



Social Work 638

Policy in Integrated Care 3 Units

I. COURSE PREREQUISITES

SOWK 506, SOWK 536, SOWK 544, and SOWK 546

II. CATALOGUE DESCRIPTION

Overview and analysis of current health policies, health care delivery and payment models, and benefit programs with a specific focus on implications and opportunities for social workers and the clients they serve in health, behavioral health, and integrated care settings with adults, families, and older adults.

III. COURSE DESCRIPTION

This course builds on SOWK 536 by examining myriad factors that influence how vulnerable and stigmatized populations secure access and encounter barriers in securing access to effective health and behavioral health services.

SOWK 638 emphasizes how clinical social workers in health, behavioral health, and integrated care settings can both provide leadership in policy advocacy and participate in the policy-making process in organizational, community, and legislative settings. This course surveys major policies that can inform clinical practice and social work advocacy efforts for policy change at organizational, community and legislative levels. Key federal and state policies to inform social work practice as well as methods of obtaining data and research needed to develop policy proposals are emphasized.

IV. COURSE OBJECTIVES

SOWK 638 will:

Objective #	Objectives
1	Teach students about the evolution of public policy in the United States up to recent changes of the Affordable Care Act and how these policies can be viewed using the values/ethics of the NASW Code of Ethics.
2	Promote students' ability to navigate the different sources of public aid and how these systems match up to clients' needs across behavioral health settings.
3	Facilitate utilization of conceptual and analytic reasoning skills to serve vulnerable populations and advance social and economic justice.

Objective #	Objectives
4	Demonstrate the ability to understand diversity in complex urban environments and to advocate effectively for a broad range of individuals, families, and groups across behavioral health and community settings.
5	Help enable students to work effectively within national and global contexts using Southern California, the Los Angeles region, and the Pacific Rim as a basis for study and action.

V. COURSE FORMAT/INSTRUCTIONAL METHODS

A seminar format will be used in this class that asks students to participate in classroom discussion and presentations at multiple points during the semester while still giving the instructor a central role in presenting information, leading discussion, and promoting critical analysis.

This seminar will use a student-centered learning approach. Students are encouraged to attend policy meetings at their field placements and to provide brief oral reports to the class summarizing the policy meeting they attend and how it informs policy advocacy and/or policy practice.

Student Learning Outcomes

Student learning for this course relates to one or more of the following nine social work core competencies:

	Social Work Core Competencies	SOWK 638	Course Objective
1	Demonstrate Ethical and Professional Behavior	*	1
2	Engage Diversity and Difference in Practice	*	2 and 4
3	Advance Human Rights and Social, Economic, and Environmental Justice	*	1 and 3
4	Engage in Practice-Informed Research and Research-Informed Practice		
5	Engage in Policy Practice Human Rights and Justice	*	3–5
6	Engage With Individuals, Families, Groups, Organizations, and Communities		
7	Assess Individuals, Families, Groups, Organizations, and Communities		
8	Intervene With Individuals, Families, Groups, Organizations, and Communities		
9	Evaluate Practice With Individuals, Families, Groups, Organizations, and Communities		

* Highlighted in this course

The following table explains the highlighted competencies for this course, the related student learning outcomes, and the method of assessment.

Competencies/ Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
Competency 1—Demonstrate Ethical and Professional Behavior Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels. Social workers understand frameworks of ethical decision making and how to apply principles of critical thinking to those frameworks in the practice, research, and policy arenas. Social workers recognize personal values and the distinction between personal and professional values. They also understand how their personal experiences and affective reactions influence their professional judgment and behavior. Social workers understand the profession's history, its mission, and the roles and responsibilities of the profession. Social workers also understand the role of other professions when engaged in interprofessional teams. Social workers recognize the importance of lifelong learning and are committed to continually updating their skills to ensure they are relevant and effective. Social workers also understand emerging forms of technology and the ethical use of technology in social work practice.	1a. Makes ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision making, ethical conduct of research, and additional codes of ethics as appropriate to context. 1b. Uses reflection and self-regulation to manage personal values and maintain professionalism in practice situations. 1c. Demonstrates professional demeanor in behavior; appearance; and oral, written, and electronic communication.	All Assignments
Competency 2—Engage Diversity and Difference in Practice Social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race,	2a. Applies and communicates understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels.	All Assignments

Competencies/ Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
	2c. Applies self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.	

<p>Competency 3—Advance Human Rights and Social, Economic, and Environmental Justice</p> <p>Social workers understand that every person, regardless of position in society, has fundamental human rights such as freedom, safety, privacy, an adequate standard of living, health care, and education. Social workers understand the global interconnections of oppression and human rights violations, and are knowledgeable about theories of human need and social justice and strategies to promote social and economic justice and human rights. Social workers understand strategies designed to eliminate oppressive structural barriers to ensure that social goods, rights, and responsibilities are distributed equitably and that civil, political, environmental, economic, social, and cultural human rights are protected.</p>	<p>3a. Applies his or her understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels.</p> <p>3b. Engage in practices that advance social, economic, and environmental justice.</p>	<p>All Assignments Participation</p>
<p>Competency 5—Engage in Policy Practice</p> <p>Social workers understand that human rights and social justice, as well as social welfare and services, are mediated by policy and its implementation at the federal, state, and local levels. Social workers understand the history and current structures of social policies and services, the role of policy in service delivery, and the role of practice in policy development. Social workers understand their role in policy development and implementation within their practice settings at the micro, mezzo, and macro levels and they actively engage in policy practice to effect change within those settings. Social workers</p>	<p>5a. Identifies social policy at the local, state, and federal level that impacts well-being, service delivery, and access to social services.</p> <p>5b. Assesses how social welfare and economic policies impact the delivery of and access to social services.</p>	

	5c. Applies critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice.	All Assignments
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VI. COURSE ASSIGNMENTS, DUE DATES, AND GRADING

Assignment	Due Date	% of Final Grade
Assignment 1: Policy Issue Brief	Paper due 24 hours prior to Unit 6 live session Handout and presentation due 24 hours prior to the live session you are assigned to present in (Units 4–9, 11–15)	35%
Assignment 2: Public Service Announcement	PSA due 24 hours prior to Unit 10 live session Handout due 24 hours prior to Unit 10 live session	20%
Assignment 3: Policy Proposal Development and Presentation	Paper due 24 hours prior to Unit 15 live session Handout and presentation due 24 hours prior to Unit 15 live session	35%
Class Participation	Ongoing	10%

Each of the major assignments is described below.

Assignment 1: Policy Issue Brief (35% of course grade)

Paper Instructions: Select a health, mental health, substance use, or issue affecting a vulnerable or stigmatized adult population.

