

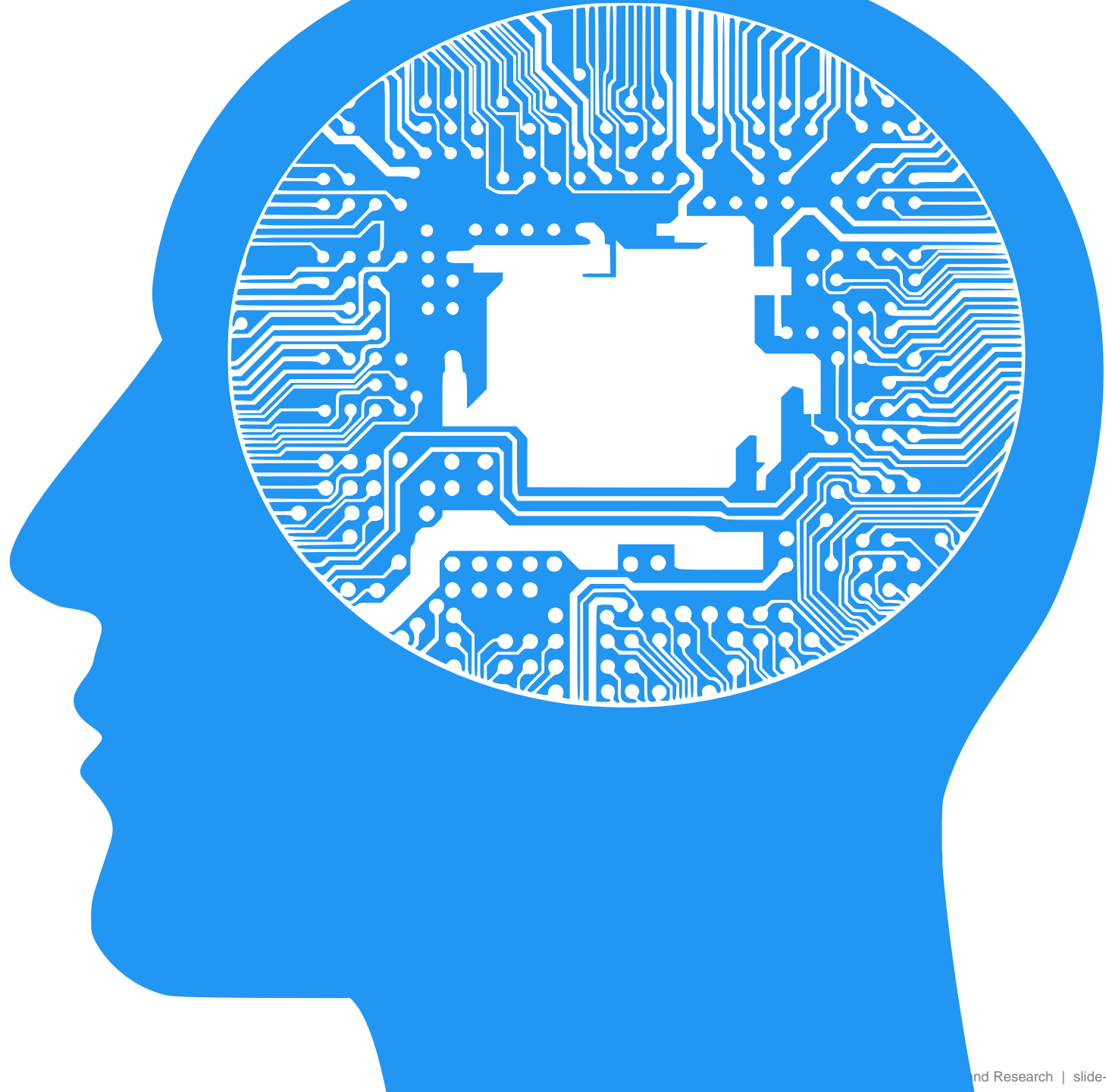
ELEVATING SOCIAL WORK: THE FUTURE OF CLINICAL SOCIAL WORK IN HEALTHCARE PART ONE

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The Society for Social Work Leadership in Healthcare Conference
Atlanta, GA
October 3, 2023

LEARNING OBJECTIVES

- Identify three ways Mayo Clinic Social Workers exemplifies strategic initiatives.
- Utilize data and clinical expertise to increase visibility of the profession and reinforce the value of social work.
- Develop innovative solutions to complex care challenges in healthcare.



