SOCIETY FOR SOCIAL WORK LEADERSHIP IN HEALTH CARE MICHIGAN CHAPTER
Newsletter, Spring 2009

2009 Board Members

Dave Neal, President

Kathy Wade, President Elect

Sarah Allen, Secretary

John Carey, Membership Recognition

Doug Dault, Nominations

Sarah Eisenberg, Membership

Chris Henrickson, Michigan Continuing Education Collaboration Liaison

Sandra Iaderosa, Education

Ellen Kachalsky, Treasurer

Karen Neuman, Publications

Carrie Ross, NASW Board Liaison

President's Message – Dave Neal

This year's Board has many issues that they are dealing with. Our relationship with the National Society must head the list. See my updates in other articles in this Newsletter. The Board is looking forward to hear from you. We have scheduled three regional meetings for direct discussion. The Board always welcomes your emails and/or phone calls if you can not make one of the meetings.

The Board is also concerned about how the chapter can be most helpful to our members. We have heard that networking is something many members are looking for. We are in the process of developing a new web site. It is still in the development stage. We will be posting information and providing links for you. For example, members can post positions they are hiring for. Please go to the Web Site and see what it provides. Again the Board wants to hear from you about how the Chapter can be most helpful to you. Three regional educational programs offering Continuing Education Credit and networking opportunities are planned along with our annual conference in the fall. www.sswlhc-mi.org

The Board believes that we need a close alliance with the Mi Chapter of NASW. We worked closely with them to develop a health track at their conference which will occur this month. We are working as partners with their Social Policy, Aging, and HIV-AIDS committees. We are aggressively working with NASW to complete a Health Care Reform Policy paper which can be sent to our legislators, the President, and others. NASW is representing us in working on Parity for Michigan. In addition, we support increasing SCHIP coverage for kids in Michigan to 300% of poverty and restoring the 1m in home care assistance for Alzheimer patients.

The Board needs your help by letting us know how we can improve the Chapter to meet your needs. Hopefully things that we are already doing justify your renewing your membership.

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Membership in the Society for Social Work Leadership in Health Care
David Neal, President

Michigan Chapter's By-Laws **require** the Chapter to be affiliated with the National Society. Article 1 states: "***Society for Social Work Leadership in Health Care: Michigan Chapter****, an affiliate of the Society for Social Work Leadership in Health Care/American Hospital Association."* The By-Laws further state that, *"Termination of affiliation shall be made by a two-thirds vote of the membership"; and "Termination of affiliation will be made by giving 90 days notice in writing.*

The Board discussed this language at our February Board meeting. We believe that the Chapter through the By-Laws has made a strong commitment to be affiliated with the National Society. We are eager to have more discussion with the membership in the coming months about the implications of the new requirements the National Society is requiring. We are planning to have three regional meetings, in Southfield, Ann Arbor, and Tri-City (Midland) areas where this can occur. Time, location, and agendas for these meetings are in the newsletter.

I would like to comment on what I believe the Society for Social Work Leadership in Health Care, national and state chapter should provide for its members.

Social Work has high expectations for its members. We are the ONLY profession that expects members to be advocates for clients and for services. CSWE requires all schools of Social Work to provide some class work in both clinical and macro-practice. Social work teaches the importance for clinicians to understand the macro forces that impact their clinical work. Social workers in macro practice can not be effective without understanding clinical work. In essence, the Social Work Profession has higher expectations for you than your employer. Consequently, employers do not always provide support for being more involved in activities that are not directly related to your job.

Let me first discuss what I see the purpose of National Society and the Michigan Chapter. These are in no special order. I believe that all are important.

Education is probably the purpose that the Society has performed best for its members. The Society's National Conference and the Chapter's State Conference have been excellent. I appreciate that limited financial support for travel and paid time off for professional development from employers has made it difficult for many to attend these.

These conferences allow social workers who are working in health care and educators to come together to learn from each other about excellent evidenced based programs that have been developed. These exchanges begin to develop clinical and ethical standards for practice. Conferences also provide opportunities to learn about national and state issues that are impacting health care delivery and opportunities to be advocates. **Networking** with colleagues also occurs at these conferences. These contacts can be valuable throughout the year. We need to learn from each other!

