Social Work in Health and Behavioral Health Care: Visioning the Future

BACKGROUND RESOURCES

CRITICAL CONVERSATION
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Background Materials

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MEETING FOCUS

This period of change and uncertainty in health and behavioral care service delivery is an opportune time to highlight the essential and varied roles that social workers play in achieving better health outcomes and improved psychosocial well-being for individuals and families. Achievement of mental health parity; greater focus on measuring outcomes; enhanced attention to prevention and health promotion as well as hospital readmissions; a greater focus on screening for psychosocial needs (e.g. MDS 3.0 screening in Long Term Care), and integration of health and behavioral health care can be expected to expand the demand for professional social workers. Social workers are an essential member of the interdisciplinary health care team and are involved in community-based wellness programs and management of acute and chronic illnesses. They play key roles with individuals and their families across the lifespan, as clinicians, care coordinators, and advocates and also serve as managers, administrators, supervisors, researchers, educators, policy analysts and program developers. Social work services are critical to addressing the impact of psychosocial needs on health care access, adherence, caregiving and health outcomes.

On Wednesday, June 20, 2012 the NASW Social Work Policy Institute (SWPI) is hosting the first in a series of **Critical Conversations.** This first one, *Social Work in Health and Behavioral Health Care: Visioning the Future,* will bring together representatives from federal agencies, foundations, national organizations, service providers, front-line practice, research and education to further articulate the knowledge and skills that position professional social workers to deliver services that enhance individual, family and community well-being. While health care standards, curricula, certification, licensing, trainings and policies exist for the social work profession, this conversation will be an opportunity to specifically synthesize information from research, policy and practice to articulate a **vision** for social work in the increasingly complex health and behavioral health care service delivery arena. This vision statement can then be used as the core underpinning to influence policy and practice and to support further research.

VISION FOR THE SOCIAL WORK PROFESSION

For the 2005 Social Work Congress the Congress co-sponsors developed the following Vision Statement to guide the Congress efforts. The imperatives that emerged from the 2005 and 2010 Social Work Congresses are driven by this vision which also provides the framing for the Critical Conversations that the Social Work Policy Institute will be convening (http://www.socialworkers.org/2010congress/).

> Social work expertise is highly valued for helping the global community protect and advance the well-being of all people, at every stage of life.

HELPFUL RESOURCES

The Social Work Policy Institute has pulled together an array of materials that you might find useful to review in preparation for the upcoming meeting. Included below is information that is available in several of the reports from symposia that the Social Work Policy Institute (www.SocialWorkPolicy.org) has convened over the last 2 ½ years.

We have also provided links to a range of valuable resources available from NASW including NASW Standards and Practice Perspectives; information on credentials offered by NASW as well as resources related to NASW's Social Work Reinvestment Initiative. We have also included an excerpt from NASW's comments of June 6, 2011 to the Centers for Medicare and Medicaid Services (CMS) on their Notice of Proposed Rule-Making for Accountable Care Organizations.

In addition you will find some examples of research studies on social work effectiveness. We have also included information on social work requirements for several programs that are funded through Medicare and Medicaid (e.g., hospice, long term care, etc.) and links to some of the Council on Social Work Education's initiatives to develop advanced practice competencies that are linked to the 2008 Education Policy and Accreditation Standards (EPAS).

I.   Social Work Policy Institute Resources

Since its launch in 2009, the Social Work Policy Institute (SWPI) has convened five symposia, and each has touched on health and behavioral health or workforce issues. Each of the symposium resulted in the identification of an agenda for action. They have included:

- *Social Work Research and Comparative Effectiveness Research: A Research Symposium to Strengthen the Connection* http://www.socialworkpolicy.org/news-events/social-work-research-and-comparative-effectiveness-research-cer-a-research-symposium-to-strengthen-the-connection.html

- *Hospice Social Work: Linking Policy, Practice and Research* http://www.socialworkpolicy.org/news-events/hospice-social-work-linking-policy-practice-and-research.html

- *Supervision: The Safety Net for Front-Line Child Welfare Practice* http://www.socialworkpolicy.org/news-events/supervision-the-safety-net-for-front-line-child-welfare-practice.html

- *Investing in the Social Work Workforce* http://www.socialworkpolicy.org/news-events/social-work-policy-institute-releases-new-report-on-needed-workforce-investments.html

- *Children at Risk: Optimizing Health in an Era of Reform* http://www.socialworkpolicy.org/news-events/report-on-health-care-for-children-at-risk.html

  SWPI also collaborated with the colleagues to organize a 2011 symposium on psychosocial care in nursing homes. The findings and recommendations are summarized in section X.