FIT WITH STRATEGIC INITIATIVES

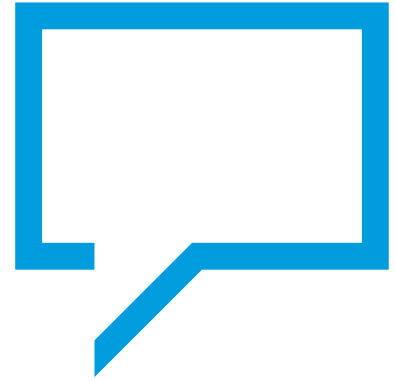
Values Supporting the Initiatives:

- Respect
- Integrity
- Compassion
- Healing
- Teamwork
- Innovation
- Excellence
- Stewardship

- Cure

- Connect

- Transform



MENTAL HEALTH CRISIS INTERVENTION TRAINING (MHCIT) FOR SECURITY OFFICERS BY SOCIAL WORK

MAYO CLINIC FLORIDA

Elaine Gustetic, LCSW

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DISCLOSURES

- No Disclosures

THE CREATION OF THE MENTAL HEALTH CRISIS INTERVENTION TRAINING (MHCIT) PROGRAM

- Security leadership recognized an increase in mental health, substance use and aggressive incidents
- Security Leadership wanted to further develop existing training and educational resources focused on recognizing and deescalating situations that involve mental health and substance use
- They sought the assistance of Social Work to develop a Mental Health Crisis Intervention Training
- Social Work collaborated with Security Leadership in further developing this training
- The first training session was held on March 9, 2023, with ongoing monthly trainings



SOCIAL WORK IS WELL POSITIONED TO COLLABORATE WITH OTHER PROFESSIONS

- Emphasis on social determinants of health and their impact on healthcare outcomes has been understood by social work since Medical Social Work began in the early 20th century ¹
- Assisting patients, family, and staff is a routine scope of social work practice
 - Psychosocial assessments, meeting the patient where they are, active listening, adapting communication styles, emotional support, and connecting to resources are the skill set of social workers
- Social workers are often key responders to patients in crisis
- Guiding principles for Social Work Practice in Healthcare settings
 - Self Determination
 - Cultural competency and affirmation of dignity and worth of all people
 - Person in environment framework ²
 - Strength's perspective
 - The importance of the client –social worker relationship
 - Social Justice ³
 - Social Work Research

PREVALENCE OF MENTAL HEALTH ILLNESS IN THE U.S.

2021

- It is estimated that more than 1 in 5 adults (57.8 million) have a mental illness or 22.8% of all adults ⁴
- 48,183 lives were lost to suicide ⁵
- Nearly half of the people who died by suicide interacted with a healthcare professional in the month before their death ⁶
- 12.3 million adults had serious thoughts of suicide ⁷
- 3.5 million had a suicide plan
- 1.7 million attempted suicide

2022

- 49,449 Americans lost their lives to suicide, an increase of 2.6% from the previous year ⁵

PREVALENCE OF SUBSTANCE USE DISORDERS IN THE U.S.

2021 (age 12 and older)

- 61.2 million people or 21.9% reported using illicit drugs over the previous year ⁷
- 46.3 million people or 16.5% met the DSM-5 criteria for having a substance use disorder
- 94% of people with a substance use disorder did not receive treatment and nearly all did not think they needed it

MENTAL HEALTH CRISIS INTERVENTION TRAINING OVERVIEW

- Approach mental health and substance use behaviors through Mental Health Crisis Intervention Training in a medical inpatient and outpatient setting
- Help staff move beyond assessing complex or aggressive behavior as disorderly conduct and recognizing potential mental health components
- Train staff to opt for de-escalation techniques when appropriate, versus a primary intervention involving a physical approach
- Collaborate with key stakeholders to develop new training methods to reduce harm to patients and staff

MHCIT TRAINING TOPICS

- Bipolar Disorder
- Psychotic Disorders
- Post-traumatic Stress Disorder
- Personality Disorders
- Substance Use Disorders
- Victims of violence and abuse
- Deescalation methods
- Personal introspection, triggers, and awareness for staff
- Collaboration with colleagues during a crisis
- The training covers not only the symptomology of these mental health disorders but methodology of approaching such disorders



BENEFITS OF THE MHCIT TRAINING MODEL

- Training is structured in a manner that moves away from a purely didactic educational model to a more interactive experience
- The MHCIT training implements the use of the SIM Training Center
- The content is unique as well as the training format; learners are given the opportunity to roleplay, debrief, and process
- Trained actors portray the role of patients/visitors in crisis
- Trainees interact with actors

TAKE AWAYS

- Key leaders having an awareness and understanding that mental health and substance use issues are frequently a factor in complex behavior situations
- Recognizing mental health and substance use behaviors and intervening with deescalating techniques to prevent physical responses
- The MHCIT program aligns well with the other trainings but stands out because of its experiential model
- Training participants and leadership value the interactive approach and report the skills are transferable to real life scenarios they will likely encounter
- Ongoing touchpoints with key stakeholders and trainees during the development of this training module has been important in continually customizing the content for increased relevance

FUTURE TRAINING OPPORTUNITIES BY SOCIAL WORK

- Positive feedback regarding the MHCIT has been shared with Security leadership and they have indicated plans to expand across the enterprise
- Focus groups are being held with other teams to determine feasibility, utility, and how best to customize MHCIT
- Future co-occurring training with a blend of staff e.g., security and nurses as they are often exposed to these events in unison

When it
comes to
mental health,
come armed
with
compassion

CHARLOTTE-MECKLENBURG POLICE DEPT.