The National Society has started providing Webinars and supporting regional meetings. Membership in the National Society also provides a journal, Social Work in Health Care. The Chapter has started sending emails to members on a timely basis to keep them informed of developments in health care. The Chapter has invested in a new web site and will begin to explore how this can be utilized for members to dialogue with each other through out the year. www.sswlhc-mi.org

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Member recognition is another important function the Society and Chapters provide. Our employers and the community often do not recognize the value that social workers provide to the delivery of health care services. Recognizing members for their contributions promotes the individual and social work within their work place and in the community. Who will do this if we do not?

There is no question that **Advocacy** can be more effective if done in coordination with a professional organization and other community groups. Health care advocacy groups come together in coalitions to discuss health care issues and to advocate for change. Rarely do become members of these groups as individuals. If Social Work is going to be involved in discussions about the future of health care, we need a national and a state organization to represent us; otherwise Social Work will be left out. NASW has done a much better job of this than the Society. Maxine Thome, has approached the Chapter in wanting to work together on state issues. The Board is committed to do this. The Chapter and Mich-NASW have several committees where we are working together.

Under Charlie Robbins, past national president, the Society began reaching out to other health care groups to begin developing relationship and opportunities to dialogue. Recently the Obama administration asked the Society to provide suggestions for moving health care forward to provide more coverage for those individuals who do not have health insurance. I was able to represent Michigan in a conference call with 35 other members from across the country in preparing Charlie for this task.

Last year the Chapter advocated with our Michigan Congressional delegation and with State legislators on several issues. I acknowledge that the Society and the Chapter has not done a very good job being an advocate in the past. We have not done of good job of communicating these efforts to the members. Both are committed to taking this role seriously in the future.

Other benefits are also possible if we become better known in the community. This year we have had two hospitals advertise social work positions through the Chapter. Members can do this for no charge. Recently we had an inquiry for assistance about what is the best practice for how social workers can contribute in a cancer program. The Society and the Chapter should be recognized for providing standards for social work in health care. We can only do this if we become known in the state and nationally.

Both national and state are membership organizations lacking Executive Directors to carry out these functions for us. What we can accomplish and our effectiveness depends upon member participation. If you do not participate in any way, you limit the benefits you and others receive from a being a member. The Chapter and the Society provide you with a unique opportunity to network and connect with other social workers in health care settings. Our effectiveness will be measured in how well we are able to engage all social workers in the health care field.

I appreciate that this is a bit lengthy. I took the time to do this because I wanted to explain my vision about the role of the National Society and the Chapter. I hope that it conveys the value of a State Chapter and a National Society working together for the benefit of all social workers in the health care field.

My vision is that we need strong state and national organizations working closely together to be effective and efficient in meeting the goals I believe our profession requires of us. Currently we are far from this. It will be a commitment that all of us need to make if it will become a reality. If we are not ready to make this type of commitment, we need to seriously re-examine what the Chapter's mission should be

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Update on Required Changes of Affiliation with the National Society
David Neal, President

The Chapter Board after reviewing and discussing the Chapter's By-Laws believe that we are required to retain our affiliation with the National Society. At this point very few changes have been formally decided. National has made some and is close to deciding others. I have served on the planning committee and would like to inform you about what I understand will happen in the coming months.

There will be no membership vote on affiliation. The National Board has decided that the relationship with affiliate Chapters must change or they can not continue to use the Society's name nor have any benefits of membership. This has major implications for the Michigan Chapter since our By-Laws state that we are an affiliate of the National Society. Formal affiliation will begin January, 2010. Individuals can become members even if there is not a state chapter.

The Chapter will be required to obtain a Tax ID number. We could use National's non-profit tax number the same as we now use Michigan Hospital Associations' or we could choose to obtain our own non-profit status.

I believe that our current by-laws would be sufficient although some adjustments could be required. Chapters will still be required to conduct business and provide programs for members as we currently do. It will probably place higher expectations for Chapter activities.

All Chapter members will be **required** to join the National Society. Those who are currently National members will continue to pay their dues at the National rate that they are currently paying. Members who are only Chapter members will continue to pay the Chapter rate of $35 for the first year, 2010. In **2011** they will **start paying the National rate** for their classification.