II.   NASW RESOURCES

Social Work Practice Perspectives and Practice Updates

- The Medical Home Model: What Is It and How Do Social Workers Fit In?
  http://www.socialworkers.org/assets/secured/documents/practice/health/medical%20home%20practice%20update_April_2011.pdf

- Accountable Care Organizations (ACOs): Opportunities for the Social Work Profession
  http://www.socialworkers.org/assets/secured/documents/practice/health/ACOs%20Opportunities%20for%20SWers.pdf

- 2011 Medicare Changes for Clinical Social Workers
  http://www.socialworkers.org/assets/secured/documents/practice/clinical/PP%202011%20Medicare%20Changes.pdf

- Adolescent Depression and Suicide Risk: How Social Workers Can Make a Difference
  http://www.socialworkers.org/assets/secured/documents/practice/adolescentDepression0211.pdf

- Healthy People 2020: Social Work Values in a Public Health Roadmap
  http://www.socialworkers.org/assets/secured/documents/practice/healthyPeople2020.pdf

- The Childhood Obesity Epidemic: The Social Work Response
  http://www.socialworkers.org/assets/secured/documents/practice/health/childhood%20obesity%20practice%20update.pdf

NASW Center for Workforce Studies (workforce.socialworkers.org)

- *Assuring the* Sufficiency of the Front-*Line Workforce: National Study of Licensed Social Workers*
  http://workforce.socialworkers.org/studies/natstudy.asp#spe
     To better predict the adequacy and sufficiency of the social work labor force, in 2004, the Center carried out a landmark study and also did special sector reports for Children and Families, Aging, Behavioral Health and Health Care.
- NASW Occupational Profiles http://workforce.socialworkers.org/whatsnew.asp#profiles

NASW Standards

- NOTE: NASW Standards on for Social Work Case Management are under review and seeking comments from the field on the draft standards by July 1, 2012 http://www.socialworkers.org/practice/aging/case_management/CommentSubmission.aspx

- NASW Standards for Social Work Practice with Clients with Substance Use Disorders
  http://www.socialworkers.org/practice/standards/NASWATODStatndards.pdf
- NASW and ASWB Standards for Technology and Social Work Practice
  http://www.socialworkers.org/practice/standards/NASWTechnologyStandards.pdf
- NASW Standards for Social Work Practice in Health Care Settings
  http://www.socialworkers.org/practice/standards/NASWHealth careStandards.pdf
- NASW Standards for Family Caregivers of Older Adults
  ttp://www.socialworkers.org/practice/standards/NASWFamilyCaregiverStandards.pdf
- NASW Standards for Palliative and End of Life Care
  http://www.socialworkers.org/practice/bereavement/standards/standards0504New.pdf
- NASW Standards for Clinical Social Work in Social Work Practice
  http://www.socialworkers.org/practice/standards/NASWClinicalSWStandards.pdf
- NASW Standards for Social Work Services in Long Term Care
  http://www.socialworkers.org/practice/standards/NASWLongTermStandards.pdf
- Continuing Education and the Social Work Profession
  http://www.socialworkers.org/practice/standards/NASWContinuingEdStandards.pdf
- NASW Standards for the Practice of Social Work with Adolescents
  http://www.socialworkers.org/practice/standards/NASWAdolescentsStandards.pdf
- NASW Standards for Integrating Genetics into Social Work Practice
  http://www.socialworkers.org/practice/standards/GeneticsStdFinal4112003.pdf
- NASW Standards For Cultural Competence in Social Work Practice
  http://www.socialworkers.org/practice/standards/NASWCulturalStandards.pdf
- NASW Standards For School Social Work Services
  http://www.socialworkers.org/practice/standards/NASW_SSWS.pdf
- Indicators For Cultural Competence in Social Work Practice
  http://www.socialworkers.org/practice/standards/NASWCulturalStandardsIndicators2006.pdf

NASW CREDENTIALS RELATED TO HEALTH AND BEHAVIORAL HEALTH

The following NASW certifications are relevant to child welfare and/or health care social workers:

- Certified Advanced Children, Youth and Family Social Worker (C-ACYFSW) - *The C-ACYFSW is designed for social workers who promote the well-being of children and families.*
- Certified Advanced Social Work Case Manager (C-ASWCM) - *The C-ASWCM establishes social workers as professionals in a range of settings.*
- Certified Social Work Case Manager (C-SWCM) – *The C-SWCM is established for case managers in a range of settings with a BSW degree.*

- Certified Children, Youth and Family Social Worker (C-CYFSW - *The C-CCYFSW is a specialty credential for the BSW, gives credibility to professionally trained children, youth and family social workers.*
- *Certified Social Worker in Health Care (C-SWHC) – The C-SWHC is a specialty credential designed for social workers who address the biopsychosocial components of health and/or mental health from a strengths perspective and use their knowledge to develop standards of practice, recommend health policy, improve health programs and ensure patients, families and organizations receive high quality and state of the art social work services.*
- *Advanced Certified Hospice and Palliative Social Worker (ACHP-SW)*
  Certified Hospice and Palliative Social Worker (CHP-SW)
  The premier credentials for social workers in hospice and palliative care, NASW developed a BSW and MSW level credential jointly with the National Hospice and Palliative Care Organization (NHPCO). These credentials were designed by social work leaders in hospice and palliative care **for** *social workers who meet national standards of excellence.*
- Diplomate in Clinical Social Work (DCSW) – *The DCSW represents the highest level of expertise and excellence in clinical social work.*
- Academy of Certified Social Workers (ACSW) - *The ACSW represents leadership of the profession from direct service to research and systems analysis for individuals, families, groups, and communities.*