<https://youtu.be/49b8EJFqqPQ>

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6. The Pew Charitable Trust Suicide Risk Reduction Project, Allison Core, May 9, 2023
7. U.S, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, SAMHSA Announces National Survey on Drug Use and Health (NSDUH) Results Detailing Mental Illness and Substance Use Levels in 2021, [SAMHSA Announces National Survey on Drug Use and Health \(NSDUH\) Results Detailing Mental Illness and Substance Use Levels in 2021 | SAMHSA](#) January 4, 2023
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ADVANCE CARE PLANNING – DURABLE POWER OF ATTORNEY IN HEALTHCARE

MAYO CLINIC HEALTH SYSTEM – SOUTHWEST WISCONSIN



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Learning Objectives

Advance Care Planning Promotes~

- Patient Rights – Putting the Patient 1st, honoring individual preferences
- Appropriate Hospitalization – die in dignity where patient would like/how
- Creative Processes – importance offering education to diverse populations we serve – college age, culturally specific unique populations in region
- Utilize Data – helps ID gaps in care; further education as well as staffing

HISTORY ~ BACKGROUND ADVANCE CARE PLANNING

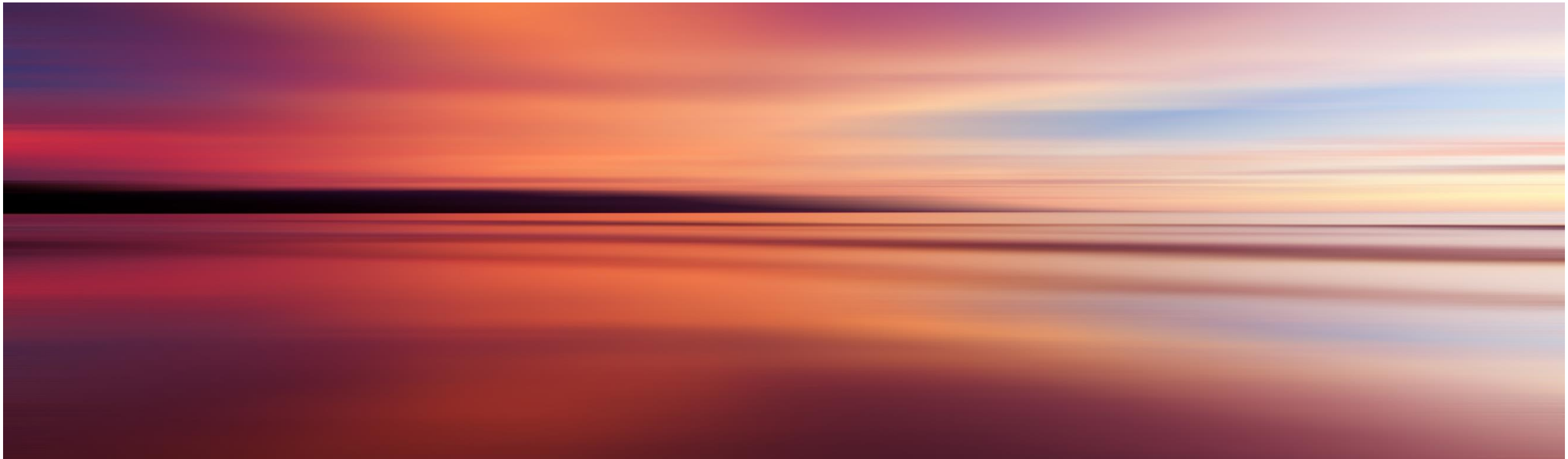
- Terri Schiavo Story & Nancy Cruzan Case
- Patient Self Determination Act of 1990
- LaCrosse, Wisconsin – “The Town Where Everyone Talks Death” 2014
- What is the Impact of Social work?

HISTORY AND BACKGROUND ADVANCE CARE PLANNING

- Unique Challenges in the State of Wisconsin (1 of 5 States)
- Coordinating timely follow through and completion
- Interdisciplinary Education

HISTORY ~ BACKGROUND ADVANCE CARE PLANNING

- Provider Champions – start process, tie into patient goals of care
- Community Engagement Work – proactive before crisis and need



