cultural diversity. I believe that my life-long interest in oncology and work in healthcare, combined with my advanced generalist social work education and life experiences will guide me to future leadership roles in oncology social work where I hope to facilitate the delivery of compassionate quality care for everyone.”

As the 2009 SSWLHC Scholarship Winner, Tricia will serve on the Board as the student “at large” representative. We are looking forward to working with Tricia over this next year.

### SCHOLARSHIP AWARD

The SSWLHC Scholarship Award is awarded annually in the Spring 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 2<sup>nd</sup> year MSW student in the following academic year and who will graduate with an MSW in that calendar year,
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 will be accepted again beginning April 1, 2010.

## Weigh in On National Health Care Reform NOW!!

Dangerously overshadowed by pop culture news in the mainstream media, Congress is now considering specific health reform proposals which need our input. Although the Obama administration has engendered more cooperation across political parties and the private / public health care sectors than previous administrations, concerns about the economy, calls for further stimulus packages, and the potential trillion dollar cost of revamping the entire health care system threaten to impact Congress's ability to reach agreement on sweeping changes. Please review sources of vital information to your speaking out. Recent reports include the following:

\* **Senate Finance Committee** Chair Max Baucus (D-Montana) has released a comprehensive report on Health Reform that provides detailed information: <http://finance.senate.gov/healthreform2009/finalwhitepaper.pdf>

\* **Paul Krugman's July 7 OpEd** piece for the Seattle Times reported on the proposed legislation from the Senate Committee on Health, Education, Labor and Pensions (HELP) and the affordability of health care reform based on scoring by the national budget office. The plan is expected to cost \$597 billion over the next decade, but that cost excludes the cost of insuring the poor and near poor. An expansion of Medicaid is being proposed for them, which is outside the committee's jurisdiction.

While the insurance companies would be required to offer coverage to everyone, regardless of medical history, everyone but the poor would be obligated to buy insurance with the aid of subsidies. Employers with 25 people would be required to offer their workers insurance or pay a penalty. There would also be a public plan as well as private sector plans available..

\* **From the Coalition on Human Needs:** Concerns

are rising about plans that may not provide enough help to low and moderate income people. Special interests oppose fair revenues and oppose cost savings. If benefits or eligibility get scaled back, it will be because Congress is not hearing enough from constituents. We need to inform ourselves about these issues and speak out now!

Debbie Weinstein of CHN has a piece in the Huffington Post about why fair revenues are essential for health care reform: (see [http://www.huffingtonpost.com/deborah-weinstein/responsible-revenues-are\\_b\\_227150.html](http://www.huffingtonpost.com/deborah-weinstein/responsible-revenues-are_b_227150.html)). The Coalition asks that people email their congressmen about finding revenues for health care that provide fair and equitable benefits to all citizens. If you want to join their campaign, see: [http://salsa.democracynaction.org/o/125/campaign.jsp?campaign\\_KEY=27535](http://salsa.democracynaction.org/o/125/campaign.jsp?campaign_KEY=27535)

\* **Citizens for Tax Justice** has reports showing the impact of two fair revenue sources: reducing the value of itemized deductions for the wealthy, and changing the Medicare tax so it is higher for upper-income taxpayers, in part by applying the Medicare tax to income from investments. The reports show for each state how these tax proposals would affect different income groups. See links to reports at <http://www.ctj.org/payingforhealthcare.htm>.

Please educate yourself and contribute to the decision-making about health care coverage as a top priority. Our jobs will change dramatically if everyone has access to health care, and won't we be glad of it.

Submitted by Lynn Carrigan, SSWLHC Social Health Policy Chair. She can be reached at: [carrigan2006@yahoo.com](mailto:carrigan2006@yahoo.com)

## HOMELESS SEMINAR SUGGESTS REPEAT

A Society sponsored day-long conference on Homelessness and Discharge Planning was held on March 26th, 2009, attracting nearly 100 attendees including faculty, and participants. The course addressed:

- A. the structure and funding of medical/mental health services to the homeless in King County,
- B. medical/mental health resources and the purpose for which they are structured and available to the homeless in King County,
- C. appropriate referrals for patients discharging from medical institutions who are in need of continuing medical supervision and care,
- D. assuring proper Medicaid application for pt's requiring cash assistance and after-care services.

