

ISSWLHC *Newsletter - Fall 2005*

Member News

On April 15, 2005, a conference for rehab social workers was held at Riverview Hospital, Noblesville. Developed by Ellen Gill, LCSW and sponsored by her employer Rehab Care, Inc., the conference drew participants from as far away as Iowa and Kansas. Presenters covered such issues as social work influence on length of stay and discharges to home, legislative and reimbursement concerns, and diagnostic-specific information. A patient and family panel also shared its unique perspectives on the rehab experience. Following the conference, a networking list of rehab social workers was developed and distributed to encourage communication among professionals working in this field. Also, Rehab Care at Riverview Hospital is now officially certified to offer social work CEU's!

Treasurer Report – Ellen Gill

Financial Report: I would like the membership to know that our Society is very solid financially.

Thanks to new memberships and to those of you who are faithful in renewing your membership each year, we have enough revenue for ongoing expenses. Also, your support for the Spring Conference ensures that it is completely self-supporting. Here is a report on our net worth as of 11-15-05:

Savings Account \$4,105.83

Checking Account \$ 987.36

37 month CD \$5,668.86

Total assets \$10,762.05

Communications Report – Bob Rogers

Hello from your communications chair at ISSWLHC. I wish I could say it has been a busy time with ISSWLHC and communications; unfortunately, it has been a busy time for me due to Hurricane Katrina. We have had a number of veterans affected by this, but on a personal note my mother, plus two aunts and uncles along with friends, have all lost their homes in Louisiana. Many of my Social Work friends and former co-workers were affected. Whatever you can do for NASW's Hurricane Katrina's Social Work funds is appreciated. This information can be found at www.nasw.org.

I have continued to keep in contact with Prometheus Consulting, our website host, and am in the process of updating our site. If you have information on events at your agencies that are important and can give me some advance notice, I will be glad to list it on the site. The site continues to get good traffic and I continue to work on updating it and upgrading where possible. The board approved a measure to get ISSWLHC's by-laws listed on the site and I will be getting that done in the near future.

Our May, 2005 state conference was filmed by WCTY for use on Comcast and Bright House Communications and this had been airing through the summer. The three sessions that had been filmed and aired were Indiana's Polly Jones, SSWLHC, National President's keynote, the session on child welfare by Stephanie Fehrman-Beasley, and my session on organizing community stand

downs and health fairs. These were well received with a lot of positive comments from the public and other Social Workers.

Amy Woodall and I staffed our ISSWLHC exhibitor booth at last month's NASW state conference. We received a lot of good comments and new member interest at this event. Additionally we got some interest from presenters for our 2006 conference in May. This generated some interest from NASW members and other Social Workers present. Amy and I also got vendor materials to a number of other exhibitors present at NASW.

ISSWLHC will be participating again with NASW at next year's LEAD DAY event at the state capitol and Radisson Hotel on February, 8, 2006. If you have not seen this before you may want to consider this. It is a very exciting event that helps put Social Work forward as a change agent for the citizens of our state.

It has been a rough couple of months as you can see with Hurricane Katrina, but I am hanging in there and want let you know you can contact me at www.robert.rogers@med.va.gov, or at 317-554-0000 ext 4750.

HAPPY HOLIDAYS TO ALL OF YOU!

SOCIAL WORK MONTH 2006!

The ISSWLHC Board of Directors is looking for GREAT new (old!) ideas that you use to celebrate MARCH as National Social Work Month.....if you would, please forward all of your ideas to Amy Woodall at aewoodal@iupui.edu and she will collate these ideas and distribute via email to you by January 2006.

CHILD ABUSE AWARENESS MONTH

April 2006---Please share with Amy Woodall, aewoodal@iupui.edu, any/all ideas of how you promote Child Abuse Awareness Month in your organization... ideas could include displays that you do in your cafeteria or high-traffic areas; educational sessions for staff (done by the social workers of course!); paycheck-stuffers on awareness; poster displays on child abuse statistics, etc.

Amy will collect this information and distribute these ideas to everyone via email.