National will be sending information about affiliation directly to all members including those who are only members of the Chapter. The Board voted to provide Michigan's addresses to the Society for this purpose. The Board felt that it was important for all Chapter members to hear directly from National about what they will be requiring and the benefits of membership.

The Education Committee will be planning meetings in Ann Arbor, Southfield, and Tri-City areas which will combine an educational program and time for discussing affiliation. If you would like to host such a meeting, please contact Carrie Ross at: carross@umich.edu, (734) 763-9971 or Sandra Iaderosa at: iaderosa@umich.edu, (734)764-269.

The Board wants to hear from you about what your thoughts are about this plan. Please contact a Board member. You can always email me at: dneal@umich.edu.

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Board of Director Bio Information

Dave Neal is the current president of the SSWLHC-MI board. He has been a member of the organization for more than 25 years and has held numerous board positions on both the local and national boards. Retired from clinical practice, Dave is a professor emeritus at the University of Michigan, School of Social Work and continues to serve as a consultant to the Washtenaw Community Health Organization. Dave was previously the director of the department of social work within the division of psychiatry at the University of Michigan Health System. In addition to his work with the SSWLHC, Dave has been an active member of NASW for almost 50 years, also serving in many leadership potions at both state and national levels. Regarding his commitment to the SSWLHC Dave says, "The Society provides opportunities to learn from your colleagues. It is important to know how social work services are being provided and what the best practices are. This can be accomplished through conferences, networking, and mentoring the Society provides. We need an organization which addresses health care issues from a social work perspective. Without an organization that can represent us, we are let other professions define our role in health care."

Sarah Allan currently serves as the SSWLHC-MI Board secretary. She received her MA in psychology from Wayne State University and her MSW from the University of Michigan. Sarah is currently employed by the Michigan Chapter of the National Multiple Sclerosis Society as the Manager of Clinical Programs. Her clinical interests include spirituality, trauma, and issues at the intersection of aging and chronic illness. She feels that understanding our aging population is critical for social workers involved in health care delivery. In addition to her involvement with SSWLHC-MI, Sarah is also involved with the NASW.

Ellen Kachalsky is the current Treasurer for the SSWLHC-MI and has served in that position for several years. She received her BA in psychology from SUNY-Binghamton and her MSW from Adelphi University. Ellen is a social worker/case manager in the Hematology and Bleeding Disorders Clinic in the Henry Ford Health System. She has previously worked with ICU and general inpatient hospital populations, oncology clinics, and in housing/eldercare. She is interested in advocacy and insurance issues affecting health care social work, and she identifies health care access for immigrants/migrant workers as a particular passion. She identifies the need to identify and solidify the social work role within health care delivery as a primary goal for social workers. Ellen is the past-chairperson for the Medical Social Work Council, a special interest group through the NASW.

John Carey currently serves as the membership recognition chair for the SSWLHC, a position that is new for him this year. He received his BA in sociology from Gettysburg College and his MSW from Indiana University. John is presently a Social Worker III in the Advocacy for the Uninsured program and the Academic Internal medicine Clinic at St Joseph Mercy Healthcare System in Ann Arbor, MI. Previous social work positions include work in guardianship, home care, and inpatient hospital social work. Clinical interests include health promotion behavior, recovery maintenance, and chronic care self management models. John is also involved with the University of Michigan, School of Social Work as a member of the Community Advisory Board, a member of NAMI, and a Habitat for Humanity Volunteer.

Karen Neuman is currently an Associate Professor and the Director of the Social Work Program at Oakland University. She received her B.A. in psychology from Oakland, and her MSW and doctorate from Wayne State. Prior to assuming her teaching position, she worked in ER, rehabilitation and oncology and was a hospital social work director for many years. Karen has been an active member of the Chapter and National for over fifteen years and has served in a number on a number of committees. She currently is the publication chair for the State and is on national's publications and products committee.

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Carrie Ross is the current liaison to NASW-MI from the SSWLHC-MI board. This is her first term in the position. Carrie received her BA in English, religion, and women's studies from Drake University, her MDiv from Union Theological Seminary, and her MSSW from Columbia University. She is a clinical social worker at the University of Michigan Hospital and an adjunct lecturer at the U of M School of Social Work. Carrie has previous experience working in women's health/reproductive health and homeless youth settings. Her clinical and research interests include health care access and health promotion for lesbian, gay, bisexual and transgender individuals and communities as well as legal and ethical issues at end of life. In addition to her involvement with SSWLHC-MI and NASW, Carrie is also a member of The American Association of Sexuality Educators, Counselors and Therapists (AASECT), currently pursuing AASECT certification.

