

SOCIAL WORK PROFESSIONAL PRACTICE

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Handbook provides procedures for ensuring that social work professional practices and services provided to Veterans are consistent with practice standards, as defined by Social Work Services in VHA and by recognized social work professional organizations, and to ensure that social work practice issues and standards are addressed appropriately at each VA medical facility, including Community-Based Outpatient Clinics and Community Living Centers. **AUTHORITY:** 38 United States Code (U.S.C.) 7301(b).

2. SUMMARY OF CHANGES: This revised VHA Handbook outlines the procedures for providing where to place competency folders for social workers functioning under a scope of practice, as well as under approved clinical privileges. **NOTE:** *With over 11,000 Masters prepared social workers working in a variety of settings and care lines; it is important for the Social Work Executive to determine the place where the competency folders are best accessible in order to monitor professional practice and licensure requirements.*

3. RELATED DIRECTIVE: VHA Directive 1010.01.

4. RESPONSIBLE OFFICE: The Office of Patient Care Services (10P4), Care Management and Social Work Services (10P4C) is responsible for the contents of this Handbook. Questions may be referred to the Chief Consultant of Care Management and Social Work Services at 202-461-6780.

5. RESCISSIONS: VHA Handbook 1110.02, dated July 11, 2007, is rescinded.

6. RECERTIFICATION: This VHA Handbook is scheduled for recertification on or before the last working day of January 2019.

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CONTENTS

SOCIAL WORK PROFESSIONAL PRACTICE

PARAGRAPH	PAGE
1. Purpose	1
2. Background	1
3. Scope	1
4. Mission	1
5. Responsibilities	2
6. References	8

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1. PURPOSE:

This Veterans Health Administration (VHA) Handbook provides procedures to ensure social work professional practices and services provided to Veterans are consistent with practice standards defined by VHA Social Work Services and by recognized social work professional organizations; and to ensure that social work practice issues and standards are addressed appropriately at each VHA medical facility, including Community-Based Outpatient Clinics (CBOCs), and Community Living Centers (CLCs). **AUTHORITY:** 38 United States Code (U.S.C.) 7301(b).

2. BACKGROUND:

a. VHA employs more than 11,000 Masters-prepared social workers. Social workers hired after August 14, 1991, are required by Federal law to be licensed to practice independently. It is essential that systems and procedures are established to ensure quality social work practice at each VA medical facility, regardless of organizational structure.

b. Where VA medical facilities have been reorganized resulting in dissolution of professional departments, some social workers are not assigned to, or affiliated with, a social work service or department. Some social workers have been assigned to various organizational units and report administratively to staff who are not social workers. These non-social work supervisors (program managers, care line managers, etc.) may not be knowledgeable about social work practice and may be unable to adequately support, evaluate, monitor, or review social work practice. Even in VA medical facilities where managers may be knowledgeable about social work functions, overall discipline-specific oversight is essential for the professional practice of Social Work. Therefore, this Handbook provides the procedures necessary to assist VA medical facilities in ensuring that social work practice issues and standards are appropriately addressed.

3. SCOPE: Social Work Services are an integral part of the overall VHA health care program and are provided as part of health care service delivery.

4. MISSION: Social work supports VHA strategic goals and performance measures through provision of a wide range of psychosocial services based on core values and commitment to Veterans and their families. Social workers are active participants in education, research, and performance improvement initiatives that help ensure VHA's continuing leadership in health care service delivery and the highest quality patient-centered health care.

a. Social workers provide help to Veterans and their families in resolving the psychosocial, emotional, and economic problems associated with the stresses of illness. Social workers bring

skills in individual, group, and family treatment to the care of Veteran patients as Veterans move through the continuum of care, including, but not limited to: outpatient care, admission, hospitalization, post-hospital care, and end-of-life care.

b. Social workers provide a major link between the VHA health care system and the community through the development and utilization of community resources and services in support of established treatment goals for Veterans and their families. Social workers are also one of the largest providers of mental health services in VHA. In addition, social workers play a key role in the provision of case management services for Veterans who are severely injured or ill and those who need a case manager for other reasons.

c. Comprehensive social work services are developed and implemented through a broad range of treatment programs offered at VA medical facilities. Social workers participate fully in the planning, implementation, and evaluation of treatment programs designed for medical, surgical, rehabilitation, and mental health patients, as well as for patients seen in primary and ambulatory care clinics and in community settings, including long-term care facilities. Social workers conduct psychosocial assessments as part of the initial interdisciplinary assessment, identifying psychosocial problems and stressors and contributing to interdisciplinary treatment plans to address them. Social workers typically serve as the main liaison with family members and oversee provision of caregiver assistance and family support services.

5. RESPONSIBILITIES:

a. **National Social Work Program, Care Management and Social Work Services, VA Central Office.** The National Social Work Program, Care Management and Social Work Services in the VA Central Office are responsible for:

(1) Providing consultation on social work practice issues and assisting VA medical facility leadership in developing methods for adequately addressing such issues.

(2) Conducting site visits to assist facility leadership in resolving problems with the practice of social work.