NASW Social Work Reinvestment Initiative – provides information on federal and state strategies to strengthen and support the social work workforce - http://www.socialworkreinvestment.org/,

III. RESOURCES ON SOCIAL WORK EFFECTIVENESS AND SOCIAL WORK IMPACT ON SERVICE DELIVERY OUTCOMES

Research finds that a social work degree coupled with specialized preparation in a field of practice can result in improved client outcomes, worker retention, greater sense of self-efficacy, a decrease in the amount of required pre-service and in-service training, enhanced cultural competency, commitment to ethical practice and a person-in-environment orientation.

- **Los Angeles Conference on Intervention Research in Social Work** - A special issue of *Research on Social Work Practice* (Vol. 20, issue 5) is devoted to exploring research on social work interventions for youth at risk, individuals experiencing mental illness and their families, persons involved with the criminal justice system and clinic patients experiencing depression and other health conditions. The articles address methodological challenges and research designs as well as the current state of social work intervention research, with studies addressing the needs of persons from diverse cultures. The articles are drawn from the proceedings of the Los Angeles Conference on Intervention Research in Social Work, organized by the University of Southern California School of Social Work and the Institute for the Advancement of Social Work Research (IASWR) in October 2009.

- ***Outcomes of Social Work Intervention in the Context of Evidence-Based Practice*** – an article by Edward Mullen and Joseph Shuluk**,** *Journal of Social Work*, *11*(1): 49-63 is adapted from a November 2009 presentation by Mullen, *What is known from research about the effectiveness of social work interventions,* that was presented at "Social Work Research and Comparative Effectiveness Research (CER): A Research Symposium to Strengthen the Connection" sponsored by the NASW Social Work Policy Institute (http://www.socialworkpolicy.org/news-events/social-work-research-and-comparative-effectiveness-research-cer-a-research-symposium-to-strengthen-the-connection.html). According to the synthesis of research reviews there is a large body of evidence supporting the effectiveness of a wide range of social work interventions.

- ***Evidence Database in Aging Care (EDAC)* --** New York Academy of Medicine (funded by Atlantic Philanthropies).   EDAC is a database designed to provide evidence on social work outcomes,   http://www.searchedac.org/index.php.

- ***Studies of the Cost-Effectiveness of Social Work Services in Aging: A Review of the Literature*** by Rizzo and Rowe (*Research on Social Work Practice* , 2006, Vol. 16 ; 167-73) finds that the aging of the population creates an increased demand for social work services and that reimbursement structures for Medicare and Medicaid present significant barriers. The literature review finds that social work interventions can have a positive impact on health care costs, the use of health care services and the quality of life of older Americans.

- ***The Effects of the ARC Organizational Intervention on Caseworker Turnover, Climate, and Culture in Children's Service Systems*** by Glisson, Dukes and Green (*Child Abuse & Neglect,* 2006, 855-880) examines the effects of the Availability, Responsiveness, and Continuity (ARC) organizational intervention strategy on caseworker turnover, climate, and culture in child welfare and juvenile justice agencies. The results of a randomized controlled design finds that organizational intervention

strategies can be used to reduce staff turnover and improve organizational climates in urban and rural systems. This is important because child welfare and juvenile justice systems in the U.S.A. are plagued by high turnover rates, and there is evidence that high staff turnover and poor organizational climates negatively affect service quality and outcomes in these systems.

- ***Collaborative Care Management of Major Depression Among Low-Income, Predominantly Hispanic Subjects With Diabetes*** by Ell, Katon, Xie, Lee, Kapetanovic, Guterman and Chou, published in *Diabetes Care* (2010, 33; 706–713). The results from a randomized controlled trial that tested an evidence-based, socioculturally adapted collaborative depression (telephone support and outreach, systems navigation and assistance, problem solving therapy and medication) and diabetes care models for low-income Hispanic subjects found that those receiving the enhanced treatment had significantly greater improvement in depression and decreased diabetes complications.

- ***Enhanced Discharge Planning Program (EDPP)*** is a follow-up intervention tested in a randomized study at Chicago's Rush University Medical Center's Older Adult Programs and Case Management Department. The effective program has social workers phone patients and caregivers after discharge to ensure they are receiving the services detailed in their discharge plan and to investigate any unanticipated needs. If necessary, social workers intervene to help patients resolve problems and connect patients and caregivers to health care providers and community-based services. This program has been highlighted in numerous publications including the AARP Bulletin Today in September 2009, http://bulletin.aarp.org/yourhealth/medicare/articles/transition_care.html.