Message from the President

Greetings!

It's difficult to believe 2005 is coming to a close. As we enter the Thanksgiving and Christmas season we typically reflect back over the year, count our blessings, and become more in tune with the spirit of giving. However, this has been a most unusual year.

This year we have experienced first hand our Nation's largest natural disaster. We have seen the southern part of our country ripped apart by not one but two hurricanes. We have seen the destruction of buildings, homes and nature. We have looked into the eyes of our fellow countrymen, family and friends and seen the look of hopelessness, disbelief, and despair. We have viewed scenes that bring tears to our eyes and memories that will not be easily erased but in the midst of all the destruction, the bright spot was the volunteers that responded to help begin the healing process.

Thousands of volunteers from all parts of the country and all walks of life responded to the call for help. Our own Bob Rogers volunteered in Mobile, Alabama. (Bob's Mother, Aunts and Uncles lost their homes in Louisiana and our thoughts and prayers go out to them as they recover.) My brother-in-law spent two weeks volunteering at the Astro Dome in Houston, Texas. My husband Jeff was sent to Houston as a Red Cross Volunteer just in time to be evacuated to Austin, Texas because of hurricane Rita. He then spent a week running a shelter in Round Rock, Texas. Three people from different vocational backgrounds... a social worker, a business owner and an attorney all thankfully responded in a crisis situation. I'm sure many of you also responded through donations of food, clothing, and money etc. but then isn't that what we do as social workers every single day? We respond to people in crisis situations. We're there to help people transition from home to nursing home, or to comfort a new Mom who's giving her baby up for adoption or to support someone going through an addictions withdrawal. There is any number of scenarios but my point is we are there to respond to someone's personal crisis because as social workers that's who we are and what we do. What I think we tend to forget is that we are that bright spot in many lives. We are the ones who respond to the cries for help. I am thankful for each and every one of you and the help you provide to others.

Your ISSWLHC board is nearing completion on the strategic plan, which should be in place by the end of the year. I've been thrilled to see the e-mail system being utilized for problem solving and networking. What a wonderful addition to our society. Our spring conference was very successful and many thanks to Jaris Hammond and the education committee. I know they would welcome any suggestions on topics and speakers for the 2006 conference.

As my year of presidency winds down I want to thank you for the opportunity to serve you. We have a great slate of officers ready to lead us into 2006.

Have a safe and happy holiday season,
Deb Arnold

INDIANA SOCIETY
FOR
SOCIAL WORK LEADERSHIP
IN
HEALTH CARE

November 2005

The Board of Directors of the the Indiana Society for Social Work Leadership in Health Care (ISSWLHC) invite you to renew your ISSWLHC membership! Membership terms are from January 1—Dec. 31st of each year. We have been communicating with our members via email and as we do not have an email address in our data-bank for you, we are MAILING your renewal application.

The membership renewal is DUE December 31, 2005 The dues have not increased; they remain at \$40.00/year.

We would like to invite YOU to renew your membership in our professional association of professional social workers in healthcare! As a social work professional—whether a BSW or MSW---we invite you to JOIN healthcare social workers throughout the state of Indiana as we network, advocate and educate ourselves of KEY HEALTHCARE ISSUES for our patients and families.

Our organization hosts an outstanding conference in the spring and we provide ongoing information—electronically—to your desktop on ISSUES WHICH FACE your patients and families as you assist them while in your healthcare setting or in the process of discharging. We have taken on PAS/PASRR issues--- Medicaid changes---to name a few. These both impact your work assisting patients through the healthcare system significantly.

The cost for membership from Jan. 1, 2006--December 31, 2006 is only \$40.00. An application is included for you to complete and submit your check. All checks are to be made payable to: ISSWLHC.

If you have any questions concerning membership, please feel free to visit our website at www.ISSWLHC.org .

Thank you in advance for choosing to join the ONLY professional organization dedicated to HEALTHCARE SOCIAL WORKERS from all areas of healthcare!