DISCUSSING ONE'S OWN WISHES



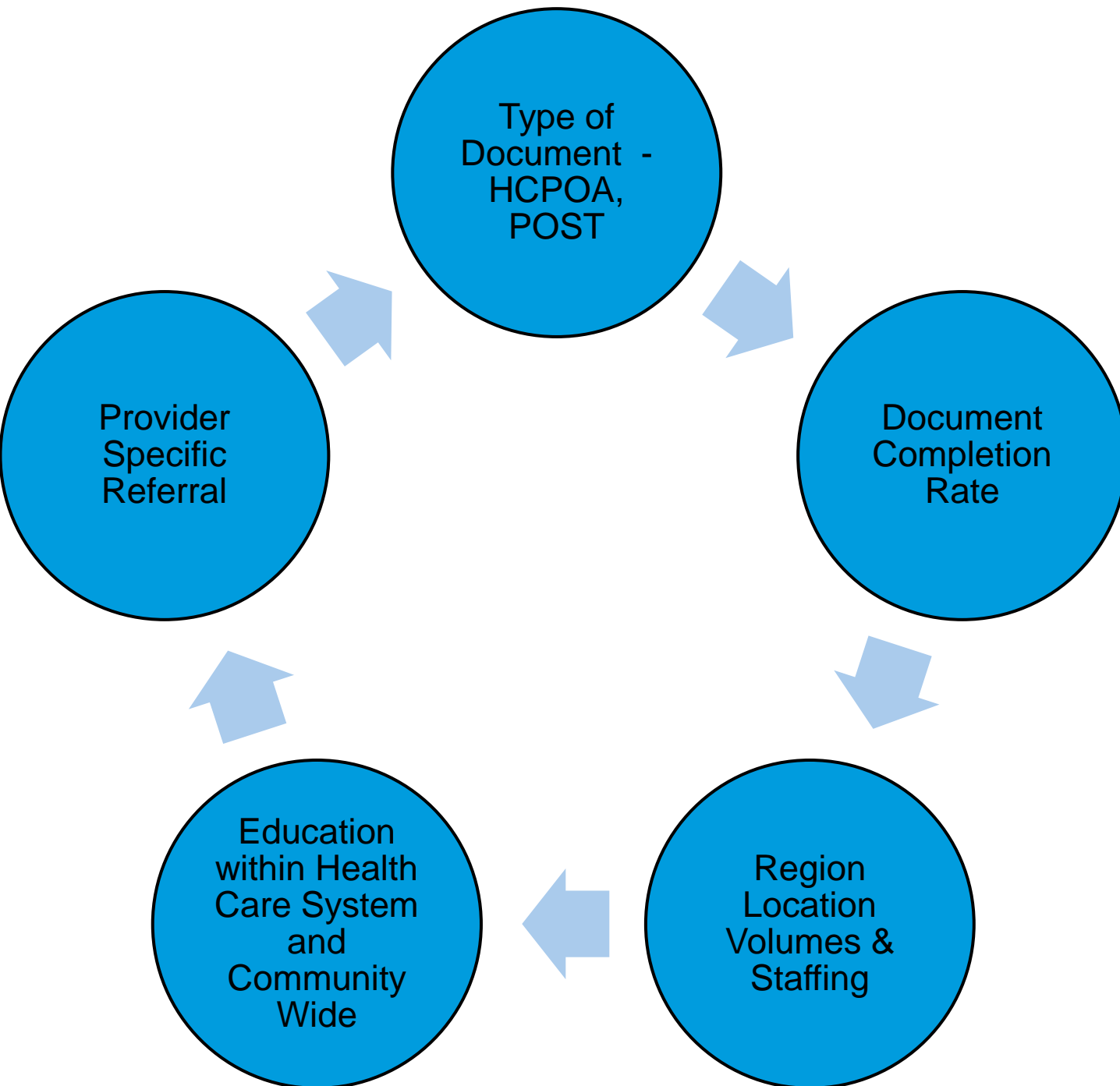
TEAM TO ASSIST WITH SCHEDULING

About your Social Work Appointment:

- During this appointment, a Social Worker helps you complete a legal document called Health Care Power of Attorney.
- On this document, you name people to make health care decisions for you in the event you become unable to make the decisions yourself.

What to bring with you to your appointment:

- The names, addresses and phone numbers of up to 3 people you trust to make health care decisions for you.
- Your concerns and questions. If you have a blank copy of the Health Care Power of Attorney document, write your questions on that document.