- ***Project SAFe (Screening Adherence Follow-Up Program)*** developed by social work researcher Kathleen Ell (University of Southern California) and a team of researchers including project co-director Betsy Vourlekis, is a social work model that provides a system of patient navigation counseling and case management designed to help low-income, ethnic-minority women overcome barriers to timely breast cancer screening and follow-up after receiving an abnormal mammogram. The service involves a structured interactive telephone assessment of screening-adherence risk (i.e., barriers), health counseling, and follow-up services, including patient tracking, appointment reminders, and referral to community resources. It **can** be found on the Research-tested Intervention Programs (RTIPs) website http://rtips.cancer.gov/rtips/agreement.do;jsessionid=9B10034A6C72E2734469D8538C E1FE5D.

- ***Using Pharmacists, Social Workers, and Nurses to Improve the Reach and Quality of Primary Care - Commonwealth Fund Quality Matters, August/September 2010.*** *Studies of interdisciplinary health care teams have demonstrated that use of these teams can lead to improvements in the quality of primary care, but their impact on total health care costs and utilization has not yet received sufficient attention. Still, available evidence suggests that these teams may help expand the nation's capacity to provide primary care services, which is much needed due to a shortage of physicians and other primary care providers. But doing so quickly will require the financial support of federal, state, and private payers, as well as an investment of time by health care providers.* http://www.commonwealthfund.org/Content/Newsletters/Quality-Matters/2010/August-September-2010.aspx.

- NASW included information on the effectiveness of social work interventions in health care delivery in its comments to CMS in response to the Notice of Proposed Rule-Making on ACOs (June 6, 2011). For the complete comments go to http://www.socialworkers.org/practice/clinical/2011/110606%20nasw%20comments%20on%20cms%20proposed%20rule%20cms-1345-p.pdf

Benefits of social work involvement in ACO-type programs have shown positive trends in a number of performance measures:

- Reduction in 30-day hospital readmissions
- Delays in permanent nursing home placement
- Reductions in avoidable emergency room visits
- Improved access to primary care providers
- Improved adherence to treatment plans

In addition to Project SAFe and the Enhanced Discharge Planning Program that are mentioned above, NASW highlighted the following additional programs.

Care Management Program: An Initiative to Reduce Unnecessary Emergency Department Utilization

This program addresses the needs of the most frequent users of emergency departments and hospitals in Camden, New Jersey. These individuals lack consistent primary care and often have complex medical, psychiatric, and substance abuse disorders, compounded by an array of social concerns. A team consisting of a social worker, medical assistant, and nurse practitioner helps program participants address a variety of social, environmental, and health conditions. The team also facilitates participant access and on-going involvement in a medical home (Camden Coalition of Healthcare Providers, 2011).

Geriatric Resources for Assessment and Care of Elders

The GRACE (Geriatric Resources for Assessment and Care of Elders) medical home project includes a nurse practitioner–social worker care coordination team, which works closely with primary care physicians and a geriatrician. The program, situated at an urban system of community clinics affiliated with the Indiana University School of Medicine, enrolls low-income older adults with multiple diagnoses. Data from the project show decreased use of the emergency department and lower hospitalization rates among seniors receiving the GRACE intervention, compared with those in control groups (Counsell et al., 2007).

Commonwealth Care Alliance

Serving older adults and medically fragile individuals on Medicaid, the Commonwealth Care Alliance (CCA) uses nurse practitioner-led teams in 25 community-based medical practices. These teams, which include social workers, assume primary responsibility for the ambulatory care needs of patients assigned to each practice. Teams provide intake

and assessment, ongoing care coordination, and in-home assistance with activities of daily living. The physicians on the team, on the other hand, focus on inpatient care. According to the Commonwealth Fund, the number of hospital days per year per CCA member who is dually eligible for Medicare and Medicaid was 2.0, compared to 3.6 days per dually eligible patient enrolled in the Medicare fee-for-service program. The study also found the percentage of nursing home–certifiable patients permanently placed in the nursing home per year was 8.5%, compared with the overall Massachusetts rate of 12% (Commonwealth Fund, 2010).

IV.   Social Work Resources On Health Care Reform

Implications of Health Care Reform on the Social Work Profession
Congressional Briefing, February 16, 2011;
http://www.socialworkreinvestment.org/2011/briefing.html

Social Workers and Healthcare Reform – Legal Defense Fund Legal Issue of the Month, April 2011
http://www.socialworkers.org/ldf/legal_issue/2011/042011.asp

CSWE Guide to Patient Protection and Affordable Care Act
Provisions relating to social work that were included in the Patient Protection and Affordable Care Act of 2010 http://www.cswe.org/File.aspx?id=48334

V.   Importance of Economic Evaluation

THE FOLLOWING INFORMATION ON ECONOMIC EVALUATION AND ITS IMPORTANCE IN EXAMINING PSYCHOSOCIAL INTERVENTIONS IS DRAWN FROM A PRESENTATION ECONOMIC EVALUATIONS OF PSYCHOSOCIAL INTERVENTIONS – CONSIDERATIONS FOR CER AND PRACTICE BY PHAEDRA CORSO (UNIVERSITY OF GEORGIA) AT SWPI'S SYMPOSIUM ON *SOCIAL WORK & COMPARATIVE EFFECTIVENESS RESEARCH* (NOVEMBER 2009) FOR MORE INFORMATION VISIT HTTP://WWW.SOCIALWORKPOLICY.ORG/WP-CONTENT/UPLOADS/2010/03/SWPI-CER-FULL-RPT-FINAL.PDF.