Sincerely,

Beth Petrucce, LCSW, C-ASWCM
ISSWLHC Membership Chairman

EMPLOYMENT DATA:

Place of Employment: _____

Address: _____

City/State/Zip: _____

Phone: _____ FAX: _____

E-mail Address to which emails can be sent/read: (this is our main tool to communicate with our membership): _____

County: _____ Direct Supervisor/Title: _____

Size of your organization: (ie number of beds, outpatient visits, etc) _____

Urban/Rural/Teaching? _____

JOB RESPONSIBILITIES:

1. Job Title: _____

2. Staff # (include yourself): _____

3. Description of services you supervise/lead: _____

4. Number of years in organization: _____

If you are a NEW member, how did you hear about ISSWLHC? _____

* I hereby make application for membership or renewal of membership in the Indiana Society for Social Work Leadership in Health Care:

Signature/Date: _____

To be completed by ISSWLHC Board of Directors Only:

MEMBERSHIP ACTION:

1. Date of Action: _____

2. Type of Membership Approved
____ Full Member ____ Associate Member ____ Institutional Member

**Provided through the St. Vincent Diversity & Language Services Program
under the auspices of the Medical Social Services Department**

The CLAS standards are those standards (similar to JCAHO regulations) that healthcare providers are to meet if they receive any type of federal funds for any patients (i.e. Medicare, Medicaid, etc.) Thanks for Beth Petrucce for this information to help everyone identify the standards as well as the assessment tool that you can use.

**RECOMMENDED STANDARDS FOR
CULTURALLY and LINGUISTICALLY APPROPRIATE HEALTH CARE
SERVICES**

Based on an analytical review of key laws, regulations, contracts, and standards currently in use by federal and state agencies and other national organizations, these guidelines were developed with input from a national advisory committee of policymakers, providers, and researchers. In this report, each standard is accompanied by commentary that addresses its relationship to existing laws and standards, and offers recommendations for implementation and oversight to providers, policymakers, and advocates.

Preamble:

Culture and language have considerable impact on how patients access and respond to health care services. To ensure equal access to quality health care by diverse populations, health care organizations and providers should:

1. Promote and support the attitudes, behaviors, knowledge, and skills necessary for staff to work respectfully and effectively with patients and each other in a culturally diverse work environment.
2. Have a comprehensive management strategy to address culturally and linguistically appropriate services, including strategic goals, plans, policies, procedures, and designated staff responsible for implementation.
3. Utilize formal mechanisms for community and consumer involvement in the design and execution of service delivery, including planning, policy making, operations, evaluation, training and, as appropriate, treatment planning.
4. Develop and implement a strategy to recruit, retain and promote qualified, diverse and culturally competent administrative, clinical, and support staff that are trained and qualified to address the needs of the racial and ethnic communities being served.

5. Require and arrange for ongoing education and training for administrative, clinical and support staff in culturally and linguistically competent service delivery.
6. Provide all clients with limited English proficiency (LEP) access to bilingual staff or interpretation services.
7. Provide oral and written notices, including translated signage at key points of contact, to clients in their primary language informing them of their right to receive interpreter services free of charge.
8. Translate and make available signage and commonly used written patient educational material and other materials for members of the predominant language groups in service areas.
9. Ensure that interpreters and bilingual staff can demonstrate bilingual proficiency and receive training that includes the skills and ethics of interpreting, and knowledge in both languages of the terms and concepts relevant to clinical or non-clinical encounters. Family of friends are not considered adequate substitutes because they usually lack these abilities.
10. Ensure that the client's primary spoken language and self identified race/ethnicity are included in the health care organization's management information system as well as any patient records used by provider staff.
11. Use a variety of methods to collect and utilize demographic, cultural, epidemiological and clinical outcome data for racial and ethnic groups in the service area, and become informed about the ethnic/cultural needs, resources, and assets of the surrounding community.
12. Undertake ongoing organizational self-assessments of cultural and linguistic competence, and integrate measures of access, satisfaction, quality, and outcomes for CLAS into other organizational internal audits and performance improvement programs.
13. Develop structures and procedures to address cross cultural ethical and legal conflicts in health care delivery and complaints of grievances by patients and staff about unfair, culturally insensitive or discriminatory treatment, or difficulty in accessing services, or denial of services
14. Prepare an annual report documenting the organizations' progress with implementing CLAS standards, including information on programs, staffing, and resources.