Sandra Iaderosa currently serves as the Education Chair for the SSWLHC-MI. This is her first position on the board and her first term in the role. Sandra received her BA in sociology and anthropology from Oberlin College and her MSW from the University of Michigan where she also obtained a certificate in gerontology. She is a clinical social work manager for pediatrics and oncology at the University of Michigan Health System. Her past clinical roles include work in oncology and neurology. In addition to her involvement with SSWLHC, Sandra is also an active member of the NASW. Sandra's clinical and research interests include ethical issues in light of technological advancement in medical care and universal health care access. Through her role with the board she hopes to see greater exposure of the organization and be able to bring social workers together with educational programs that are relevant to their practice and passions.

Sarah Eisenberg is the current Membership Chair for the SSWLHC-MI; this is her first position on the board. She received both her BA in sociology and her MSW from the University of Michigan. Sarah is a clinical social worker with In-House Hospice Solutions and Activ-Care Home Health. Previous employment includes additional hospice, home care, and inpatient medical social work experience. Sarah's clinical interests include alternative therapies, techniques focusing on mind-body connections, caregiver support, and end of life care. Through her work with the SSWLHC-MI board, Sarah hopes to see the organization become more responsive to the changing needs of its membership and to seek out ways to improve member services. In addition to her work on the board, Sarah is also an active member of the U of M Alumni Association.

Membership information

It has been an exciting few months since I took over the role of Membership Chairperson. We've been looking for ways to expand our services for members, and I want to extend a sincere thank you to all of you who have participated in our networking survey. For those of you who haven't, the survey will remain open until June 1st, so please, take a moment and help make the SSWLHC a better, more dynamic resource for medical social workers in Michigan.

As this is our first newsletter for 2009, I'd like to take the opportunity to welcome our new members, and introduce them to the SSWLHC! I also want to thank all of you who have renewed your memberships for your continuing commitment to the SSWLHC. Thank you!

- Sarah Eisenberg

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Please welcome the new members

Jessica Berry **Social Work Intern**	St. Joseph Mercy Hospital
Suzanne Cavangh	UMHS 1500 E. Medical Center Drive Ann Arbor, MI 48109
Donna Chwierut **Hospice Social Worker**	Odyssey Health Care 5925 Telegraph Rd Suite 102 Southfield, MI 4848034
Marian Cohen **Clinical Social Worker**	UMH Chelsea Health Center 14700 E. Old US 12 Chelsea MI HCA
Anne M. Caufield-Cook **Social Work Supervisor**	Oakwood Health System 7602 Allen Road Allen Park, MI 48101
Robert A. Easton	Da Vita
Amanda Eidemiller	UMHS 1500 E. Medical Center Drive Ann Arbor, MI 48109
Pricilla J. Ernst	No information given
Kathleen Guiles **Psychiatric Social Worker**	St. Joseph Mercy Health System 5301 E. Huron River Drive Ann Arbor, MI 48106
Dianne Hartman **Psychotherapist**	Heron Ridge Associates, PLC Plymouth and Bloomfield Hills The Guidance Center - Southgate
Kristina Hoeksema **Director of Social Services**	Charlevoix Area Hospital 14700 Lakeshore Drive Charlevoix, MI 49720
Amanda L. Keller **Medical Social Worker**	Mid Michigan Medical Center 4005 Orchard Drive, Midland, Mi 48670
Katrina D, Studvent **Social Work Intern**	Woodland Cancer Center, Student Intern 7575 Grand River, Brighton
Lauren Ungar	2006 Hogback Rd, Suite 1 Ann Arbor, Mi 48103
Carol Waarala **Hospice Social Worker**	Odyssey Health Care 5925 Telegraph Rd, Suite 102 Southfield, MI 4848034

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LICENSURE RENEWAL AND CEU UPDATE

Chris Henrickson, LMSW, BCD,
MI SW Continuing Education Collaborative Liaison

We are now at the end of the first three-year renewal cycle since social work licensure was enacted in 2005. All SW licensure renewals were due April 30, 2009. The effort on the part of our chapter in this first 3-year period is to be commended toward development of educational programs and program planning procedures that coordinate w/ Michigan Board of Social Work / Continuing Education Collaborative. This has been a challenge in the face of the entire process being new, and one in which we in Michigan are still all learning about. That said, we wanted to provide you a summary of information you must take into account for license renewal.