For practitioners and researchers, understanding and using meaningful economic evaluation methods when conducting intervention research studies should be an essential. Such tools can be valuable to program decision-making and for setting health and mental health policy when attempting to comparatively maximize outcomes and minimize costs. So often in delivering psychosocial services, resources are limited and hard choices about care need to be made. Economic evaluation strategies can assist in demonstrating the value provided from the resources expended. This is particularly relevant for CER, because a key concern about this new emphasis on CER is that decisions might be made based solely on cost.

Definition of Economic Evaluation

Economic evaluation is applying analytic methods to identify, measure, value, and compare the costs and consequences of treatment and prevention programs, interventions, and policies. There are multiple types of economic evaluation that are useful for decisions at various levels of practice (agency, local, state, national levels).

Figure 2: Where Cost Analysis and Economic Evaluation Should Occur:
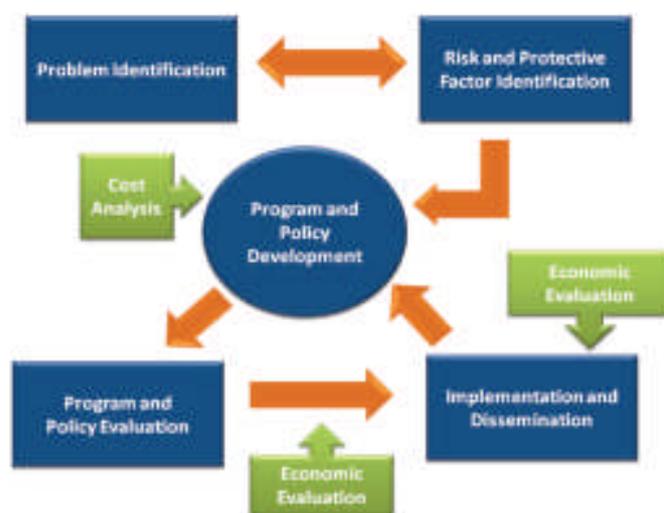
As programs and policies are developed to address identified problems within communities or populations, economic evaluation and cost analysis should be included in the initial planning of

the research and program design. As part of the dissemination and implementation process, economic evaluation should also be a factor. After programs and policies have been implemented, further economic evaluation should occur to continually inform program and policy decisions. As noted above, there is currently insufficient attention in social work research to cost factors. In addition, cost issues are often only examined at the end of a study, rather than included and evaluated throughout the study process. When evaluating costs, often only budget figures are taken into account.

Several types of economic evaluation can be relevant to the various types of policy decisions that are made. Examples of cost analysis methods and their potential applicability are described below.

Benefit-Cost Analysis (BCA)
Benefit-cost analysis (BCA) is best used to compare the costs and benefits of an intervention over time, in monetary terms. This is most often used at the federal level with regulatory policies such as the Clean Water and Clean Air Acts, but is increasingly applied to public health and social work interventions. BCA is very popular among stakeholders and tells the amount of money saved for every dollar spent in a program.

Cost-Utility Analysis (CUA)
Cost-utility analysis (CUA) is used when an intervention has a wide range of outcomes, when quality is the focus of the evaluation, and when a program affects both morbidity and mortality. It evaluates impact of interventions on length of life (survival) adjusted for quality of life (e.g., quality-adjusted life years or disability-adjusted life years). The summary measure in a CUA is the cost per quality-adjusted life year saved.

Cost-Effectiveness Analysis (CEA)
Cost-effectiveness analysis (CEA) estimates the costs and outcomes of interventions and looks at outcomes in natural units (e.g., cases prevented, lives saved, etc.) and compares the results to other interventions impacting the same outcome. One disadvantage of CEA is that outcomes must be evaluated separately, which prevents evaluation of more than two outcomes of an intervention.

The need for economic evaluation can be a challenge to the public because of concerns that considerations of cost will lead to rationing of care to the cheapest interventions. Information on costs is of great importance when agencies are making decisions about what intervention to use in real world settings. Issues of cost and budget are often key considerations in the selection of a particular program design. Therefore, having high quality cost information available should be essential, however, it is often lacking. (Excerpted from *SOCIAL WORK & COMPARATIVE EFFECTIVENESS RESEARCH* **[NOVEMBER 2009]. FOR MORE INFORMATION VISIT HTTP://WWW.SOCIALWORKPOLICY.ORG/WP-CONTENT/UPLOADS/2010/03/SWPI-CER-FULL-RPT-FINAL.PDF**.)