9 *Resources for Cross Cultural Health Care and DHHS Office of Minority Health, 1999*

mcg\saby\standardslinghcs.doc

Provided by St. Vincent Diversity & Language Services Program under the
auspices of the Medical Social Services Department

Organizational Diversity Assessment

1. Do we provide **effective** care to Limited English Proficiency (L.E.P.) patients?
 - Are LEP patients' needs being met in a timely fashion?
 - Is our quality of interpreting what it should be?
 - Are interpreters and bilingual associates trained?
 - Do interpreters have sufficient expertise in both languages?
 - Are LEP patients informed of their right to an interpreter?
2. Are LEP patients able to **understand** providers or interpreters?
 - Do we provide means for LEP patients to receive care in their own language?
 - Do associates know how to speak in English to LEP patients/families?
 - Looking for signs of comprehension
 - Avoiding slang & idiomatic expressions
 - Do associates know how to introduce themselves in a foreign language?
3. Are we **respectful** towards LEP patients?
 - Do LEP patients feel they receive inferior treatment?
 - Do associates take reasonable steps to accommodate patients' cultural needs?
 - Are providers respectful towards patients regardless of race, gender, etc.?
4. Is our care **compatible with cultural health beliefs and practices**?
 - Are providers and interpreters aware of varying cultural practices?
 - Do interpreters act as advocates or cultural brokers when necessary?
5. Are our services **compatible with patients' preferred language**?
 - What are the most commonly requested foreign languages?
 - Does St. Vincent provide an appropriate number of interpreters?
 - Does St. Vincent provide a means to obtain an interpreter for a more obscure language?
6. Do we **recruit** diverse staff?
 - Is St. Vincent present at cultural fairs, job fairs, etc. to recruit associates representative of a variety of races, ages and abilities?
 - Does St. Vincent have an Affirmative Action program?
7. Do we **retain** diverse staff?
 - Do associates have a way of expressing their opinions and requests?
 - Is St. Vincent welcoming towards associates of other races, religions, ages, sexual orientations, etc.?
8. Do we **educate** associates?
 - Does the Multi-Cultural Program provide workshops and information sessions to inform associates of other cultures' beliefs and practices?
 - Are there materials available in the library on diversity and other cultures?

Information Maintained by the Office of Code Revision
Indiana Legislative Services Agency
10/20/2005 09:43:12 PM EST

IC 25-23.6

ARTICLE 23.6. MARRIAGE AND FAMILY THERAPISTS

IC 25-23.6-1

Chapter 1. Definitions

IC25-23.6-1-1

Application of definitions

Sec. 1. The definitions in this chapter apply throughout this article.

As added by P.L.186-1990, SEC.9.

IC25-23.6-1-1.5

"Appraisal"

Sec. 1.5. "Appraisal" means the use or administration of career and occupational instruments, adaptive behavioral and symptoms screening checklists, and inventories of interests and preferences that are administered for the purpose of counseling persons to cope with or adapt to changing life situations that are due to problems in living. The term includes the use of marital, relational, communicational, parent and child, and family systems assessment instruments. The term does not include the use of restricted psychology tests or instruments as described in IC 25-33-1-2(1).

As added by P.L.147-1997, SEC.12.

IC 25-23.6-1-2

"Board"

Sec. 2. "Board" refers to the social worker, marriage and family therapist, and mental health counselor board.

As added by P.L.186-1990, SEC.9. Amended by P.L.147-1997, SEC.13.

IC 25-23.6-1-2.5

"Bureau"

Sec. 2.5. "Bureau" refers to the health professions bureau.

As added by P.L.147-1997, SEC.14.