(3) Ensuring that VHA medical facilities comply with standards defined by accrediting organizations, such as The Joint Commission and Commission on Accreditation of Rehabilitation Facilities (CARF), and with social work professional practice standards developed by recognized social work organizations, such as the Council on Social Work Education (CSWE), the National Association of Social Workers (NASW), and the Society of Social Work Leadership in Healthcare (SSWLHC).

(4) Providing information and guidance using e-mail to Social Work Chiefs and Executives. All VHA social workers need information pertaining to social work practice and the ability to communicate easily with social work peers across VHA.

b. **Medical Facility Director.** Each VA medical facility Director is responsible for:

(1) Designating a social work leader to serve as Social Work Executive for the VA medical facility. The Social Work Executive is the liaison with other services or care lines, other medical facilities, Veterans Integrated Service Network (VISN) offices, and Department of Veterans Affairs (VA) Central Office.

(a) In VA medical facilities with a centralized social work service or department, the Chief, Social Work Services functions as the Social Work Executive.

(b) In VA medical facilities that do not have a centralized social work service or department, the Social Work Executive serves as the social work professional practice consultant and as the point of contact for the National Social Work Program, Care Management and Social Work Services, and VA Central Office.

1. Ensuring the Social Work Executive is an experienced social worker, recognized by VHA as an independent practitioner who can demonstrate abilities in managing and evaluating programs, and in developing policy and staff.

2. Ensuring the general schedule (GS) grades for the position through GS-14 are in accordance with VA Handbook 5005/23 Part II, Appendix G39, Social Worker Qualification Standard GS-185, dated February 13, 2009, and ensuring the amount of designated time (.5 to 1.0 Full-time Equivalent (FTE)), and the GS grades for the position reflect the complexity and scope of responsibility inherent in the oversight of professional health care delivery by social workers (i.e., GS-12 through GS-14).

3. Ensuring the Social Work Executive functions are incorporated into the incumbent's functional statement, and the amount of time allocated to these duties is specified.

4. Ensuring the Social Work Executive is included in the Social Work Managers mail group on Outlook.

5. Ensuring that Care Line Managers and Program Managers communicate and involve the Social Work Executive on questions affecting social work practice and recruiting.

6. Ensuring that all social workers have access to Microsoft (MS) Outlook or MS Exchange electronic mail systems.

7. Ensuring appropriate clerical and administrative support is provided to the social work service.

c. **Social Work Executive.** The Social Work Executive is responsible for:

(1) **Social Work Practice.** Social work practice includes:

(a) Providing consultation to VA medical facility leadership on the management of special VHA programs, including Liaisons for Healthcare Stationed at Military Treatment Facilities (see VHA Handbook 1010.02), and Care Management of Operating Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans (see VHA Handbook 1010.01).

(b) Providing consultation to social workers and other VA medical facility staff on Social Work practice issues.

(c) Ensuring that the following social work functions are performed:

1. Case management services for Veterans at high medical or psychosocial risk, including those Veterans who are homeless or at risk of homelessness.

2. Case management services for chronic or seriously mentally ill Veterans.

3. Psychosocial screening, assessment, planning, and intervention.

4. Pre-admission planning and admission diversion services.

5. Discharge planning and coordination.

6. Coordination of community-based services, including information and referral.

7. Community liaison and networking services.

8. Case finding and outreach services.

9. Crisis intervention services.

10. Professional consultation.

11. Coordination of family conferences and liaison with family members.

(d) Patient and family education.

(e) Establishing a Social Work Professional Practice Council to work with the Social Work Executive on oversight of practice functions. While this council does not have supervisory authority for social workers, it does need to have authority and responsibility for defining and reviewing the professional practice of social workers within the facility.

(2) **Standards of Practice.** Standards of Practice include:

(a) Developing and monitoring compliance with social work practice standards and guidelines on documentation, workload, data entry, ethical practice, and service delivery.

(b) Participating in the oversight of VA medical facility social work clinical privileging or scope of practice processes.

(c) Tracking, in collaboration with Human Resources or another office responsible for credentialing, required licensure or certification for all social workers, including: continuing education requirements, license renewal, and other requirements social workers must meet to deliver appropriate care.

(d) Assisting with credentialing and primary source verification of degree and license or state certification.

(e) Ensuring that unlicensed social workers have access to clinical supervision for licensure or certification from a licensed social worker.

(f) Ensuring that each social worker has a defined scope of practice or clinical privileges.

(3) **Professional Recruitment and Retention.** Professional recruitment and retention include:

(a) Recruiting and retaining qualified social workers, including participation in interviewing, selection, and orientation.

(b) Overseeing orientation with new clinical staff regarding social work functions.

(c) Providing recommendations to the approving official for Social Work Professional Standards Board membership at the VISN and VA medical facility levels.

(d) Serving as approving official for Social Work Professional Standards Board actions, if delegated by the VA medical facility Director.

(4) **Education and Career Development.** Education and career development include:

(a) Assessing the continuing education requirements of social workers and developing plans for meeting the educational requirements for licensure and clinical practice.