1. Identify and describe either a health or behavioral health disparity issue related to health care access (equity/social justice), prevention, or quality; or a controversial health or behavioral health-related issue affecting a vulnerable or stigmatized adult population.
2. Describe how widespread the issue is (prevalence, incidence).
3. State explicitly where policy advocacy should occur to address the issue: at the *organizational and community or legislative levels (county, state, federal)* AND provide a rationale for why policy advocacy should occur at the levels you select.
4. Identify different *stakeholder* perspectives on the issue.
5. Make a case for a specific policy advocacy strategy or action(s) to address the issue/advocate for policy change at the community or legislative level (refer to readings in Unit 1: Jansson, 2011, pp. 337–483).
6. Suggest a policy advocacy strategy to address the issue at the organizational level.
7. Suggest *evidence-based interventions social workers can use in organizations* to address the issue.
8. Identify *appropriate technological resources* that can inform social work strategies/interventions.

This assignment includes both a paper and presentation. The paper will be seven to eight pages in length, double-spaced, and include a minimum of seven references. This is an individual student assignment.

Presentation Instructions:

The presentation will be 10–12 minutes, followed by leading a class discussion and answering questions for 5–7 minutes. Students may use any combination of PowerPoint presentations, video Internet sources, role-playing, and games to engage the class.

1. Provide a one-page, single-spaced with bullet points ,handout to the class. The presentation and handout should be uploaded to the appropriate section 24 hours prior to the live session you are assigned to present in.
 - a. Provide a brief summary of each of the eight required areas from your policy brief.
 - b. Include references used to prepare your presentation.
2. Presentation dates will be determined on the first day of class through random assignment to students.

Paper Due: Unit 6

Individual Student Handout and Presentations: Units 4–9, 11–14

This assignment relates to student learning outcomes 1a–1c, 2a, 2c, 3a, 3b, 5a–5c, and course objectives 1–5.

Assignment 2: Public Service Announcement (20% of course grade)

Instructions: In a group of two to three students, create a public service announcement on a health or behavioral health issue affecting vulnerable, stigmatized, and/or oppressed populations. Example topics may include immigrant health coverage, equity in coverage to care under the Affordable Care Act, why integrated care improves outcomes and/or is important to vulnerable populations, health privacy, or a topic to be approved by your instructor. Groups will be determined in class by student area of interest during Unit 7. All members of the group must upload the PSA to the appropriate section 24 hours prior to the Week 10 live session. All students must watch classmates' PSAs prior to the live session.

Video: Use digital media/technology to create your PSA (1 minute maximum). Film on YouTube through a Google account, or by using the YouTube Capture app

https://support.google.com/youtube/answer/2857835?hl=en&ref_topic=2856095, or other video technology available to your group. Be creative: you can use publicly available images, photos, and/or insert facts/data in Prezi or ppt format in the video.

Include the following information in your PSA:

1. Describe the issue
 - a. What is the issue? (in two to three sentences, be concise and specific)
 - b. Who is affected?
 - i. Give prevalence and incidence (two to three sentences)
 - c. Describe what is known about the magnitude of current expenditures on the issue (one to two sentences)
 - i. Describe whether there are any others costs associated with the issue: social, psychological, societal, political, etc. (one to two sentences)
2. Provide a rationale, from a social work perspective, as to why urgent action to address the issue is necessary (two to three sentences)
3. Describe a current solution to address the issue (e.g., a policy, proposal, or the lack of a program/policy or solution to address the issue (two to three sentences)

- a. Use four of the following evaluative criteria to build a rationale for why the current solution is NOT sufficient in addressing the issue OR is in need of modification. (use at least four criteria; one must be social justice; one sentence rationale for each of four criteria)
 - i. Social justice—Why is the current solution inconsistent with or does not fully satisfy the ethical principle of social justice/equality in addressing the issue?
 - ii. Other value-based criteria (fairness, confidentiality, and/or self-determination)—Why is the current solution inconsistent with or does not fully ensure confidentiality and or self-determination?
 - iii. Effectiveness—(this criteria considers whether the solution will actually prevent, address, or solve a problem effectively)
 - iv. Cost-effectiveness—Is the solution cost-effective?
 - v. Ease of implementation—Are there problems with implementation? Is the solution implemented consistently or inconsistently? Is there resistance?
 - vi. Political feasibility—Is the current solution/proposal likely to be accepted by stakeholders? Will there be or is there opposition? Will the solution be or has it been blocked, etc.?
4. Describe a desirable solution/policy/proposal to address the issue (two to three sentences)
 - a. Use four of the following evaluative criteria to build a rationale for the solution (one sentence rationale for each of the four criteria used; one must be social justice)
 - i. Social justice—How does the solution provide social justice/equality?
 - ii. Other value-based criteria (fairness, confidentiality, and/or self-determination)—Why is the current solution consistent with ensuring confidentiality and or self-determination?
 - iii. Effectiveness—Why would the solution be effective in addressing, preventing, or solving the issue?
 - iv. Cost-effectiveness—Why would the solution be more cost-effective than a current solution(s) addressing the issue?
 - v. Ease of implementation—Describe the ease of implementation of this solution.
 - vi. Political feasibility—Is the solution/proposal likely to be accepted by stakeholders? Will there be opposition?
5. Closing statement to stakeholders (two to three sentences)
 - a. State who should join social workers in addressing this issue.
 - i. For example—Other advocates, community members, those affected by the issue, the public, politicians, educators, health and behavioral health providers, etc.

Handout: Create a one-page, two-sided handout outlined in bullets your presentation below that could be provided to stakeholders to increase community, organizational, and legislative member's awareness of the issue. Include a minimum of seven references on your handout. List any web resources or relevant organizations involved in the issue. Only one person from your group is required to post the handout to the appropriate section 24 hours prior to the Week 10 live session.

Presentation and Handout Due: Unit 10

This assignment relates to student learning outcomes 1a–1c, 2a, 2c, 3a, 3b, 5a–5c, and course objectives 1–5.

Assignment 3: Integrated Care Policy Proposal Presentation (35% of course grade)

Overview: This assignment focuses on the development of a policy proposal for bringing integrated/collaborative care into one group member's field placement organization. Your group will present the proposal for bringing integrated care into that organization to at least one stakeholder at the

organization. This is a group assignment of two to three students. Groups will be determined in class by Unit 11.

Instructions: Use the modified Policy Analysis, Proposal-Writing, and Presentation Framework (Jansson, 2011) below to develop and defend your policy proposal. Use the italicized headings and subheadings underlined to organize the content of your paper throughout.