IC 25-23.6-1-3

"Clinical social worker"

Sec. 3. "Clinical social worker" means an individual who is licensed under this article.

As added by P.L.186-1990, SEC.9. Amended by P.L.147-1997, SEC.15.

IC 25-23.6-1-3.3

"Clinical social work experience"

Sec. 3.3. "Clinical social work experience" means a period of time during which an

applicant provides clinical services, including evaluation and treatment of clients, in which at least fifty percent (50%) of the time consists of providing counseling services directly to clients.
As added by P.L.147-1997, SEC.16.

IC 25-23.6-1-3.6

"Counseling"

Sec. 3.6. "Counseling" means techniques used to help individuals learn how to solve problems and make decisions related to personal growth, vocational, family, social, and other interpersonal concerns.

As added by P.L.147-1997, SEC.17.

IC 25-23.6-1-3.8

"Counselor"

Sec. 3.8. Except as provided in IC 25-23.6-7-5, as used in this chapter, "counselor" refers to a social worker, clinical social worker, marriage and family therapist, or a mental health counselor who is licensed under this article.

As added by P.L.147-1997, SEC.18.

IC 25-23.6-1-3.9

"Governmental employee"

Sec. 3.9. "Governmental employee" means an individual employed by the office of the secretary of family and social services, the division of family and children, the division of mental health and addiction, the division of disability, aging, and rehabilitative services, the department of correction, or the state department of health in one (1) of the following classifications:

- (1) 2AA3 Behavioral clinician 3.
- (2) 2AA4 Behavioral clinician 4.
- (3) 2AA5 Clinical associate 5.
- (4) 2FL1 Mental health administrator 1.
- (5) 2FL2 Mental health administrator 2.
- (6) 2FL3 Mental health administrator 3.
- (7) 2AN3 Substance abuse counselor 3.
- (8) 2AN4 Substance abuse counselor 4.
- (9) 2AN5 Substance abuse counselor 5.
- (10) 2AH2 Social services specialist 2.
- (11) 2AH3 Social services specialist 3.
- (12) 2AH4 Social services specialist 4.
- (13) 2AI1 Psychiatric services director 1.
- (14) 2AE2 Psychiatric social services specialist 2.
- (15) 2AE3 Psychiatric social services specialist 3.

As added by P.L.244-1999, SEC.1. Amended by P.L.215-2001, SEC.99.

IC 25-23.6-1-4

"Institution of higher education"

Sec. 4. "Institution of higher education" means a university or college that:

(1) awards a bachelor's or higher degree;

(2) is located in the United States; and

(3) is accredited by a regional accrediting body.

As added by P.L.186-1990, SEC.9. Amended by P.L.33-1993, SEC.34.

IC 25-23.6-1-4.8

"Licensed social worker"

Sec. 4.8. "Licensed social worker" means an individual who is licensed under this article.

As added by P.L.147-1997, SEC.19.

IC 25-23.6-1-5

"Marriage and family therapist"

Sec. 5. "Marriage and family therapist" means an individual who is licensed under this article.

As added by P.L.186-1990, SEC.9. Amended by P.L.147-1997, SEC.20.

IC 25-23.6-1-5.5

"Mental health counselor"

Sec. 5.5. "Mental health counselor" means an individual licensed under this article.

As added by P.L.147-1997, SEC.21.

IC 25-23.6-1-6

"Practice of clinical social work"

Sec. 6. (a) "Practice of clinical social work" means professional services that are designed to help individuals, marriages, couples, families, groups, and communities to enhance or restore their capacity for functioning by:

(1) assisting in the obtaining or improving of tangible social and health services;

(2) providing psychosocial evaluations using accepted classifications, including classifications from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) as amended and supplemented, but only to the extent of the counselor's education, training, experience, and scope of practice as established by this article;

(3) using appraisal instruments as an aid in treatment planning that the clinical social worker is qualified to employ by virtue of the counselor's education, training, and experience; and

(4) counseling and psychotherapeutic techniques, casework social work advocacy, and treatment in a variety of settings that include mental and physical health facilities, child and family service agencies, or private practice.