VI. EXAMPLES OF FEDERAL DEFINITIONS OF SOCIAL WORK IN CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) PROGRAMS

A. DEFINITION OF CLINCIAL SOCIAL WORKER **IN RURAL HEALTH CENTER AND FEDERALLY QUALIFIED HEALTH CENTER** -- MEDICARE PROGRAMS (Medicare Benefit Policy Manual - http://www.cms.gov/manuals/Downloads/bp102c13.pdf)

110.1 - Clinical Social Worker Defined (Rev. 1, 10-01-03)

A clinical social worker is an individual who: Possesses a master's or doctor's degree in social work; Has performed at least two years of supervised clinical social work; and Either: Is licensed or certified as a clinical social worker by the State in which the services are performed; or in the case of an individual in a State that does not provide for licensure or certification, has completed at least two years or 3,000 hours of post master's degree supervised clinical social work practice under the supervision of a master's level social worker in an appropriate setting such as a hospital, SNF, or clinic.

110.2 - Clinical Social Worker Services Defined

Clinical social worker services for the diagnosis and treatment of mental illnesses and services and supplies furnished incident to such services are covered as long as the CSW is legally authorized to perform them under State law (or the State regulatory mechanism provided by State law) of the State in which such services are performed. The services that are covered are those that are otherwise covered if furnished by a physician or as an incident to a physician's professional service. Services furnished to an inpatient or outpatient that a hospital is required to provide as a requirement for participation are not included.

B. DEFINITION OF SOCIAL WORK IN **INPATIENT PSYCHIATRIC HOSPITAL SERVICES** – (Medicare Benefit Policy Manual - http://www.cms.gov/manuals/Downloads/bp102c02.pdf)

Chapter 2 - Inpatient Psychiatric Hospital Services; 60 - Social Services
(Rev. 59, Issued: 11-09-06, Effective: 01-01-05, Implementation: 12-04-06)
There must be a director of social services who monitors and evaluates the quality and appropriateness of social services furnished. The services must be furnished in accordance with accepted standards of practice and established policies and procedures, according to 42 CFR 412.27 and 42 CFR 482.62.

1. The director of the social work department or service must have a Master's degree from an accredited school of social work or must be qualified by education and experience in the social services needs of the mentally ill. If the director does not hold a Master's degree in social work, at least one staff member must have this qualification.
2. Social service staff responsibilities must include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of appropriate information with sources outside the hospital.

C. DEFINITION OF SOCIAL WORK -- MEDICARE AND MEDICAID PROGRAMS; CONDITIONS FOR COVERAGE FOR **END-STAGE RENAL DISEASE** FACILITIES; FINAL RULE - APRIL 15, 2008 http://www.cms.gov/cfcsandcops/downloads/esrdfinalrule0415.pdf

495.140 Personnel Qualifications (d) Standard: Social worker. The facility must have a social worker who— (1) Holds a master's degree in social work with a specialization in clinical practice from a school of social work accredited by the Council on Social Work Education; or (2) Has served at least 2 years as a social worker, 1 year of which was in dialysis unit or transplantation program prior to September 1, 1976, and has established a consultative relationship with a social worker who qualifies under § 494.140(d)(1). (CMS, 2008, p. 114)

495.90 Patient Plan of Care – The outcomes specified in the patient plan of care must be consistent with current evidence-based professionally-accepted clinical practice standards. " (a) Development of Patient Plan; (6) Psychosocial Status -- ''The interdisciplinary team must provide the necessary monitoring and social work interventions, including counseling and referrals for social services, to assist the patient in achieving and sustaining an appropriate psychosocial status as measured by a standardized mental and physical assessment tool chosen by the social worker, at regular intervals, or more frequently on an as-needed basis.'' (CMS, 2008, pp. 111-112)

D. DEFINITION OF SOCIAL WORK - CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS): **HOSPICE** CONDITIONS OF PARTICIPATION

418.114 (b) standard: personnel qualifications for certain disciplines:

3. Social worker. A person who—(i) (A) Has a Master of Social Work (MSW) degree from a school of social work accredited by the Council on Social Work Education and one year of social work experience in a health care setting; or (B) Has a baccalaureate degree in social work from an institution accredited by the Council on Social Work Education; or a baccalaureate degree in psychology, sociology, or other field related to social work and is supervised by an MSW as described in paragraph (b)(3)(i)(A) of this section; and (ii) Has one year of social work experience in a health care setting; or (iii) Has a baccalaureate degree from a school of social work accredited by the Council on Social Work Education, is employed by the hospice before December 2, 2008, and is not required to be supervised by an MSW" (CMS, 2009, p.32218).

E. DEFINITION OF SOCIAL WORK - CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS): **LONG TERM CARE** CONDITIONS OF PARTICIPATION

483.15 Quality of life. (g) Social Services.
(1)   The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.
(2)   A facility with more than 120 beds must employ a qualified social worker on a full-time basis.
(3)   Qualifications of social worker. A qualified social worker is an individual with—
        (i) A bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology; and
        (ii) One year of supervised social work experience in a health care setting working directly with individuals.