I. Drafting a policy proposal (minimum length five to six pages, double-spaced)

- Include the following in your proposal:
 - Current level of care: A brief description of your field placement (one-half page maximum)
 - Types of services provided
 - Population(s) served
 - Professionals who provide services (interprofessional, one discipline, etc.)
 - Any existing collaborative linkage to other services (i.e., if a health setting, is there a system in place for clients with behavioral health needs treatment in house, referral to outpatient or inpatient care, etc.)
 - Argument for integration/collaboration: Describe why integrated care is important to improve outcomes and service delivery to the population(s) served at your field placement (one page minimum)
 - Use research evidence to support your argument (i.e., what is known to date about integrated approaches with similar clients)
 - Desired level of integration/collaboration: Describe the appropriate level of collaboration/integration for your field placement (refer to Unit 1 lecture/reading: Heath, Wise, and Reynolds (2013) (one page minimum)
 - Provide a rationale(s) for why this level of collaboration/integration is appropriate for your field placement using evaluative criteria (political feasibility, ease of implementation, cost-effectiveness, effectiveness, social justice, fairness, etc.)
 - Structure for integrated/collaborative care: (one page minimum)
 - Establish a mission for the collaborative/integrated care level you selected for your field placement (create objectives and goals that provide direction to fulfilling the mission)
 - Define the content of the proposal's services (What types of services will be offered?) (What level of competency/training will staff require?)
 - How will agencies/providers associated with the proposal be linked to other agencies/providers?
 - How will agencies/providers associated with the proposal link clients to the resources/services in the community and/or online to promote health, wellness, recovery, and/or reduce recidivism?
 - Plan for monitoring implementation and assessment of services:
 - How will the implementation of the proposal be monitored? (Who will establish the detailed policies that will guide the implementation of the proposal? Who will monitor the proposal's implementation?)
 - How will the proposal's services be assessed?

II. Supporters

- Identify supporters for your policy proposal, provide a rationale for selecting them (minimum length one page)
- Supporters: any person whose name can be placed on a legislative proposal (Jansson, 2011, p. 205), consumers, business leaders, coalitions, advocacy groups, legislators, foundations, administrators, clients, health and behavioral health care providers, policy makers, etc.

III. Funders

- Identify funders for your policy proposal, provide a rationale for selecting them (minimum length one page)
- Funders: local, county, state, or federal; corporate or not-for-profit foundations; nongovernmental organizations, etc.

Additional instructions: This assignment should be seven to nine pages, double-spaced, use 12-point font in Times New Roman and follow the sixth edition of APA, include a minimum of six to seven references, a cover sheet AND a references page. The proposal must be presented to at least one stakeholder at your field placement; not all group members need to be present for the presentation. All members of the group must upload the policy proposal paper to the appropriate section 24 hours prior to the Week 15 live session.

For the in-class presentation Unit 15: Please prepare a 10-minute presentation that provides an overview of your policy proposal, supporters, potential funders, and the feedback from the student(s) about the stakeholder's response to the group's proposal for integrated/collaborative care at the field placement. Only one person from your group is required to post the presentation to the appropriate section 24 hours prior to the Week 15 live session.

Handout: Create a one-page, two-sided handout that outlines, in bullets, key points for each section in your presentation. Only one person from your group is required to post the handout to the appropriate section 24 hours prior to the Week 15 live session.

Policy Proposal Paper and In-Class Presentation Due: Unit 15

This assignment relates to student learning outcomes 1a–1c, 2a, 2c, 3a, 3b, 5a–5c, and course objectives 2–5.

Class Participation (10% of course grade) (10 points)

Class participation will include students' participation in class and small-group discussions weekly, brief in-class presentation, critical analysis of specific policy problems or issues that affect varying populations in health care settings, and suggestions for the role of social workers as advocates.

Grading

Class grades will be based on the following:

Final Grades:

93–100	A
90–92	A–
87–89	B+
83–86	B
80–82	B–
77–79	C+
73–76	C
70–72	C–

Grades of A or A– are reserved for student work that not only demonstrates very good mastery of content but which also shows that the student has undertaken a complex task, has applied critical thinking skills to the assignment, and/or has demonstrated creativity in his or her approach to the assignment. The difference between these two grades would be determined by the degree to which these skills have been demonstrated by the student.

A grade of B+ will be given to work that is judged to be very good. This grade denotes that a student has demonstrated a more-than-competent understanding of the material being evaluated in the assignment. To earn at least a B, students must incorporate relevant required and recommended readings.

A grade of B will be given to student work that meets the basic requirements of the assignment. It denotes that the student has done adequate work on the assignment and meets basic course expectations.

A grade of B– will denote that a student's performance was less than adequate on an assignment, reflecting only a moderate grasp of content and/or expectations.

A grade of C will reflect a minimal grasp of the assignment, poor organization of ideas, and/or several significant areas requiring improvement.

Grades between C– and F will be applied to denote a failure to meet minimum standards, reflecting serious deficiencies in all aspects of a student's performance on the assignment.

VII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS AND RESOURCES

Required Textbook

Schott, E. M. P., & Weiss, E. L. (Eds.). (2016). *Transformative social work practice*. Thousand Oaks, CA: SAGE.
ISBN: 9781483359632

Note: Readings on contemporary issues in American health care will be assigned for each class session drawn from journals and other sources. They will be available on ARES. **Additional readings may be assigned.**

Required readings are available on ARES.

Recommended readings are not available on ARES.

Required Internet Resources [consult for all assignments]

Policy resources at USC for Social Work

The Social Work Library Guide has links to health care-related demographic and statistics websites; it also has a list of a number of policy databases that can help you find, interpret, and analyze health care policies. Do not hesitate to contact the social work librarians.

Please click this link to access a brief tutorial on searching for policy-relevant materials. To the right are websites specific to policy resources.

<http://libguides.usc.edu/content.php?pid=26798&sid=4617134>

Social Work Policy Institute <http://www.socialworkpolicy.org/>

Frameworks Institute <http://www.frameworksinstitute.org/> (see Issues and Frameblog)

Recommended Internet Resources

101 greatest sites for social workers. Retrieved from <http://mswonlineprograms.org/great-sites/>.

Recommended Guidebook for APA Style Formatting

American Psychological Association. (2009). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author.

Recommended Websites

Purdue Owl Online Writing Lab. (n.d.). *APA changes* (6th ed.). Retrieved from <http://owl.english.purdue.edu/owl/resource/560/24/>.

American Psychological Association (2014). APAStyle blog. <http://blog.apastyle.org/> (Current answers to APA puzzles. You can e-mail experts with questions.)