As per the licensure law:

1. It is up to every practicing individual social worker to be aware of the certifying criteria for their category of practice (or continue to meet, in the case of renewal), ensure they fulfill the relevant criteria, and have fulfilled the related continuing education requirements. It is NOT up the state, nor an employing agency, to assume that duty. The central point for information re: social work licensure rules can be found at: http://www.michigan.gov/mdch/0,1607,7-132-27417_27529_27554---,00.html

A new Power Point description of the law and the criteria--developed in December, 2008, can be seen at : http://www.michigan.gov/documents/mdch/mdch_sw_12_08_pp_258953_7.pdf

CE renewal requirements for renewal can be found at:
http://www.michigan.gov/documents/mdch/mdch_fhs_bhser_socwork_cebroc_175253_7.pdf

2. Each license holder is responsible for ensuring and managing their own continuing education efforts. As has been stated before, your records of your CE participation are NOT to be submitted w/ your license or registration renewal, but kept on record in the event your case is selected for audit review. Typically the Office of Professional Regulation will review approximately 10% of the total professional group. However, the SW Continuing Education Collaborative has been given the understanding that in this first review year, the number of reviewed cases may well be less. It is also clear that the Bureau of Health Professions, MI Department of Community Health are cognizant of the fact that this is the first review cycle under the new law. That said, in the future it is expected that forfeiture of a license to practice is at risk if all requirements are not met, appropriately documented, and available for review upon request. In brief, an individual must complete 45 CE credits for the 3 year period, with a minimum of 5 CEUs pertaining to ethics in SW practice, 1 CEU in pain management, and the balance may pertain to your area of SW practice.

More information about the CE requirements and the reviewing process can be reviewed at:
http://www.michigan.gov/mdch/0,1607,7-132-27417_27529_27554-66827--,00.html

3. The MI Social Worker Continuing Education Collaborative has the administrative responsibility to oversee the provision of appropriate continuing education programming for social workers in accordance w/ the SW licensure law and the rules determined by the Board of Social Work. Therefore the Collaborative, nor MI NASW are not the source of the practice and CE expectations, but instead serve to implement the rules legislated by the law. The Collaborative has developed (and keeps striving to improve) a website re: opportunities to provide and to obtain social work continuing education. It is probably one of the best sources to maintain about rules and procedural updates. That website is: http://www.socialworkcec.com/

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(Note: MI SW CE Collaborative is not a subsidiary of NASW-MI. While NASW-MI maintains information and links re: SW continuing education, it is only accessible by NASW members--so be sure to add the "CEC" website to your favorites for easy access.

4. The law provides rules and expectations for CE program providers as well as for professional program consumers (us). If you are developing programming for social work continuing education, be sure to review the provider manual available through the Collaborative at the above website, or call the CEC at 517-487-1548 x107.

5. The licensee is responsible for maintaining and preserving all records of credits received in the event of an audit by the State of Michigan Department of Professional Regulation. While providers are also expected to preserve records of attendees for all programs for a period specified by the law, providers are not held to maintain copies of attendance certificates that have been issued for a given program. Each person is urged to develop a record keeping system that allows easy review of attendance and accrual of allowable credit hours in event of an audit. The MI SW CE Collaborative offers a service to assist w/ this for a fee. If you are interested, check their website http://www.socialworkcec.com/

Chris Henrickson welcomes questions or concerns of Chapter members re: the continuing education process particularly if you have difficulty obtaining information from primary sources. Feel free to call her at 734.764.3132 or email at chrisgh@umich.edu

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Michigan Chapter SSWLHC Partners with NASW-MI to develop position paper on health care reform

With the election of the new administration, many social workers believe that now is the time for a national agenda that includes comprehensive health care reform. With that goal in mind, Dave Neal and Karen Neuman are working with the Michigan Chapter of NASW to develop a position paper outlining essential elements of health care reform from a social work perspective. "Social Workers are critical service providers in the delivery and coordination of health care and need to be involved in crafting of our future health care system" says Bill Long, of NASW's Social Policy Committee, who is leading NASW-MI in this effort. "We've waited a long time for political leadership that acknowledges the inadequacies and inequalities in our health care system and is committed to reform efforts" says Karen Neuman.