F. DEFINITION OF SOCIAL WORK - CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS): **HOME HEALTH AGENCIES** CONDITIONS OF PARTICIPATION

484.4 Personnel Qualifications

Social work assistant. A person who: (1) Has a baccalaureate degree in social work, psychology, sociology, or other field related to social work, and has had at least 1 year of social work experience in a health care setting; or (2) Has 2 years of appropriate experience as a social work assistant, and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service, except that these determinations of proficiency do not apply with respect to persons initially licensed by a State or seeking initial qualification as a social work assistant after December 31, 1977.

Social worker. A person who has a master's degree from a school of social work accredited by the Council on Social Work Education, and has 1 year of social work experience in a health care setting.

484.34 Medical Social Services -- If the agency furnishes medical social services, those services are given by a qualified social worker or by a qualified social work assistant under the supervision of a qualified social worker, and in accordance with the plan of care. The social worker assists the physician and other team members in understanding the significant social and emotional factors related to the health problems, participates in the development of the plan of care, prepares clinical and progress notes, works with the family, uses appropriate community resources, participates in discharge planning and in-service programs, and acts as a consultant to other agency personnel.

VII. Dorothy I. Height and Whitney M. Young, Jr. Social Work Reinvestment Act - 112th Congress (H.R. 1106, S. 584)

The Components of the Dorothy I. Height and Whitney M. Young, Jr. Social Work Reinvestment Act include:

Social Work Reinvestment Commission: Addressing the Future of the Profession

A Social Work Reinvestment Commission is established to provide a comprehensive analysis of current trends within the academic and professional social work communities. Specifically, the Commission will develop long-term recommendations and strategies to maximize the ability of America's social workers to serve individuals, families, and communities with expertise and care. The recommendations will be presented to Congress and the Executive Branch.

Areas of Focus: Fair market compensation, high social work educational debt, social work workforce trends, translating social work research to practice, social work safety, the lack of diversity in the social work profession, and state level social work licensure (as it implicates social work service across state lines) and the impact these issues have on the areas of aging, child welfare, military and veterans affairs, mental and behavioral health and disability, criminal justice and correctional systems, health and issues affecting women and families.

Reinvestment Demonstration Programs: Addressing The Current State of the Profession of Social Work

Demonstration programs will address relevant, "on the ground" realities experienced by our nation's professional social workers. These competitive grant programs will prioritize activities in the areas of workplace improvements, research, education and training, and community based programs of excellence. This component of the legislation supports efforts underway within both the private and public sectors, in the post doctoral research community, at our nation's institutions of higher learning, and within organizations already administering effective social work services to millions of people. This investment will be returned many times over both in support of ongoing efforts to establish the most effective social work solutions and in direct service to the growing numbers of individuals, families, and communities in need.

Types of Programs Authorized by the Act:

Workplace Improvements – Four grants will be awarded to address high caseloads, fair market compensation, social work safety, supervision, and working conditions.

Research – Twenty-five grants will be awarded to social workers for post doctoral research activity to further the knowledge base of effective social work interventions and to promote usable strategies to translate research into practice across diverse community settings and service systems. At least ten of these grants will be awarded to grantees employed by historically black colleges or universities or minority serving institutions.

Education and Training – Twenty grants are made available to institutions of higher education to support recruitment and education of social work students from high need and high demand areas at the Baccalaureate, Master's and Doctoral levels as well as the development of faculty. At least four of these grants will be awarded to historically black colleges and universities or minority serving institutions.

Community Based Programs of Excellence – Six grants are made available to not-for-profit or public community based programs of excellence to further test and replicate effective social work interventions from the areas of aging, child welfare, military and veteran's issues, mental and behavioral health and disability, criminal justice and correctional systems, health and issues affecting women and families.

National Coordinating Center – One component of the demonstration programs will be a coordinating center which will work with universities, research entities, and social work practice settings to identify key research areas to be pursued, select fellows, and organize appropriate mentorship and professional development efforts.

VIII.   Workforce Reports and Resources

- The Annapolis Coalition - dedicated to improving the recruitment, retention, training and performance of the prevention and treatment workforce in the mental health and addictions sectors of the behavioral health field - http://www.annapoliscoalition.org/aboutus.aspx.
- John A. Hartford Foundation- funded Geriatric Social Work Initiative – is a multi-faceted, multi-year effort to build aging capacity in social work including field placements, curriculum building, competency development and strengthened leadership and agency/school partnerships. See the initiative website for more information -- http://www.gswi.org/.
- ***The Unsolved Challenge of System Reform: The Condition of the Frontline Human Services Workforce***, Annie E. Casey Foundation, 2003; http://www.cornerstones4kids.org/images/the_unsolved_challenge.pdf.
- ***Assuring the Sufficiency of the Front-Line Workforce: A National Study of Licensed Social Workers*** http://workforce.socialworkers.org/studies/nasw_06_execsummary.pdf.
- ***Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs,*** Institute of Medicine, 2008.
- ***Retooling for an Aging America: Building the Health Care Workforce,*** Institute of Medicine, 2008.