Course Overview

Unit	Topics	Assignments
1	<ul style="list-style-type: none"> ■ Introduction to Policy in Integrated Care <ul style="list-style-type: none"> ▼ Introductions ▼ Syllabus ▼ Assignments ▼ NASW Code of Ethics: guiding principles for policy advocacy and social justice in the U.S. health system ▼ Use of the NASW Code of Ethics as evaluation criteria ▼ Philosophy of Social Change ▼ Skills I: policy advocacy (Jansson) <ul style="list-style-type: none"> ▪ Developing and using power ▪ Developing political strategy and putting it into action ▼ Public health social work ▼ Introduction to integrated care 	
2	<ul style="list-style-type: none"> ■ Need for integrated behavioral health care in the United States ■ Disparities for vulnerable populations <ul style="list-style-type: none"> ➤ Homeless individuals ➤ Persons with physical and mental health disabilities ➤ Limited English proficiency/minorities ➤ Immigrants ➤ LGBTQQI ■ History of health policy in the United States 	
3	<ul style="list-style-type: none"> ■ Overview of the Affordable Care Act and its impact on integrated care ■ Integrated health care/behavioral health ■ Implications for social work <ul style="list-style-type: none"> ➤ Integration/implementation <ul style="list-style-type: none"> ▼ Health, mental health, substance abuse (substance use disorder) ▼ Integration in settings ▼ Medical home ▼ Philosophical perspectives of each 	

Unit	Topics	Assignments
4	<ul style="list-style-type: none"> ■ Funding mechanisms for Affordable Care Act ■ Funding integrated health care/behavioral health <ul style="list-style-type: none"> ➤ Accountable care organizations ➤ HMOs ➤ PPOs ➤ Safety net ➤ Medicaid and dual eligible beneficiaries ➤ Veterans' health ■ Alternative models for financing ■ Coverage and new plans for immigrants: California case study 	
5	<ul style="list-style-type: none"> ■ Implementing integrated behavioral health <ul style="list-style-type: none"> ➤ Survey of models implemented ➤ Implementation strategies 	
6	<ul style="list-style-type: none"> ■ Integrated behavioral health models ■ Four quadrants of care ■ Strategies for introducing integrated care models, health, and/or behavioral health settings ■ Overcoming individual and systemic barriers to health and wellness 	Assignment 1 due by midnight on day of class Pacific Standard Time
7	<ul style="list-style-type: none"> ➤ Skills II: writing a policy issue brief (Jansson) <ul style="list-style-type: none"> ▼ Writing an executive brief ▼ Identifying procedural and protocol flaws ▼ Policy writing in organizational settings <ul style="list-style-type: none"> ▪ Urban vs. rural ➤ Survey of policy proposals to promote health, wellness, and prevention ➤ Process of policy making 	
8	<ul style="list-style-type: none"> ■ Policies affecting older Americans and Americans with disabilities <ul style="list-style-type: none"> ▼ Older Americans Act of 1965 ▼ Prevention of elder abuse, neglect, and exploitation ▼ Long-term Medicaid and Medicaid waiver programs ▼ Americans With Disabilities Act of 1990 ▼ Supreme Court Olmstead decision 1999 ▼ Medicare 	

Unit	Topics	Assignments
9	<ul style="list-style-type: none"> ■ Emerging policy needs to meet the needs of the aging population <ul style="list-style-type: none"> ➤ Aging in place ➤ Long-term care ➤ End-of-life issues <ul style="list-style-type: none"> ▼ Patient Self-Determination Act ➤ Incarceration <ul style="list-style-type: none"> ▼ Growth of aging populations <ul style="list-style-type: none"> • Policy reform concerning geriatric and hospice care in prisons 	
10	<ul style="list-style-type: none"> ■ Overview and prevalence of addiction/substance use disorders ■ History of drug and alcohol treatment in the United States ■ Current approaches to treatment ■ Drug policy and incarceration for individuals with substance use disorders ■ Harm reduction ■ The ACA and substance use disorders treatment 	Assignment 2 in class; post handout to class wall by midnight Pacific Standard Time the day before in-class presentation
11	<ul style="list-style-type: none"> ▼ What are vulnerable populations? ▼ Social Security Act of 1935 (SS, OASDI, SSDI) ▼ Supplemental security income (SSI) ▼ General relief (GR) ▼ Food stamps ▼ State disability/EDD ▼ Issues: application burden, building awareness, underutilization, stigma 	
12	<ul style="list-style-type: none"> ■ Emerging policy needs mental health and behavioral health policy <ul style="list-style-type: none"> ➤ Community Mental Health Act of 1965 ➤ Deinstitutionalization ➤ Rise in homelessness ➤ Incarceration ➤ Global mental health ➤ Mental health parity acts ■ Commitment and treatment laws 	
13	<ul style="list-style-type: none"> ■ WHO health policy ■ Social determinants of health ■ WHO health promotion ■ WHO health promotion programs ■ Prevention policy ■ Wellness policy 	

Unit	Topics	Assignments
14	<ul style="list-style-type: none">■ How can social workers engage in policy advocacy?■ Policy progression toward improving health, behavioral health, and integrated care■ Case example: need for pediatric lung transplant allocation policy change■ Universal health models■ Key take-aways for social work advocacy	
15	<ul style="list-style-type: none">■ Student policy proposal presentations and course wrap-up	Assignment 3 due by midnight the day of class; post handout on class wall by midnight Pacific Standard Time the day before in-class presentation

Course Schedule—Detailed Description

Unit 1: Introduction to Policy in Integrated Care

Topics

- Introduction to policy in integrated care
 - ▼ Introductions
 - ▼ Syllabus
 - ▼ Assignments
 - ▼ NASW Code of Ethics: guiding principles for policy advocacy and social justice in the U.S. health system
 - ▼ Use of the NASW Code of Ethics as evaluation criteria
 - ▼ Philosophy of Social Change
 - ▼ Skills I: policy advocacy (Jansson)
 - Developing and using power
 - Developing political strategy and putting it into action
 - ▼ Public health social work
 - ▼ Introduction to integrated care

This unit relates to course objectives 1–5.

Required Readings

Cederbaum, J. A., Hu, E., & Klusaritz, H. A. (2016). Public health social work. In E. M. P. Schott & E. L. Weiss (Eds.), *Transformative social work practice* (pp. 341–352). Los Angeles, CA: SAGE.

Jansson, B. S. (2011). Developing political strategy and putting it into action. In B. S. Jansson (Ed.), *Becoming an effective policy advocate: From policy practice to social justice* (6th ed., pp. 385–442). Belmont, CA: Brooks-Cole.

Jansson, B. S. (2011). Developing and using power. In B. S. Jansson (Ed.), *Becoming an effective policy advocate: From policy practice to social justice* (6th ed., pp. 338–384). Belmont, CA: Brooks-Cole.

NASW Code of Ethics. (2014). Retrieved from <http://www.socialworkers.org/pubs/code/code.asp>.

Reynold, K. (2006). *Levels of integration*. Available at http://www.integration.samhsa.gov/integrated-care-models/Doherty-McDaniel-Baird-Reynolds_MH-PC_Integration_Options.pdf.

Unit 2: Mental Health Policy and Integrated Care

Topics

- Need for integrated behavioral health care in the United States
- Disparities for vulnerable populations
 - Homeless individuals
 - Persons with physical and mental health disabilities
 - Limited English proficiency/minorities
 - Immigrants
 - LGBTQI
- History of health policy in the United States

This unit relates to course objectives 1–5.

Required Readings

Goldbach, J. T., & Dunlap, S. L. (2016). Sexual minorities. In E. M. P. Schott & E. L. Weiss (Eds.),

Transformative social work practice (pp. 361–378). Los Angeles, CA: SAGE.