(b) The term does not include diagnosis (as defined in IC 25-22.5-1-1.1(c)).

As added by P.L.186-1990, SEC.9. Amended by P.L.147-1997, SEC.22.

IC 25-23.6-1-7

"Practice of marriage and family therapy"

Sec. 7. "Practice of marriage and family therapy" means a specialty that:

(1) uses an applied understanding of the dynamics of marital, relational, and family systems, and individual psychodynamics;

(2) uses counseling and psychotherapeutic techniques;

(3) evaluates and treats mental and emotional conditions, resolves intrapersonal and interpersonal conflict, and changes perceptions, attitudes, and behavior, all within the context of family, marital, and relational systems, including the use of accepted evaluation classifications, including classifications from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) as amended and supplemented, but only to the extent of the counselor's education, training, experience, and scope of practice as established by this article;

(4) uses individual, group, couple, sexual, family, and divorce therapy; and

(5) uses appraisal instruments that evaluate individual, marital, relational, communicational, parent and child, and family functioning that the marriage and family therapist is qualified to employ by virtue of the counselor's education, training, and experience.

The term does not include diagnosis (as defined in IC 25-22.5-1-1.1(c)).

As added by P.L.186-1990, SEC.9. Amended by P.L.147-1997, SEC.23.

IC 25-23.6-1-7.5

"Practice of mental health counseling"

Sec. 7.5. "Practice of mental health counseling" means a specialty that:

(1) uses counseling and psychotherapeutic techniques based on principles, methods, and procedures of counseling that assist people in identifying and resolving personal, social, vocational, intrapersonal, and interpersonal concerns;

(2) uses counseling to evaluate and treat emotional and mental problems and conditions in a variety of settings, including mental and physical health facilities, child and family service agencies, or private practice, and including the use of accepted evaluation classifications, including classifications from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) as amended and supplemented, but only to the extent of the counselor's education, training, experience, and scope of practice as established by this article;

(3) administers and interprets appraisal instruments that the mental health counselor is qualified to employ by virtue of the counselor's education, training, and experience;

(4) uses information and community resources for personal, social, or vocational development;

(5) uses individual and group techniques for facilitating problem solving, decision making, and behavioral change;

(6) uses functional assessment and vocational planning guidance for persons requesting assistance in adjustment to a disability or disabling condition;

(7) uses referrals for individuals who request counseling services; and

(8) uses and interprets counseling research.

The term does not include diagnosis (as defined in IC 25-22.5-1-1.1(c)).

As added by P.L.147-1997, SEC.24.

IC 25-23.6-1-8

"Practice of social work"

Sec. 8. (a) "Practice of social work" means professional services that are designed to effect change in human behavior, emotional responses, and social conditions of individuals, couples, families, groups, and communities and that involve specialized knowledge and skill related to human development, including an understanding of unconscious motivation, the potential for human growth, the availability of social resources, and knowledge of social systems. The term includes planning, administration, and research for community social services delivery systems.

(b) The term does not include the use of psychotherapy or diagnosis (as defined in IC 25-22.5-1-1.1(c)).

As added by P.L.186-1990, SEC.9. Amended by P.L.147-1997, SEC.25.

IC 25-23.6-1-9

"Psychotherapy"

Sec. 9. "Psychotherapy" means the assessing and treating of mental and emotional disorders by any of the various means of communication between the social worker practitioner and the client.

As added by P.L.186-1990, SEC.9.

IC 25-23.6-1-10

"Social worker"

Sec. 10. "Social worker" means an individual who graduates from a program accredited by the Council on Social Work Education.

As added by P.L.186-1990, SEC.9. Amended by P.L.147-1997, SEC.26.

IC 25-23.6-1-11

"Social work experience"

Sec. 11. "Social work experience" means a period of time during which an applicant provides social worker services, including assessment and evaluation of clients, in which at least fifty percent (50%) of the time consists of providing services directly to clients.