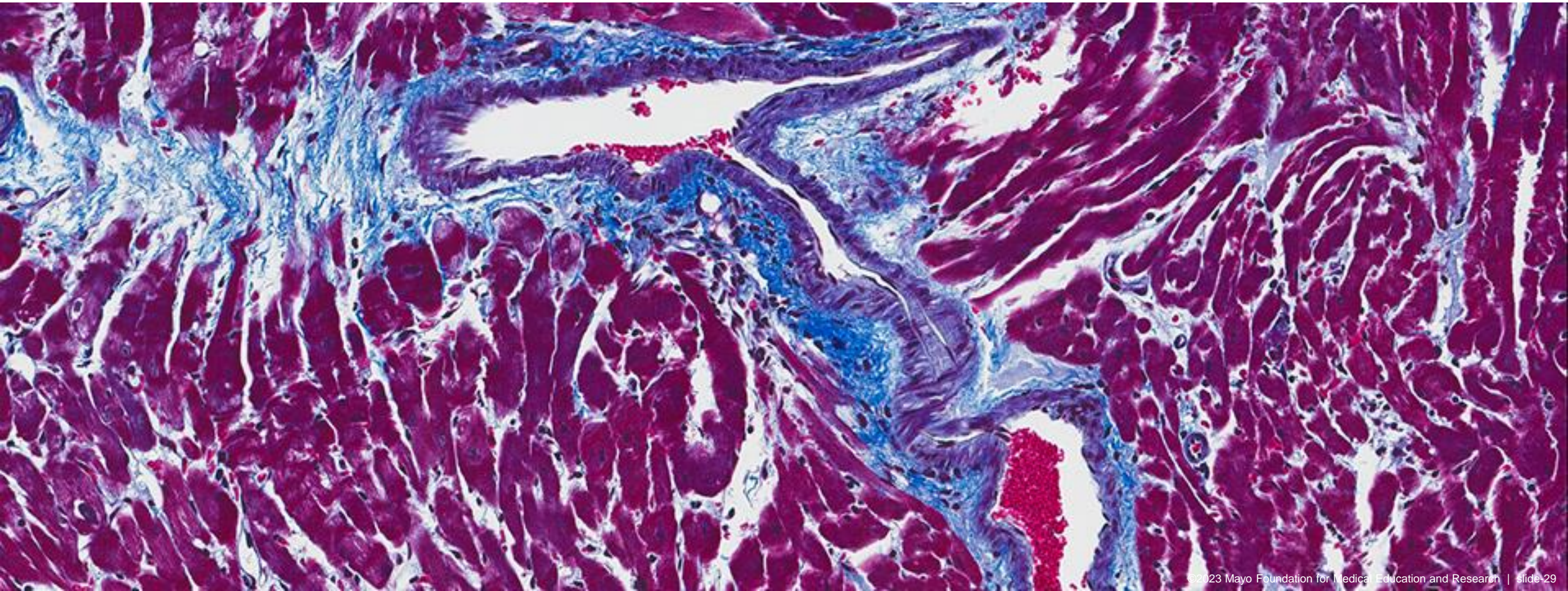
ENTERPRISE DASHBOARD DATA TO SUPPORT

- Education
- Provider Discussion & Referral
- Type of Document Need
- Document Completion Rate – site, provider
- Region Location Volumes & Staffing to Assist with education, completion

FUTURE PLAN MOVE FORWARD AND TO SUSTAIN

Learnings

Future



ONGOING LEARNING AND MOVING FORWARD

Providers, Healthcare Team, Community Ongoing Education

- Provider Champions
- Interdisciplinary Champions
- Community Champions ~
healthcare resource/entities – Group Homes,
Assisted Living, Home Health Care Agencies,
Universities and Colleges

Utilizing Technology ~ Data System to Guide Performance Improvement Efforts

- Electronic Health Care Record
- Reports Specific to
Completion, Referrals, Validity
- Data Outcomes, drives
improvement efforts

IN CLOSURE

Take Aways

- Opportunity SW work at top of their license and use clinical skills
- Live values of SW and organization – empowerment, patient autonomy
- Dignity at the end of one's life – comfort in knowing what wanted occurred to best of ability in supporting.

Two Patients~ Different Outcomes

- JOY – completed POA HC, time came for tough decisions to be made regarding her care; “her” wishes spelled out, reviewed with agent prior to need and at time comfort in knowing difficult to do, was following patient desires and put into play as made tough decisions.
- JANE – noted would complete tomorrow, sudden unexpected change in status, unable to verbalize wishes. Family involved, but all had different ideas what Jane would want or what they wanted for her. Ended up staying in hospital, long LOS for care and then eventual guardianship process to assign person to speak on patient's behalf. Decision maker.

RESOURCES & REFERENCES

- ***The Importance of Advance Directives ~ the Terri Schiavo Story.*** The American Academy of Estate Planning Attorneys.
- ***U.S. Supreme Court,*** Cruzan v. Director, MDH, 497 U.S. 261 (1990). No. 88-1503
- ***Federal Law Concerning Advance Directives,*** Congressional Research Services, Informing the legislative debate since 1914, updated January 11, 2016.
- ***The Town Where Everyone Talks About Death,*** NPR, March 5, 2014, 5:00 AM ET Morning Addition by Chana Joffe-Walt
- ***How to Die In America: Welcome to LaCrosse, Wisconsin,*** Forbes>Leadership, Off White Papers Contributor, September 23, 2014, 04:06pm EDT
- ***The Case of Nancy Cruzan,*** Center of Practical BIOETHICS, Guidance at the Crossroads of Decision
- ***Nancy Cruzan Dies, Outlived by a Debate Over the Right To Die,*** The New York Times by Tamar Lewin, December 27, 1990
- Healthaffairs.org



INCREASING CLINICAL SCOPE AND CROSS-TRAINING

MAYO CLINIC HEALTH SYSTEM – NORTHWEST WISCONSIN

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DISCLOSURES

- No Disclosures

WHO ARE OUR MSWS

Inpatient - 31

- Inpatient Psychiatry
- Emergency Department
- Palliative Care
- Medical Floors
- Birth Center

Ambulatory - 16

- OBGYN/Women's Health
- Pediatrics
- Dialysis
- Primary Care
- Palliative Care
- Home Health & Hospice
- Cancer Center

HOW WE INCREASED CLINICAL SCOPE

- Widened clinical supervision opportunities
- Obtained support for specialty certifications
 - Perinatal Mental Health
 - Infant Mental Health
 - Dialectical Behavioral Therapy
 - Grief Counseling
 - Addictions
- Cross-trained staff with stretch assignments
- Credentialed LCSWs as Advanced Practice Providers
 - Implemented billing of:
 - Health & Behavior Codes
 - Psych Codes
 - “Incident to” for completion of Advanced Care Directives