(b) Providing opportunities for professional continuing education through journal clubs, case presentations, workshops, and conferences.

(c) Participating in oversight of the Social Work Associated Health Trainee Program, including:

1. Participating in negotiation of Memoranda of Affiliation with schools of social work and requesting trainee positions through the Office of Academic Affiliations.

2. Selecting and training social workers to serve as field faculty (field instructors and preceptors).

3. Ensuring that social work graduate student interns receive education and training consistent with the requirements of the affiliated school(s) of social work and with CSWE.

(5) **Competency and Performance.** Competency and performance include:

(a) Developing and implementing a social work professional practice review system.

(b) Assessing the competency of each social worker by maintaining:

1. For social workers functioning under a scope of practice, the routine documentation of competency assessment folders.

2. For social workers functioning under approved clinical privileges, a Focused Professional Practice Evaluation (FPPE) folder and an Ongoing Professional Practice Evaluation (OPPE) folder, in accordance with VHA Handbook 1100.19, Credentialing and Privileging.

(c) Participating in the development of functional statements and performance standards for social workers that ensure VHA meets or exceeds current VHA performance measures.

(d) Participating in, and providing input into, the performance appraisals of social workers.

(e) Mediating professional and service line conflicts around social work professional roles, continuity of care, and quality of care, including referral of Veterans across service or care lines during episodes of care.

(f) Consulting with other Services, program managers, or care line managers on issues pertaining to social work ethics, ethical dilemmas in the delivery of care, and ethical issues within the larger organization.

(g) Overseeing any discipline-specific Protected Peer Review and Focused Peer Review processes, which includes recommending membership on Social Worker Peer Review or Practice Review Committee and representing professional issues identified through similar processes.

(h) Participation, as appropriate, in the facility process of “Peer Review for Quality Management” in accordance with VHA Directive 2010-025 until June 30 2015. After June 30, 2015, participation must be in accordance with any subsequent or superseding guidance on such process.

(6) **Risk Management.** Risk management includes:

(a) Ensuring compliance with The Joint Commission and CARF standards applicable to social work.

(b) Evaluating and assessing facility social work services and providing input to improve professional social work practice.

(c) Developing and implementing social work practice guidelines to streamline operations and increase the likelihood of positive patient outcomes to social work interventions.

(d) Developing a system for the review and evaluation of social work practice, including use of established performance improvement tools, development of quantifiable outcome measures, and benchmarking.

(e) Supporting social work research and program evaluation activities.

(f) Providing education and consultation to VA staff, Veterans and their families, and staff of non-VA organizations regarding social work practice standards, the range of services provided by VA social workers, and social work professional roles and responsibilities (such as reporting suspected abuse and neglect).

(7) **Resource Management.** Resource management includes:

(a) Establishing and monitoring social work productivity standards.

(b) Re-deploying or participating in decisions to re-deploy social work staffing resources based on patient need, productivity, and workload.

(c) Planning, or participating in planning, for optimal social work coverage in all program areas, including after-hours coverage, in conjunction with care line and program managers.

(d) Reviewing and resolving complaints about social workers and their practice. This function must include consultation with care line managers.

(e) Validating and consulting on Decision Support System (DSS) labor mapping and Cost Distribution Reports (CDR) for social workers.

(f) Developing procedures for the coordination of Social Work Services and deployment of social workers during disasters and emergency situations.

(g) Overseeing or providing the coordination and assignment of social work staff during disasters and emergencies, when indicated.

(h) Disseminating information pertinent to social worker practice at the facility.

d. **Social Worker.**

(1) Clinical social workers conduct behavioral health and mental health assessments, make Diagnostic and Statistical Manual of Mental Disorders (DSM)-V diagnoses, contribute to interdisciplinary behavioral health and mental health treatment plans, and offer psychotherapeutic and counseling services (including evidenced-based practices).

(2) Clinical social workers are responsible for:

(a) Helping patients, families, and caregivers cope with the crisis of illness.

(b) Maximizing social and interpersonal functioning of patients.

(c) Promoting vocational and social rehabilitation.

(d) Providing education to patients and interdisciplinary team members on the psychosocial impact of illness and disease progression.

(e) Facilitating the Veteran's return to the community at the highest level of functioning possible.

(f) Working with terminally ill patients and bereaved families.

(g) Developing special approaches to provide solutions to unique social problems.

(h) Coordinating discharge planning, including providing information and referral services and accessing and coordinating community resources and services.

(i) Providing comprehensive case management services.

(j) Implementing evidence informed practice.

6. REFERENCES:

a. Veterans Benefits and Health Care Improvement Act of 2000, Public Law 106-419, Section 205.

b. VHA Handbook 1010.01, Care Management of Operating Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans).

c. VHA Handbook 1010.02, Department of Veterans Affairs Liaison for Healthcare Stationed at Military Treatment Facilities.

d. VHA Handbook 1100.19, Credentialing and Privileging.

e. VHA Directive 2010-025, Peer Review for Quality Management.