For the first time in our associations' histories, both groups are collaborating to develop a DRAFT position paper outlining essential elements necessary to reform our national health care system. Building on earlier work that was done by Kim Holiday of NASW and Charlie Robbins, past president of the national SSWLHC, the position paper will include approximately ten key points that are critical for health care reform. These planks include universal coverage, and in the event that a publicly funded single payer system is not feasible at this time, federal oversights of proprietary, private health care insurers. Additional points include capping administrative costs, improved integration of behavioral health, increased emphasis on quality and evidenced based practice, and adequate mechanisms to assure that end of life and catastrophic care needs are addressed.

Dave Neal of our group and Linda Burghart of NASW have made the commitment to present the position paper to our national associations for comment and approval. If achieved this would not only align Michigan NASW and SSWLHC together in a unified position, but our national components as well. The position paper will be formatted in two ways – a brief, ten point plan for use in educating legislators and a longer discussion paper that outlines the problem and its suggested resolution to support social workers advocating for change. The deadline for the first draft is May 1, 2009 and it will be posted on the websites of both groups for member comments.

- Karen Neuman

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The Pediatric Advocacy Initiative

Sandra Iaderosa, LMSW
Manager, Pediatric Social Work, C.S. Mott Hospital

"What do you get when you bring together a doctor, a lawyer and a social worker"? While this may sound like the beginning of a bad joke, it really is the basis for the Pediatric Advocacy Program (PAI) which is a collaborative between the University of Michigan Law School and several pediatric clinic sites at C.S. Mott Children's Hospital. When this program began in 2004, it was in an effort to bring more formalized advocacy resources to low income families whose children were patients at Mott Hospital. Because health care is often the entry point for the delivery of comprehensive information and assistance regarding basic benefits for poor families, it seemed like a natural extension of the advocacy that health care providers already provide to their patients.

As social workers, we advocate for our patients and families on a daily basis. Indeed, advocacy is a primary social work intervention when we often are the ones to give "voice" to those who cannot do it for themselves. We partner with physicians and other health care providers who may be the first to identify a need for advocacy and refer the patient/family to social work. It's an integral component of most social workers' daily work to call community agencies or advocate with landlords and utility companies when there is financial hardship. For school aged children, social workers can be a vital part of the educational plan for a child who's medical or psychosocial needs require accommodation or an IEP on the part of the educational system. We assist clients routinely in enrolling in Medicaid, MI Child or Children's Special Health Care or entitlement programs. By extension, we also advocate and guide when these benefits are wrongly denied and an appeal has to be filed. So, why do we need lawyers if social workers are so skilled at advocacy?

The reality is that while many social workers are familiar with programs, entitlements, services, etc, its lawyers who understand the specific application and special circumstances of applicability and exceptions to laws. Similarly, social workers can identify issues that require legal remedies (i.e. school issues, appeals for denials of food stamps or SSI, immigration) but we're limited in being able to intervene on that level. Social workers are not trained to be legal advocates and cannot file appeals or work through a complex legal system. Lawyers are those trained to recognize rights violations and can take steps to hold agencies and individuals accountable. An attorney-social worker partnership is a much more effective and efficient way of addressing issues that either profession could not address as effectively individually.

There are two full time staff attorneys who supervise a group of law students who are our "first responders" when making a referral to the PAI. The students get academic credit for the class and the staff attorneys provide guidance and ultimate oversight of the students' work. In this regard, it's an arrangement that is truly a "win-win" for both the students as well as the health care referral sources. There is an email list set up for social workers and other health care providers use to make this connection. Families sign a release of information form so that information can be shared between the law staff and the health care staff (who are primarily social workers). The lawyers then set up a time to either meet with the family or have a phone consultation.