Hays, K., & Lincoln, K. D. (2016). Mental health promotion among African Americans. In E. M. P. Schott &

E. L. Weiss (Eds.), *Transformative social work practice* (pp. 379–398). Los Angeles, CA: SAGE.

Land, H. (2016). Diverse people affected by HIV/AIDS. In E. M. P. Schott & E. L. Weiss (Eds.),

Transformative social work practice (pp. 25–40). Los Angeles, CA: SAGE.

Reay, T., Goodrick, E., Casebeer, A., & Hinings, C. B. (2013). Legitimizing new practices in primary

health care. *Health Care Management Review*, 38(1), 9–19.

Sanchez, K., Chapa, T., Ybarra, R., & Martinez, O. N. (2012). *Eliminating disparities through the*

integration of behavioral health and primary care services for racial and ethnic minorities,

including populations with limited English proficiency: A review of the literature. U.S. Department

of Health and Human Services, Office of Minority Health and the Hogg Foundation for Mental

Health.

Unit 3: Overview of the Affordable Care Act and Its Impact on Integrated Care

Topics

- Overview of the Affordable Care Act and its impact on integrated care
- Integrated health care/behavioral health
- Implications for social work
 - Integration/implementation
 - ▼ Health, mental health, substance abuse (substance use disorder)
 - ▼ Integration in settings
 - ▼ Medical home
 - ▼ Philosophical perspectives of each

This unit relates to course objectives 1–5.

Required Readings

- Bidassie, B., Davies, M. L., Stark, R., & Boushon, B. (2014). VA experience in implementing patient-centered medical home using a breakthrough series collaborative. *Journal of General Internal Medicine*, 29(Suppl. 2), 563–571. <http://doi.org.libproxy2.usc.edu/10.1007/s11606-014-2773-5>
- Croft, B., & Parish, S. L. (2013). Care integration in the Patient Protection and Affordable Care Act: Implications for behavioral health. *Administration and Policy in Mental Health*, 40(4), 1–8.
- McCabe, H. A., & Sullivan, W. P. (2015). Social work expertise: An overlooked opportunity for cutting-edge system design under the Patient Protection and Affordable Care Act. *Health and Social Work*, 40(2), 155–157.
- Scharf, D. M., Eberhart, N. K., Schmidt, N., Vaughan, C. A., Dutta, T., Pincus, H. A., & Burnam, M. A.. (2013). Integrating primary care into community behavioral health settings: Programs and early implementation experiences. *Psychiatric Services*, 64(7), 660–665.

Required Internet Resources

- California Healthcare Foundation. (2011). *Briefing—Health Reform 101: The basics of the Affordable Care Act*. Retrieved from <http://www.chcf.org/events/2011/briefing-health-reform-101>.
(Instructor Note: Provides Sacramento briefing slides for California Centers for Disease Control. Retrieved from <http://cdc.gov/>.)

The Henry J. Kaiser Family Foundation Health Reform Source. (n.d.). Retrieved from <http://healthreform.kff.org/the-basics.aspx>.

President Obama Issues Patients' Bill of Rights. (n.d.). Retrieved from www.HealthCare.gov.

Unit 4: Financing Health Care

Topics

- Funding mechanisms for Affordable Care Act
- Funding integrated health care/behavioral health
 - Accountable care organizations
 - HMOs
 - PPOs
 - Safety net
 - Medicaid and dual eligible beneficiaries
 - Veterans' health
- Alternative models for financing
- Coverage and new plans for immigrants: California case study

This unit relates to course objectives 1–5.

Required Readings

Mark, T. L., Levit, K. R., Vandivort-Warren, R., Buck, J. A., & Coffey, R. M. (2011). Changes in U.S. spending on mental health and substance abuse treatment, 1986–2005, and implications for policy. *Health Affairs*, 30(2), 284–292. doi:10.1377/hlthaff.2010.0765

Sommers, B. D., Kenney, G. M., & Epstein, A. M. (2014). Medicaid expansion: New evidence on the Affordable Care Act: Coverage impacts of early Medicaid expansions. *Health Affairs*, 33, 178–187. doi:10.1377/hlthaff.2013.1087

Williams, D. R., McClellan, M. B., & Rivlin, A. M. (2010). Beyond the Affordable Care Act: Achieving real improvements in Americans' health. *Health Affairs*, 29(8), 1481–1488. doi:10.1377/hlthaff.2010.0071

Unit 5: Implementing Integrated Behavioral Health

Topics

- Implementing integrated behavioral health
 - Survey of models implemented
 - Implementation strategies

This unit relates to course objectives 1–5.

Required Readings

Chin, M. H., Goddu, A. P., Ferguson, M. J., & Peek, M. E. (2014). Expanding and sustaining integrated health care: Community efforts to reduce diabetes disparities. *Health Promotion Practice, 15*(Suppl. 2), 29S–39S.

Lyngsø, A. M., Godtfredsen, N. S., Høst, D., & Frølich, A. (2014). Instruments to assess integrated care: A systematic review. *International Journal of Integrated Care, 14*.

SAMSHA. (2014). *Primary and behavioral health care integration program*. SAMHSA/HRSA Center for Integrated Health Solutions.

Unit 6: Integrated Behavioral Health Models; Overcoming Individual and Systemic Barriers to Health and Wellness

Topics

- Integrated behavioral health models
- Four quadrants of care
- Strategies for introducing integrated care models, health, and/or behavioral health settings
- Overcoming individual and systemic barriers to health and wellness

This unit relates to course objectives 1–5.

Required Readings

Croze, C. (2015). *Healthcare integration in the era of the Affordable Care Act*. Washington, DC: Association for Behavioral Health and Wellness.

Fortney, J., Sladek, R., & Unutzer, J. (2015). *Fixing mental health care in America*. An issue brief released by the Kennedy Forum.

Heath, B., Wise Romero, P., & Reynolds, K. A. (2013, March). *Standard framework for levels of integrated healthcare*. Washington, DC: SAMSHA-HRSA Center for Integrated Health Solutions.

SAMSHA. (2013). *A standard framework for integrated care model*. Washington, DC: Center for Integrated Health Solutions.

Unit 7: Advocacy and Policy Writing for Prevention, Wellness, and Health Promotion

Topics

- Skills II: writing a policy issue brief (Jansson)
 - ▼ Writing an executive brief
 - ▼ Identifying procedural and protocol flaws
 - ▼ Policy writing in organizational settings
 - Urban vs. rural
- Survey of policy proposals to promote health, wellness, and prevention
- Process of policy making

This unit relates to course objectives 1–5.

Required Readings

Cole, B. L., & Fielding, J. E. (2007). Health impact assessment: A tool to help policy makers understand health beyond health care. *Annual Review of Public Health*, 28, 393–412.