CLINICAL SUPERVISION

Background

- Weekly supervision was being provided to Inpatient Psychiatry and Emergency Department Team (IPPED)
 - Minimum license of APSW
 - Expected to earn LCSW
 - Per WI statute - 3000 or 4500 clinical supervision hours are needed
- Facilitated by LCSW Supervisor

Recommendations

- All APSW roles within the Social Work Department were dissected to determine if workflow included clinical hours
- Roles identified to contain clinical hours were extended Clinical Supervision
- Weekly group Clinical Supervision sessions were created and are now facilitated by current LCSWs within the Social Work Department
- Since expanding clinical supervision in April 2022 our department has had three APSWs obtain their LCSW licenses and two more slated to reach it by end of year
- Participating in Clinical Supervision has increased from 6 staff to 15

SPECIALTY CERTIFICATIONS

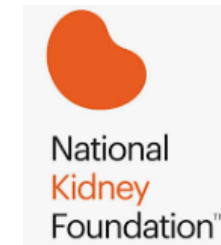
MCHS offers a Career Investment Program which financially supports continuing education and certifications. The below specialty certifications, along with offering a BSW/MSW/DSW in Social Work, are open to staff. Weight and preference are given to anchor staff within their specialty departments.

Clinical

- Inpatient Psychiatry & Emergency Department
 - Dialectical Behavioral Therapy
 - Grief and Bereavement
 - Trauma Competency
 - Addictions
- Palliative Care
 - Grief
- Birth Center & Pediatrics
 - Infant Mental Health
 - Perinatal Mental Health
 - Trans Health

Ambulatory

- Gerontology
- Hospice & Palliative
- Addictions
- Case Management
- Grief & Bereavement
- Nephrology
- Oncology



CROSS-TRAINING & STRETCH ASSIGNMENTS

Since 2019, multiple requests for assistance have been directed towards Social Work. The hospital was experiencing an increased demand for specific mental health services both inpatient and outpatient due to patient needs. In addition to the increased need, staffing concerns also put the services and programs already established at risk of suspending or closing.

In order to meet the needs of patients, Social Work refocused workflows, cross-trained into specialty areas, and created anchor positions within specialty roles to ensure staff was working to the top of their scope.



Mental Health & Substance Abuse

Increased emergent mental health and substance abuse screening needs of patients.



PTSD Screens

Trauma Services to implement PTSD Screens on all inpatient yellow or red traumas.



High-Risk Birth Center Patients

Inpatient substance abuse consults were on the rise.