IX.   CSWE Advanced Practice Competencies
http://www.cswe.org/Accreditation/EPASImplementation.aspx

The 2008 Educational Policy and Accreditation Standards (EPAS) outlines 10 core competencies that are common to all of social work practice. Advanced practice, "incorporates all of the core competencies augmented by knowledge and practice behaviors specific to a concentration" (M2.2, p.8). CSWE has worked with the field to develop resources for programs in the development of knowledge and practice behaviors specific to competencies for advanced practice. Currently available guides cover the following topics:

- **Clinical Social Work**
  The clinical social work project was led by University of Houston, Saint Catherine University - University of Saint Thomas, and Smith College., *Advanced practice in clinical social work* (PDF), is now available.
- **Gerontology**
  The gerontology project is being led by the CSWE Gero-Ed Center. The final product, *Advanced gero social work practice guide* (PDF), is now complete and includes course and evaluation resources.
- **Military Social Work**
  Cosponsored by the University of Southern California School of Social Work's Center for Innovation and Research on Veterans and Military Families, this guide (PDF) defines the specialized knowledge and skills that social work practitioners need to effectively serve military personnel, veterans, and their families, as well as noncombatant uniformed service members.
- **Prevention of Substance Use Disorders**
  The prevention project is now complete and the final product, *Advanced practice in the prevention of substance use disorders* (PDF), is available online.

Additional guides are currently under development.

X.   Psychosocial Care in Nursing Homes in the Era of the MDS 3.0: Perspectives of the Experts

Key Findings and Recommendations from an April 2011 Conference organized by Sheryl Zimmerman (UNC), Robert Connolly (Retired-CMS), Joan Levy Zlotnik (NASW-SWPI) & Mercedes Bern-Klug (U of Iowa) and supported by the Commonwealth Fund.

Key Findings

Attention to nursing home residents' psychosocial care needs has been enhanced by the changes made to the MDS 3.0, but there are very few psychosocial evidence-based tools, guidelines and resources available to support or train nursing home staff. More evidence is needed to guide psychosocial assessment and care.
- Psychosocial care should be person-centered and promoted as a fundamental aspect of quality of life.
- The MDS and CAAs would benefit from more of a strengths-based perspective and cultural sensitivity.

The experts strongly endorsed the importance of interdisciplinary psychosocial care and that nursing home staff must conduct these assessments and plan and implement care in collaboration with other members of the interdisciplinary team – ranging from the physician (who may need to consider medical issues that are complicit in care needs) to the nursing assistant (who provides the majority of care) – as well as with the resident and his/her family members.

- They noted the need for a professional point-person to guide and oversee psychosocial care, and to ensure inclusion of families and residents in care assessment, planning, and implementation.
    - The social worker/designee is in a key position to coordinate and facilitate interdisciplinary care to address psychosocial needs on a regular basis and provide feedback to the resident and family; however, there needs to be more training and support of this role.
- Addressing psychosocial care needs requires an interdisciplinary approach with all staff and families; currently, focus, resources, and training are limited in this area.
    - Shared-decision making, skill building, and cultural competence are indicated and might be facilitated through use of Geriatric Interdisciplinary Team Training [GITT]. (http://gittprogram.org/)

There was widespread agreement regarding the need to promote critical thinking in relation to the
psychosocial domains of the MDS and related CAA areas.
- Psychosocial care cannot be dictated by a "checklist", but instead must be guided by the expertise of professions including social work, nursing, occupational therapy, activity/ recreational therapy, and others.
    - An example of a successful nursing home initiative promoting critical thinking is the Advancing Excellence in America's Nursing Homes Campaign pain goal, which provides a comprehensive interdisciplinary, evidence-based organizational approach to treating pain in nursing homes. (http://www.nhqualitycampaign.org/)

Next Steps

1. Use a model similar to the one of the conference to convene either by telephone or in person key stakeholders from various groups and organizations (including clinicians and direct care staff) to strengthen psychosocial nursing home care. Attention should be focused on the development of evidence-based resources for psychosocial assessment and care, and on the dissemination and training of these resources for all nursing home staff.
2. Focus industry and CMS MDS 3.0 training on psychosocial and interdisciplinary care at national, state and local levels to help all nursing home staff improve their skills and have tools to conduct more thorough assessments, develop appropriate care plans, and implement those plans. Professional training of nurses, social workers, recreational therapists, and others should include more focus in the use of specific interdisciplinary tools for psychosocial assessment and care planning.
3. Train nursing home social service staff to take the lead in promoting psychosocial well-being; the provider community, quality improvement organizations (QIOs), social work education programs, and professional associations are advised to create focused professional development programs addressing both social work functions as well as interdisciplinary collaboration.

For additional information about the conference, contact the organizers (Sheryl Zimmerman, Robert Connolly, Mercedes Bern-Klug, or Joan Zlotnik).

Article in the *Journal of Gerontological Social Work* – "Psychosocial Care in Nursing Homes in the Era of the MDS 3.0: Perspectives of the Experts" (volume 55, issue 8, pp. 444-457).