Bill Hobson, Executive Director of the Downtown Emergency Services Center, was the keynoter, addressing the homeless issues and resulting resources and systems available to the population in Seattle King Co. His deliv-



General session audience listens while enjoying breakfast!

ery was fast paced and riveting! Evaluation comments included, "Wow!!", "I could have listened to him all day.!"

The keynote was followed by a panel addressing medical, mental health, chemical dependency, housing, and mental health chaplaincy for the majority of the homeless population, single men. Again, the comments included "Wow!!". "The panel was wonderful." "A lot of information, but not enough time for questions."

The afternoon plenary session was a primer on the homeless population and Medicaid services, provided by Mark Dalton, Administrator of the DSHS Bell Town office. Dalton has been the driving force behind tailoring systems to meet the ill/injured homeless person's needs. Comments included "This was great!", "He is very knowledgeable." "Good Handouts".

The afternoon breakout sessions were focused on specific homeless populations. Including:

\* **Corrections and Opiate Addictions**, with Sound Mental Health and Evergreen Treatment Services. Comments included the need for more time, information overload.

\* **Homeless resources for Families with Children, Domestic Violence, Mental Health Outreach**, were presented by New Beginnings, DESC, and Pathways Home.

\* **Homeless Veterans**, were discussed by several VAMC representatives. Comments included "Very Good overview on such a short time—very well organized, very well done".

*Continued on Page 12*

## HOMELESS CONFERENCE ATTENDEES SUGGEST REPEAT PERFORMANCE

*Continued from Page 11*

\* **Homeless Youth and Young Adults** were represented by the University Street Ministry and the MPowerment Project/Lifelong Aids Alliance. The audience felt these two faculty were very engaging presenters with great cooperation and collaboration.

The course was held in the 2100 Building, a community center housing services for homeless youth. The lunch was catered by Fare Start Café, an on-the-job training site at the 2100 Building for youth enrolled in the Barista Education and Training Program, a collaborative effort between Youthcare and FareStart. The revenue generated by the café goes directly towards the student training programs. Comments included "Excellent Food".

The Society wants to thank our sponsors who made presentation of this program possible. **Gold level, lunch sponsor was Aging Safely, In-**



**Silver Sponsors who provided breakfast and the breaks included AMR and Aegis Living.**



**Bronze sponsors included 'Advanced Health Care, The Home Care People'; 'Capability Homecare', 'Providence Senior and Community Services'; 'ResCare HomeCare, Respect and Care at Home' and 'Right at Home, In Home Care and Assistance'.**

The greatest criticism was that there was not enough time allotted for the various topics, had to rush through important helpful information. Panels should have been a half day rather than two hours. Several attendees suggested a two day conference. Another felt that there should be a yearly summit on the topic. Overall, people considered it a wonderful overview of a very complex multi-faceted subject. "It was nice having relevant speakers, wonderful people who are not giving up on a difficult population."

## SSWLHC RESPONDS TO DISCLOSURE ISSUES

*Continued from Page 5*

he SSWLHC has begun to address this topic in order to develop a professional standard. We are asking for your participation with us by contacting the individuals listed below. Please send us your comments and concerns.

Contact: Sandra Johnson, MSW, SSWLHC President, 206-386-3079

[SandraS.Johnson@swedish.org](mailto:SandraS.Johnson@swedish.org) or

Jacqueline S. Durgin, MSW, SSWLHC Communications Coordinator, (Newsletter Editor)  
206-325-8358

[jackiedurginbeck@comcast.net](mailto:jackiedurginbeck@comcast.net)