Heitshusen, V. (2012). Introduction to the legislative process in the U.S. Congress. *Analyst on Congress and the Legislative Process*, 1–15. Available at <http://www.fas.org/sgp/crs/misc/R42843.pdf>

Jansson, B. S. (2011). Developing political strategy and putting it into action. In B. S. Jansson, (Ed.), *Becoming an effective policy advocate: From policy practice to social justice* (6th ed., pp. 408–412). Belmont, CA: Brooks-Cole.

Martyn, H., & Davis, K. (2014). Care coordination for people with complex care needs in the US: A policy analysis. *International Journal of Care Coordination*, 17(3-4), 93–98.

Required Internet Resources

California Legislative Advocacy

This pathfinder aims to assist researchers in locating materials on the legislative process in California. Researchers will learn how to find and track proposed legislation and how to engage in effective advocacy. Available at <http://libguides.law.ucla.edu/callegislativeadvocacy>.

Links to U.S. House and Senate websites:

http://www.house.gov/content/learn/legislative_process/

<http://www.senate.gov/>

Unit 8: Policies Affecting Older Americans and Americans With Disabilities

Topics

- Policies affecting older Americans and Americans with disabilities
 - ▼ Older Americans Act of 1965
 - ▼ Prevention of elder abuse, neglect, and exploitation
 - ▼ Long-term Medicaid and Medicaid waiver programs
 - ▼ Americans With Disabilities Act of 1990
 - ▼ Supreme Court Olmstead decision 1999
 - ▼ Medicare

This unit relates to course objectives 1–5.

Required Readings

Joosten, D. (2016). Chronic illness: A case study with a Latina client. In E. M. P. Schott & E. L. Weiss (Eds.), *Transformative social work practice* (pp. 341–351). Los Angeles, CA: SAGE.

Musumeci, M. B., & Claypool, H. (2014, June). *Olmstead's role in community integration for people with disabilities under Medicaid: 15 years after the Supreme Court's Olmstead decision*. Kaiser Family Foundation Issue Brief. Retrieved from http://kaiserfamilyfoundation.files.wordpress.com/2014/06/8602-olmstead_s-role-in-community-integration-for-people-with-disabilities-under-medicaid.pdf.

O'Shaughnessy, C. (2012, February 23). The basics: Older Americans Act. Programs and funding. *National Policy Forum*, 1–10. Available at http://www.nhpf.org/library/the-basics/Basics_OlderAmericansAct_02-23-12.pdf.

Pew Research Religion and Public Life Project. (2013, November 21). *Views on end-of-life medical treatments: Growing minority of Americans say doctors should do everything possible to keep patients alive*. Retrieved from <http://www.pewforum.org/2013/11/21/views-on-end-of-life-medical-treatments/>.

Reckrey J. M., Gettenberg, G., Ross, H., Kopke, V., Soriano, T., & Ornstein, K. (2014). The critical role of social workers in home-based primary care. *Social Work and Health Care*, 53(4), 330–343.
doi:10.1080/00981389.2014.884041

Recommended Internet Resources

California HealthCare Foundation. (2008). *Living with chronic illness: California's perspectives on cost and coordination of care*. Chronic Care Survey. Retrieved from <http://www.chcf.org/publications/2008/04/snapshot-living-with-chronic-illness-californians-perspectives-on-cost-and-coordination-of-care>.

CANHR. (2014, April 25). *Long term Medi-Cal fact sheet*. Retrieved from http://www.canhr.org/factsheets/medi-cal_fs/html/fs_medcal_overview.htm.

Department of Justice. (2009). *Americans With Disabilities Act of 1990 and ADA Amendments Act of 2008*. Retrieved from <http://www.ada.gov/pubs/ada.htm>.

Geri-pal: A geriatrics and palliative care blog. Retrieved from <http://www.geripal.org/>.

Hartford National Center on Gerontological Social Work. (2014).

- Geriatric Social Work Initiative. Retrieved from <http://www.gswi.org/programs/legacy-programs>.
- Public policies that impact older Americans. Retrieved from <http://www.gswi.org/programs/legacy-programs>.
- See also: Kluss, T. (2013, October). *Three new centers to focus on enhanced geriatric social work training* [press release]. Retrieved from http://www.eurekalert.org/pub_releases/2013-10/tgso-tnc102313.php.

Kaiser Family Foundation. (2012). *Medicaid and long-term care services and support*. Retrieved from <http://kff.org/medicaid/fact-sheet/medicaid-and-long-term-care-services-and/>.

National Center on Elder Abuse. (n.d.). *Fact sheet on caregiver stress and elder abuse*. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/em-factsheet-a.pdf>.

National Center on Elder Abuse. (2010, March 3). *Why should I care about elder abuse?* Retrieved from http://www.communitysolutions.com/assets/2011_Institute_Presentations/whyshouldicareaboutelderabuse033111.pdf. (Instructor Note: Definition, Warning Signs, Risk Factors, Types, and Where to Report Abuse)

National Council on Aging. (n.d.). *Older Americans Act reauthorization*. Available at <http://www.ncoa.org/public-policy-action/older-americans-act/> (website for resources and status in legislature)

Smith, A. (2014, April). *Older adults and technology use*. Available at <http://www.pewinternet.org/2014/04/03/older-adults-and-technology-use/>.

Unit 9: Emerging Policy Needs to Meet the Needs of the Aging Population

Topics

- Emerging policy needs to meet the needs of the aging population
 - Aging in place
 - Long-term care
 - End-of-life issues
 - ▼ Patient Self-Determination Act
 - Incarceration
 - ▼ Growth of aging populations
 - Policy reform concerning geriatric and hospice care in prisons

This unit relates to course objectives 1–5.

Required Readings

Applebaum, P. (2007). Assessment of patients' competence to consent to treatment. *New England Journal of Medicine*, 357(18), 1834–1840.

Boyd, C. M., Darer, J., Boulton, C., Fried, L. P., Boulton, L., & Wu, A. W. (2005). Clinical practice guidelines and quality of care for older patients with multiple comorbid diseases. *JAMA*, 294(6), 716–724.

Joosten, D. (2016). Palliative and hospice care settings. In E. M. P. Schott & E. L. Weiss (Eds.), *Transformative social work practice* (pp. 13–24). Los Angeles, CA: SAGE.

Recommended Readings

Dyer, B., Pickens, S., & Burnett, J. (2007). Vulnerable elders: When it is no longer safe to live alone. *JAMA*, 298(12), 1448–1450.

Gleckman, H. (2009). *The future of long-term care: What is its place in the health reform debate?* Urban Institute and Brookings Institution Tax Policy Center. Retrieved from http://www.urban.org/UploadedPDF/411908_longterm_care.pdf.

Joosten, D. (2007). Preferences for accessing community-based, in-home, and psychosocial services by older adults. *Home Health Services Quarterly*, 26(1), 1–18.