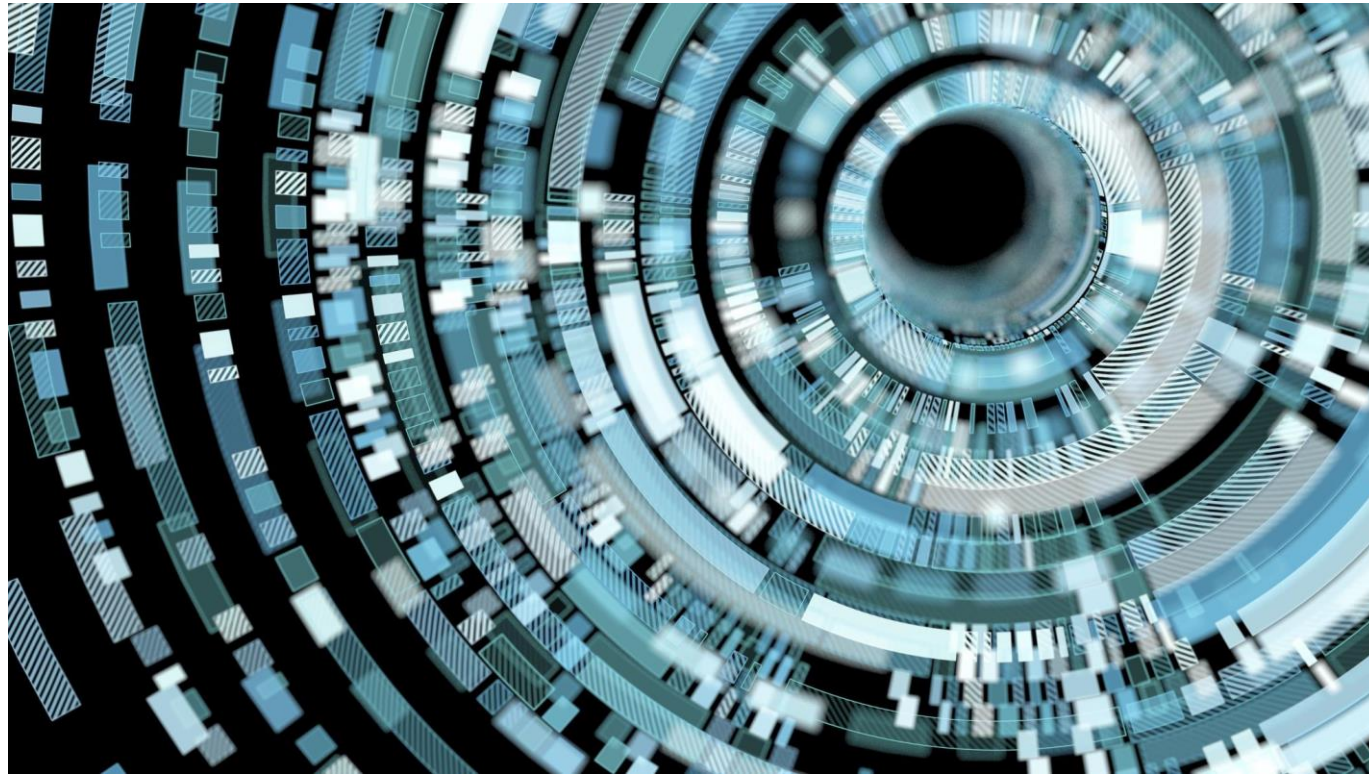
Partial Hospitalization

Dialectical Behavioral Therapy Based PHP was at risk of closing due to staffing challenges.

STRETCH ASSIGNMENTS IMPLEMENTED INTO EXISTING WORKFLOW

Inpatient Psychiatry	OBGYN Social Work	Medical Social Work
AODA Consults	Integrated Behavioral Health	AODA Consults
PTSD Screens	Postpartum Depression Screens	PTSD Screens
PHQ-9 & GAD-7	Coordinated Case Management	PHQ-9 & GAD-7
DBT Group Therapy	Psych Consults in Birth Center	Ambulatory Suicide Screens
Partial Hospitalization Program Coverage	Medication Management	Team with Behavioral Health RN for Inpatient Psych Consults

PROGRAM FORMED FROM NEEDS ASSESSMENT



OBSTETRICS AND SUBSTANCE ABUSE

Situation

- In 2018-2019 a need for social work and mental health/substance abuse services was identified in Women's Health and The Family Birth Center (FBC)

Background

- Women's Health, Obstetrics, and Pediatrics did not have a dedicated social worker
- An OB Social Work position had been requested

Assessment

- An increase in patients with complex social issues, mental health diagnoses, and substance abuse concerns
- Increased Child Protection Involvement in FBC
- Shift in OB/GYN Practice from Rochester focused on adding routine PHQ-9 screenings
- Implementation of 5Ps (Parents, Partners, Past, Pregnancy, Peers) Substance Abuse Screening

• Recommendation

- Initially approved OB SW Position with a focus on serving BH/AODA patients
- Potentially add Women's Health into Integrated Behavioral Health (IBH) model
 - Have current OB SW Provider move into an IBH Provider role
 - Add a generalist SW position to mirror the already established IBH Model in:
 - Internal Medicine
 - EC, Barron, Menomonie
 - Family Medicine
 - EC, Mondovi, Chippewa, Bloomer
 - Family Medicine Residency
 - EC
 - Pediatrics
 - EC, Barron, Menomonie

PROGRAM FORMED FROM NEEDS ASSESSMENT

MOM S.Q.U.A.D. - Seeking to Quit the Use of Alcohol and/or Drugs



- Integrated into Women's Health & Family Birth Center
- We promote the stopping or reduction of substance use in pregnant and postpartum patients.
- We strive to increase prenatal care of using or high-risk patients with wrap around services that are delivered in a non-confrontational, non-punitive way.
- We use a team-based approach with patients where Child Protection contact is inevitable with the goal of the patient being clean at the time of birth therefore leaving the Birth Center with their child.
- We attempt to remove barriers to mental health services and medication by meeting with patients quickly to assess. Referrals to therapy or medication management are then completed on the spot. Outpatient Psychiatry oversees patients who need a higher level of medication management and have the correct insurance coverage. They make every effort to see these patients within 24-72 hours.

WHO QUALIFIES FOR S.Q.U.A.D.

- Pregnant/Postpartum Patients who are:
 - abusing alcohol and/or drugs
 - OR
 - are newly sober and struggling
 - AND
 - may or may not have additional mental health or social concerns (ex: domestic violence, trauma history, limited support or resources, uncertain housing...)

Entryways:

- Voluntarily ask for help
- Score of 9 or higher on PHQ-9 and hx of substance abuse
- Positive score on 5 Ps
- Positive urine drug screen during prenatal care and voluntarily agree to participate
- Voluntary Community referral

PROVIDERS ON S.Q.U.A.D.

Direct Patient Care

- Outpatient Psychiatrist
- Licensed Clinical Social Work
- Outpatient Behavioral Health
- Community Mental Health Providers
- County Child Protection
- Probation & Parole
- County Treatment Courts
- SPaRC
- Postpartum Care Improvement Team
- Obstetrics
- Family Practice & Residency Program
- Addiction Clinic through Primary Care
 - Suboxone access
- Arbor Place Residential
- Nursing
- Informatics
- Administration

SERVICES OFFERED

Social Work

- Provided by:
 - Licensed Clinical Social Worker
 - Trained in Addiction
 - Certified in Perinatal Mental Health
 - Inpatient and Outpatient services

Social Work leads this program and facilitates all internal and external communication to patient's team.

This program has just entered into the research area with a partnership of Pediatrics, OBGYN, the University of Wisconsin-Eau Claire, and researchers from Brazil focusing on Melatonin, Breastmilk, and Depression.