Some typical referrals might include:

- **Housing issues**

Landlords who are unfairly discriminating in rental contracts and arbitrarily refuse to rent to a family or unfairly begin eviction processes.

Enforcing laws to remove lead paint from the premises or removing cockroaches when a child's asthma is adversely impacted by this.

- **Educational Issues**

Assisting families in advocating for their child's educational needs and ensuring that the law is followed in providing appropriate assistance. This could include setting up an IEP (Individual Educational Plan) or other measures to ensure that this is carried out.

- **Immigration/Legal Status Issues**

Many of our families may not fully understand their rights with regards to status in the U.S. If their children are born in the U.S. and are citizens, this may also have implications for the status of the entire family. The lawyers are instrumental in assisting with the complex and confusing laws governing status and eligibility rules for benefits

- **Insurance and Entitlement Appeals**

Attorneys can cite violations of due process in denial decisions. They often represent the clients when proceeding with a formal appeal process.

Because the Health System has its own Child Protection Team, the PAI does not take any referrals related to child abuse or neglect as there are internal resources to which staff can refer for these issues. Additionally, the PAI cannot take any referrals that represent a conflict of interest to the institution such as a malpractice complaint.

A large part of PAI's success is largely due to the commitment to regular trainings to staff that occur throughout the year. This provides an opportunity to review goals, report on the referrals received and encourage a greater understanding of the process. These trainings include the physicians, residents as well as the social workers.

The partnership that has evolved over the years between the health system and the law school has provided a wonderful learning opportunity for the law students in that they get "real life" cases and are able to apply theoretical concepts to these issues. In turn, it has given the medical staff, particularly social workers, and another avenue of advocacy for our families that we would not have been able to provide entirely on our own. Perhaps one of the most significant outcomes of this partnership has been the opportunity to not only address individual family needs and improve family circumstances but to also address these issues on a more systemic level when barriers are identified that limit families' access to public benefits and services. Sustained improvements to health and well-being of our most vulnerable families can be achieved only when healthcare providers use their personal knowledge of individual struggles to promote and participate in shaping policy outside the walls of our respective institutions.

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End Stage Kidney Failure and Dialysis: Psychosocial and Financial Implications

Sue Hoekwater, LMSW

May 14, 2009
12:00-1:30 pm*
Mid Michigan Medical Center – Midland
Orchard Drive Auditorium

*60 minute CE event followed by brief informational session about the Society for Social Work Leadership in Health Care Michigan Chapter and pending changes with the national organization

Approved for 1CE by the
Michigan Social Work Continuing Education Collaborative

This event is free but requires advance registration. Lunch will be provided by the SSWLHC to all who register by Friday May 8th

Registration:

- If you are employed at Mid Michigan Health System, please contact Andrea Muladore at 989-839-3284
- All others complete and send to Carrie Ross LMSW, Department of Social Work, D2202 MPB SPC 5718, 1500 E Medical Center Drive, Ann Arbor MI 48109-5718. carross@umich.edu 734-763-9971 (must be received by May 8th)

Name (print clearly): license #:

Mailing address:

Organization name and address:

Phone number: email:

SSWLHC MI member? Y N

How did you hear about this event? Do you require a vegetarian option? Y N

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Please help elect Anita Clos for Region 10 Representative for NASW-MI

Anita Clos, LMSW
Past President, SSWLHC-MI
Social Work Manager, University of Michigan Health System

Anita Clos is a Past President of SSWLHC-MI. She helped form and was Chair of the small and rural issues committee for both the Michigan and nationally SSWLHC chapters. She has been on the nominations committee for the national organization. She has been active in the state chapter for over 20 years. Anita specializes in aging and in administration. Anita was an Adjunct Faculty at Eastern Michigan University for 10 years and was a Faculty Liaison at the University of Michigan for 12 years.

As a social worker in health care for 30 years, I have long believed that social change occurs 'one person at a time.' The older I and the rest of the population get, the more I realize that lasting social change also requires political support. I see an ever growing role for NASW and social workers influencing the political structure of our government at all levels, identifying key social issues, advocating and increasing public awareness. It appears as if the chapter has positioned itself well for these activities and it is my hope to be an active participant.

For more information about the Society for Social Work Leadership in Health Care – Michigan Chapter please visit our website at www.sswlhc-mi.org