Unit 10: Substance Use Disorder Policy

Topics

- Overview and prevalence of addiction/substance use disorders
- History of drug and alcohol treatment in the United States
- Current approaches to treatment
- Drug policy and incarceration for individuals with substance use disorders
- Harm reduction
- The ACA and substance use disorders treatment

This unit relates to course objectives 1–5.

Required Readings

Dilonaro, J. (2011). *Workforce issues related to physical and behavioral healthcare integration specifically substance use disorders and primary care: A framework*. Workforce Issues: Integrating Substance Use Services into Primary Care Conference.

Eastlund, E., & Weiss, E. L. (2016). Substance abuse: A harm reduction approach. In E. M. P. Schott & E. L. Weiss (Eds.), *Transformative social work practice* (pp. 83–93). Los Angeles, CA: SAGE.

Marlatt, G. A., & Witkiewitz, K. (2010). Update on harm-reduction policy and intervention research. *Annual Review of Clinical Psychology*, 6, 591–606.

Mechanic, D. (2012). Seizing opportunities under the Affordable Care Act for transforming the mental health and behavioral health system. *Health Affairs*, 31(2), 376–382.

Unit 11: Advocacy to Change Public Programs That Serve Vulnerable Populations

Topics

- ▼ What are vulnerable populations?
- ▼ Social Security Act of 1935 (SS, OASDI, SSDI)
- ▼ Supplemental security income (SSI)
- ▼ General relief (GR)
- ▼ Food stamps
- ▼ State disability/EDD
- ▼ Issues: application burden, building awareness, underutilization, stigma

This unit relates to course objectives 1–5.

Required Readings

Jansson, B. (2011). Using advocacy to help consumers finance their healthcare. In B. S. Jansson (Ed.), *Improving healthcare through advocacy: A guide for health and helping professionals* (pp. 280–296). Hoboken, NJ: Wiley.

LA Health Action. (2011). *The 1115 waiver: An opportunity to reduce the general relief caseload and chronic homelessness*. Corporation for Supportive Housing and Neighborhood Legal Services. Retrieved from

http://www.lahealthaction.org/index.php/library/full_entry/3069/#.U97hYmN5dM4.

Pérez, L., & Martinez, J. (2008). Community health workers: Social justice and policy advocates for community health and well-being. *American Journal of Public Health*, 98(1), 11–14.

Recommended Internet Resources

California Department of Social Services Website: <http://www.cdss.ca.gov/cdssweb/PG141.htm>.

Department of Justice. (2002). *Suspected child abuse report*. Retrieved from http://ag.ca.gov/childabuse/pdf/ss_8572.pdf.

Kaiser Family Foundation. (2010). *Kaiser releases resources on women and health reform*.

Retrieved from <http://healthreform.kff.org/scan/2010/december/kaiser-releases-new-resources-on-women-and-health-reform.aspx>

U.S. Department of Agriculture. (2011). *Nutrition program facts food and nutrition service*. WIC.

Retrieved from <http://www.fns.usda.gov/wic/WIC-Fact-Sheet.pdf>.

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2011). *Child maltreatment 2010*. Retrieved from http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can.

U.S. Department of Labor. (n.d.). *Family and Medical Leave Act of 2014*. Retrieved from <http://www.dol.gov/whd/fmla/>.

Unit 12: Mental Health Policy

Topics

- Emerging policy needs mental health and behavioral health policy
 - Community Mental Health Act of 1965
 - Deinstitutionalization
 - Rise in homelessness
 - Incarceration
 - Global mental health
 - Mental health parity acts
- Commitment and treatment laws

This unit relates to course objectives 1–5.

Required Readings

- Collins, P. Y., Patel, V., Joestl, S. S., March, D., Insel, T. R., Daar, A. S., . . . Stein, D. J. (2011). Grand challenges in global mental health. *Nature*, 475, 27–30. doi:10.1038/475027a
- Davis, L., Fulginiti, A., Kriegel, L., & Brekke, J. (2012). Deinstitutionalization? Where have all the people gone? *Current Psychiatry Reports*, 14(3), 259–269.
- Finney, K., & Schott, E. M. P. (2016). Psychopharmacology and psychoeducation for the treatment of major depressive disorder. In E. M. P. Schott & E. L. Weiss (Eds.), *Transformative social work practice* (pp. 53–68). Los Angeles, CA: SAGE.
- Solway, E. S. (2011). The lived experiences of tobacco use, dependence, and cessation: Insights and perspectives of people with severe mental illness. *Health and Social Work*, 36(1), 19–32.

Recommended Readings

- Talbott, J. A., & Sharfstein, S. S. (2014). A proposal for future funding of chronic and episodic mental

illness. *Psychiatric Services*, 1145–1149.

Unit 13: Prevention, Wellness, and Health Promotion Policy

Topics

- WHO health policy
- Social determinants of health
- WHO health promotion
- WHO health promotion programs
- Prevention policy
- Wellness policy

This unit relates to course objectives 1–5.

Required Readings

Shea, P., & Shern, D. (2011). *Primary prevention in behavioral health: Investing in our nation's future*.

Alexandria, VA: National Association of State Mental Health Directors. Available at

http://www.nasmhpd.org/sites/default/files/Primary%20Prevention%20in%20Behavioral%20Health%20Final%202011_1.pdf.

Warr, D. J., Mann, R., & Kelaheer, M. (2013). "A lot of the things we do . . . people wouldn't recognise as health promotion": Addressing health inequalities in settings of neighbourhood disadvantage. *Critical Public Health*, 23(1), 95–109.

Recommended Internet Resources

California Healthcare Foundation. (n.d.). *Chronic conditions of Californians*. Available at

<http://www.chcf.org/publications/2010/03/chronic-conditions-of-californians>.

California Healthcare Foundation. (2014.). *Programs: Better chronic disease care*. Available at

<http://www.chcf.org/programs/chronicdisease>.

Unit 14: Policy Advocacy and Health Policy Progression: Alternative Models

Topics

- How can social workers engage in policy advocacy?
- Policy progression toward improving health, behavioral health, and integrated care
- Case example: need for pediatric lung transplant allocation policy change
- Universal health models
- Key take-aways for social work advocacy

This unit relates to course objectives 1–5.

Required Readings

Bezruchka, S. (2012). “The hurrier I go the behinder I get”: The deteriorating international ranking of

U.S. health status. *Annual Review of Public Health*, 33, 157–173. doi:10.1146/annurev-publhealth-031811-124649

Jansson, B. S., Nyamathi, A., Duan, L., Kaplan, C., Heidemann, G., & Ananias, D. (2015). Validation of

the Patient Advocacy Engagement Scale for Health Professionals. *Research in Nursing and Health*, 38(2), 162–172. doi:10.1002/nur.21638

Mills, A. (2014). Health care systems in low- and middle-income countries. *New England Journal of Medicine*, 370(6), 552–557.