Services

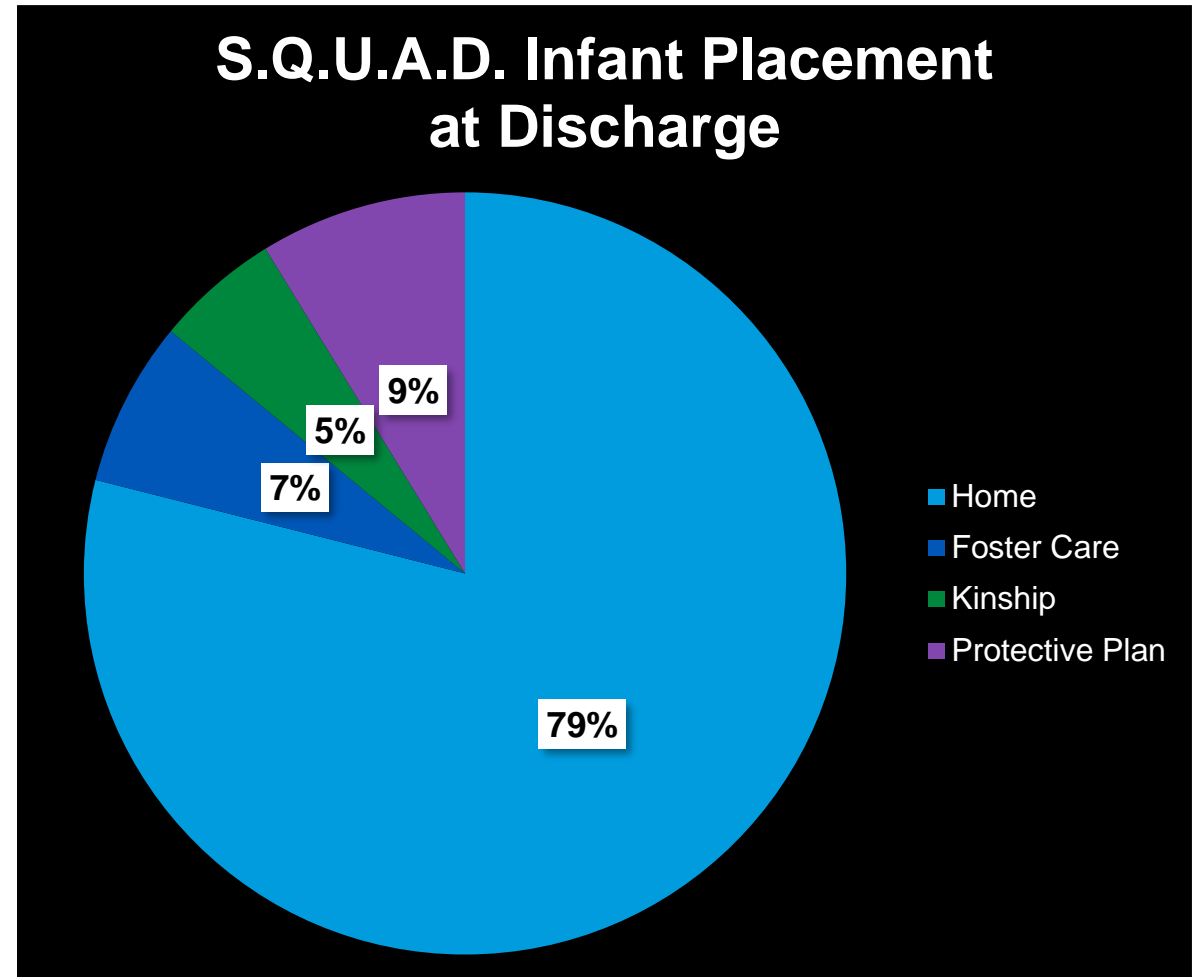
- Biopsychosocial Assessments
- Substance Abuse Assessments
- Postpartum Depression Assessments
- Case Management
- Brief Individual Therapy of 6 sessions or less
- Weekly Group Therapy
- Assessment of need for higher level of medication management*
 - SW does not prescribe

*Providers will continue to address patients who are in need of routine anti-depressants or anti-anxiety medications

OUTCOMES AFTER ONE YEAR

Stats from January 2021 to January 2022

- 550+ unique OBGYN patient contacts
- S.Q.U.A.D. specific referrals
 - 137 Social Work Consults ordered
 - 84 referrals completed intake
 - 68 engaged in services (prenatal, birth, and at least two postpartum visits)
 - 16 declined
 - 6 of those delivered at MCHS and required intervention at birth
- Medication Management
 - 54 patients managed by OB or PCP
 - 14 patients referred to Psychiatry
 - 16 patients declined



IN CLOSURE

Take Aways

- Look for opportunities for Social Work to operate at the top of their license and clinical skills
- Involvement of Social Work in the creation of programming offers a holistic perspective of patient need
- By employing clinically trained social workers within a variety of specialties, it removes barriers and allows the complex social needs of patients to be addressed simultaneously while obtaining medical care





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QUESTIONS & ANSWERS