Ooms, G., Latif, L. A., Waris, A., Brolan, C. E., Hammonds, R., Friedman, E. A., . . . Forman, L. (2014). Is

universal health coverage the practical expression of the right to health care? *BMC International Health and Human Rights*, 14, 3. Available at <http://doi.org.libproxy1.usc.edu/10.1186/1472-698X-14-3>.

Steele, L. S., Glazier, R. H., & Lin, E. (2006). Inequity in mental health care under Canadian universal health coverage. *Psychiatric Services*, 57(3), 317–324.

Unit 15: Student Policy Proposal Presentations and Course Wrap-Up

Topics

- Student policy proposal presentations and course wrap-up

This unit relates to course objectives 1–5.

University Policies and Guidelines

VIII. ATTENDANCE POLICY

Students are expected to attend every class and to remain in class for the duration of the unit. Failure to attend class or arriving late may impact your ability to achieve course objectives which could affect your course grade. Students are expected to notify the instructor by email (joosten@usc.edu) of any anticipated absence or reason for tardiness.

University of Southern California policy permits students to be excused from class for the observance of religious holy days. This policy also covers scheduled final examinations which conflict with students' observance of a holy day. Students must make arrangements *in advance* to complete class work which will be missed, or to reschedule an examination, due to holy days observance.

Please refer to SCampus and to the USC School of Social Work Student Handbook for additional information on attendance policies.

IX. STATEMENT ON ACADEMIC CONDUCT

Plagiarism – presenting someone else's ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in *SCampus* in Section 11, *Behavior Violating University Standards* <https://scampus.usc.edu/1100-behavior-violating-university-standards-and-appropriate-sanctions/>. Other forms of academic dishonesty are equally unacceptable. See additional information in *SCampus* and university policies on scientific misconduct, <http://policy.usc.edu/scientific-misconduct/>.

Discrimination, sexual assault, and harassment are not tolerated by the university. You are encouraged to report any incidents to the *Office of Equity and Diversity* <http://equity.usc.edu/> or to the *Department of Public Safety* <http://capsnet.usc.edu/department/departement-public-safety/online-forms/contact-us>. This is important for the safety whole USC community. Another member of the university community – such as a friend, classmate, advisor, or faculty member – can help initiate the report, or can initiate the report on behalf of another person. *The Center for Women and Men* <http://www.usc.edu/student-affairs/cwm/> provides 24/7 confidential support, and the sexual assault resource center webpage sarc@usc.edu describes reporting options and other resources.

X. SUPPORT SYSTEMS

A number of USC's schools provide support for students who need help with scholarly writing. Check with your advisor or program staff to find out more. Students whose primary language is not English should check with the *American Language Institute* <http://dornsife.usc.edu/ali>, which

sponsors courses and workshops specifically for international graduate students. *The Office of Disability Services and Programs*

http://sait.usc.edu/academicsupport/centerprograms/dsp/home_index.html provides certification for students with disabilities and helps arrange the relevant accommodations. If an officially declared emergency makes travel to campus infeasible, *USC Emergency Information* <http://emergency.usc.edu/> will provide safety and other updates, including ways in which instruction will be continued by means of blackboard, teleconferencing, and other technology.

XI. STATEMENT FOR STUDENTS WITH DISABILITIES

Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. *Please be sure the letter is delivered to the instructor as early in the semester as possible.* DSP is located in STU 301 and is open from 8:30 a.m. to 5:00 p.m., Monday through Friday.

Students from all academic centers (including the Virtual Academic Center) may contact Ed Roth, Director of the DSP office at 213-740-0776 or ability@usc.edu.

XII. EMERGENCY RESPONSE INFORMATION

Note: The following Emergency Response Information pertains to students on campus, but please note its importance should you be on campus for a temporary or extended period. When not on campus: Call the 911 listing in your local community for any emergency.

To receive information, call the main number (213) 740-2711, press #2. "For recorded announcements, events, emergency communications or critical incident information."

To leave a message, call (213) 740-8311

For additional university information, please call (213) 740-9233

Or visit university website: <http://emergency.usc.edu>

If it becomes necessary to evacuate the building, please go to the following locations carefully and using stairwells only. Never use elevators in an emergency evacuation.

Students may also sign up for a **USC Trojans Alert** account to receive alerts and emergency notifications on their cell phone, pager, PDA, or e-mail account. Register at <https://trojansalert.usc.edu>.

UNIVERSITY PARK CAMPUS		ACADEMIC CENTERS	
City Center	Front of Building (12th & Olive)	Orange County	Faculty Parking Lot
MRF	Lot B	San Diego	Building Parking Lot
SWC	Lot B	Skirball	Front of Building
VKC	McCarthy Quad		
WPH	McCarthy Quad		

Do not re-enter the building until given the "all clear" by emergency personnel.

XIII. STATEMENT ABOUT INCOMPLETES

The Grade of Incomplete (IN) can be assigned only if there is work not completed because of a documented illness or some other emergency occurring after the 12th week of the semester. Students must NOT assume that the instructor will agree to the grade of IN. Removal of the grade of IN must be

instituted by the student and agreed to be the instructor and reported on the official "Incomplete Completion Form."

XIV. POLICY ON LATE OR MAKE-UP WORK

Papers are due on the day and time specified. Extensions will be granted only for extenuating circumstances. If the paper is late without permission, the grade will be affected.

XV. POLICY ON CHANGES TO THE SYLLABUS AND/OR COURSE REQUIREMENTS

It may be necessary to make some adjustments in the syllabus during the semester in order to respond to unforeseen or extenuating circumstances. Adjustments that are made will be communicated to students both verbally and in writing.

XVI. CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS

*Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly
[<http://www.socialworkers.org/pubs/Code/code.asp>]*

Preamble

The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual wellbeing in a social context and the wellbeing of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

XVII. COMPLAINTS

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel you cannot discuss it with the instructor, contact the chair of the department, Suzanne Wenzel, PhD, swenzel@usc.edu do not receive a satisfactory response or solution, contact your advisor or Dr. Paul Maiden, Vice Dean and Professor of Academic and Student Affairs, at rmaiden@usc.edu. Or, if you are a student of the VAC, contact June Wiley, Director of the Virtual Academic Center, at (213) 821-0901 or june.wiley@usc.edu for further guidance

XVIII. TIPS FOR MAXIMIZING YOUR LEARNING EXPERIENCE IN THIS COURSE

- ✓ Be mindful of getting proper nutrition, exercise, rest and sleep!
- ✓ Come to class.
- ✓ Complete required readings and assignments before coming to class.
- ✓ Before coming to class, review the materials from the previous Unit and the current Unit, and scan the topics to be covered in the next Unit.
- ✓ Come to class prepared to ask any questions you might have.
- ✓ Participate in class discussions.
- ✓ After you leave class, review the materials assigned for that Unit again, along with your notes from that Unit.
- ✓ If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
- ✓ Keep up with the assigned readings.

Don't procrastinate or postpone working on assignments.
